

**Manual M-6, DM&S Program Evaluation**

**(Veterans Administration, Department of Medicine and Surgery Manual)**

**Part II, Evaluation Criteria**

**Chapter 3, Dietetic Service**

**(Paragraphs 3.01 through 3.11)**

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VETERANS ADMINISTRATION  
DEPARTMENT OF MEDICINE AND SURGERY MANUAL

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PART II  
**M-6**

# DM&S PROGRAM EVALUATION



PART TWO  
EVALUATION CRITERIA

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## CHAPTER 3. DIETETIC SERVICE

## 3.01 GENERAL

The Dietetic Service has the basic mission of meeting the nutritional needs of the patient in a manner which makes a maximum contribution to recovery and rehabilitation. Attainment of this prime objective is accomplished through sound organization and management and development of all personnel for full utilization of their abilities and skills. Evaluation criteria are furnished below for use in determining the level of effectiveness of the dietetic program.

## 3.02 MAJOR ELEMENTS FOR CONSIDERATION

A satisfactory level of accomplishment in each of the elements listed below is prerequisite to carrying out the mission of the Dietetic Service. Coordination of the program elements to function as an integrated whole is essential to attainment of the therapeutic goals of the Dietetic Service. (NOTE: Although these evaluation criteria are keyed to the inpatient care program, appropriate elements and areas of inquiry are applicable in evaluating outpatient nutrition clinics.)

- a. Planning.
- b. Patient treatment and education.
- c. Nutritional and cost accounting.
- d. Food service.
- e. Sanitation and safety.
- f. Manpower utilization.
- g. Education and training.
- h. Internal and external relations.

## 3.03 CRITERIA FOR EVALUATION

The criteria for evaluation which are furnished in the subsequent paragraphs provide a means for achieving a desirable degree of uniformity and objectivity, and for greater assurance of completeness in the evaluation of the dietetic program by different individuals at various locations. The areas of inquiry provide requirements for use in evaluating program status. The validity of determinations of effectiveness depends on the specialized knowledge, skills, and professional judgment of the individual conducting the survey.

## 3.04 PLANNING

a. Program Planning. The process of integrating all functional program elements of the Dietetic Service is essential for effective and economical operation as a part of service to the patient.

Areas of Inquiry:

- (1) The major program elements developed and implemented to meet the mission of the hospital.
- (2) Current and comprehensive administrative, financial, clinical, and technical records maintained and coordinated with medical and other hospital records for management and patient care purposes.
- (3) The executive team kept apprised of the quality, efficiency, economy, and projected needs of the dietetic operations. Methods used may be, but are not limited to, charts, statistical analyses, narrative summaries, special studies, oral briefings, etc.

- (4) Budget for dietetic operations planned by Chief, Dietetic Service. Budget planning includes expenditures for foods to conform to ration allowance, personnel requirements to achieve a stated degree of productivity, and supplies and equipment needed for an efficient and economical operation. The Chief, Dietetic Service, may participate in overall station budget planning, wherever appropriate.
- (5) Short- and long-range operating plans formulated and documented to include progressive patient therapy and educational activities, maintenance and replacement of equipment, anticipated space changes and personnel needs, etc. As work situations change, timely adjustments are made in the operating plans.
- (6) Continuous systematic review conducted for all program areas.

b. Organization Planning. The process of defining and grouping the functions of the service is done that they may be most logically assigned and effectively executed.

Areas of Inquiry:

- (1) An organizational chart developed to present a visual picture of the overall staffing plan of the Dietetic Service, operational units, and lines of authority. This chart planned within existing guidelines issued by Central Office.
- (2) A functional chart developed to reflect major program elements and functional alignment for all levels of supervision.
- (3) Organizational and functional charts posted for the information of all dietetic personnel.
- (4) Organizational and functional structures studied and reviewed at least yearly to assure effective use of resources to meet requirements of changing patient care concepts and food service systems.

### 3.05 PATIENT TREATMENT AND EDUCATION

Therapy involves the application of principles of nutrition, diet therapy, and education in the treatment and rehabilitation of the patient.

Areas of Inquiry:

- a. Menus, regular and modified, planned to meet nutritional requirements with respect to:
  - (1) Physiological needs.
  - (2) Individual and/or regional preferences.
  - (3) Nutritional status of individual and/or groups.
  - (4) Palatability and aesthetic qualities.
  - (5) Variety and avoidance of monotony and stereotyped characteristics.
- b. Effective orientation and education of the patient in progress through:
  - (1) Establishment of active nutrition clinic.
  - (2) Early and frequent contact at bedside, in cafeterias, dining rooms and clinic.

