

Manual M-6, DM&S Program Evaluation

(Veterans Administration, Department of Medicine and Surgery Manual)

Part II, Evaluation Criteria

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DEPARTMENT OF MEDICINE AND SURGERY MANUAL

PART II
M-6

DM&S PROGRAM EVALUATION



PART TWO
EVALUATION CRITERIA

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CHAPTER 15. PHYSICAL MEDICINE AND REHABILITATION SERVICE

SECTION I. GENERAL

15.01 INTRODUCTION

a. In the VA system as a whole, in the areas of inpatient care under the Director, Professional Services, only Nursing and Dietetic Services employ more people than does the Physical Medicine and Rehabilitation Service. The PM&R Service has three primary functions:

- (1) Evaluation of the degree of impairment and the extent of residual capacity for social and economic activities;
- (2) The furnishing of practical and effective motivations for rehabilitation; and
- (3) The restoration of function to the maximum level of which the patient is capable.

b. To carry out its responsibilities, the PM&R Service is organized into therapy sections, the number and type depending on patient needs and the scope of the PM&R program at the individual station. A PM&R bed service of appropriate size is established where there is a need and where adequate staff is available.

c. Because of the nature of the organization of the PM&R Service, this chapter is organized into sections to facilitate use and referral. Section II is concerned with all organization elements of the service. Subsequent sections deal with activities which require the consideration of other evaluation factors, in addition to those covered in the basic pattern.

SECTION II. PM&R THERAPY SECTIONS AND BED SERVICE

15.02 MAJOR ELEMENTS FOR CONSIDERATION

- a. Statistical data.
- b. Staff and staffing.
- c. Program effectiveness and efficiency.
- d. Rehabilitation end results.
- e. Space, equipment, supplies.
- f. Training and professional growth.
- g. Contributions to field of PM&R.

15.03 EVALUATION CRITERIA

The evaluation criteria which are furnished in subsequent paragraphs are predicated on the presence of all facets of PM&R at the location under survey. Obviously, this does not apply at a large number of stations. It is left to the judgment of the person conducting the survey to determine the extent to which the criteria are applicable, and whether individual situations may require consideration of other additional criteria which are not furnished herein.

15.04 STATISTICAL DATA

Chg 13
Practically all ~~statistics ordinarily requires as background data for evaluation of PM&R program effectiveness and efficiency are available in the Area Medical Office. Need for data in addition to that listed below is left to the discretion of the individual supervisor.~~

Areas of Inquiry:

- chg. 13
- a. PM&R workload report.
 - b. PM&R employment data.
 - c. PM&R cost data.
 - d. Data related to ADPL, patient classification, turnover, etc.

15.05 STAFF AND STAFFING

Areas of Inquiry:

- a. Medical personnel--Chief of Service; Assistant Chief; staff physiatrists; part-time, attendings and consultants; residents (career and regular)--qualifications, adequacy, interpersonal, intrahospital, and community relationships.
- b. Coordinator, PM&R Service--delegations by Chief of Service; level of performance of duties; interpersonal relationships with PM&R staff and other services and divisions; community activities.
- c. Therapy personnel (collectively)--staffing in each therapy section; adequacy of performance (unusual individual performance--outstanding or unsatisfactory); consistency of scope and staffing balance of therapy components with size and type of hospital and patient needs.
- d. Vacancies--need for assistance in recruitment.
- e. Adequacy of budgetary support for employment needs.

