1.1.01 VHA Policy Management

Amendment Number	**1**
Amendment Type	Non-Substantive
Amendment Effective Date	09/02/2026
Directive Expiration Date	06/23/2033. *This date does not change when amendments are issued.*
Section 4.a: USH Signature Delegation	Added authority for the Under Secretary for Health (USH) to delegate signatory authority to Level of Authority 2 Leaders as appropriate.
Section 4.j: Delegation of Authority	Incorporated delegation of authority for VISN Director to delegate responsibilities in VHA national policy to additional Executive Leadership Team (ELT) staff, including at the Health Service Area (HSA) level.
(Former) Section on Policy Process	Transferred section on Policy Process to separate implementation instructions, available at: VHA National Policy Management SharePoint.
Section 6: Definitions	Added definitions for Operational Memorandum, Charter, Medical Center Policy (MCP), and Facility Standard Operating Procedure (SOP).
Section 7	Added Records Management information for VHA national and local policy management.
All	Changed "VA medical facility" to "Health Care System (HCS)" and "VA Medical Facility Director" to "VA Health Care System Director" throughout. Retitled "HSA Director" to "HSA Executive Director."
All	Edited “implementation guidance” to read “implementation instructions” in line with updated definitions.

1.1.01 VHA Policy Management

Department of Veterans Affairs (VA), Veterans Health Administration (VHA), Washington, DC 20420

SUBJECT: VHA Policy Management

CLASSIFICATION: Directive

Directive Number	**1.01.01**
Legal or Regulatory Authority	Title 38 United States Code (USC) § 7301(b); 38 USC § 512(a)(1)
Scope	This policy must be followed by all VHA employees.
Effective Date	06/23/2026
Expiration Date	06/23/2033
Office of Primary Responsibility for **Policy**	VHA Office of National Policy: vha10bnationalpolicyactions@va.gov.
Office of Primary Responsibility for **Implementation**	VHA Office of National Policy: vha10bnationalpolicyactions@va.gov.
Rescinds and Replaces	VHA Directive 0999(1); VHA Directive 0000
National Implementation Instructions VHA National Policy Management SharePoint	• VHA Directive Template (with instructions) • Instructions on VHA National Policy Development Process • VHA Policy Definitions in the PIE Model • Enterprise Policy Committee Charter • Health Care System Policy Coordinator Instructions
Required Local Document Development	None.
Required Committees	None.
Related Policies	VHA Directive 3.12.01, Self-Inspection Program (*yet to be published*)

1. SUMMARY OF CONTENT

Defines the operational alignment and coordination mechanisms between policy development at VHA Central Office, implementation and standardization at the operations centers and Veterans

Integrated Service Networks (VISNs), and execution at the facility level through the Health Service Areas (HSAs).

2. POLICY STATEMENT

It is VHA policy that all VHA policy, implementation instructions, and policy-related document development, distribution, communication, and management must adhere to the requirements of this directive.

3. OUTCOMES

A well-functioning VHA policy management system produces the following outcomes. These outcomes apply at all tiers of the operational model and guide how success is evaluated beyond process compliance metrics.

3.a. Policy Clarity

VHA personnel at every tier can readily identify the applicable national policy governing their work, understand what is required of them, and access implementation instructions that translates those requirements into actionable procedures.

3.b. Consistent Veteran Experience

Veterans receive care and services that meet the same minimum standards of quality and safety regardless of which Health Care System (HCS), VISN, or HSA they access, reflecting the core principle that national policy is primary and local variation occurs only by approved exception.

3.c. Operational Coherence

Policy development, implementation instructions, and execution are mutually reinforcing and free of gaps, conflicts, or redundancies that would impede care delivery or create compliance risk.

3.d. Adaptive Governance

The policy management system identifies and responds to field feedback, implementation barriers, and changing legal, regulatory, or operational requirements in a timely manner so that VHA policy remains current, accurate, and actionable.

3.e. Reduced Local Policy Burden

HCSs rely on national policy and implementation instructions as the primary source of procedural direction.

***Note**: Outcome measures assess whether the policy is achieving its intended objectives. These are distinct from performance measures.*

4. RESPONSIBILITIES AND MINIMUM STANDARDS

4.a. Under Secretary for Health (USH)

1. Provide strategic leadership and oversight for VHA national policy and retain authority over policy decisions.

2. Serve as Chair of the VHA Enterprise Policy Committee (EPC).

3. Provide signatory authority on VHA national policy, and delegate signatory authority to Level of Authority 2 Leaders as appropriate.

> ***Note**: The Secretary of VA has delegated authority to approve and issue VHA national policy to the USH. See 38 USC § 512(a)(1). See VHA Directive XXX, VHA Organizational Units, for information on levels of authority.*

4.b. Deputy Under Secretary for Health (DUSH) and Associate Deputy Under Secretary for Health (ADUSH)

1. Ensure necessary development of VHA national policy under their authority.

2. Establish internal controls for oversight, accountability, and resolve issues for national policy under their authority.

3. Validate that issued implementation instructions are consistent with applicable VHA national policy under their authority.

4. Coordinate waiver requests with recommended approval or denial within required timeframes.

5. Ensure all actions (e.g., feedback from the field) that require changes to VHA national policy and implementation instructions are assigned, completed, and maintained for policy under their authority.

6. Each serve as Co-Chair of the EPC.

> ***Note:** When USH is not present at EPC meetings, the DUSH and ADUSH serve as Co-Chairs and provide recommendations to the USH.*

7. DUSH: Provide oversight and strategic direction for clinical policy, care delivery models, compliance, and operational integration.

