

Manual M-11, Information Resources Management (Veterans Health Administration)

**Chapter 3, Reports Management
(Paragraphs 3.01 through 3.08)**

This document includes:

Title page and p. ii for M-11, dated **January 17, 1995**

Contents page for M-11, dated **January 17, 1995**

Rescissions page for M-11, dated **January 17, 1995**

Contents page for Chapter 3, dated **January 17, 1995**

Text for Chapter 3, dated **January 17, 1995**

Transmittal sheets located at the end of the document:

Sheets dated **January 17, 1995**

**DEPARTMENT OF
VETERANS AFFAIRS**

INFORMATION RESOURCES MANAGEMENT

**M-11
January 17, 1995**

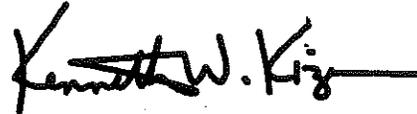
**Veterans Health Administration
Washington, DC 20420**

M-11

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

January 17, 1995

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.

A handwritten signature in black ink that reads "Kenneth W. Kizer". The signature is written in a cursive style with a horizontal line extending to the right from the end of the name.

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

Distribution: RPC: 1461 is assigned

Printing Date: 1/95

CONTENTS

CHAPTERS

1. INFORMATION RESOURCES MANAGEMENT (IRM) POLICY AND ORGANIZATION
2. PLANNING, RESOURCE ACQUISITION, AND MANAGEMENT
3. REPORTS MANAGEMENT
4. DATA BASE ADMINISTRATION
5. OFFICE AUTOMATION (OA)
6. TELECOMMUNICATIONS
7. INFORMATION TECHNOLOGY MANAGEMENT PROGRAM (ITMP)
8. APPLICATION REQUIREMENTS GROUP (ARG)
9. SOFTWARE MANAGEMENT
10. PROGRAMMING STANDARDS AND CONVENTIONS (SAC)
11. DOCUMENTATION
12. VERIFICATION
13. DATA ARCHIVING AND PURGING
14. FIELD SUPPORT
15. INFORMATION RESOURCES MANAGEMENT (IRM) TRAINING
16. AUTOMATED INFORMATION SYSTEM (AIS) SECURITY
17. INFORMATION RESOURCES MANAGEMENT SERVICE (IRMS)

RESCISSIONS

The following material is rescinded:

Circulars/Directives

10-85-93
10-85-112
10-85-116
10-86-147
10-87-19
10-87-119
10-87-122
10-87-123

CONTENTS

CHAPTER 3. REPORTS MANAGEMENT

PARAGRAPH	PAGE
3.01 Purpose	3-1
3.02 Policy	3-1
3.03 Definitions	3-2
3.04 Responsibilities	3-3
3.05 Administration Liaison Responsibilities	3-4
3.06 Procedures for Central Systems	3-4
3.07 Procedures for Report Requests	3-5
3.08 Procedures for Concurrence	3-6

CHAPTER 3. REPORTS MANAGEMENT

3.01 PURPOSE

a. This chapter sets forth the Information Resources Management (IRM) policy, responsibilities, and guidelines relating to data administration and reports management within Veterans Health Administration (VHA). The focus is on the responsibilities of Medical Information Resources Management Office's (MIRMO's) reports management.

b. IRM activities within VHA are conducted among different offices, as:

- (1) Office of Administration which is responsible for forms and records management;
- (2) Office of Academic Affairs which is responsible for library services;
- (3) Management Support Office which manages office automation;
- (4) Strategic Planning and Policy Office which provides reports and statistics for the Department of Veterans Affairs (VA);
- (5) Office of Administrative Services which handles publications; and
- (6) MIRMO which is given responsibility for:
 - (a) IRM policy and planning,
 - (b) Programmatic operations including liaison,
 - (c) Data administration,
 - (d) Reports management, and
 - (e) Automated Data Processing (ADP) and telecommunications.

