Department of Veterans Affairs **M-11**
Veterans Health Administration
Washington, DC 20420 **January 17, 1995**

1. Transmitted is a new manual to the Department of Veterans Affairs, Veterans Health Administration Manuals, M-11, "Information Resources Management," Chapters 1 through 17. **NOTE:** *Due to the length of this part, each Chapter will be transmitted separately.*

2. The principal changes include:

a. **Chapter 1:** Defines the over arching Information Resource Management (IRM) policy and the responsibilities of various offices, committees, and directorates for carrying out policy.

b. **Chapter 2:** Describes and provides procedures for the IRM planning and acquisition process.

c. **Chapter 3:** Sets forth Veterans Health Administration (VHA) policy relating to data administration and reports management, including reports control procedures.

d. **Chapter 4:** Establishes policy for the management of VHA's database, and procedures for design integrity and overall conformance to programming goals and standards.

e. **Chapter 5:** Establishes policy and guidance for the procurement of office automation equipment and software as part of VHA's health care information systems.

f. **Chapter 6:** Defines the responsibility for managing and administering VHA telecommunications resources.

g. **Chapter 7:** Provides guidance concerning the role of technology assessment as it relates to the management and operation of medical information systems.

h. **Chapter 8:** Defines the role and responsibility of Applications Requirements Groups in the development, design, and maintenance of VHA Decentralized Hospital Computer Program software.

i. **Chapter 9:** Sets forth the VHA policy regarding software management standards and requirements for the development, maintenance, and support of all software packages designated for national distribution.

j. **Chapter 10:** Describes and provides procedures for the IRM planning and acquisition process.

k. **Chapter 11:** Defines application documentation, documentation standards, and management of documentation of all VHA software.

l. **Chapter 12:** Establishes policy and procedures related to ensuring the quality of VHA developed software.

m. **Chapter 13:** Provides policy and guidance governing the archiving and purging of data from the VHA computer systems to ensure the ability to store current data in the system.

n. **Chapter 14:** Establishes policy for the provision of support to VHA facilities for the acquisition, implementation, and maintenance of automated hospital information systems to increase the effectiveness and quality of patient care.

o. **Chapter 15:** Establishes policy and responsibilities for training to support VHA IRM activities, both at the local and national level.

p. **Chapter 16:** Provides policy and procedures to ensure the protection of data, hardware, software, and storage media.

q. **Chapter 17:** Establishes operational guidelines for and defines the responsibilities of IRM Service, which unifies automated data processing, telecommunications, office automation, information collection, information management, and systems development.

3. **Filing Instructions**

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4. **RESCISSIONS:** VHA Circulars/Directives 10-85-93, 10-85-112, 10-85-116, 10-86-147, 10-87-19, 10-87-119, 10-87-122, and 10-87-123.

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Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

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DEPARTMENT OF
VETERANS AFFAIRS

INFORMATION RESOURCES MANAGEMENT

M-11
January 17, 1995

Veterans Health Administration
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The Department of Veterans Affairs, Veterans Health Administration Manual M-11, "Medical Information Resources Management," is published for the information and compliance of all concerned.

Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

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CHAPTER 1. INFORMATION RESOURCES MANAGEMENT (IRM) POLICY AND ORGANIZATION

1.01 PURPOSE

The purpose of this chapter is to establish Veterans Health Administration (VHA) IRM policy and to define the organization of IRM within VHA.

1.02 POLICY

In support of the Department of Veterans Affairs (VA) goals of providing quality medical care in a timely and economical manner to all eligible persons and of integrating information technology with innovative management techniques to enhance the provision of quality care and benefits, it is the policy of VHA to:

a. Create and maintain an environment for the integration of information systems and technologies and for the greatest degree of user involvement to ensure effective information flow and efficient technology sharing.

b. Develop, maintain, and expand the primary patient care system.

(1) Decentralized Hospital Computer Program (DHCP) stresses:

(a) An integrated data base,

(b) A common user interface, and

(c) A commitment to open architecture and Federal standards.

(2) This forms the base of VA's health care information system which supports multiple missions of;

(a) Health care,

(b) Resources management,

(c) Education, and

(d) Research.

c. Manage information and related resources necessary for information processing (e.g., personnel, equipment, funds, technology).

d. Integrate:

(1) Multidisciplinary long-range planning,

(2) IRM budget formulation/execution, and

(3) Modernization issues for the evolution of the VA's information systems.

