

Manual M-6, DM&S Program Evaluation

(Veterans Administration, Department of Medicine and Surgery Manual)

Part II, Evaluation Criteria

Chapter 26, Management

(Paragraphs 26.01 through 26.08)

Reflects revisions to Chapter 26 through Change 13, dated October 24, 1966

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 26, dated **November 28, 1962** (Change 8)

Annotated to reflect Change 13, dated **October 24, 1966**

Transmittal sheets located at the end of the document:

Change 13, dated **October 24, 1966**

Change 8, dated **November 28, 1962**

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

VETERANS ADMINISTRATION
DEPARTMENT OF MEDICINE AND SURGERY MANUAL

PART II
M-6

DM&S PROGRAM EVALUATION



PART TWO
EVALUATION CRITERIA

WASHINGTON 25, D. C.

NOVEMBER 14, 1960

M-6, Part II

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.



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Distribution:

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.

RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a. Manuals

✓ Change 9, dated December 14, 1962, to M-6, part II

2. Manuals
11/11/69

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CHAPTER 26. MANAGEMENT

26.01 GENERAL

a. The final determinant of management effectiveness is the organizational performance in relation to expected accomplishment in a given period of time. The number of persons with varying backgrounds who are engaged in the evaluation process makes it necessary to have guidelines and parameters to give greater assurance of comparability and validity in the judgments rendered. In evaluating management in the medical program there are also many tangible and intangible factors which must be weighed against a substrate of circumstances and situations. Therefore, the overall calculated judgment of the evaluator will be based on his experience, perception, professional and technical knowledge, and on his skill as an evaluator.

b. Appraisal and evaluation of management effectiveness will be carried out by outside elements as well as by self-appraisal as part of the responsibility for continuous systematic review at all levels of the organization. The scope of review and the areas of concern will vary depending on the organizational placement of the activity under review; therefore, flexibility must be retained and judgment used both in the application of the criteria and the methods used for appraisal and evaluation.

26.02 MAJOR ELEMENTS FOR CONSIDERATION

The major elements of the management role may be considered individually. However, they must be interrelated and interpreted in relation to mission and goal accomplishment to arrive at a valid overall evaluation of management.

- a. Orientation to primary mission.
- b. Planning.
- c. Organization.
- d. Control.
- e. Execution.

26.03 CRITERIA FOR EVALUATION

a. The multifaceted nature of the management role requires the identification of a large number of criteria for adequate evaluation. Some of the areas of inquiry can be explored by observation and discussion alone. Others will require careful review of various written materials of record such as station policy and other memorandums, delegations of authority, statistical data, charts, budget and fiscal documents, reports, etc.

b. The relative importance of each area of inquiry in the total evaluation process, and the time to be spent in pursuit of any one area of inquiry will vary, and are matters for individual judgment.

26.04 ORIENTATION TO PRIMARY MISSION

It is basic to a proper evaluation of management that assessment be made of the orientation of management and all program elements toward the primary mission.

Areas of Inquiry:

a. Management fully comprehends the overall mission and the mission of each program element as it relates and contributes to the fulfillment of the total mission.

b. There has been appropriate orientation, and effective direction is given to station organization elements and participating external elements, e.g., medical schools, voluntary organizations, etc., as to the significance and scope of their mission in relation to and in support of the primary mission.

26.05 PLANNING

a. Program Plans

Areas of Inquiry:

- (1) Short- and long-range program plans are in existence. (Long-range plans at field stations should extend at least 2 fiscal years beyond the current fiscal year.) They reflect the use of all available planning guidelines.
- (2) The plans indicate appropriate consideration of all pertinent factors such as changes in diagnostic composition of patients, aging of veteran population, scientific and technological advances, current program research, mechanization, automation, etc.
- (3) Program plans include a planned program for replacement of obsolete and inadequate equipment, with full consideration of new technology.
- (4) The plans are sufficiently detailed to reflect realistically the mission of individual programs, their needs, and the scope of their contribution in support of the primary mission.
- (5) The program chiefs concerned participated actively in the plans pertaining to their areas of responsibility.

b. Organizational and Staffing plans

Areas of Inquiry:

- (1) Short and long-range organizational and staffing plans are in existence. (Long-range plans should extend at least 2 fiscal years beyond the current fiscal year.)
- (2) The plans are realistic and consistent with workload trends. They reflect valid workload projections.
- (3) Staffing plans give adequate consideration to program plans, technological changes, automation, mechanization, workload volume and improvements in operational efficiency and economy.
- (4) Planned changes in organization are consistent with sound principles of organization, conform to basic prescribed organization, and would accomplish objectives effectively and efficiently.
- (5) Program chiefs affected participated in and are fully aware of planned organizational and staffing changes.

c. Budget Planning and Formulation

Areas of Inquiry:

- (1) Budget year forecasts are sound, based on experience, consistent with short-range program and organization and staffing plans, and take into consideration such other factors as availability of qualified staff, need for equipment, procedural changes, workload trends, etc.
- (2) Budget estimates reflect conversion of forecasts into realistic requirements for personal services, equipment, supplies, travel and other objects. Projected increases are adequately justified and supported by factual data.
- (3) The budget estimate is a cooperative effort with active participation of all program chiefs in developing the estimates and justifications pertaining to their areas of responsibility.