15.06 PROGRAM EFFECTIVENESS AND EFFICIENCY

Areas of Inquiry:

- a. Patients referred for consultation are seen promptly by the Chief, PM&R, and appropriate staff.
- b. All services use PM&R whenever indicated.
- c. The caliber of PM&R workup is satisfactory and the scope of treatment programs is adequate to meet patient needs.
- d. Individual followup and/or reevaluation clinics are conducted as required.
- e. The Medical Rehabilitation Board functions effectively and in accordance with directives.
- f. The average daily patient load maintained by each therapy section is consistent with effective utilization of staff and equipment.
- g. The scheduling system of the PM&R Service and of each therapy section results in effective utilization of available time, staff and facilities.
- h. Provision is made for treatment by any section after normal working hours and on weekends, whenever needed.
- i. The therapeutic effectiveness of each section is consistent with program objectives.
- j. There is an effective maintenance therapy program for chronic long-term patients.

k. There is an effective "activities of daily living" program for all patients needing it. The program is effectively integrated with Nursing Service.

l. Prevocational exploration is conducted in clinics--mental capacity, work tolerance.

m. Effective use is made of volunteers. PM&R Service is represented at VAVS meetings and activities.

n. Personal relationships with other services are satisfactory, and PM&R is integrated with the other patient care activities of the hospital.

o. PM&R Service cooperates actively in community rehabilitation efforts.

p. The quality of recording and reports is satisfactory

(1) Caliber of consultation reports.

(2) Prescriptions.

(3) Progress notes.

q. Quality of care and therapeutic effectiveness on PM&R Bed Service

(1) Number of beds; ADPL.

(2) Types of patients.

(3) Average length of stay.

(4) Disposition following discharge from PM&R Bed Service.

(5) Followup.

15.07 REHABILITATION END RESULTS

Areas of Inquiry:

a. Discharges to (1) home; (2) community facilities--nursing homes, foster homes; (3) VA domiciliary care.

b. Self-sufficiency end results.

c. Sheltered workshops.

d. Return to same jobs.

e. Employment in other jobs.

f. Coordination with, and cooperation of United States Employment Service and Office of Vocational Rehabilitation on the local level.

15.08 SPACE, EQUIPMENT, SUPPLIES

Areas of Inquiry:

a. Space and equipment facilities in all clinics are adequate for effective treatment and for patient safety.

(1) Space is adequate as to location, size, layout condition, and availability of storage space.

(2) Equipment is adequate as to type, amount and condition, and is used effectively.

- (3) All appropriate safety precautions are observed, including the use of safety devices wherever indicated.

- b. Supplies are adequate as to type, amount, and location.

15.09 TRAINING AND PROFESSIONAL GROWTH

Areas of Inquiry:

- a. There is an effective inservice training program for the service and for each section.
- b. There is an approved residency training program (when feasible, in hospitals having one or more certified physiatrists on the staff)--current status; future plans.
- c. Clinical training program is carried on in all PM&R components (where affiliation is practicable).
- d. Members of the PM&R staff participate in teaching programs at local medical schools and colleges.
- e. There is an effective self-evaluation and management control program, augmented by charts, graphs, and statistical and cost data.

15.10 CONTRIBUTIONS TO FIELD OF PM&R

Areas of Inquiry:

- a. The staff participates in local and cooperative research projects and clinical studies.
- b. The staff prepares scientific papers and exhibits, and participates in the activities of professional organizations.

SECTION III. INDUSTRIAL THERAPY

15.11 MAJOR ELEMENTS FOR CONSIDERATION

- a. Organization and supervision.
- b. Program and performance.

15.12 ORGANIZATION AND SUPERVISION

Areas of Inquiry:

- a. Industrial therapy is organized as a separate section. Where this is not the case, there is adequate provision for supervision and staffing.
- b. The supervisor is sufficiently aware of, and has oriented other using services to the therapeutic and vocational values inherent in the program.
- c. The supervisor regularly reviews patient work performance with using services, as a basis for progress reports and/or need for patient reassignment.

15.13 PROGRAM AND PERFORMANCE

Areas of Inquiry:

- a. The nature and proportion of individual and group work assignments indicates proper planning and understanding of therapeutic aspects of the program.
- b. Industrial therapy is used effectively as a screening medium for the member-employee program.

- c. The program is adequate in terms of numbers of patients and variety of work assignments.
- d. Patients and station personnel consider industrial therapy to be a worthwhile program.
- e. There is an off-station industrial therapy program where appropriate.