NOTE: *This effort takes place in concert with VA's Strategic Management Process.*

e. Use information technology and offer opportunities for the improvement of program management and for access to and dissemination of information.

f. Ensure operational integrity and security of all information systems commensurate with the sensitivity of information and risk, and the potential magnitude of loss or harm.

g. Create IRM Services, in all VA health care facilities, to implement and maintain the IRM program.

h. Promote the creation of standardized portable modular systems and make these available for use by other Federal agencies as well as non-government users throughout the public domain.

i. Direct various strategies of automation as components of the VA health care information system. Such strategies include, but are not limited to:

(1) Development of information systems;

(2) Evaluation and testing of commercial systems;

(3) Implementation of integrated office automation systems;

4) Use of VA central systems; and

(5) Use of personal computers and telecommunications resources.

1.03 AUTHORITIES

a. The Assistant Secretary for Finance and Information Resources Management (AS/F&IRM) serves as the senior official under the Paperwork Reduction Act of 1980 and exercises authority for matters relating to IRM as may be delegated by the Secretary or specified by legislation.

b. The Under Secretary for Health has authority for IRM activities within VHA.

c. The Associate Chief Medical Director (AsCMD) for Administration has authority for establishing VHA IRM policy, planning, and procedures, as well as oversight of IRM-related operations in all VHA facilities as delegated by the Under Secretary for Health.

1.04 RESPONSIBILITIES

a. The Director, Medical Information Resources Management Office (MIRMO), is responsible for the creation and implementation of IRM policy, planning, and procedures within VHA and functions as the VHA Chief Information Officer (CIO).

b. The Directors of the Information Systems Centers (ISCs) are responsible for:

(1) Supporting IRM operations at the facilities within their respective regions; and

(2) Creating, implementing, and expanding the VA health care information system as directed by MIRMO.

c. The Regional Directors are responsible for ensuring that IRM operations are implemented successfully at the facilities within their respective regions.

d. The health care facility Directors are responsible for the successful implementation and operation of the IRM Program at the facility level as performed by the IRM Service at each facility.

1.05 MIRMO STRUCTURE AND FUNCTION

a. MIRMO is the organization responsible for IRM program management within VHA and is the VHA focal point for all related:

(1) Planning,

(2) Budgeting,

(3) Organizing,

(4) Training, and

(5) Policy related to automation and IRM.

b. MIRMO organization and functions are as follows:

(1) MIRMO Field Operations Service is responsible for providing policy guidance and program oversight to IRM field operations. Field Operations Service, through the Director, MIRMO:

(a) Manages the administration of the centralized Chief, IRM Service Recruitment and Placement Program.

(b) Develops and promulgates IRM field policies and procedures.

(c) Monitors and reports IRM field implementations.

(d) Manages the centralized Automated Data Processing (ADP) procurements, software and maintenance contracts, and reviews and approves of ADP field initiatives which exceed local procurement authority.

(e) Coordinates and maintains liaison with regional Field Support groups at all ISCs (see par. 1.06).

(f) Participates in the management and coordination of IRM field training activities in association with the VHA Training Management Committee (see par. 1.07c).

(g) Maintains a liaison with other federal agencies such as Department of Defense (DOD) and Indian Health Service (IHS) to establish and monitor IRM sharing agreements.

(h) Interacts with external organizations such as General Accounting Office (GAO), General Services Administration (GSA), Office of Inspector General (OIG), Office of Management and Budget (OMB), and Congress to address all facets of VHA IRM.

(i) Reviews and approves responses to Freedom of Information Act (FOIA) requests for VHA IRM products. **NOTE:** *Except for international requests, this function has been delegated to the Hines ISC.*

(j) Promotes VHA IRM programs by participating in activities such as:

1. Conferences,

2. Technical seminars,

3. Exhibit preparations, and

4. Publication of:

a. Brochures,

b. Films, and

c. The VHA IRM Newsletter.

(2) The Service Director of Field Operations serves as a non-voting member of the ISC Directors' Council.

