

December 29, 1994

1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Administration Manual M-2, "Clinical Programs, " Part I, "General," Chapter 29, "Women Veterans."

2. The purpose of this Chapter is to change the title from "Female Veterans," to "Women Veterans," and to define the Women Veterans Health Program as it exists within the Veterans Health Administration.

**3. Filing Instructions**

**Remove Pages**

iii through iv  
29-1

**Insert Pages**

iii through iv  
29-i through 29-ii  
29-1 through 29B-4

4. **RESCISSIONS:** M-2, Part I, Chapter 29, change 78 , dated April 17, 1986; and VHA Circulars/Directives 10-91-101, 10-92-038, 10-93-151.

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Under Secretary for Health

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**RESCISSIONS**

The following material is rescinded.

**1. COMPLETE RESCISSIONS**

**a. Manuals**

M-2, Part I, changes 2 through 5 through 9, 11, 12, 13, 14, 16, 18 through 21, 25, 30, 32 through 40, 41, 44, 45, 49, 50, 51, 52, 55, 57, 60.

M-2, Part I, Chapter 3, and change 71 dated January 20, 1984.

VHA Supplement MP-1, Part I, Chapter 2, Section A and Appendices D and E, change 43, dated October 27, 1987

VHA Supplement MP-1, Part I, Chapter 2, Section A, change 44, dated July 26, 1991

M-2, Part I, Chapter 29, change 78, dated April 17, 1986

**b. Interim Issues**

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**RESCISSIONS**

The following material is rescinded:

**1. Manuals**

M-2, Part I, Chapter 29, Change 78

**2. VHA Directives**

10-93-151

10-91-101

10-92-038

**CHAPTER 29. WOMEN VETERANS****29.01 PURPOSE**

This chapter describes the Women Veterans Health Program within the Veterans Health Administration (VHA).

**29.02 AUTHORITY**

a. Public Law (Pub. L.) 102-585, Veterans Health Care Act of 1992, Title I, Section 106, Women Veterans Health Programs, enacted November 11, 1992, authorizes the Department of Veterans Affairs (VA) to provide gender specific services, such as Papanicolaou tests (Pap smears), breast examinations, mammography, and general reproductive health care, including the management of menopause, to eligible women veterans. It excludes infertility services, abortions, or pregnancy care except for such care relating to a pregnancy that is complicated or in which the risks of complication are increased by a service-connected condition.

b. Pub. L. 102-585, Veterans Health Care Act of 1992, Title I, Section 108, mandates that an official in each region shall serve as coordinator of women's services with specific responsibility for assessing the needs of and enhancing services for women veterans. The position of Regional Women Veterans Coordinator will be a full-time position. This section addresses training of women veterans coordinators and outreach.

c. Pub. L. 103-452, Veterans Health Programs Extension Act of 1994, signed November 2, 1994, amends 38 United States Code (U.S.C.) Sections 1720D and 1712, which provide authority and priority for counseling and treatment for sexual trauma.

**29.03 POLICY**

Each VA medical center will ensure that eligible women veterans have equal access to necessary medical care for gender related conditions equal to care male veterans receive for their gender related ailments and will provide appropriate gender specific services.

a. Privacy will be provided to all women veteran patients in medical centers, outpatient clinics, and domiciliaries in a manner which ensures that physical and psychosocial privacy needs are appropriately addressed.

b. The correction of physical barriers which limit the access of women to care in VA medical centers and outpatient clinics will be an ongoing process. Each facility will have a plan for corrective action and a time table for completion.

**29.04 PRIMARY HEALTH CARE FOR WOMEN VETERANS**

a. Each VA medical center and outpatient clinic will have a plan for providing primary care to eligible women veterans under its jurisdiction.

(1) The plan for the provision of primary care will include:

(a) Intake and initial assessment;

(b) Preventive health care services, including pelvic examinations, Pap smears, breast examinations, mammography and patient education;

- (c) Acute and chronic biopsychosocial care;
- (d) Referral coordination;
- (e) Accessing other appropriate levels of care; and
- (f) Appropriate follow-up.

