

Manual M-6, DM&S Program Evaluation

(Veterans Administration, Department of Medicine and Surgery Manual)

Part II, Evaluation Criteria

Chapter 17, Voluntary Service

(Paragraphs 17.01 through 17.06)

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DEPARTMENT OF MEDICINE AND SURGERY MANUAL

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M-6

DM&S PROGRAM EVALUATION



PART TWO
EVALUATION CRITERIA

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CHAPTER 17. VOLUNTARY SERVICE

17.01 GENERAL

a. The administration of VA Voluntary Service is the joint responsibility of the VA and the voluntary organizations serving as members of the VAVS Advisory Committee. If the program is properly administered it can make a purposeful and effective contribution to the care and treatment of veteran-patients and members.

b. Program supervision and evaluation based upon established criteria serve as a means to accomplish refinement and improvement of the local program and as a basis for formulation of plans, policies, and objectives of nationwide applicability. []

17.02 MAJOR ELEMENTS FOR CONSIDERATION

a. A successful voluntary service program is, in the main, dependent on the administration of the program, and the effectiveness of program planning and conduct.

b. Top management's understanding and support, manifested in direct involvement in planning and development of the program, is a requisite of effective administration. The caliber of community volunteer participation is directly related to the understanding leadership provided the program by the Management Team for Voluntary Service consisting of the [Director, Assistant Director, Chief of Staff,] and the Director, Voluntary Service. The effectiveness of program planning and conduct is also of major importance to the voluntary service program.

c. Evaluation of the understanding and support of the program by VA staff and officials and volunteers of the participating organizations, and of the various mechanics of the program operation, should disclose program weaknesses and strengths. Therefore, the following have been selected as the major elements for consideration in evaluating voluntary service:

- (1) Understanding of the program.
- (2) Support of the program.
- (3) Mechanics of the operation of the program.

17.03 CRITERIA FOR EVALUATION

a. [Supplemental] specific criteria for evaluation of the voluntary service program are outlined in DM&S Program Guide G-13, M-2, part XIII. Knowledge and understanding of the criteria, and consideration of such variables as size, type and location of hospital, are essential to effective utilization of the criteria.

b. Areas of inquiry, which provide a base for observation of program functioning and for discussion with concerned field station and voluntary organization personnel are outlined in subsequent paragraphs under the headings of the major elements for consideration. The extent to which specific areas of inquiry should be covered or emphasized will depend upon the technical knowledge of the individual conducting the evaluation and the circumstances in any given situation.

17.04 UNDERSTANDING OF THE PROGRAM

Understanding of appropriate aspects of the program by concerned personnel is essential in attaining purposeful and effective volunteer assistance in the medical care and treatment programs.

Areas of Inquiry: It should be determined that:

a. All individuals involved--VA management and staff, VAVS representatives and alternates, concerned officials of participating voluntary organizations, volunteers, patients, members--understand and are in sympathy with the philosophy and operating plan for community volunteer participation.

b. The VA Management Team for Voluntary Service clearly understands its responsibility for developing and maintaining within the station the proper climate for a volunteer program that is purposeful and worthwhile for patients and members, staff, voluntary organizations and volunteers.

c. [The Chief of Staff] is aware of his direct responsibility for the program and understands his role as Chairman of the station VAVS Advisory Committee.

d. [(Deleted by change 13.)]

e. The Director, Voluntary Service, understands his leadership role in the program and is cognizant of his relationship with the [Chief of Staff,] concerned hospital staff, voluntary organization representatives, and volunteers.

f. Chiefs of services using volunteer assistance understand their responsibilities in the planning and development of the station VAVS program, and for effective utilization of community volunteer resources in their services.

g. VAVS representatives and their alternates clearly understand the responsibilities and the scope and limitation of the roles of the voluntary organizations and the VA in the program.

h. Volunteers understand the significance and their responsibilities of membership on the hospital team and the importance of their assistance in the care and treatment programs.

i. VA employees clearly understand that volunteer service is supplemental and that volunteers do not replace paid staff.

17.05 SUPPORT OF THE PROGRAM

Translating understanding of the program into action is manifestation of active program support. This is essential to progressive growth and development of the voluntary service program. It should be determined that:

Areas of Inquiry:

a. Management and appropriate staff attend and participate in such activities as meetings of the VAVS Advisory Committee, orientation courses and recognition ceremonies for volunteers, and meetings of voluntary organizations interested in the VAVS program.

b. Management provides adequate funds, staff, facilities, and other resources for effective conduct of the volunteer program.

c. The [Chief of Staff] provides effective leadership and guidance to the VAVS Advisory Committee as its chairman, and to the program by such means as periodic program evaluations and development of staff support in the planning and operation of the program.

d. [(Deleted by change 13.)]

e. The Director, Voluntary Service, is responsible for and effectively plans and conducts the operating program, including orientation courses and recognition ceremonies for volunteers, meetings of the VAVS Advisory Committee and VA Staff Advisory Committee on Voluntary Service, conferences with individual VAVS representatives, and VAVS-related presentations in the community.

f. Chiefs of services using volunteer assistance provide staff education in the VAVS program; assure compliance with established policies and procedures regarding supervision, training, records, and recognition of volunteers; participate in meetings of the VAVS Advisory Committee, VA Staff Advisory Committee on Voluntary Service, orientation courses and recognition ceremonies for volunteers, and meetings of voluntary organizations; and periodically evaluate the participation of volunteers in their services.

g. VAVS representatives actively represent their organizations at VAVS Advisory Committee meetings and provide positive leadership in the organizations' participation in the medical care and treatment program.

h. Volunteers are dependable in meeting assignments, cooperate in observing established policies and procedures, and there is minimal turnover.