(3) MIRMO Information Integration Service, as the focal point in VHA for nationwide information systems integration; it:

(a) Provides direct management oversight of national software development and related activities for ISCs.

(b) Synchronizes VHA software development efforts among special interest areas to:

1. Minimize overlapping of programming;

2. Foster data standardization and data sharing among applications; and

3. Eliminate the duplication of and ensures the evolution of shared hospital data resources for data analysis and decision support.

(c) Manages the development of VHA standards for programming, testing, documentation, and verification.

(d) Facilitates the incorporation of data elements into national data bases to support all VHA management strategies including, but not limited to:

1. Resource allocation,

2. Quality assurance,

3. Cost and budget tracking, and

4. Patient health information.

(e) Evaluates information systems and pilot projects applicable to development efforts.

(f) Works with VA IRM officials and with VHA systems managers in developing and implementing Department-wide policy, data standards, and data dictionaries.

(g) Reviews and concurs in proposals related to new centralized systems to ensure integration with other systems.

(h) Names VHA systems managers for all centralized information systems, defines their responsibilities, and promulgates policies governing management of VHA systems.

(i) Serves as the principle VHA point-of-contact with the Deputy Assistant Secretary for IRM (DAS/IRM) staff on VA central systems and holds responsibility for coordination/liaison with the DAS/IRM staff on behalf of VHA users and system managers, as required.

(j) Provides VHA perspective to VA IRM officials on all aspects of IRM and on related budget, planning, and modernization issues.

1. Reviews IRM and statistical policies to ensure that the VHA IRM perspective is taken into account; and

2. Prepares VHA's submission to the IRM Program.

(k) Coordinates for MIRMO all IRM-related external studies (e.g., studies mandated and/or requested by GSA and OMB) and is the focal point for OMB management review issues and external requirements/studies related to information and reporting systems.

(l) Coordinates and performs cost-benefit analyses on potential and existing automated hospital applications.

(m) Coordinates the IRM strategic planning for VHA.

(4) The Service Director, MIRMO Information Integration Service serves as a non-voting member of the ISC Directors Council. A member of the MIRMO Information Integration Service staff:

(a) Serves as the National Data Administrator for VHA by establishing data administration policy and holding responsibility for coordination of data element standardization.

(b) Serves as both the VHA IRM Coordinator and the Reports Coordinator, providing VHA input to the DAS/IRM on:

1. Reports control,

2. Paperwork management,

3. The IRM Review Program, and

4. Other related matters.

(c) Serves as the executive secretariat to the Under Secretary for Health's Information Resources Advisory Council (IRAC) by:

1. Maintaining the Expert Registry,

2. Coordinating the formation of Application Requirements Groups (ARGs) and Expert Panels; and

3. Working with the ARGs and Expert Panels on development, planning, and operational issues.

(5) MIRMO Medical Information Security Service, responsible for the nationwide VHA Information Security Program, through the Director, MIRMO, is responsible for the following:

(a) Develops security guidelines and policy for application at all levels of VHA;

(b) Integrates the efforts of Department information security experts, VHA program managers, and all information security officers;

(c) Oversees the operation of the National Center for Information Security.(NCIS);

(d) Oversees the operation of the Regional Information Security Officers (RISOs);

(e) Develops and monitors a VHA incident reporting program;

(f) Coordinates VA's information security matters within VHA with external organizations as:

1. Office of Personnel Management (OPM),

2. National Institute of Science and Technology (NIS&T),

3. OMB,

4. National Security Agency (NSA), and

5. Private industry.

(g) Interprets published security guidance in relation to the VHA needs, isolates areas appropriate to further study, and devises and plans projects to define specific objectives;

(h) Keeps abreast of advancements in the information security area by:

1. Defining issues and problems;

2. Planning and conducting feasibility studies;

3. Advising top VHA management; and

4. Planing for the VHA-wide, long-range information security program.

(i) Plans, designs, and carries out studies and leads projects in coordination with other information security experts both within and outside VHA;

(j) Advises top VHA program officials and Departmental information security officials on:

1. VHA information security measures and programs,

2. Access to centralized data bases,

3. Distributed processing systems, and

4. Portable/distributed data bases.

(k) Acts as the point-of-contact for studies on VHA information security conducted by VA or outside agencies;

(l) Coordinates the development and approves VHA training and awareness material for information security in conjunction with the IRM Training Coordinator;

(m) Reviews specifications, procurements, and deployment of information security tokens (e.g., smart cards);

(n) Performs research and development projects;

(o) Coordinates and plans for the transfer of technology to VHA, ISCs, and field sites;

(p) Evaluates system performance in the area of information security;

(q) Works closely with the NIS&T, International Standards Organization (ISO), and other standards organizations; and

(r) Initiates and recommends VHA standards and management controls in the areas of ADP security and distributed processing.