(2) Primary care should be delivered through an established Women Veterans Clinic. Where the population of women veterans is too small to establish such a clinic, Women Veterans Primary Health Care Teams may be used. Women Veterans Primary Health Care Teams will consist of a core group made up of a:

- (a) Physician,
- (b) Nurse and/or nurse practitioner,
- (c) Social worker, and
- (d) Women Veterans Coordinator.

b. In situations where a women receives a complete physical examination, it will include:

- (1) A pelvic examination (unless medically contraindicated or refused by the patient);
- (2) A breast examination; and

(3) A Pap smear. Pap smears will be offered as a part of the preventive health care services according to an approved schedule.

**NOTE:** *When pelvic examinations, breast examinations and Pap smears are not included as a part of a complete physical examination, the reason should be documented in the medical record. During an acute hospitalization when a pelvic examination or Pap smear is medically contraindicated or deferred, the reason should be documented in the medical record, and arrangements should be made to have this done later by the Primary Care Team or in the Women's Clinic.*

c. Breast screening services will include physical examination, education and mammography according to an approved schedule.

(1) The Mammography Quality Standards Act (1992) establishes a requirement for Federal certification of mammography facilities. Although VA facilities are specifically excepted from meeting the accrediting requirements, all VA mammography facilities will be accredited by procedures established by the Veterans Health Administration.

(2) When mammography services are obtained from non-VA facilities through contracts or sharing agreements, the mammography facilities will be accredited by an approved accrediting organization with a certificate from the Secretary of Health and Human Services, or the Food and Drug Administration.

#### **29.05 GENDER SPECIFIC CARE FOR WOMEN VETERANS**

a. All VA medical centers and outpatient clinics will provide gender specific and gynecologic services to eligible women veterans. The goal is that these services will be provided in-house to the extent possible. The service most in demand will be gynecology, but other gender related services will include:

- (1) Counseling and other treatment for sexual trauma,

- (2) Psychiatric services such as drug and alcoholic treatment and group therapy,
- (3) Endocrinology, and
- (4) Surgical and medical oncology (breast and reproductive cancers).

b. All VA medical centers will provide gynecology services by at least one mechanism in addition to fee-basis, such as consultants, sharing agreements, etc.

c. While Primary Care Teams will be expected to provide those basic "office gynecology" services that are a legitimate part of primary care, such as routine Pap smears and treatment of uncomplicated vulvovaginitis; a gynecologist will need to be available to both inpatients and outpatients for:

- (1) Evaluation and treatment of complicated conditions;
- (2) Evaluation and treatment of abnormal Pap smears, and
- (3) Evaluation of certain contraceptive needs such as fitting of diaphragms or in some cases, the initial prescription of oral or implantable contraceptives.

d. Reproductive and Breast Oncology and Endocrinology may be addressed through network referrals, sharing agreements or fee basis.

e. Sexual trauma counseling must be available at all VA medical centers, with referral networks for more complex cases or through the fee-basis program when VA facilities are not reasonably accessible due to geographic location, or VA cannot economically provide the necessary services.

f. Each VA medical center will be responsible for the identification and monitoring of necessary gender-specific medical equipment, supplies and pharmaceuticals.

#### **29.06 WOMEN VETERANS COORDINATORS**

a. Each VHA Region and health care facility including free-standing (satellite or independent) outpatient clinics will have a coordinator for women veterans.

b. The name, location, and telephone number of the Women Veterans Coordinator will be posted and appropriately publicized in each facility.

c. A list of Women Veterans Coordinators will be maintained in VA Central Office by the VHA Women Veterans Health Program Office. When a new coordinator is appointed, the name, title, FTS and commercial telephone numbers will be submitted to the Regional Director (13/103) within 10 working days.

d. The Women Veterans Coordinator is appointed by the medical center Director and should be a health care professional sensitive to the needs of women in VA health care facilities and capable of working with both caregivers and patients to achieve a positive environment for equitable care.

e. The Women Veterans Coordinator should be a health care professional who will be involved in providing medical care services to women as a part of regular responsibilities.

f. The Women Veterans Coordinator will be a member of the Women Veterans Primary Health Care Team, and participate in the regular review of the physical environment to include the review of all plans for the

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collection of privacy deficiencies as well as availability and accessibility of appropriate equipment for the medical care of women.

g. The position of Women Veterans Coordinator may be either full-time or part-time. A standard functional statement and position description exist for nurses and social workers who serve as full-time Women Veterans Coordinator. The duty statement for individuals in a part-time capacity should allow as a minimum at least 5 hours per week for coordination activities.