- (4) Budget estimates are prepared in accordance with instructions and guidelines, are arithmetically accurate, and submission is timely.

26.06 ORGANIZATION

Operational effectiveness in the medical program requires a sound relationship and mutual appreciation of the role and contribution of the medical, paramedical and administrative programs toward achievement of the primary mission. There must be an effective balance among the direct patient care programs and the supportive programs.

a. Organizational Structure

Areas of Inquiry:

- (1) The organization of station elements and the total operation is effective for efficient and economical accomplishment of program objectives and the overall mission.
- (2) The existing organization is adequately documented by current functional and position charts; organizational structure, functional alignment and distribution of approved positions are clearly reflected in the charts.
- (3) Appropriate charts are maintained in the Director's office and at service and division levels.
- (4) The organization charts are used for control and planning purposes. They are also used for orientation and training of employees, to make clear the employees' functional responsibilities, and to show how these functions relate to the role of others.

b. Delegation of Authority. Delegation of authority should carry with it and be consistent with assigned responsibility. Properly made and intelligently used, delegation of authority is an effective means of promoting participation and cooperation in managing the day-to-day operation.

Areas of Inquiry:

- (1) Delegation of authority is used effectively and judiciously to make use of employees' skills and ability.
- (2) The authority for making decisions and taking action has been delegated, within the limits of existing policy, and as determined appropriate to facilitate accomplishment of functions, as close as practicable to the point where the need for decisions or actions originates.
- (3) Delegation of authority has been effectively communicated in writing. Oral delegations of authority are limited to emergent situations.
- (4) Employees understand the delegations, and the delegations and exercise of authority are accepted and adhered to by all concerned. Channels of communication conform to the delegations.
- (5) The management role is exercised with full understanding that delegation does not denote relief from general responsibility for staff actions.

26.07 CONTROL

Effective management controls are necessary to assure continuously equitable availability and efficient utilization of the resources needed to reach the expected level of program goal attainment and to accomplish the overall mission.

a. Budget Execution

Areas of Inquiry:

- (1) The methods used and the reasons for allocation of funds to meet current year needs are sound. Workload, standards, improvements affecting resource needs, and other pertinent factors have been given adequate consideration.
- (2) Expenditure limitations distributed are equitable and adequate to sustain the organizational elements at a level commensurate with their expected contributions. The distributions are accomplished by explanations of any adjustments necessary.
- (3) Effective continuing control is exercised over funds available; instructions relating to the control of funds are established and understood by all concerned.
- (4) There is judicious delegation of responsibility for control of expenditures to service and division chiefs, consistent with their functional responsibilities.
- (5) Periodic reports are furnished to service and division chiefs to assist them in planning and controlling their expenditures. Management is currently aware of fund resources, expenditure rates, and of the status of goal accomplishment in relation to expenditures.
- (6) Judicious use is made of interchangeable funds for correction in the current operation and for future use; e.g., to relieve deficiencies, reduce backlogs, etc.
- (7) Timely adjustments are made to the fiscal plan as significant variations occur in such factors as funds expenditure and reserve, equipment, quantity and quality of work. All concerned are notified promptly.
- (8) All budgetary controls are systematically reviewed to assure their continuing effectiveness.

b. Quality Control. A high quality of service to medical program beneficiaries comprises many tangible and intangible technical and administrative factors.

Areas of Inquiry:

- (1) Satisfactory controls have been established to insure that quality standards are being met.
- (2) The controls are effective in identifying out-of-line situations, in bringing the need for corrective action to the attention of the proper supervisory or management level, and in assuring that timely, effective action is taken.
- (3) Periodic and systematic reviews are made to insure that a consistently high level of quality is maintained in the management and administration of all services and activities, and to identify opportunities for improvement.
- (4) The accuracy and reliability of quality reviews and reports by operating elements are verified.
- (5) Timeliness of service is an important contributing factor to quality. Timeliness standards have been established locally wherever appropriate and not already established by higher authority. Adequate controls are in effect to assure that they are met.

c. Manpower Utilization. The cost of manpower represents approximately 80 percent of the annual expenditure for operation of the VA medical program. Also, there is a shortage of personnel with the specialized and technical skills and training required in many activities serving patients, both directly and indirectly. Therefore, it is essential that there be effective, efficient and economical use of manpower resources.