NOTE: *The Director, Medical Information Security Service, serves as a non-voting member of the ISC Directors Council.*

(6) MIRMO Technology Management Service, as focal point for technical expertise and IRM and telecommunications technology for VHA Central Office, ISCs, and VA health care facilities,:

(a) Serves as the program manager for all aspects of telecommunications within VHA;

(b) Oversees the operation of the Center for the Evaluation of Healthcare Information System Technology (CEHIST);

(c) Oversees the design, development, and implementation of a nationwide capacity management program for medical information systems;

(d) Serves as the configuration management consultant to field activities and provides technical guidance on configuration management issues;

(e) Evaluates emerging ADP and/or IRM technological innovations to determine their applicability to VHA medical information systems and coordinates innovations at the VHA Centers of Innovation;

(f) Serves as the focal point for the analysis and evaluation of relational data base concepts within MIRMO and makes recommendations to the Director, MIRMO, as appropriate;

(g) Develops concept papers for presentation to Congress, OMB, GAO, and other oversight organizations, and for internal use within the Department;

(h) Serves as the program manager for information network design, and conducts network load studies for VHA and builds network models;

(i) Provides or arranges for training of VHA Central Office staff in areas of data access, utilization techniques, and software;

(j) Develops and coordinates the VHA Central Office annual procurement plan;

(k) Reviews and approves all requisitions for ADP, word processing equipment, and other ADP-oriented equipment and software for VHA Central Office;

NOTE: *Acquisitions over the specified threshold will be sent to the AS/F&IRM for approval.*

(l) Reviews, evaluates, and controls commercial software, computers, local area networks, and other ADP equipment to meet VHA Central Office requirements;

(m) Provides consultation and develops operational and training aids for the user community; and

(n) Manages the ADP equipment and systems maintenance contracts for VHA Central Office.

NOTE: *The Director, Technology Management Service, serves as a non-voting member of the ISC Directors Council.*

(7) MIRMO Planning and Budget Staff, responsible for providing administrative, personnel, budget/fiscal, and staff support to the Director, MIRMO, also:

(a) Coordinates ADP/IRM planning, programming, and budgeting for VHA.

(b) Formulates the VHA ADP/IRM budget for the Medical Care and the Medical Administration Management Operating Expenses (MAMOE) appropriations.

(c) Coordinates the establishment of budgetary initiatives for inclusion with the Under Secretary for Health and Departmental preliminary reviews.

(d) Develops project estimates for budget initiatives, and develops and updates project life cycle costs.

(e) Oversees development and maintenance of a strategic and operational planning system to support VHA ADP/IRM requirements for both VA Central Office and field programs.

(f) Coordinates preparation of OMB and Congressional submissions and of related supporting material (e.g., questions and answers) for use in Congressional testimony.

(g) Manages the facility ADP/IRM planning cycle and coordinates field inputs for VHA submission to the IRM program.

(h) Issues an annual call for facility ADP planning data to identify approved local ADP requirements.

(i) Coordinates and substantiates health care facility requests to utilize local operating funds for ADP procurements.

(j) Manages the execution of the current fiscal year ADP/IRM budgets for the Medical Care and MAMOE appropriations.

(k) Coordinates with the Office of Acquisition and Materiel Management (OA&MM) on all matters pertaining to requests for ADP/IRM equipment, software, and services for VHA.

(l) Provides fiscal project control of all major ADP/IRM projects for:

1. MIRMO and VHA offices,

2. Health care facilities,

3. ISCs,

4. NCIS, and

5. CEHIST.

(m) Allocates and distributes all ADP/IRM funds to health care facilities and VHA Central Office.