**NOTE:** *The Women Veterans Coordinator should have direct access to the management triad in the facility and should serve on the Clinical Executive Board.*

### 29.07 WOMEN VETERANS HEALTH CARE ADVISORY COMMITTEE

a. Each VA medical center should have a Women Veterans Health Care Advisory Committee to assist the Women Veterans Coordinator in carrying out the duties and responsibilities of that position. This allows for multidisciplinary input into the program, input from women veterans themselves, and liaison with other VA facilities outside the medical centers, such as Vet Centers and Veterans Benefits Women Veterans Coordinators in Regional Offices.

(1) The Women Veterans Coordinator chairs the Women Veterans Health Care Advisory Committee.

(2) Membership may include, but is not limited to, representatives from clinical services such as Nursing Service, Surgical Service, Pathology and Laboratory Medicine Service, Extended Care Service, Chaplains Service, Recreation Service, Environmental Management Service, Medical Administration Service, the Vet Center, etc., and consumers.

b. Consumers and representatives of veterans service organizations may also serve as ex-officio committee members.

### 29.08 THE HEALTHCARE ENVIRONMENT

a. The environment may directly and indirectly affect the quality of care provided by a health care facility to women veterans and has a significant impact on a patient's comfort and feeling of security which will invariably affect her perception of the care she receives. Ongoing review of the environment should occur in all VA medical facilities to ensure that it does promote comfort, privacy, feelings of security, and a sense of welcome.

b. Programs addressing attitudes and sensitivity toward women veterans may be needed as a part of the orientation and inservice education of employees.

c. Other elements within the environment of special concern to women veterans are the:

(1) Admissions process;

(2) Accommodations with particular emphasis on privacy in examination rooms, restrooms, and bathing facilities;

(3) Patient apparel;

(4) Availability of personal hygiene products;

(5) Canteen services including hair care services; and

(6) Recreational and social programs.

d. Medical centers will conduct regular reviews, at least annually, of the physical environment. The Women Veterans Coordinator and/or appropriate members of the facility's Women Veterans Health Care Advisory Committee will participate in these reviews.

#### **29.09 QUALITY ASSURANCE**

a. As a part of the medical center's program to assess and improve the quality of care, systematic data collection should be designed to yield information related to women veterans health care services. At a minimum, information about key functions should be collected and used to improve outcomes of care. Examples of these key functions include:

- (1) Complete physical examinations,
- (2) Pap smears,
- (3) Pelvic and breast examinations,
- (4) Mammography,
- (5) Screening for sexual trauma, and
- (6) Customer satisfaction.

#### **29.10 OUTREACH**

a. Outreach to women veterans is a viable part of the Women Veterans Health Program, since women veterans tend to be less aware of their veterans status and their eligibility for benefits.

(1) Information on nationally developed materials such as posters, brochures, etc., is available through the Regional Women Veterans Coordinators.

(2) Locally developed brochures describing services available are also useful for distribution to offices and agencies which women veterans might access outside the facility and for use in health fairs and women veterans recognition activities.

(3) In planning outreach activities, assistance may be available from a number of sources both within the facility, such as Public Affairs staff, Veterans Service Officers, Social Work Services and Volunteer Services, and outside, such as the local Vet Centers and veterans service organizations.

(4) Each VA Regional Office has a Women Veterans Coordinator in addition to other Veterans Benefits Counselors to answer questions on benefits.

b. "Inreach" is a term used to apply to those women veterans already using the system, but who may not be aware of all the services available.

