

**CLINICAL ASSESSMENT REPORTING AND TRACKING (CART) PROGRAM FOR  
INVASIVE CARDIAC PROCEDURES**

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy regarding standardized collection, reporting, and tracking of invasive cardiac procedures performed by cardiologists in either Cardiac Catheterization Laboratories or in operating rooms within the Department of Veterans Affairs (VA).

**2. SUMMARY OF MAJOR CHANGES:** This revision extends the scope of procedures tracked to include procedures performed in the operating room by cardiologists; and clarifies the purpose for reporting of data and responsibilities of various individuals in the use of this data for clinical quality improvement.

**3. RELATED ISSUES:** VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook, dated March 4, 2011.

**4. RESPONSIBLE OFFICE:** The VA Office of Organizational Excellence (10E) and VA Office of Specialty Care Services (10P11) are responsible for the contents of this directive. Questions may be referred to (202) 461-7120.

**5. RESCISSIONS:** VHA Directive 2005-062, Cardiac Assessment Reporting and Tracking System for Cardiac Catheterization Laboratories (CART-CL), dated December 13, 2005, is rescinded.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of February 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**CERTIFIED BY:**

**BY THE DIRECTION OF THE UNDER  
SECRETARY FOR HEALTH:**

/s/ Lucille B. Beck, PhD.  
Deputy Under Secretary for  
Health for Policy and Services

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**NOTE:** All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on February 15, 2019.

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## CLINICAL ASSESSMENT REPORTING AND TRACKING (CART) PROGRAM FOR INVASIVE CARDIAC PROCEDURES

### 1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy and responsibilities to ensure that there is uniform collection, reporting, and storage of invasive cardiac procedures data performed by cardiologists in either a Cardiac Catheterization Laboratory (Cath Lab) or in operating rooms across the Department of Veterans Affairs (VA) health care system. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

### 2. BACKGROUND

The Clinical Assessment, Reporting and Tracking (CART) Program has been designed to monitor and enhance the quality and safety of invasive cardiac procedures performed by cardiologists throughout the VA. To do so, the CART Program has dedicated initiatives focused on improving periprocedural quality, safety and reporting of clinical outcomes. Further information on the structure and function of the CART program is available via internet at: <https://www.va.gov/healthcareexcellence/cart/>.

### 3. POLICY

It is VHA policy that procedural information for all invasive cardiac procedures performed by cardiologists at VA Medical Centers must be reported to the CART program. This procedural information can currently be reported via the CART Application Suite (CART-APPS), an internally developed software application accessible via the electronic medical record. **NOTE:** *Alternative collection methods may be used in the future as they become available.*

### 4. STANDARD OPERATING PROCEDURES

Standard operating procedures are necessary to ensure that procedure volumes are accurately recorded and quality metrics are met, as described by recognized professional organizations (see paragraphs 8.a-b).

### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN).

(2) Ensuring that each VISN Director has sufficient resources to fulfill the terms of this directive in all VA medical facilities within that VISN.

(3) Facilitating, in partnership with VISNs, with the Chief Officer for Specialty Care and the National Program Director for Cardiology, and with local facility Directors and Chiefs of Staff a clinical review of facilities noted to be outliers for procedural complications on the CART annual data reports and implement corrective actions, as necessary.

c. **Deputy Under Secretary for Health for Organizational Excellence.** The Deputy Under Secretary for Health for Organizational Excellence is responsible for providing oversight of the CART program to assure compliance with this directive.

d. **Chief Officer for Specialty Care and National Program Director for Cardiology.** The Chief Officer for Specialty Care and the National Program Director for Cardiology are responsible for:

(1) Reviewing annual data reports as generated by the CART program, and coordinating with the Deputy Under Secretary for Health for Operations and Management, VISN, VA Medical Center Directors and Chiefs of Staff to initiate corrective actions, as necessary, for sites that are outliers for procedural complications.

(2) Reviewing real-time adverse trends, concerns, or quality of care issues that are identified by the CART program, and coordinating with the Deputy Under Secretary for Health for Operations and Management, VISNs, and VA Medical Center Directors and Chiefs of Staff to initiate corrective actions, as necessary, for sites that are outliers.

(3) Providing subject matter expertise to VHA, VISN, and VA medical facility leadership in identifying and correcting cardiovascular quality of care issues in VHA Cath Lab facilities.

e. **CART Program Director.** The CART Program Director is responsible for:

(1) Overseeing the CART Analytic Team. The CART Analytic Team, housed within the Clinical Systems Development and Evaluation (CDSE) group, consists of interventional cardiologists, database managers, statistical analysts and software developers.

(2) Ensuring that annual data reports for invasive cardiac procedures are monitored and communicated to individual sites, the National Program Director for Cardiology and Chief Officer for Specialty Care. These may be communicated more frequently if needed.

(3) Ensuring that quality-of-care review of major periprocedural adverse events is performed and communicating the findings to the individual sites, and to the National Program Director for Cardiology and Chief Officer for Specialty Care for review and any required corrective action.

(4) Performing quality-of-care reviews of periprocedural device complications or failures and communicating the findings to the Food and Drug Administration and to the VA National Center for Patient Safety.

(5) Ensuring that the CART-APPS is maintained in working order, and staffed with a clinical and technical support help desk specifically in support of the CART application.

(6) Ensuring that the CART-APPS training materials are updated as needed, and are available via a dedicated Web site, <https://www.va.gov/healthcareexcellence/cart/>.

(7) Ensuring that there is a mechanism in place to access procedural data for clinical research purposes, and available to all VA investigators with queries submitted via the web site, <https://www.va.gov/healthcareexcellence/cart/>.

(8) Ensuring that there is a mechanism in place for cardiologists in the field to suggest improvements in the CART data collection or data reporting programs, via the web site, <https://www.va.gov/healthcareexcellence/cart/>.

f. **Veterans Integrated Service Network Director, VA Medical Facility Directors, VA Medical Facility Chiefs of Staff, and Chiefs of Cardiology.** These individuals are collectively responsible for:

(1) Providing adequate information technology resources for the use of the CART-APPS.

(2) Ensuring staff awareness and compliance reporting procedural information to the CART Program.

(3) Reviewing annual data reports.

(4) Initiating corrective actions based on data generated via annual data reports, or via triggered alerts that may arise sooner from the CART program.

g. **Cath Lab Director.** The facility Cath Lab Director is responsible for:

(1) Ensuring that procedural reports are completed for all invasive cardiac procedures within 24 hours of their performance via CART APPS, so that they can be documented in the electronic medical record for timely patient care.

(2) Designating a local Cath Lab quality management individual, who must track local facility CART data and work with the Cath Lab Director and Chief of Cardiology to address quality of care concerns raised by the Chief Officer for Specialty Care or the National Program Director for Cardiology.

(3) Ensuring that major periprocedural Cath Lab adverse events and device failures are accurately reported via use of the CART APPS.

(4) Tracking local facility CART data and working with the Chief of Cardiology to address any quality of care concerns in a timely and effective manner.

## **6. TRAINING**

There are no training requirements.

## **7. RECORDS MANAGEMENT**

All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. If you have any questions regarding any aspect of records management you should contact your facility Records Manager or your Records Liaison.

## **8. REFERENCES**

a. VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook, dated March 4, 2011.

b. 2012 ACC/SCAI Expert consensus document on cardiac catheterization laboratory standards update. *Journal of the American College of Cardiology*, 59: 2221, 2012.

c. AHA/ACC/SCAI 2014 Health policy statement on structured reporting for the cardiac catheterization laboratory. *Journal of the American College of Cardiology*, 63: 2591, 2014.