(n) Coordinates, on all ADP/IRM fiscal budgetary matters, with:

1. The Office of F&IRM,

2. VHA Resource Management, and

3. All other VA Central Office and VHA field elements

1.06 ISC STRUCTURE AND FUNCTION

The ISCs comprise the key organization established to support the development, operation, and management of IRM activities at national, regional, and local levels within VHA.

a. The ISC structure consists of two major divisions: National Applications Software Development and regional Field Support. Each division is managed by an Associate Director who reports to the Director, ISC.

b. Reporting directly to MIRMO, the ISCs encompass the following functions. Each ISC:

(1) Develops, tests, documents, and maintains clinical and administrative application software packages in support of the mission of all levels within VHA.

(2) Implements effective software quality control and quality assurance programs which protect the integrity of VHA application software.

(3) Assists the health care facilities in all facets of IRM operation.
This includes:

(a) Both remote and onsite hardware, operating systems, and applications support;

(b) IRM staff and end user training;

(c) Risk analyses;

(d) Telecommunications;

(e) Troubleshooting;

(f) Procurement;

(g) Budget;

(h) Site preparation; and

(i) Staffing guidance.

(4) Provides operational support to Regional Directors' offices, Regional Medical Education Centers (RMECs), and other Department organizational elements. Support includes:

(a) Programming,

(b) IRM operations, and

(c) Communications.

(5) Provides IRM program assistance and guidance.

1. On a national level, ISCs are involved in determining the future direction of IRM within the Administration.

2. On a regional level, ISCs serve as the senior technical arm to the Regional Directors.

3. ISCs perform activities such as health care facility ADP plan reviews and supports regional electronic communications among health care facility elements (e.g., Directors, Chiefs of Staff).

(6) Supports their own complex computer and communications operations in order to meet their development and support requirements.

(7) Assumes a proactive role in the exploration of new technologies suitable for migration to VHA health care facilities.

1.07 VHA IRM COMMITTEES AND WORK GROUPS

a. **IRAC**

(1) **Purpose**

(a) The primary purpose of the IRAC is to advise the Under Secretary for Health on IRM priorities to ensure that information resources are used effectively to support front-line caregivers and managers in VA health care facilities.

(b) The IRAC is responsible for:

1. Updating the Strategic Information Systems Plan on an annual basis;

2. Recommending the establishment of specific ARGs, including:

a. Nominating members, and

b. Monitoring activities.

3. Overseeing the process of evaluating alternative technological solutions, including the Integrated Hospital System and other commercial technologies, and recommending the adoption of specific technologies as appropriate.

(2) **Membership.** Members of the IRAC are primarily field-based clinicians and managers appointed by the Under Secretary for Health. The members include:

(a) Four members who are health care facility directors representing each region;

(b) Seven members who represent clinical areas including research;

(c) An IRM Service Chief who is a member of the Field Information Resources Management Advisory Committee (FIRMAC);

(d) The Associate Deputy Chief Medical Director for Clinical Programs serving as ex-officio member, and

(e) The Director, MIRMO, who serves as ex-officio member.

b. **ARG**

(1) **Purpose.** ARGs serve as the focal point for all IRM activities that pertain to its specialty area and determine the functional contents of national packages for that area (see Ch. 8).

(2) **Membership.** ARG members are appointed by the Under Secretary for Health on recommendations from the IRAC. Members are drawn from the Expert Registry for 3-year terms; they may be reappointed twice.

c. **VHA IRM Training Management Committee (TMC)**

(1) **Purpose**

(a) This committee oversees IRM training activities and is responsible for providing training opportunities for VHA personnel in the operation, management, maintenance, and use of IRM systems.

(b) Specific responsibilities include:

1. Identification of audiences to be trained and their needs;

2. Oversight of training materials development;

3. Long-range and short-range planning of training;

4. Identification and implementation of alternative, cost-effective training formats;

5. Prioritization of national training needs; and

6. Identification of training resources required.

(2) **Membership**

(a) Membership consists of:

1. The Field Operations Service Director, MIRMO;

2. One Regional Director;

3. Two ISC Directorate for Training representatives;

4. One IRM Security representative;

5. Two Continuing Education Center representatives;

6. Two IRM Service Chiefs;

7. One health care facility Director;

8. One Application Coordinator; and

9. The Director, Continuing Education Resources Service.

(b) The Regional Directors appoint their representative to the group.

