Manual M-6, DM&S Program Evaluation

(Veterans Administration, Department of Medicine and Surgery Manual)

Part II, Evaluation Criteria

Chapter 29, VA Nursing Home Care (Paragraphs 29.01 through 29.10)

This document includes:

Title page and p. ii for M-6, Part II, dated **November 14, 1960** Rescissions page for M-6, Part II, dated **December 1, 1969** Contents pages for M-6, Part II, dated **December 1, 1969**

Text for Chapter 29, dated **April 3, 1967** (Change 15)

<u>Transmittal sheets located at the end of the document:</u>

Change 15, dated April 3, 1967

Reference slip dated November 11, 1977 regarding all of M-6, Part II

DM&S PROGRAM EVALUATION



PART TWO

EVALUATION CRITERIA

Department of Medicine and Surgery Veterans Administration Washington 25, D.C.

November 14, 1960

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

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

Distribution:

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CO: Same as M-6, Part I. Field: HP: 5; CNR, CND: 6; AMO: 8 each.

RO w/Outpatient Clinics, VAOC, VAD, SD: 3 each.

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RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a.) Manuals
Change 9, dated December 14, 1962, to M-6, part II

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CONTENTS

PARA	GRAPH	PAGE
	CHAPTER 1. INTRODUCTION	
1.01	Principles and Philosophy	1-1 1-1
1.03 1.04 1.05	Considerations in Use of Evaluation Criteria Evaluation of Quality Evaluation of Utilization of Manpower, Material, Funds, and Other Resources	1-2 1-2
1.06 1.07 1.08	Sources of Reference for Program Data	1-2 1-3 1-3 1-3
	CHAPTER 2. CHAPLAINS	1-5
2.01	General	2-1
2.02 2.03	Major Elements for Consideration	2-1
2.03	Criteria for Evaluation	2-1
2.05	Regularly Scheduled Services of Workship	2-1
2.06	Integration Into Total Care and Treatment Program	2-2
2.07	Facilities and Equipment	2-2 2-2
2.08	Staffing	2-2 2-3
2.09	Relationship With the Community	2-3
2.10	Management Support	2-3
	CHAPTER 3. DIETETIC SERVICE	
3.01	General	3-1
3.02	Major Elements for Consideration	3-1
3.03	Criteria for Evaluation	3-1
3.04	Planning	3-1
3.05	Patient Treatment and Education	3-2
3.06	Nutritional and Cost Accounting	3-3
3.07	Food Service	3-3
3.08	Sanitation and Safety	3-5
3.09	Manpower Utilization	3-6
3.10	Education and Training	3-6
3.11	Internal and External Relations	3-8
	CHAPTER 4. NURSING SERVICE	
4.01	General	4-1
4.02	Major Elements for Consideration	4-1
4.03	Criteria for Evaluation	4-1
4.04	Organization and Administration of Nursing Service	4-1
4.05	Nursing Services to Patients	4-2
4.06	Staff Development	4-3
4.07	Extra VA Contributions to Professional Nursing	4-3
4.08	Systematic Review and Appraisal	4-4
4.09	Nursing Service 'Climate'	4-4
	CHAPTER 5. PHARMACY SERVICE	
5.01	General	5-1
5.02	Major Elements for Consideration	5-1
5.03	Criteria for Evaluation	5-1
5.04	Professional Service	5-1
5.05	Physical Facilities	5-2
5.06	Pharmacy Personnel	5-2

PARAGR	АРН	P	AGE
	CHAPTER 5. PHARMACY SERVICE Continued		
5.07 5.08 5.09 5.10 5.11 5.12 5.13 5.14 5.15 5.16	Dispensing Practices		5-2 5-4 5-5 5-5 5-5 5-6 5-6 5-7
	CHAPTER 6. PROSTHETIC AND SENSORY AIDS ACTIVITIES		, ,
6.01 6.02 6.03	General		6-1 6-1 6-1
	CHAPTER 7. RADIOLOGY SERVICE		
7.01 7.02 7.03 7.04 7.05 7.06 7.07 7.08 7.09 7.10 7.11 7.12	General		7-1 7-1 7-1 7-2 7-2 7-3 7-3 7-3 7-4 7-4
	CHAPTER 8. SOCIAL WORK SERVICE		
8.01 8.02 8.03 8.04 8.05 8.06 8.07 8.08 8.09	General		8-1 8-1 8-1 8-2 8-2 8-3 8-4
	CHAPTER 9. BUILDING MANAGEMENT DIVISION		
9.01 9.02 9.03 9.04 9.05 9.06 9.07 9.08 9.09 9.10 9.11	General		9-1 9-1 9-1 9-2 9-3 9-4 9-4 9-6 9-7

