

Manual M-6, DM&S Program Evaluation

(Veterans Administration, Department of Medicine and Surgery Manual)

Part I, Audits and Surveys

Chapter 1, Introduction

(Paragraphs 1.01 through 1.08)

Text of Chapter 1 dated November 10, 1960 has either been annotated or replaced to reflect revisions through Change 5 dated November 13, 1964

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PART I

M-6

VETERANS ADMINISTRATION
DEPARTMENT OF MEDICINE AND SURGERY MANUAL

DM&S PROGRAM EVALUATION



PART ONE

AUDITS AND SURVEYS

WASHINGTON 25, D. C.

NOVEMBER 10, 1960

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Part I, "Audits and Surveys," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is published for the compliance of all concerned.


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(Deleted by [unclear])

(Chg. 4)

CHAPTER 1. INTRODUCTION

1.01 PRINCIPLES AND PHILOSOPHY

* ^{audit} ~~technical visit~~ program is field observation of the actual functioning of an activity by a person of experience and judgment, and personal discussion between this individual, and management and staff at the operating level. The technically trained observer, preferably one who is a specialist in the particular field under study, or one who through professional training and experience has gained a broad knowledge of the functioning and overall objectives of the interrelated activities and programs in the medical setting, is the key individual in this program. Such a person can best determine the appropriateness of resources and the methods of operation, how these are correlated to accomplish program objectives, and how effectively the program is integrated with other organizational elements to accomplish the overall mission of the medical program at the station. (Change 5)
either

b. The surveying official has many means at his disposal to assist him in arriving at conclusions, which, when properly weighted and associated, comprise his evaluation of the program. Through discussion and carefully formulated questions he can determine staff knowledge, attitudes and skills; by observation he can judge leadership and direction, learn what techniques are used and how well, general program effectiveness, and the reaction of the persons being served. Operating records are available for perusal, where appropriate.

c. The economy of the operation, the use of available resources, whether service is provided wherever and whenever needed, and the adequacy of space, equipment and supplies are matters of concern. Employee morale, opportunities for growth and advancement, training programs, and extent and methods by which self-evaluation and work improvement programs are conducted are also elements for consideration.

d. The elements of evaluation noted above are obviously generalizations. For any particular program, regardless of the skill and competence of the individual observer, it is highly doubtful that an unguided series of observations, made by a number of different persons at different times and in different places, would produce a comparable body of information. This is particularly significant in view of the magnitude and complexity and of the many programs carried on by the Department of Medicine and Surgery of the VA.

e. In the management of the nationwide VA medical program, it is inevitable that stations and programs are evaluated in relation to others as well as in terms of qualitative goals. The use of the evaluation criteria published in this manual should enhance the objectivity of program review, minimize any tendency to distort sound professional judgment by personal bias, and thus achieve a greater degree of comparability than has been attained heretofore.

* * ~~f. The availability of the criteria should also assist certain of the Area Medical Office staff in evaluating overall station program effectiveness, and others of the staff in either (1) evaluating the effectiveness of other programs as they relate to and affect their own programs, or (2) in the absence of certain specialized staff on the Area Medical Office rolls, in evaluating activities other than their own areas of specialization, when requested to do so by the Area Medical Director.~~

1.02 PURPOSE

a. This manual provides a single ready source of reference to evaluation criteria for use by supervisory elements in conducting surveys of programs and operations under the jurisdiction of the Department of Medicine and Surgery.

b. The evaluation criteria are intended to serve the following purposes.

- (1) To provide for a desirable degree of uniformity in the evaluation and reporting of survey of those program elements which are susceptible to objective evaluation.

* audit and survey (Change 5)
* * Deleted by Change 5

- (2) To furnish criteria which should assist survey personnel in arriving at more consistent and more valid judgments of operating and program effectiveness.
- (3) To identify indexes for appraising the adequacy and use of available resources--manpower, equipment, materials, funds, space.
- (4) To aid in determining compliance with current policies and directives.
- (5) To assist in identifying operating and program deficiencies.
- (6) As a means to evaluate accomplishment in relation to plans, and contribution in relation to the overall medical program objective.
- (7) To give greater assurance of completeness of survey.
- (8) To make available survey criteria which are also appropriate for use in program evaluation at the operating level.

1.03 CONSIDERATIONS IN USE OF EVALUATION CRITERIA

a. These evaluation criteria are not intended to supplant in any way the individual technical supervisor's judgment, knowledge and experience. These latter are of paramount importance both in the use of the evaluation criteria, and in the consideration of intrinsic program elements which are not susceptible of evaluation through the application of such criteria. It is expected, however, that there will usually be a close correlation between the objective findings and the overall evaluation.

b. The evaluation criteria are not intended to be all-inclusive, or expected to be applicable in all situations. Individual differences among stations and programs may require modifications in their use, or the application of other considerations by the individual conducting the survey. Modifications, however should pertain only to particular elements. They should not detract from the basic pattern of objective evaluation established by the criteria.