3.02 POLICY

It is the policy of VHA to:

- a. Minimize the reporting burden for VHA staff;
- b. Minimize the cost of collecting, maintaining, using, and disseminating information;
- c. Maximize the usefulness of the information collected;
- d. Coordinate, integrate, and to the extent practicable and appropriate, make uniform information policies and practices;
- e. Ensure that automatic data processing and telecommunications technologies are acquired and used in a manner which:
 - (1) Improves service delivery and program management,
 - (2) Increases productivity,
 - (3) Reduces waste and fraud, and

- (4) Reduces the information processing burden, whenever practicable and appropriate;
 - f. Ensure that the collection, maintenance, use, and dissemination of information is consistent with applicable laws relating to confidentiality, including 5 United States Code (U.S.C.) 552a, "Privacy Act," and 5 U.S.C. 552, "Freedom of Information Act" and in accordance with M-1, Part I, Chapter 9; and
 - g. Provide for adequate safeguards of sensitive data stored and processed by automated information systems.

3.03 DEFINITIONS

a. **Central Systems.** Central systems are the ADP systems located at one of the data processing centers to which VHA field facilities input data (e.g., Personnel and Accounting Integrated Data (PAID), Automated Management Information System (AMIS), Community Nursing Home).

b. **Data.** Data are a representation of facts, concepts, or instructions in a formalized manner suitable for communication, interpretation, processing, or storing by humans or by information processing equipment.

c. **Data Administration.** Data administration is a function that includes the development and coordination of the policies, procedures, practices and plans for the collection, integration, processing, correction, storage, security, use, and retention of data.

d. **Information Collection Budget (ICB).** The ICB is a document that identifies the total number of burden hours for all collections of information from the public to be conducted or sponsored by the VA in the fiscal year. (Refer to MP-1, Pt. II, Ch. 4, "Forms Management.")

e. **Information.** Information is data that has been transformed into a meaningful and useful form that increases the level of knowledge of its recipients.

f. **Interagency Reporting.** Interagency reporting refers to any reporting requirement which involves reports to a Federal department or agency from one or more other Federal departments and agencies covered by 44 U.S.C., Chapters 29 and 31, and 41 Code of Federal Regulations (CFR) 201 through 9.202.2.

g. IRM

(1) IRM is the planning, budgeting, organizing, directing, training, and control associated with the processes of creation, collection, processing, transmission, dissemination, use, storage, and disposition of information.

(2) IRM encompasses the management of both information itself and the resources (e.g., personnel, equipment, funds, technology) used in the information process. This includes:

- (a) ADP,
- (b) Automated Information System (AIS) security,
- (c) Telecommunication,
- (d) Office automation,
- (e) Records management, and

(f) Associated activities.

h. **Paperwork Reduction Reauthorization Act.** The Paperwork Reduction Reauthorization Act of 1986 was enacted to reduce paperwork and enhance the economy and efficiency of the Government and the private sector by improving Federal information policy making.

i. **Public Reporting**

(1) Public reporting is any reporting or record keeping required from any non-Federal Government business, institution, group, or individual, which is subject to the provisions of 44 U.S.C. 35 and 5 CFR 1320.

(2) Reports from Federal agencies, instrumentalities, and employees are included, if they call for information which is to be used for statistical compilations of general public interest.

j. **Reports Control Symbol (RCS)**

(1) RCS numbers are assigned to internal reports which require the input of manual or machine-readable data for the purpose of producing those reports.

(2) The RCS number consists of the prefix of the requiring office and a unique number, thus, all RCS numbers for VHA begin with 10-.

k. **Reports**

(1) Reports are data or information, generally summarized, transmitted for use in:

- (a) Determining policy;
- (b) Planning, controlling, and evaluating operations and performance;
- (c) Making administrative determinations; and
- (d) Preparing other reports.

(2) The data or information may be in the following forms:

- (a) Narrative,
- (b) Statistical,
- (c) Graphic,
- (d) Magnetic tape, or
- (e) Other form.