PARAGI	RAPH	PAGE
	CHAPTER 10. DOMICILIARY SERVICES	
10.01 10.02 10.03 10.04 10.05 10.06 10.07 10.08 10.09 10.10	General	10-1 10-1 10-2 10-2 10-3 10-3 10-3 10-4 10-4
	CHAPTER 11. DENTAL SERVICE	
11.01 11.02 11.03 11.04 11.05 11.06 11.07 11.08 11.09 11.10	General	11-1 11-1 11-1 11-2 11-2 11-3 11-3 11-3
	CHAPTER 12. PSYCHIATRY AND NEUROLOGY	
	Section I. General	
12.01	Introduction	12-1
12.02 12.03 12.04 12.05 12.06 12.07	Major Elements for Consideration	12-1 12-1 12-2 12-4 12-4 12-4
	Section IIIA. Psychiatry (Outpatient) Mental Hygiene Clinics	
12.08 12.09 12.10 12.11 12.12 12.13	Major Elements for Consideration	12-5 12-5 12-6 12-6 12-6 12-7
	Section IIIB. Psychiatry (Outpatient) NP Examination Service	
12.14 12.15 12.16 12.17 12.18 12.19	Major Elements for Consideration	12-7 12-7 12-7 12-7 12-8 12-8

 $\langle x^{p}\rangle$

PARAGRAPH		PAGE
	CHAPTER 12. PSYCHIATRY AND NEUROLOGYContinued	
	Section IV. Neurology (Inpatient)	
12.20 12.21 12.22 12.23 12.24 12.25 12.26 12.27 12.28 12.29 12.30	Major Elements for Consideration	12-9 12-9 12-9 12-10 12-11 12-11 12-13 12-13
	CHAPTER 13. PSYCHOLOGY (CLINICAL, COUNSELING, SOCIAL, PHYSIOLOGICAL)	
13.01 13.02 13.03 13.04 13.05 13.06 13.07 13.08 13.09 13.10 13.11 13.12 13.13 13.14	General Major Elements for Consideration Evaluation Criteria Assessment and Evaluation Behavior Modification Placement Followup Consultation Training Research Community Relations Administration Principal Staff Psychologist (Chief) Other Staff Psychologists Staffing, Physical Facilities, Equipment, Supplies CHAPTER 14. (Deleted by change 6.)	13-1 13-2 13-2 13-3 13-4 13-5 13-5 13-6 13-7 13-8 13-8 13-9
	CHAPTER 15. PHYSICAL MEDICINE AND REHABILITATION SERVICE	
15.01	Section I. General Introduction	15-1
15.02 15.03 15.04 15.05 15.06 15.07 15.08 15.09 15.10	Major Elements for Consideration	15-1 15-1 15-2 15-2 15-3 15-3 15-4 15-4

PARAG	RAPH	PAGE
	CHAPTER 15. PHYSICAL MEDICINE AND REHABILITATION SERVICEContinued	
	Section III. Industrial Therapy	
15.11 15.12 15.13	Major Elements for Consideration	15-4 15-4 15-4
	Section IV. Member-Employee Program	
15.14 15.15 15.16	Major Elements for Consideration	15-5 15-5 15-5
	Section V. Blind Rehabilitation	
15.17 15.18 15.19 15.20	Major Elements for Consideration	15-5 15-5 15-6 15-6
	Section VI. (Deleted by change 17.)	
15.21 th	rough 15.25 (Deleted by change 17.)	
	Section VII. Recreation	
15.26 15.27 15.28 15.29	Major Elements for Consideration	15-8 15-8 15-8 15-9
	CHAPTER 16. REGISTRAR AND MEDICAL ADMINISTRATIVE PROGRAMS	
16.01 16.02 16.03 16.04 16.05 16.06 16.07 16.08 16.09 16.10	General	16-1 16-1 16-1 16-1 16-2 16-3 16-4 16-7 16-9 16-12
	CHAPTER 17. VOLUNTARY SERVICE	
17.01 17.02 17.03 17.04 17.05	General	17-1 17-1 17-1 17-1 17-2