17.06 MECHANICS OF THE OPERATION OF THE PROGRAM

Just as understanding and support are essential to successful operation of the voluntary service program, the effectiveness of the mechanics of operation is, in turn, reflective of the understanding and support. It should be determined that:

Areas of Inquiry:

a. The VAVS Advisory Committee is operating effectively and accomplishing its purposes as demonstrated by the planning and conduct of meetings, including time, location and facilities; representation and participation of VAVS representatives and VA staff at meetings; utilization of subcommittees and special study groups; fulfilling the needs of the station for volunteer assistance, records, and meeting minutes.

b. Operating effectiveness of the VA Staff Advisory Committee on Voluntary Service is demonstrated by the planning and conduct of meetings; representation and participation; scope of function; and effect on planning and operation of the overall program.

c. Orientation and training in VAVS is effective as demonstrated by type, extent, and frequency of orientation and training, the number of personnel oriented by the VA and the participating voluntary organizations; and the effectiveness of volunteer assistance.

d. Planning by the voluntary organizations, by the VA, and jointly by the VA and the organizations is effective in the recruitment of volunteers.

e. There are effective coordination, control, and procedures for acceptance, handling and accountability of gifts and donations.

f. Space allocation and facilities are satisfactory as demonstrated by relationship of space to established criteria, location, and adequacy to meet needs for office, lounge, dressing, parking, and storage purposes of voluntary organizations and their officials and volunteers.

g. Recognition of volunteer assistance is accomplished effectively through recognition ceremonies--local VA recognition other than tangible awards, community recognition, and special programs or functions.

h. The VAVS story is publicized effectively through local press, radio, and television resources; VA exhibits, displays, and motion pictures; VA speakers bureau; and VA and organizational publications.

i. As an element of program evaluation, performance in total and in parts is related to established quantitative criteria, Reference: DM&S Program Guide G-13, M-2, part XIII, chapter 4.

October 24, 1966

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

NOTE: In addition to minor editorial changes, updating Contents and station nomenclature; eliminating references to Area Medical Offices, where appropriate, and substituting Special Assistants for Field Operations, specific changes include:

a. Paragraph 15.24d(2). Revised to delete inpatient and CBOC program plans under Speech Pathology.

b. Paragraph 15.25b(2). Revised to include type of funding support under Research.

c. Paragraphs 22.01 through 22.06. Revised to define responsibility for review of the fiscal program in DM&S and to furnish revised criteria for use in evaluating that program.

chgy 17 ✓ Page vi, "CONTENTS--Continued": Under "15.03" delete "15.04 Statistical Data
- - - 15-1".

chgy 15 ✓ Page ix, "CONTENTS. . .Continued": Under "22.06" add "22.07 Staff Support- - -
22-2".

✓ Pages 1-1 and 1-2: Remove these pages and substitute pages 1-1 and 1-2 attached. (Par. 1.01a changed as directed by change 10; pars. 1.01f and 1.04c changed.)

✓ Page 2-1, paragraph 2.01, lines 8 and 9: After "station; (2)" delete "Area Medical Office staff; and (3)".

✓ Page 5-1, paragraph 5.01, lines 3 through 5: After "Pharmacy Service." delete "Referral to the provisions . . . context of patient care."

✓ Page 8-4, paragraph 8.09c, line 1: After "reports to" delete "Area Medical Office and".

Page 12-1, paragraph 12.01c

✓ Line 3: After "available in" delete "the Area Medical" and insert "Central".

✓ Lines 5 and 6: After "responsible" delete "Area Medical Office staff member" and insert "Central Office program director".

✓ Pages 15-1 and 15-2, paragraph 15.04: Delete this paragraph.

✓ Pages 15-7 and 15-8: Remove these pages and substitute pages 15-7 and 15-8 attached. ("NOTE" under par. 15.20k changed; pars. 15.24d(2) and 15.25b(2) changed.)

✓ Pages 17-1 and 17-2: Remove these pages and substitute pages 17-1 and 17-2 attached. (Pars. 17.01b, 17.02b, 17.03a, 17.04 c through e, and 17.05c changed; par. 17.05d deleted.)

✓ Page 20-5, paragraph 20.08c, line 7: After "control" change comma to a period and delete "and success reported to the Area Medical Director."

✓ Pages 22-1 and 22-2: Remove these pages and substitute pages 22-1 and 22-2 attached. (Pars. 22.01, 22.04, and 22.06 changed; pars. 22.02d, 22.04a(4) 22.07 added.)

✓ Page 25-1, paragraph 25.03a, lines 3 and 4: After "the station." delete "Whenever practicable, these . . . initiation of the visit. Otherwise," and capitalize "the".

October 24, 1966

M-6, Part II
Change 13

✓ Page 26-5, paragraph 26.07e, line 3: After "visiting stations--" delete "Area Office staff" and insert "staff of the Special Assistants for Field Operations".

H. Martin Engle
H. MARTIN ENGLE, M.D.
Chief Medical Director

Distribution: RPC: 1057
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Veterans Administration
Washington 25, D.C.

10E
M-6, Part II
Change 1

March 15, 1961

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 publish chapters 11 through 18, furnishing evaluation criteria for additional DM&S programs.

chg b Page v: Remove this page and substitute pages v through viii attached. (Contents brought up to date.)

Pages 11-1 through 18-4: Insert new pages attached. (Chs. 11 through 18 added.)


WILLIAM S. MIDDLETON, M.D.
Chief Medical Director

Distribution:

Same as DM&S Manual M-6, Part II.

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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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