Areas of Inquiry:

- (1) Adequate controls are established to assure that manpower is used effectively and efficiently. Systematic and periodic reviews are made to identify and take timely action on opportunities for improvement.
- (2) Staffing is consistent with program needs for timely effective service, and reflects an appropriate balance among programs.
- (3) Every effort is made to have employees function at their highest level of skills and training. Effective orientation and training programs are carried out to enhance employee skills and achieve greater flexibility of assignment.
- (4) Mandatory Central Office requirements relating to work-rate standards, productivity, and other quantitative measurement and reporting factors are fully implemented.
- (5) Data available in statistical summaries and other statistical sources are used to compare workload and staffing with prior experience and with other similar type units and activities, to obtain information on trends and comparative productivity.
- (6) Reports upward are reviewed critically to insure that timely and effective action is taken at the proper supervisory or management level to correct deviations from approved plans and standards.

d. Management Improvement. Various programs are in existence for the purpose of identifying and implementing opportunities for improvement and for recognition of accomplishment above normal expectations. Examples are the Systematic Review, Work Simplification and Incentive Awards programs.

Areas of Inquiry:

- (1) Local formal policy issuances have been published to implement Central Office instructions and guidelines for the conduct of management improvement programs.
- (2) Management gives active leadership and support and has established suitable controls to assure compliance with policies, and that programs for improvement are carried out effectively in all program elements.
- (3) When opportunities for improvement are identified, timely action is taken or referral is made to higher authority, as appropriate. Superior contribution to program accomplishment is given recognition.
- (4) Management improvement is concerned with both qualitative and quantitative improvements. This is reflected in results obtained.

e. Compliance With Accepted Audit and Survey Recommendations. In addition to self-audits conducted as part of a station management improvement program, audits and surveys are conducted by authorized persons visiting stations—~~Area Office staff~~, consultants, fiscal auditors, and representatives of internal audit, General Accounting Office, Civil Service Commission, Joint Commission on Accreditation of Hospitals, service organizations, etc. *

*e. ... visiting stations—staff of the Special Assistants for Field Operations, consultants ... (Change 13) 26-5

Areas of Inquiry:

- (1) A check of prior audit and survey reports indicates that timely action is taken to comply with all accepted recommendations and suggestions of authorized audit and survey officials.
- (2) When appropriate, implementation action is scheduled, and adequate control and followup procedures are in effect, to assure timely completion of actions necessary for compliance with accepted recommendations and suggestions.

f. Paperwork Management. Paperwork management relates to the practices and controls established with regard to the creation and processing of official documents and correspondence, and the maintenance and disposition of record material.

Areas of Inquiry:

- (1) Responsibility for paperwork management is assigned at the proper levels. Responsibilities are carried out as outlined in MP-1, part II, chapter 1, records control schedules, and other Central Office directives.
- (2) There is an adequate program for orientation and training of middle management and operating personnel to assure that paperwork management principles and policies are understood by all concerned.
- (3) Adequate controls are established and effective in insuring that paperwork management policies and procedures are properly implemented.

g. Management Reporting. Meaningful, timely, and accurate reports are essential to effective management and planning in an hierarchical organization.

Areas of Inquiry:

- (1) The field station management reporting system as set forth in Central Office directives is fully and effectively implemented.
- (2) Reports provide essential and timely data, enable identification of "out-of-line" situations and are fully utilized in determining areas or programs requiring immediate study.
- (3) Reports indicate program status in relation to goals, emphasize program highlights and/or out-of-line situations, and omit lengthy descriptions of normal or near-normal conditions.
- (4) Within the limitations of current directives, the organizational level to which it is addressed is considered in determining the amount and detail of information, both statistical and nonstatistical, which should be included in reports.
- (5) A reports control system is in effect for both local reports and reports to higher authority. It operates effectively and insures necessary, accurate and timely reporting.

26.08 EXECUTION

The management practices carried out in the day-to-day operations for accomplishment of overall mission and program objectives cover a wide range of areas and activities. These practices are classified under the general heading of execution.

a. Management Communications. Management communications relate to the manner in which instructions or information are transmitted downward, upward, or laterally, to most effectively serve their intended purpose.