M-6, Part II Change 17

PARAGRAPH		PAGE
	CHAPTER 18. LIBRARY	
18.01 18.02 18.03 18.04 18.05 18.06 18.07 18.08 18.09 18.10 18.11	General	18-1 18-1 18-1 18-2 18-2 18-3 18-3 18-3 18-4
19.01 19.02 19.03 19.04 19.05 19.06 19.07	Introduction	19-1 19-1 19-1 19-2 19-4 19-6
20.01 20.02 20.03 20.04 20.05 20.06 20.07 20.08 20.09 20.10 20.11 20.12 20.13 20.14 20.15	Introduction	20-1 20-1 20-1 20-4 20-4 20-5 20-5 20-6 20-6 20-7 20-7 20-7 20-7
21.01 21.02 21.03 21.04 21.05 21.06 21.07 21.08 21.09 21.10 21.11	General	21-1 21-1 21-1 21-3 21-3 21-3 21-5 21-5 21-5

 $\langle r \rangle$

PARAGR	APH	PAGE
	CHAPTER 22. FISCAL PROGRAM	
22.01 22.02 22.03 22.04 22.05 22.06 22.07	General	22-1 22-1 22-1 22-1 22-2 22-2 22-2
	CHAPTER 23. SUPPLY PROGRAM	
23.01 23.02 23.03 23.04 23.05 23.06 23.07 23.08	Major Elements for Consideration	23-1 23-1 23-1 23-1 23-2 23-3 23-5 23-6
`\	CHAPTER 24. SURGICAL SERVICE	
24.01 24.02 24.03 24.04 24.05 24.06 24.07 24.08 24.09 24.10 24.11	Major Elements for Consideration	24-1 24-1 24-1 24-2 24-3 24-5 24-5 24-6 24-7 24-8
	CHAPTER 25. MEDICAL SERVICE	
	Section I. General	
25.01 25.02	Introduction	25-1 25-1
	Section II. Hospitals	
25.03 25.04 25.05 25.06 25.07 25.08 25.09 25.10 25.11 25.12	Patient Statistics	25-1 25-2 25-2 25-2 25-3 25-3 25-4 25-5 25-5
	Section III. Outpatient Clinics	
25.13 25.14 25.15 25.16	Patient Statistics	25-6 25-6 25-7 25-7

PARAGRAPH		PAGE
	CHAPTER 26. MANAGEMENT	
26.01 26.02 26.03 26.04 26.05 26.06 26.07 26.08	General Major Elements for Consideration Criteria for Evaluation Orientation to Primary Mission Planning Organization Control Execution	26-1 26-1 26-1 26-2 26-3 26-3 26-6
	CHAPTER 27. PERSONNEL DIVISION	
27.01	General	27-1
	CHAPTER 28. AUDIOLOGY AND SPEECH PATHOLOGY	
28.01 28.02 28.03 28.04 28.05 28.06 28.07 28.08 28.09 28.10 28.11	General Major Elements for Consideration Criteria for Evaluation Assessment and Evaluation Management of Communication Disorders Administration Space and Equipment Training Principal Audiologist-Speech Pathologist (Chief) Other Staff Audiologists-Speech Pathologists	28-1 28-2 28-2 28-3 28-4 28-4 28-5 28-5 28-5
29.01 29.02 29.03 29.04 29.05 29.06 29.07 29.08 29.09 29.10	General	29-1 29-1 29-1 29-2 29-3 29-4 29-4 29-5 29-5

CHAPTER 29. VA NURSING HOME CARE

29.01 GENERAL

a. The mission of the VA Nursing Home Care program is to provide skilled nursing care, related medical services, supportive personal care, and individual services—including social, diversional, recreational, and spiritual. It is planned to meet a particular need of care between hospitalization and domiciliation for the chronically ill individual who has reached the maximum hospital benefits. The needs of the patient will vary and successful attainment of the mission rests on the ability of the responsible individuals to adjust to the needs of each patient.

b. The NHC (Nursing Home Care) Unit is formed by the meshing of diverse disciplines into an efficient operating team. The Chief of Staff has the overall responsibility for the adequate performance of each of the disciplines as a part of this team. In this capacity, he will make the overall evaluation of the unit.