3.04 RESPONSIBILITIES

a. **Data Administration.** In keeping with MIRM's IRM functions, a MIRM staff member shall be designated as the VHA Data Administration Coordinator.

b. **Reports Management**

(1) Information Integration Service, MIRMO, is responsible for reviewing all requests for reports from field facilities to ensure that:

- (a) Reporting is kept to a minimum,
- (b) Reporting is consistent with the need for essential information,
- (c) The information requested does not duplicate other reports or parts of reports,
- (d) The information collected will meet the requester's needs, and
- (e) The instructions are clear.

(2) Any VHA Directive requesting or referencing a report must be routed through Information Integration Service for concurrence. Complete concurrence procedures are provided in paragraph 3.08.

(3) The Records Management Service, Office of Information Resources Policies and Oversight, is the VA staff office responsible for reviewing and approving all requests for proposed or revised reports and assigning a report RCS number).

(a) This office requires that all requests for reports be accompanied by VA Form 3440, Notice of Report and Report Identifier Number (formerly VA Form 70-3440).

NOTE: Copies of VA Form 3440 can be obtained from VA Information Management Service (045A4), or from Information Integration Service (162), MIRMO.

(b) The information on VA Form 3440, is used to review proposed or revised reports to ensure that:

1. The need is justified,
2. Report data is not duplicated in another reporting requirement, or
3. Report data is extraneous to the need.

(4) Public reports require approval from Office of Management and Budget (OMB). A Standard Form 83, Request for OMB Review, must be completed and coordinated through Directives, Forms and Records Management (161B4) for these reports. (Refer to MP-1, Pt. II, Ch. 4.)

3.05 ADMINISTRATION LIAISON RESPONSIBILITIES

A member of the Information Integration Service staff shall be designated as the VHA IRM Coordinator. The IRM Coordinator is designated to serve as the point of contact for the IRM Program Review Service in the review and evaluation of VA-wide IRM activities.

3.06 PROCEDURES FOR CENTRAL SYSTEMS

a. The VHA central systems receive data from VA health care facilities throughout the nation and provide individual and aggregate reports back to the facilities, to regional offices, and to VA Central Office to be used for management purposes. These systems are programmed and maintained by the Office of the Assistant Secretary for Finance and Information Resources Management (AS/F&IRM)

b. All requests for changes to central systems must be coordinated through MIRMO as part of their responsibility for VHA IRM. It is also important for MIRMO to be aware of changes because data entry for these systems is provided through the Decentralized Hospital Computer Program (DHCP), which will require changes to coincide with the changes to the central systems.

3.07 PROCEDURES FOR REPORT REQUESTS

a. Reports will be kept to an absolute minimum, both in quantity and content.

(1) Need for information rather than desirability must be the criterion for establishing a report.

(2) If recurring reports are necessary, the frequency of submission should be kept to a minimum, consistent with the efficient utilization of the report data. (Refer to MP-1, Pt. II, Ch. 26, "Reports Management.")

b. The purpose of the report must be clearly stated and any background information which would help the respondent understand the intent and importance of the report should be included.

c. The requiring instructions for the report shall include:

(1) Precisely what is required in the report and specific instructions, if necessary;

(2) When and how often it is to be submitted;

(3) The address it is to be submitted to, or in the case of automated reports, transmittal instructions;

(4) The office, correspondence symbol, and phone number to call for assistance in preparing the report;

(5) The RCS number or Interagency Reports Control Number (IRCN) as part of the subject;

(6) Due Dates:

(a) The due dates for recurring reports should be expressed in terms of workdays (e.g., the report will be forwarded to reach VA Central Office not later than 10 workdays following the close of the reporting period).

(b) Nonrecurring reports should have specific due dates. For example, the report should reach VA Central Office not later than September 26, 1997).