(c) The Director, MIRMO, selects the security representative, and the IRM Service Chiefs.

(d) The Director, MIRMO, selects the health care facility Director, and the application coordinator from nominations made by the Directorate for Training and the Continuing Education Center.

NOTE: *The Directorate for Training is responsible for operational oversight and review of VHA IRM training, including coordination with the Office of Academic Affairs (OAA), The OAA National Training Program representative coordinates the OAA support for the National Training Program for IRM with MIRMO and the Directorate for Training.*

d. **ISC Directors Council**

(1) **Purpose.** This management council advises the Director, MIRMO; it is responsible for making recommendations on:

(a) National IRM plans and policies,

(b) Current operational issues,

(c) Strategic decisions, and

(d) Future program directions.

(2) **Membership**

(a) The ISC Directors constitute the voting membership of the Council.

1. As appropriate, each Director is polled on significant issues and the results are made available to the Director, MIRMO.

2. The Chairperson of the Council and the recording responsibility rotates among the ISC Directors on a meeting-by-meeting basis.

(b) Each non-voting member is polled on appropriate issues and the results are entered into the record of minutes. Seated non-voting members of the Council include:

1. Director of Information Integration Service,

2. Director of Field Operations Service,

3. Director of Technology Management Service,

4. Director of Medical Information Security Service, and

5. The VHA IRM Training Coordinator.

(c) The Council meets on an as-needed-basis determined by the Director, MIRMO.

e**. FIRMAC**

(1) **Purpose**

(a) This field advisory committee is responsible for providing advice and guidance to the Director, MIRMO, concerning issues related to IRM operation and resource utilization at the health care facility level.

(b) Specific duties include:

1. Acting as elected regional representatives for the IRM Service Chiefs or Site Managers in their respective regions;

2. Identifying problems, developing initiatives, and formulating recommendations on IRM issues considered national in scope;

3. Participating in the Agency's IRM strategic planning process;

4. Facilitating communications among the IRM Service Chiefs, MIRMO, VHA program offices, and other VA administrations and staff offices; and

5. Preparing agendas for both regional and national IRM Service Chiefs or Site Mangers meetings, as appropriate.

(2) **Membership**

(a) **Committee membership.** Committee membership will be limited to individuals who are currently IRM Service Chiefs with each of the VHA regions having two representatives and one alternate (backup).

1. Candidates will be nominated by their peers from within each region. (Nominations must be concurred on by the nominee's Director and Regional Director, through the Field Support ISCs, prior to commencing participation in the election process.)

2. Representatives will be elected by a majority vote of the IRM Service Chiefs/Site Managers in elections conducted by the ISC Field Support. An alternate representative from each region will also be elected in the same manner.

3. Elections will take place each year in June when the Director, MIRMO, will announce the official results.

4. The eight regional electees will constitute FIRMAC.

5. The time and place of the initial meeting of the committee will be announced by the Director, MIRMO.

(b) **Terms of Members.** Committee membership will be for a period of 2 years beginning after the announcement of election results.

1. An incumbent may not serve consecutive terms, but may be re-elected after sitting out at least 1 year.

2. A committee member who's employment position changes during their term to a position other than that of an IRM Service Chief and/or Site Manager, or who moves to another region must be replaced on FIRMAC.

a. All such vacancies will be filled immediately by the alternate and an ensuing election for the vacated alternate position will take place within 30 days.

b. Replacement committee members will be notified by the Director, MIRMO, or designee.

3. Committee members will coordinate the transition of their regional FIRMAC responsibilities to their replacements, as appropriate.

(c) **Selection of Officers.** The members of the ongoing committee will elect a Chairperson. A Vice-Chairperson will be elected by the new committee. These individuals will serve in this capacity for 1 year.

(3) **Responsibilities.** The responsibilities of FIRMAC are to:

(a) Establish procedures governing the conduct of committee meetings;

(b) Prepare agenda items from topics suggested by their regional constituents;

(c) Participate in monthly committee conference calls and attend meetings at times and locations specified by the Director, MIRMO, and the Chairperson. **NOTE:** *Alternates will represent committee members in any meeting, conference call, or other official committee business when the principal regional representatives are unable to participate.*

(d) Establish a FIRMAC mail group on the DHCP national electronic mail system (i.e., FORUM) to include all committee members and their alternates. and

(e) Identify action items and recommendations and/or issues developed by FIRMAC.