29.02 MAJOR ELEMENTS FOR CONSIDERATION

- a. Administration.
- b. Span of care.
- c. Treatment climate.
- d. Medical treatment.
- e. Staff attitude.
- f. Patient-centered activities.
- g. Admissions.

29.03 CRITERIA FOR EVALUATION

The criteria provided in the following paragraphs will assist the observer in determining the adequacy, effectiveness, and compliance with program philosophy of the individual NHC Unit. Valid conclusions depend upon the specialized knowledge and judgment of the observer.

29.04 ADMINISTRATION

a. Planning, Coordination, and Supervision

Areas of Inquiry:

- (1) The supervisor fully comprehends the overall mission of the NHC Unit, as well as that of the component elements contributing to its mission.
- (2) The supervisor participates actively in the preparation and justification of budget requirements and is responsible for control and use of allocated funds.
- (3) All elements of the program have been developed and implemented to meet the needs of the patient.
- (4) The supervisor participates in all planning affecting the unit.
- (5) The supervisor reports directly to the Chief of Staff.
- (6) Organization and administration provides for effective functioning of all personnel.

- (7) Employee training is based on a systematic approach.
- (8) Administrative procedures are carried out effectively.

b. Staffing

Areas of Inquiry:

- (1) The unit is adequately staffed to allow for autonomous operation of its Nursing Service.
- (2) Staffing for all other disciplines is adequate in number and training.
- (3) The supervisor develops and tries out newapproaches in nursing that will assist the patient in recovering and/or maintaining maximum capacity for participating in the normal process of living.

c. Screening Committee

Areas of Inquiry:

- (1) The committee is organized in accordance with current directives.
- (2) Meetings are held routinely on a frequency schedule that is adequate for needs.
- (3) Recommendations are acted upon without undue delay by the Chief of Staff.
- d. Building Management (Housekeeping, Laundry, and Sanitation)

Areas of Inquiry:

- (1) The area has a homelike atmosphere, pleasantly decorated, and clean.
- (2) Physical appearance of dining room is pleasant and furnishings appropriately arranged for proper seating and traffic control.
- (3) Laundry service is being provided in accordance with current directives. Adequate linen supplies are provided in accordance with needs. Dirty clothes and linens are handled in such a way as not to create an unsanitary condition.
- (4) High standards of sanitation are maintained throughout. No offensive odors are detectible.
- (5) Trash collection and removal is done expeditiously.

e. Safety and Fire Prevention

Areas of Inquiry:

- Employees and patients, to the extent possible, are oriented to fire prevention and safety measures.
- (2) The Safety and Fire Prevention plan is coordinated with overall hospital plan.
- (3) Smoking is strictly controlled to prevent accidents.

29.05 SPAN OF CARE

Areas of Inquiry:

a. Adequate consideration has been given to providing for the required spectrum of professional skills.

- b. Patients are properly classified as to category.
- c. Patient care is flexible and adapted to the needs of the individual patient.
- d. A stimulating environment is maintained toward motivation of the patient to attain the satisfactions of daily life.
 - e. Every effort is made to keep patients ambulatory.

29.06 TREATMENT CLIMATE

a. Nursing Care

Areas of Inquiry:

- (1) There is a written nursing care plan for each patient.
- (2) Licensed practical nurses are assigned to the unit and administer selected medications.
- (3) There is an established communication system between Nursing and PM&R in regard to the patient's rehabilitation needs.

b. Physical Medicine and Rehabilitation

Areas of Inquiry:

- (1) PM&R has an active role in the rehabilitation planning and performance of the NHC Unit.
- (2) Adequate workups are performed on admission, insuring that the maximum rehabilitation potential is established for each patient.
- (3) Periodic reviews are made to insure that the patient progress is in keeping with potential or that changes should be made.
- (4) Adequate therapy is performed (under supervision of a qualified therapist) in the NHC Unit, coordinated with that performed in PM&R clinics.
- (5) Recreation therapy is given active consideration in planning for needs of the individual NHC patient.
- (6) An active recreation program is conducted, designed to meet the needs of the NHC patient, not limited to entertainment, but directed toward self-motivation.
- (7) Adequate opportunities are provided for participation in social activities of a personal or family type--recreational activities of such variety that all the varied interests of the individual patients may be satisfied, and opportunities for constructive and useful contributions to the work of the facility, the patient group, or to the community.