- (3) Observation of food intake and necessary adjustments made.
  - (4) Individual and group instructions (including family members, sponsors of foster homes, and community nursing homes).
- c. Integrated dietary treatment and participation on the medical team accomplished by:
- (1) Ward rounds.
  - (2) Multidisciplinary conferences, workshops, meetings, committees, etc.
  - (3) Instruction of clinical, professional, and nonprofessional personnel.
  - (4) Dietetic Service participation in research and clinical investigations in medical problems of patient treatment.
  - (5) Professional alertness of dietetic staff to current research in the field of food and nutrition and its application in medical treatment.
  - (6) Dietitians acting as advisors to the clinical and professional staffs on current trends in nutrition as a part of medical care.
  - (7) Coordination of inpatient and outpatient diet therapy and nutritional education activities between VA stations within the area and community nutrition services.
  - (8) Nutritional histories and dietetic progress notes recorded in clinical record, particularly of patients for whom modified diets are prescribed, and of those who present specific nutritional and diet management problems.
  - (9) Preparation and use of a diet handbook adapted to local needs.

### 3.06 NUTRITIONAL AND COST ACCOUNTING

Nutritional and cost accounting are structured to assure provision of nutrients required in patient treatment and adherence to budgetary allocation.

#### Areas of Inquiry:

- a. Subsistence budgetary estimates based on conformance to ration allowance.
- b. Ration allowance applied in menu planning and food requisitioning to provide:
  - (1) Nutritional conformance.
  - (2) Variety and appeal.
  - (3) Acceptability which stimulates adequate food intake.
- c. In addition to the semiannual menu analysis by computer, periodic evaluation is made of nutritional adequacy of menus, regular and modified, and frequent food intake studies are conducted.

### 3.07 FOOD SERVICE

a. Requisitioning, Receipt and Preparation. Planning and operational procedures necessary for the production and service of nutritionally adequate and acceptable menus are in effect.

#### Areas of Inquiry:

- (1) Requisitioning planned with respect to the following factors:
  - (a) Menu needs--regular and modified--with particular attention to avoid stereotyped and monotonous modified diets.

- (b) Comparative economy of item, giving consideration to effect of extent of processing and source of supply on final cost of product.
  - (c) Availability.
  - (d) Delivery schedules coordinated with:
    - 1. Source of supply.
    - 2. Menu planning.
    - 3. Storage facilities.
  - (e) Specifications.
- (2) Receipt, storage, and control of subsistence items in accordance with established techniques and procedures:
- (a) Inspection for quality and condition.
  - (b) Proper storage:
    - 1. Temperature controls.
    - 2. Holding periods.
    - 3. Suitable containers.
    - 4. Dunnage racks.
  - (c) Ingredient control unit.
- (3) Skills, techniques, and procedures employed in food preparation to provide:
- (a) Processing of menu items coordinated with scheduled preparation and usage.
  - (b) Nutrients, color, flavor, and texture of food items retained through use of:
    - 1. Scientific methods in preparation of regular and modified diets.
    - 2. Standardized recipes for quality and control.
    - 3. Relay cooking of foods that do not retain acceptability if held throughout meal period.
    - 4. Adequate and appropriate equipment.
    - 5. Coordinated distribution schedules to the various serving areas.
  - (c) Avoidance of unnecessary waste.

b. Service. Food is delivered to the patient in a highly acceptable condition.

Areas of Inquiry:

- (1) Bedside tray service centralized (except for psychiatric patients).
- (2) Proper techniques of service, such as:
  - (a) Neat and attractive arrangement of trays and cafeteria counters.



- (b) Food covered during transportation.
  - (c) Food maintained at suitable temperatures.
  - (d) Portion control.
  - (e) Minimum delay between preparation, assembly, and service.
  - (f) Establishment of meal hours to allow ample time for unhurried, normal eating for patients.
  - (g) Uninterrupted service to the patient through coordination with other services.
  - (h) Scheduling of meal hours for personnel to avoid interference with regular service of meals to patients.
  - (i) Facilities for the handicapped.
- (3) Delivery of trays and nourishments and collection of soiled trays by Dietetic Service.

c. Facilities

Areas of Inquiry:

- (1) Adequate space for efficient operation.
- (2) Design and capacity of equipment in accordance with established criteria for station workload and arranged for good workflow.
- (3) No equipment excess to needs.

3.08 SANITATION AND SAFETY

Standards involve maintenance of sanitary and safety practices and procedures to safeguard the health of patients and personnel.

Areas of Inquiry:

a. Standards of sanitation and safety assured through:

- (1) Cleanliness and orderliness of all areas.
- (2) Regularly scheduled inspections.
- (3) Proper aseptic techniques and handling of food.
- (4) Proper refrigeration and use of leftovers.
- (5) Mechanical dishwashing and pot and pan washing techniques with periodic check on:
  - (a) Washing, rinsing and sterilizing temperatures.
  - (b) Bacterial counts on dishes, flatware, glasses, utensils, and equipment.
- (6) Adequate garbage disposal, can and bottle crushing, and trash collection.
- (7) Personal appearance and hygiene of dietetic employees.

- (8) Continuous safety program including:
  - (a) Satisfactory working conditions and work habits.
  - (b) Correct use and upkeep of all equipment.