## GUIDELINES FOR PHYSICAL EXAMINATIONS

Allegations of sexual misconduct by physicians and other health care providers are among the most sensitive and difficult areas to investigate and resolve. The episodes leading to such allegations are rarely witnessed and often lead to great public distress for both the physician and the patient. As in many areas of health care, prevention is usually the best remedy. The following guidelines for VA physicians and other health care providers are similar to those promulgated by a number of state medical boards to prevent misunderstandings and protect both physician and patients:

1. Patient dignity must be maintained during the course of a physical examination with adequate privacy at all times. The examination room should be safe, clean and well maintained and should provide both auditory and visual privacy. The actual examination area should be shielded by privacy curtains and the placement of the examining table should also minimize any inadvertent exposure of the patient during a physical examination. Gowns, sheets and/or other appropriate apparel should be available to protect the patient's dignity and decrease embarrassment. The patient should never be asked to disrobe in the physician's immediate presence.
2. A third party should be readily available at all times during a physical examination. A third party should actually be present when the physician performs an examination of the sexual or reproductive organs or rectum. The physician must inform the patient of the option to have a third party present regardless of the physician/patient gender.
3. The physician should explain the necessity of a complete physical examination or the components being performed during that examination, as well as the necessity for various diagnostic studies, and the purpose of disrobing, in order to minimize the patient's anxiety and possible misunderstanding.
4. Following a physical examination, the physician should also discuss any positive findings with the patient and give the patient a chance to ask questions. During this discussion, the patient should be fully dressed. This will increase both patient and physician satisfaction with the physical examination process.

**SAMPLE FORMAT FOR A SELF-ASSESSMENT CHECKLIST**

**NOTE:** *These represent basic elements in VA Medical Centers Women Veterans Program. All VA medical centers should be able to describe their program providing the following specific information.*

1. **Database** - last fiscal year and year to date (YTD):

a. Female veteran inpatients:

- (1) Medicine,
- (2) Surgery,
- (3) Psychiatry,
- (4) Nursing Home, and
- (5) Domiciliary.

b. Female veteran outpatients.

c. Congressionally mandated statistics (i.e., number of women who received the following services yearly):

- (1) Pap smears,
- (2) Mammography, and
- (3) General Reproductive Health Care (Gynecology).

2. **Women Veterans Health Team:**

- (1) Physician(s),
- (2) Nurse(s),
- (3) Nurse Practitioner,
- (4) Physician Assistant,
- (5) Social Worker, and
- (6) Women Veterans Coordinator(may be one of the preceding in (1) through (5)).

3. **Women Veterans Health Clinic.**

a. Schedule;

- (1) Meets weekly - Days per week.
- (2) Meets monthly - Days per month.

b. Workload:

(1) Average number of women seen per session, and

(2) Number of Women seen in previous fiscal year.

c. Staff:

(1) Physician,

(2) Nurse(s),

(3) Nurse Practitioner,

(4) Physician Assistant,

(5) Social Worker,

(6) Women Veterans Coordinator(may be one of the preceding), and

(7) List other providers, such as dietitian, psychologist, etc.

d. Space:

(1) Waiting Room,

(a) Separate Waiting Area, and

(b) Common Waiting Area.

(2) Offices/Examining Rooms:

(a) Privacy Curtains,

(b) Table facing away from the door, and

(c). Proximity to Women's Restroom.

4. Gynecology:

a. In house:

(1) Staff Gynecologist:

(a) Full-time, and

(b) Part time.

(2) House staff; and

(3) Contract Gynecologist.

b. Referral:

(1) Another VA Medical Center,

- (2) Department of Defense (DOD) facility,
- (3) Contract, and
- (4) Fee-basis.

5. **Cytology:**

- a. In house, and
- b. Contract.

6. **Mammography:**

- a. In-house (i.e. Mammography equipment on site); or
- b. If not In-house, how is mammography provided?
  - (1) Referral to another VA medical center, and/or
  - (2) Sharing Agreement with:
    - (a) Contract with (whom or what),
    - (b) Fee basis, and/or
    - (c) Other.
  - c. Individual(s) responsible for Mammography.

7. **Other Gender specific Services:**

- a. Medicine,
- b. Surgery,
- c. Mental Health and Behavioral Sciences,
- d. Pharmacy, and
- e. Other.

8. **Women Veterans Coordinator**

- a. Name,
- b. Professional designation, and
- c. Full time or part time, and
- d. If part time:
  - (1) Hours assigned to Women Veterans Coordinator function,

- (2) Other duties, and
- (3) Time spent providing services to women.