c. Social Work

Areas of Inquiry:

- (1) Social Work staffing is in accordance with existing criteria.
- (2) The Social Work staff fully understands the mission of the VA Nursing Home Care program and is effectively integrated into the organizational operation.
- (3) Social Work Service actively participates in screening activities and appropriate community placement activities.

d. Food Service

Areas of Inquiry:

- (1) Provision is made to furnish meals to patients in an appetizing condition on a time schedule that best serves the interest of the patient.
- (2) Adequate mid-meal snacks and nourishment are available.
- (3) Provision is made for special events such as birthdays.

e. Volunteer Service

Areas of Inquiry:

- (1) The Supervisor, NHC Unit, understands the responsibility for planning and development of volunteer participation.
- (2) Participation of volunteers is actively promoted.
- (3) Volunteers are being utilized in accordance with existing criteria.

f. Medication

Areas of Inquiry:

- (1) Self-medication encouraged to the maximum.
- (2) The system of medication in use is adequately contributing to the patient's self-reliance.
- (3) Drug stock is properly controlled and secured.

29.07 MEDICAL TREATMENT

Areas of Inquiry:

- a. A doctor is assigned the continuing responsibility for direct medical care on the unit so that the patients feel they have their own doctor. Relationships and extent of care are consistent with program policy.
- b. The services of staff physicians and dentists are provided whenever necessary. Patients referred for treatment are seen without undue delay.

29.08 STAFF ATTITUDE

Areas of Inquiry:

- a. The disciplines form a team to evolve creative approaches toward minimizing the effect of the patient's disabilities.
- b. Personnel provide the desired climate of enthusiasm, motivation, interest, and high morale.
- c. The staff has a sensitivity to and knowledge of the behavior patterns and symptomatology of older persons so that they can interpret their attitudes, supervise their activities, and encourage continuing self-care.
 - d. The staff is skilled in motivation of the older patient to join in group activities.
- e. The staff is oriented toward a philosophy of helping the patient learn to help himself whenever and wherever possible.

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29.09 PATIENT-CENTERED ACTIVITIES

Areas of Inquiry:

- a. Patients are encouraged to accept as much responsibility for their individual daily living activities as is consistent with their physical ability.
- b. Patients are encouraged to participate in social and recreational activities both within and without the unit.
- c. The activity program makes each individual patient have a feeling of belonging, a feeling of being wanted and needed, a feeling of accomplishment, and provides opportunities for making a constructive contribution to the group.
- d. Patients are encouraged to participate in activities outside the facility when possible. Persons from the community are encouraged to participate in activities within the facility.
- e. Every effort is made to keep the patient in contact with his family, his friends, and the community. Provisions are made to provide a favorable environment to make visiting pleasant for patients and visitors alike.

29.10 ADMISSIONS

Areas of Inquiry:

- a. All outplacement potentials have been exhausted prior to admission to the unit.
- b. Applications from other than the parent hospital are given consideration equal to those of the parent hospital.

Department of Medicine and Surgery Veterans Administration Washington, D.C. 20420

April 3, 1967

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 furnish criteria for use in evaluating the VA Nursing Home Care program.

- Pages ix and x: Remove these pages and substitute pages ix and x attached. (Contents brought up to date.)
- Pages 29-1 through 29-5: Insert these pages attached. (Ch. 29 added.)

H. M. ENGLE, M. D. Chief Medical Director

Distribution: RPC: 1057

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VETERANS ADMINISTRATION REFERENCE SLIP

TO (Name or title-Mail routing symbol) INITIALS-DATE Miss. A. B. Hahn (101B2) 2. 3. 4. REASON FOR REFERENCE AS REQUESTED COMMENTS INFORMATION PER CONVERSATION CONCURRENCE NECESSARY ACTION SIGNATURE

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.

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FROM HOW wellean	DATE
JOHN MULHEARN, Chief, Quality	11-7-77
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VA FORM 3230

EXISTING STOCKS OF VA FORM 3230, OCT 1956. WILL BE USED.

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