(c) The due date should never be a Saturday, Sunday, or holiday.

d. It is usually beneficial to request the name, correspondence symbol, and phone number of the person preparing the report to facilitate contacts should any clarification of the data be necessary.

e. Required Forms. One or more of the following forms is required depending on the nature of the report request.

(1) **VA Form 10-2479, Justification for Proposed DM&S (VHA) Issue**. This form must accompany all reporting requests. It is the primary concurrence sheet for VHA.

(2) **VA Form 3440**. This form is required by the Office of the Deputy Assistant Secretary for Information Resources Management (DAS/IRM) for the assignment of the RCS number. If a VA Form 3440 already exists for the report, it need only be updated for resubmission.

(3) **VA Form 559A, Request for New or Revised Form or Form Letter**. This form is required if a printed form is being used to collect the data.

(4) **Standard Form 83, Request for the Office of Management and Budget (OMB) Review.** This form is necessary for all reports required to have an OMB clearance under provisions of 44 U.S.C. 35 and 5, Part 1320, "Controlling Paperwork Burdens on the Public." That is, any report requiring answers

(a) To identical questions posed to, or identical reporting or record keeping requirements imposed on, 10 or more persons, other than agencies, instrumentalities, or employees of the United States; or,

(b) To questions posed to agencies, instrumentalities, or employees of the United States which are to be used for general statistical purposes.

(c) Examples of such reports are the "Patient Satisfaction Survey" and the "Epidemiological Study of the Health of Vietnam Veterans."

(d) A special justification package is necessary for these reports.

(e) Further information on OMB requirements may be obtained from Medical Administration Service (MAS).

3.08 PROCEDURES FOR CONCURRENCE

a. All concurrences are to be made on VA Form 10-2479.

NOTE: *The concurrence process as defined in VHA Directive 10-95-00.*

b. All requests for reports must have the concurrence of the Information Integration Service as the VHA IRM Coordinator.

c. If the request is for a new reporting requirement, Information Management Service (047A4), Office of Information Resources Policies and Oversight, must concur and assign an RCS number.

d. If a form is required, Directives, Forms and Records Management (161B4), must concur and assign a form number.

e. Reports requiring OMB clearance are submitted through Directives, Forms and Records Management (161B4), and the Office of Information Resources Policies and Oversight.

f. All requests for reports from the field must receive the concurrence of the Associate Chief Medical Director (AsCMD) for Operations (13), and the Deputy Under Secretary for Health for Administration and Operations (10B).

g. All other offices with a vested interest in the report should also concur, including those outside of VHA.

h. The Directives, Forms and Records Management (161B4) staff is responsible for:

(1) The final review,

(2) Obtaining the signature of the Under Secretary for Health or Deputy Under Secretary for Health, and

(3) Transmitting the VHA Directive to the field.

January 17, 1995

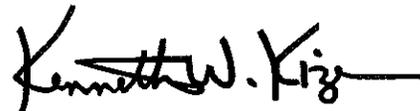
1. Transmitted is a new chapter to the Department of Veterans Affairs, Veterans Health Administration (VHA) Manual, M-11, "Information Resources Management," Chapter 3, "Reports Management."
2. Chapter 3 sets forth VHA policy relating to data administration and reports control
3. **Filing Instructions**

Remove pages

Insert pages

3-i
3-1 through 3-6

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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Under Secretary for Health

Distribution: **RPC 1463 is assigned.**
FD

Printing Date: 1/95

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

Remove pages

Insert pages

- Cover through iv
- 1-i through 1-19
- 2-i through 2-8
- 3-i through 3-6
- 4-i through 4-5
- 5-i through 5-3
- 6-i through 6-4
- 7-i through 7-6
- 8-i through 8-7
- 9-i through 9-21
- 10-i through 10B-1
- 11-i through 11A-5
- 12-i through 12-4
- 13-i through 13-2
- 14-i through 14-4
- 15-i through 15-3
- 16-i through 16A-3
- 17-i through 17-4

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.

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

Distribution: **RPC 1461 is assigned.**
FD

Printing Date: 1/95

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