Areas of Inquiry:

- (1) There is timely dissemination or exchange of instructions or information which should be communicated throughout the organization.
- (2) The most effective methods and media for communication are used in terms of the content and intended purpose.
- (3) Policies, procedures and instructions are stated clearly and concisely in writing, and are known to and properly interpreted by all personnel concerned.
- (4) Graphic presentations and visual displays are used effectively.
- (5) Agency and departmental directives are effectively implemented, whenever necessary, by formal station issuances. They are directed to and available to all appropriate organization levels.
- (6) Conferences and staff meetings are held with sufficient frequency for effective communications, and are appropriately attended. There is timely communication of decisions and appropriate information to all personnel concerned.
- (7) There is effective dissemination of publicity. Matters requiring immediate action receive prompt and vigorous attention. There is prompt communication upward of all unusual circumstances which may affect the public attitude toward the VA, either favorably or unfavorably.
- (8) Satisfactory arrangements have been made with appropriate individuals and officials of other agencies for the exchange of appropriate and timely information of direct concern to the VA or the others.

b. Public Relations. Public relations relates to the promotion and maintenance of the good will, understanding and support of the medical community, the public and external organizations.

Areas of Inquiry:

- (1) All employees have been instilled with, and apply, a spirit of public service and a cooperative and friendly attitude in their relationships with veterans and the general public, both in personal contacts and written communications.
- (2) Management and the professional staff are accepted by the medical community, and participate in the programs of professional organizations established in the community.
- (3) Close and harmonious relations exist between the station and the community, groups, and organizations.
- (4) Management participates actively in civic and community affairs.
- (5) Public relations information of a significant nature is promptly, fully and accurately transmitted to appropriate VA officials.

c. Application of Management Techniques. The management techniques applied to the day-to-day conduct of the operation must be consistent with sound management principles.

Areas of Inquiry:

- (1) Sound management techniques are applied to the day-to-day operation. The management effort is supportive of an reflected in operating effectiveness throughout the organization.

- (2) Appropriate management tools and techniques are applied in solving operating problems.
- (3) Management gives positive support to the 4-S principles of letterwriting. Standardized form letters, pattern letters and pattern paragraphs are used where appropriate to reduce dictation and transcription and to expedite the preparation of correspondence.

d. Space and Equipment

Areas of Inquiry:

- (1) Within the limitations of the plant, available space is allocated and utilized effectively and economically for patient care, efficient and orderly workflow, public convenience, and business-like appearance. Descriptive and complete records of space assignments are current.
- (2) Periodic surveys of space utilization are conducted. Any building, space, or acreage determined to be excess to needs is offered for disposal promptly.
- (3) Appropriate controls are established and measures taken are effective in insuring the timely and economical maintenance and repair of the physical plant, equipment and grounds. An effective preventive maintenance program assures minimal breakdown and maximum use and life expectancy of plant and equipment.
- (4) Periodic inspections are made to assure that controls are operating effectively.
- (5) The quality of housekeeping reveals the maintenance of high standards. Grounds are clean and attractive.

e. Safety and Sanitation. Effective safety and sanitation practices must be matters of intensive and continuing concern in a patient care setting.

Areas of Inquiry:

- (1) Appropriate controls, including prescribed inspections and periodic reviews, insure the effectiveness of safety and fire protection and health and sanitation measures in all areas including canteens. Deficiencies and potential hazards are identified and corrected without delay.
- (2) Management actively promotes safety education, fire prevention and good health and sanitation practices. Consistent discipline and controls assure patients' compliance with rules and regulations and the maintenance of safe and sanitary working conditions.
- (3) Local housekeeping standards assure that all necessary measures are taken for cleanliness, safety and an orderly appearance in all areas.
- (4) An up-to-date adequate disaster plan is published and understood fully by all concerned. Periodic tests are conducted at appropriate intervals. Employees are fully aware of the meaning of signals and procedures to be followed. Employees know their assigned responsibilities in case of an alert.

f. Personnel Management. Effective personnel management is a responsibility of line supervisors in all areas of the organization.

Areas of Inquiry: Standards for effective personnel management are published in MP-5, chapter 18, appendix A.

October 24, 1966

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

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

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

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

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

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

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

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

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

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

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

Page 12-1, paragraph 12.01c

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

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

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

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

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

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

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

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

October 24, 1966

M-6, Part II
Change 13

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

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

Distribution: RPC: 1057
FD

November 28, 1962

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 effectiveness of management in relation to field station programs under DM&S jurisdiction.

chg 13
* Page ix: Remove this page and substitute pages ix and x attached. (Contents brought up to date.)

* Page 26-1 through 26-8: Insert new pages attached. (Ch. 26 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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