SECTION IV. MEMBER-EMPLOYEE PROGRAM

15.14 MAJOR ELEMENTS FOR CONSIDERATION

- a. Organization and supervision.
- b. Program and performance.

15.15 ORGANIZATION AND SUPERVISION

Areas of Inquiry:

- a. There is a member-employee program consistent with the needs of the station.
- b. The number of member-employees involved indicates effective planning and understanding of the therapeutic and vocational values inherent in the program.
- c. Organization and supervision of the member-employee program are effective.

15.16 PROGRAM AND PERFORMANCE

Areas of Inquiry:

- a. There is sufficient planning and discussion with patients and using services for most effective development of patient performance.
- b. Appropriate methods are used for securing jobs for patients.
- c. There is adequate followup contact with patients and employers after placements.
- d. The program is adequate in size and scope in terms of participants and variety of activities.

SECTION V. BLIND REHABILITATION

NOTE: The criteria furnished in paragraphs 15.18 through 15.20, are for evaluation of the blind rehabilitation program at the following locations: VA Hospitals, Bronx, New York, and Tuskegee, Alabama; VA Centers, Bath, New York; Kecoughtan, Virginia; Wood, Wisconsin; Mountain Home, Tennessee; Dayton, Ohio; Los Angeles, California; and Bay Pines, Florida.

15.17 MAJOR ELEMENTS FOR CONSIDERATION

- a. Statistics and organization.
- b. Space and equipment.
- c. Program.

15.18 STATISTICS AND ORGANIZATION

Areas of Inquiry:

- a. Number of blinded veterans at the station.

- b. Number participating in rehabilitation.
- c. Number of personnel assigned full time to blind rehabilitation. Number part time.
- d. Whether blind rehabilitation is a separate section in the PM&R Service.

15.19 SPACE AND EQUIPMENT

Areas of Inquiry:

- a. Clinical space is assigned for exclusive use of blind rehabilitation. It is satisfactory as to size, location, layout.
- b. Beds of blinded veterans are segregated or integrated with sighted patients, as appropriate.
- c. Clinical space and dining area are conveniently accessible to beds of blind veterans.
- d. There is space for private conversation and counseling.
- e. Talking books and talking book reproducer are readily available.
- f. Radio and TV are conveniently accessible.

15.20 PROGRAM

Areas of Inquiry:

- a. Therapists teach and encourage the use of the following skills:
 - (1) Mobility.
 - (2) Braille.
 - (3) Handwriting.
 - (4) Typewriting.
 - (5) Activities of daily living.
- b. Assistance is readily available for news reading and for letter reading and writing.
- c. Therapists visit bed areas frequently, to make their teaching and assistance readily available.
- d. Work assignments are sought for blind members and they are assisted and encouraged to accept them.
- e. Other sections of PM&R provide rehabilitation activities for the blind, appropriate to their needs.
- f. An ophthalmologist periodically reviews the veterans' eye conditions.

NOTE: The criteria furnished in subparagraphs g through k below, are for use in evaluating the blind rehabilitation program at VA Regional Office, New York, New York.

- g. It should be determined how many blinded veterans are participating in the rehabilitation program, and of these, how many have had personal and social adjustment training at one of the centers of the Armed Forces, or at VA Hospital, Hines, Illinois.

- h. Provision is made to assure adequate means of transportation by which blinded veterans come to the clinic.
- i. Blind veterans participate in appropriate group activities as part of the blind rehabilitation program.
- j. Space is available for private counseling.
- k. Use of the skills enumerated in subparagraphs above is taught and encouraged.

NOTE: Prior to initiation of a visit [to evaluate the Blind Rehabilitation Section at VA Hospital, Hines, Illinois, contact should be made with the Blind Rehabilitation Chief, Central Office (11F), for suggestions concerning current specific matters.]