1.04 EVALUATION OF QUALITY

a. In the evaluation of all programs and operations, the overriding considerations in arriving at a judgment of effectiveness should relate to the quality of the service or the product.

b. The findings based on these evaluation criteria will often be quality determinants. Other factors related to quality are more complex in nature, especially in patient-care activities. They require subjective judgment based on technical knowledge, and skill in identifying and analyzing the professional aspects of a program.

c. Conclusions and recommendations pertinent to quality level should be related to the quality objective, without regard for mitigating circumstances. Outstanding aspects of a program should be described. Where less than satisfactory quality is noted, contributory deficiencies should be identified. Mere identification may be sufficient to trigger corrective action. Where recommendations are in order, they should clearly state the action considered necessary, and the level to which they are directed--station, Area Medical Office, Central Office.

1.05 EVALUATION OF UTILIZATION OF MANPOWER, MATERIAL, FUNDS, AND OTHER RESOURCES

a. While quality and timeliness of service are of principal concern, station and program management and effective use of resources are also major considerations in conducting surveys. For example:

- (1) Improper use of skills and training lowers morale and reduces the ability of an activity to carry out its mission effectively and economically.

- (2) Uneconomical supervisor-staff ratios may utilize funds which could be made available to other activities where needed, or even for more productive employment in the same activity.
- (3) Poor use of equipment, or the lack of proper equipment may create backlogs or otherwise result in inefficient service.
- (4) Space factors--poor arrangement, bad location, overcrowding--may reduce productivity.

b. The items enumerated above are but a few among many which could be considered in evaluating utilization of resources. Many others are identified in this manual which are concerned with specific programs and operations.

1.06 SOURCES OF REFERENCE FOR PROGRAM DATA

a. There are many sources of reference available to survey officials from which data concerning specific programs and operations may be obtained. Among these are:

- (1) Reports of internal audit.
- (2) General Accounting Office reports.
- (3) Reports of investigation.
- (4) Civil Service Commission reports.
- (5) Reports of special purpose visits.
- (6) Statistical data published by the department.
- (7) Station and program evaluations by top management and management staff elements of Department of Medicine and Surgery, Central Office.
- (8) Narrative and statistical reports submitted by field stations.
- (9) Review and appraisal reports.
- (10) Service organization reports.
- (11) Hospital accreditation reports.

b. Survey officials should review the reports and pertinent data in reports made subsequent to the last previous recurring technical survey of a station or program, to determine that all indicated action for improvement or correction of deficiencies has been taken.

1.07 USE OF EVALUATION CRITERIA BY FIELD STATION PERSONNEL

a. Since criteria published in this manual have been selected as appropriate considerations for program evaluation, it follows that selective use should be made of the same criteria by station management and supervisory personnel, in the conduct of the systematic review and appraisal program.

b. Evaluation criteria should not be confused with survey techniques. It is not expected that the same techniques will be used by personnel who visit stations for short periods, and the staff for whom systematic review is intended to be a continuous process. Frequently, especially for the larger, more complex station programs, there will be an established schedule for systematic review, segmented by section, unit, or function.

[1.07.1 HOSPITAL ACCREDITATION

a. Standards for accreditation and other related information are contained in "Hospital Accreditation References," published by the American Hospital Association in collaboration with the Joint Commission on Accreditation of Hospitals.

b. Personnel responsible for evaluation of program effectiveness and efficiency utilizing the criteria furnished in part II of this manual should also determine conformance with the Joint Commission's requirements for accreditation.]

1.08 CONCLUSION

It has been emphasized that these criteria are neither final nor complete. In the dynamic setting of the VA medical program, it is to be expected that with time there will be modifications, additions and deletions. All personnel should be alert to changes which occur in programs and operations and should offer constructive suggestions for changes to the evaluation criteria whenever indicated.

November 13, 1964

Part I, "Audits and Surveys," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

NOTE: The purpose of this change is to eliminate the recurring technical visit program resulting from the change in Area Medical Directors' responsibility.

✓ Page iii: Delete "Chapter 2. RECURRING TECHNICAL VISIT PROGRAM" and paragraphs "2.01 through 2.05".

✓ Page 1-1, paragraph 1.01

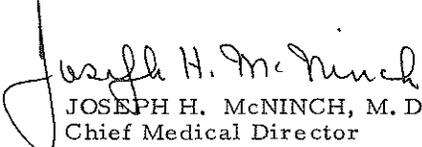
Subparagraph a

Lines 1 and 2: Delete "recurring technical visit" and insert "audit and survey".

Line 4: Delete "preferably" and insert "either".

Subparagraph f: Delete this subparagraph.

✓ Pages 2-1 through 2-4: Remove these pages.


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Part I, "Audits and Surveys," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

NOTE: The purpose of this change is to provide for review for conformance with requirements for accreditation; to delete exceptions in requirement for preparation of sectional reports; and to provide uniformity of action on staff and consultant recurring technical visit reports.

Pages 1-3 and 1-4: Remove these pages and substitute pages 1-3 and 1-4 attached. (Par. 1.07.1 added.)

Pages 2-3 and 2-4: Remove these pages and substitute pages 2-3 and 2-4 attached. (Pars. 2.04b(7) and 2.05c (2) and (3) changed.)


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