NOTE: *Progress on these actions items will be reported to the Director, MIRMO, the FIRMAC membership, and their regional constituents on a quarterly basis by the Chairperson of the FIRMAC.*

f. **National Advisory Group for Information Security (NAGIS)**

(1) **Purpose.** The NAGIS:

(a) Represents major constituencies within VHA;

(b) Serves as an advisory and special issue work group for the administration's Automated Information System (AIS) security program;

(c) Brings issues of national concern in the area of AIS to the attention of the Director, MIRMO;

(d) Advises the VHA ISO on policy relating to matters in all VHA facilities, i.e., problems are identified, initiatives developed, and recommendations are formulated;

(e) May participate in AIS security program planning; and

(f) Reviews and critiques proposed documents, suggestions, and reactions to proposed courses of action.

(2) **Membership.** Two ISOs and an alternate ISO are elected from each region to serve 2-year terms on NAGIS.

(a) RISOs canvas ISOs within their respective regions for nominations for NAGIS membership.

(b) ISOs vote on the nominees for their region.

(c) Nominees must have the approval of their facility Director, and the elected representative must have the approval of the Regional Director.

(d) Membership will be staggered so that only half of the membership changes each year.

g**. VHA Programming Standards and Conventions Committee (SACC)**

(1) **Purpose.** SACC was established to define all Standards and Conventions (SAC) to be used when developing software for the VA health care information systems, and to serve as an arbiter when issues of conformance to SAC arise.

(a) Requests for exemptions from existing DHCP standards are made by the development community to the SACC via written or electronic media.

(b) A two-thirds decision by the committee will be final regarding interpretation or waivers of the standards.

(2) **Membership**

(a) The SACC membership consists of:

1. One appointed by each of the ISC Directors;

2. One verification representative appointed by the verification community; and

3. Five at-large members appointed by the Director, MIRMO.

(b) Members are appointed for 3-year terms with approximately one-third of the membership rotating annually. A 1-year absence from the SACC must elapse before re-appointment to the committee.

(c) The SACC will elect a chairperson for a 1-year term with responsibility to:

1. Coordinate standards revisions,

2. Coordinate waiver and/or exemption requests, and

3. Report committee decisions to the programming and VHA IRM management communities.

h**. Data Base Integration Committee (DBIC)**

(1) **Purpose.** This committee is responsible for the coordination of software design reviews.

(a) Performed by peer group reviewers selected by the DBIC, these reviews are intended to ensure that VHA software packages meet the design integrity and overall conformance to quality programming goals and VHA programming SAC.

(b) The committee holds responsibility for coordinating and disseminating information regarding programming style and file design to the technical community, and serves as an unbiased development consultant.

(2) **Membership**

(a) Membership in this committee includes:

1. The VHA Data Base Administrator,

2. A senior representative from the VA FileMan development team,

3. A senior representative from the Field Support division, and

4. A senior representative from the Development division of the ISCs.

(b) DBIC members are selected by the Director, MIRMO.

(c) The VA FileMan, Field Support, and Development representatives will rotate.

i. **Documentation Standards and Conventions Committee (DSCC)**

(1) **Purpose.** This committee is responsible for recommending to the Director, MIRMO, standards and guidelines by which all documentation must comply.

(2) **Membership**

(a) The ISC Council recommends to the Director, MIRMO, the representatives at-large and appoints a representative from their respective ISC.

(b) The DSCC membership consists of:

1. One representative from each ISC;

2. One IRM Service Chief representative (at-large);

3. One verification representative (at-large);

4. One National Center for Documentation Coordinator (ex-officio); and

5. One Field Support representative (at-large).

(3) **Term**

(a) Term of membership will be 3 years with one-third of the membership rotating annually.

(b). A 1-year absence from the DSCC must elapse before re-appointment to the committee.

(4) **Chairperson.** A chairperson will be selected by the membership for a 1-year term.

(5) **Vote.** Each member of the DSCC has an equal vote.

(a) All standards and guidelines (agreed on by the committee) require a majority two-thirds vote by the membership.

(b) Other issues can be decided by a simple majority vote.