~~SECTION VI. AUDIOLOGY AND SPEECH PATHOLOGY~~

~~15.21 MAJOR ELEMENTS FOR CONSIDERATION~~

- a. Staffing.
- b. Space and equipment.
- c. Programs and operational effectiveness.
- d. Training and research.

(Chg 17)

~~15.22 STAFFING~~

~~Areas of Inquiry:~~

- a. Composition--number, type, qualifications, clerical assistance.
- b. Adequacy--consistency with program requirements and workload.

~~15.23 SPACE AND EQUIPMENT~~

~~Areas of Inquiry:~~

- a. Sound suites--adequacy as to number, type, size, location, condition, layout.
- b. Major audiological equipment--type, amount, condition.
- c. Adequacy of equipment calibration.

~~15.24 PROGRAMS AND OPERATIONAL EFFECTIVENESS~~

~~Areas of Inquiry:~~

- a. Hearing Aid Evaluation
 - (1) Adequacy of stock.
 - (2) Currency of scheduling.
 - (3) Problems relating to eyeglass hearing aids (obtaining refractions, adjustment of temples, etc.).
- b. Assessment of Social Efficiency
 - (1) Adherence to priority scheduling.
 - (2) ~~Unusual service organization problems.~~

(Chg 17)

- c. Aural Rehabilitation
 - (1) Types of services.
 - (2) Program plans (length, individual or group).
- d. Speech Pathology
 - (1) Variety of disorders treated.
 - (2) Program plans (length, individual or group). []
- e. General
 - (1) Relations with other services.
 - (2) Adequacy of reports to and from referral sources.

15.25 TRAINING AND RESEARCH

Areas of Inquiry:

- (copy 17)
- a. Training
 - (1) Amount and scope.
 - (2) Universities affiliated.
 - b. Research
 - (1) Amount and scope.
 - (2) [Type of funding support (VA, NIH, etc.).]

SECTION VII. RECREATION

NOTE: In addition to the criteria identified below, appropriate criteria under section II are also for application in evaluation of the recreation program.

15.26 MAJOR ELEMENTS FOR CONSIDERATION

- a. Acceptance.
- b. Objectives.
- c. Program performance and effectiveness.

15.27 ACCEPTANCE

Areas of Inquiry:

- a. Overall medical appraisal of the recreation program.
- b. Patient reaction.
- c. Orientation and attitude of Chief, PM&R Service, concerning recreation program.

15.28 OBJECTIVES

Areas of Inquiry:

- a. Approved written statement of recreation program objectives.
- b. Participation of physicians in development of objectives.

15.29 PROGRAM PERFORMANCE AND EFFECTIVENESS

Areas of Inquiry:

- a. The program is appropriate to the particular hospital or domiciliary, and is effective in meeting the needs of the various type of patients.
- b. Program performance is consistent with and meets stated objectives.
- c. Clearance and Prescription
 - (1) Adequacy of established procedure.
 - (2) Effectiveness in practice.
- d. Evaluation
 - (1) Availability of a systematized procedure.
 - (2) Effectiveness in practice.

December 1, 1969

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

NOTE: The purpose of this change is to revise chapter 9 to:

- a. Change title from "Housekeeping" to "Building Management."
- b. Revise major elements and sequence of elements.
- c. Revise information regarding stock linen levels, flame retardant pajamas, perma-press uniforms, handling of contaminated linens, pest control requirements, soiled linen room airflow, supervisory responsibility for seamstress located in laundry, policy of operating nonhousekeeping quarters within income, and exception to policy.

✓ Pages iii through x: Remove these pages and substitute pages iii through xii attached. (Rescission page added; contents brought up to date.)

✓ Pages 9-1 through 9-6: Remove these pages and substitute pages 9-1 through 9-8 attached. (Ch. 9 revised.)

✓ Pages 15-7 and 15-8: Delete section VI and paragraphs 15.21 through 15.25.

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

Distribution: RPC: 1057
FD

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.

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

chg 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
FD

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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