### 3.09 MANPOWER UTILIZATION

a. Professional Staffing Requirement. These pertain to the staff essential to provide professional coverage to direct and maintain the functioning program elements of a Dietetic Service as an integral part of patient treatment and rehabilitation.

Areas of Inquiry:

- (1) Assignments reflect responsibilities in keeping with qualifications and skills through:
  - (a) Establishing tours of duty for professional coverage.
  - (b) Delegating nonprofessional duties to clerical personnel and technical supervisors.
  - (c) Maintaining position descriptions to reflect current duties and responsibilities actually being performed.
- (2) Employment of available part-time dietitians.

b. Nonprofessional Staffing Requirements. These pertain to the nonprofessional staff essential for the safe and efficient preparation and service of food and for insuring an effective overall dietetic program as a part of patient treatment and rehabilitation.

Areas of Inquiry:

- (1) Assignments reflect responsibilities in keeping with technical qualifications and skills through:
  - (a) Scheduling for operational coverage.
  - (b) Maintaining position descriptions to reflect current duties and responsibilities being performed.
- (2) Chief, Food Production and Service, assuming responsibilities of position.
- (3) Employment of available part-time employees.
- (4) Effect of caliber and stability of employees on Dietetic Service operations.

c. Performance Standards. These are the standards expressed in minutes per ration, the time required by wage administration personnel to produce and serve a ration. They are used as a management tool for analyzing and controlling manpower requirements.

Areas of Inquiry:

- (1) The individual station's conformance to the standard. Productivity should be consistent with desired quality of patient care, program coverage, and overall food service, including sanitation and housekeeping.
- (2) Variables contributing to deviation from applicable standard.

### 3.10 EDUCATION AND TRAINING

Education and training programs should meet the needs of all levels of personnel, industrial therapy and rehabilitation assignees, volunteers, trainees from other services and

divisions, and others, such as employees on intra-VA detail. Formal and informal training should be provided and regularly scheduled.

Areas of Inquiry:

a. Development of Work Force

- (1) Professional staff.
  - (a) Rotation of assignments.
  - (b) Scheduled conferences including staff meetings, professional development programs, and others.
  - (c) Intra-VA details.
  - (d) Extra-VA details.
  - (e) Institutes, workshops and professional meetings.
  - (f) Graduate studies.
- (2) Nonprofessional personnel.
  - (a) Orientation and basic training.
  - (b) On-the-job instruction and supervision.
  - (c) Formal scheduled training.
  - (d) Refresher and specialized courses and followup.
  - (e) Industrial therapy and habit training assignments and responsibilities.
  - (f) Intra-VA details.
  - (g) Extra-VA details.
- (3) Specialized training for other groups, where applicable.
  - (a) Dietetic interns.
    1. Adherence to The ADA (American Dietetic Association) curriculum guide.
    2. Quality of educational experience.
    3. Adequacy and quality of internship facilities.
    4. Progress on recommendations of The ADA Dietetic Internship Liaison Director.
    5. Attitude and morale of trainees.
    6. Counseling for placement.
  - (b) Dietetic residents.
    1. Coordination between VA assignment and academic schedule.
    2. Counseling for placement.

- (c) College and university students.
  - 1. Planned learning experiences.
  - 2. Coordination with school.
  - 3. Adequacy of staff and facilities.

### 3.11 INTERNAL AND EXTERNAL RELATIONS

a. Internal Relations. This involves maintaining the best possible working relationships within the organization.

Areas of Inquiry:

- (1) Professional and administrative interdepartmental working relationships are conducive to desirable patient care, good employee morale, etc., and are supported by participation in, and contribution to, staff education programs.
- (2) Active communication and coordination with community placement homes, other VA hospitals, and outpatient clinics within the given area.

b. Public Relations. This involves maintaining the best possible relationships with the general public to obtain understanding and support of the VA medical program.

Area of Inquiry:

- (1) Participation of dietetic staff in professional organizations, community agencies, and civic activities.

Department of Medicine and Surgery  
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M-6, Part II  
Change 16

July 29, 1968

Part II, "Evaluation Criteria," 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 revise Chapter 3, "Dietetic Service," in order to make evaluation criteria more adaptable to present day requirements of the Dietetic Service.

*dy 17* ~~Pages iii and iv:~~ Pages iii and iv: Remove these pages and substitute pages iii and iv attached.

~~Pages 3-1 through 3-8:~~ Pages 3-1 through 3-8: Remove these pages and substitute pages 3-1 through 3-8 attached.

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REMARKS

I am returning the attached material with the request that we inform facilities requesting copies of VA Manual M6, Part 2, that the manual will not be reprinted and that Health Care Review Service is working on the developing of a consolidated policy statement to replace M6, Part 2, and similar requirements relating to review of facility activities.

Also, facilities requesting copies of M6, Part 2, as a response to Internal Audit recommendations, should inform Internal Audit staff of the developmental activity of Health Care Review Service in regard to review policy.

FROM  JOHN MULHEARN, Chief, Quality Assurance Division, Health Care Review Service (174)	DATE 11-7-77 TEL. EXT. 275-0301
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