(c) When using electronic media to conduct votes, the vote must be completed within 15 days.

1.08 MIRMO APPOINTED DIRECTORATES

a. The Director, MIRMO, under certain circumstances, has established special field directorate assignments within the ISCs, and empowered the ISC Director to coordinate activities associated with the function of the Directorate.

(1) **Directorate for Documentation**

(a) **Responsible Official.** The responsible official is the Director, Birmingham ISC.

(b) **Responsibilities:** The Directorate is responsible for:

1. Validating that all national documentation adheres to current documentation standards and guidelines and follows established formats;

2. Facilitating the work of the DSCC; and

3. Reproducing and distributing approved documentation.

(2) **Directorate for Contracting Technical Representation**

(a) **Responsible Official.** The responsible official is the Director, Birmingham ISC.

(b) **Responsibilities.** The Directorate is responsible for:

1. Communications and coordination of technical procurement information between:

a. OA&MM, VA Central Office;

b. Health care facilities;

c. ISCs;

d. MIRMO; and

e. Regional Directors.

2. The establishment of vehicles to ensure the proper tracking and reporting of milestones related to the individual IRM procurement projects.

(3) **Directorate for VA/DOD IRM Sharing Agreements Liaison**

(a) **Responsible Official.** The responsible official is the Director, Dallas ISC.

(b) **Responsibilities.** The Directorate is responsible for:

1. Providing a central point for the evaluation, planning, coordination, development, and support for VHA IRM needs relating to DOD sharing; and

2. Developing standard software and data structures to allow health care facilities and/or outpatient clinics to:

a. Support the broadest possible data base,

b. Provide improved health care services,

c. Implement a cost accounting and cost containment methodology, and

d. More efficiently utilize VA services and facilities.

(4) **Directorate for Field Support**

(a) **Responsible Officials.** The responsible officials are the:

1. Director, Albany ISC;

2. Director, Hines ISC;

3. Director, Dallas ISC; and

4. Director, San Francisco ISC.

(b) **Responsibilities.** The four Support Directorates are responsible within their respective regions for providing oversight of effective technical support services to the VA health care facilities for planning, implementing, and maintaining software and computer services centrally provided as part of DHCP. These responsibilities include, but are not limited to:

1. Dissemination of and technical support for officially distributed application software;

2. Facilitating and coordinating training for users and IRM staffs;

3. Assisting field IRM components in package implementation;

4. Providing assistance and guidance in problem resolution encountered with DHCP applications, operating systems software, communications software and the hardware environments within which these operate;

5. Assisting health care facilities in the IRM planning process and in meeting the requirements of central reporting systems; and

6. Assisting VA Central Office MIRMO program officials and managers in monitoring and evaluating the effectiveness of DHCP implementation.

(5) **Directorate for Development**

(a) **Responsible Officials.** The responsible officials are:

1. Director, Washington ISC;

2. Director, Birmingham ISC; and

3. Director, Salt Lake City ISC.

(b) **Responsibilities.** The three Development Directorates serve as an advisory body to the Information Integration Service on DHCP software development and as representatives of the ISC Council to their assigned ARG. They:

1. Advise on long term, strategic and resource planning related to software development;

2. Coordinate methods to maximize programmer productivity (e.g., case tools);

3. Address issues related to recruiting, training, and retaining programmers;

4. Coordinate application development with technological advances;

5. Facilitate software integration; and

6. Present development issues to the ISC Directors' Council and for tracking them.

(6) **Directorate for Training**

(a) **Responsible Official.** The responsible official is the Director, Dallas ISC.

(b) **Responsibilities.** The Directorate is responsible for:

1. Program office oversight and review of IRM training in VHA, and

2. Maintaining a central point for the coordination of IRM training activities.

(7) **Directorate for Capacity Management**

(a) **Responsible Official.** The responsible official is the Director, San Francisco ISC.

(b) **Responsibilities.** The Directorate is responsible for:

1. Program office oversight and review for capacity planning and performance management for VHA;

2. Providing MIRMO with consulting services pertaining to performance management issues and site-specific capacity planning for new systems or system upgrades; and

3. Communicating with:

a. MIRMO,

b. The ISC development and support community,

c. IRM staffs, and

d. Vendor experts.