8. ADUSH: Lead the federal policy arm to ensure integrity, accountability, and strategic foresight across the health care system.

9. ADUSH: Oversee Business Operations Center (BOC).

4.c. VHA Chief of Staff

1. Oversee the VHA policy management program and ensure standards are fully resourced and implementable.

2. Ensure the VHA policy management program incorporates enterprise-wide alignment and field-informed decision-making.

3. Serve as the central point of coordination for VHA, facilitate high-level negotiations and ensure alignment across policy, management, and operations.

4.d. Executive Director, VHA Office of National Policy

1. Review and prepare all VHA national policy for certification and approval, and oversee the overall policy development and concurrence process.

2. Coordinate policy development with all relevant VHA Central Office policy offices to ensure alignment, prevent conflicts, and eliminate duplication.

3. Coordinate policy development with the appropriate operations center to assess operational feasibility, implementation requirements, and resource implications.

4. Communicate the contents of every VHA directive and associated implementation instructions to the appropriate organization.

5. Present a quarterly report to EPC covering: policies in development, average cycle time, coordination dispute rate and resolution time, and EPC decision summaries.

6. Present an annual report to EPC covering: portfolio status, cycle time trends, stakeholder feedback themes, and process compliance metrics.

7. Track, monitor, and oversee execution of EPC and VHA national policy.

8. Manage the process for waivers to VHA national policy.

4.e. Office of Primary Responsibility (OPR) for Policy

***Note**: OPR replaces "Policy Owner" and is the office with primary ownership and accountability over a VHA national policy.*

1. Serve as subject matter expert on VHA national policy over which they serve as OPR.

2. Determine criteria for program oversight in the policy and consistent implementation.

3. Concur on implementation instructions that falls under an associated VHA directive to validate alignment to policy objective.

4.f. Office(s) of Coordinating Responsibility (OCR) for Policy

***Note:** OCRs are offices with a related but non-primary stake in VHA national policy. While not the primary owners, they have relevant equities in the policy's content and implementation.*

1. Provide or respond to requests from OPR for Policy for clarification or technical input during development.

2. Identify conflicts, gaps, or inconsistencies between the draft policy and existing instructions and standards within their scope.

3. Advise on feasibility, accuracy, and alignment with professional standards relevant to their discipline.

4.g. Chief Operating Officer / Medical Operations Center Director

1. Oversee Medical Operations Center (MOC).

2. Assist VISN Directors in resolving implementation and compliance challenges, and elevate significant issues to the USH as appropriate.

3. Provide final concurrence on implementation instructions under VHA national policy.

4. Develop operational instructions, performance standards, and oversight procedures for application consistently to the Veterans Community Care (VCC), VISNs, and HCSs on policies under their authority.

5. Coordinate operational alignment on any process or implementing instructions associated with this directive with appropriate VISNs, VCC, VHA components, or HCSs.

6. Ensure support is provided to the VISNs and HCSs for the development of mitigation or corrective actions associated with potential or experienced noncompliance with this directive.

7. Ensure operations centers develop implementation instructions and standardized procedures in alignment with VHA national policy and policy objectives.

4.h. Office of Primary Responsibility for Implementation

***Note**: As an office within the relevant operations center, OPR for Implementation is the operations-level counterpart to the OPR for Policy.*

1. Serve as subject matter expert on implementation instructions issued under VHA national policy.

2. Determine criteria for program oversight and consistent implementation at the operations level, including developing performance measures.

***Note:** Performance measures assess the efficiency and compliance of operational processes. These are distinct from outcome measures.*

3. Ensure implementation instructions are maintained, current, and accessible.

4.i. Office(s) of Coordinating Responsibility for Implementation

***Note**: OCRs are offices with a related but non-primary stake in implementation instructions. While not the primary owners, they have relevant equities in the content and implementation.*

1. Provide or respond to requests from OPR for Implementation for clarification or technical input during development.

2. Identify conflicts, gaps, or inconsistencies between the draft implementation instructions and existing instructions and standards within their scope.

4.j. Veterans Integrated Service Networks Director

1. Implement national policy, coordinate resources, and execute VHA's strategic priorities across multiple HSAs.

2. Inform VHA Central Office leadership of barriers to compliance and implementation.

3. As appropriate, and to align with VHA RISE reorganization efforts, may delegate or re-delegate any authority or responsibility in VHA policy (including handbooks, directives, specific delegations of authority, mandatory Standard Operating Procedures, or publications of equivalent authority) that is designated or delegated to the following positions: VISN Director, VISN Chief Medical Officer, VISN Chief Nursing Officer, VISN Quality Management Officer. This delegation must be in writing and does not impact any authority granted by a higher-level official (i.e., HR authorities).

4. Maintain a list of the designated policy coordination function for each HCS within the VISN, and serve as liaison between HCSs and the VHA Office of National Policy.

4.k. Health Service Area (HSA) Executive Director

1. Lead HSA, which serves as a component function of a VISN.

***Note:** Reference to VISNs assumes HSAs as appropriate.*

2. Serve as critical coordination hubs within the new organization model, bridging HCSs and VISN leadership to streamline operations, reduce fragmentation, and enhance responsiveness to Veteran needs.

4.l. VA Health Care System Director

1. Ensure VHA national policy requirements are communicated and adhered to by all HCS staff.

2. Report barriers to implementation, proposed changes, and related issues to the HSA Director.

3. Establish, in writing, a policy coordination function. This function may be assigned to an individual (the facility's Policy Coordinator), a department (e.g., Quality Management, Compliance), or a committee, as determined by HCS leadership. The designated function is responsible for maintaining an inventory of all local execution documents, monitoring expiration dates, and ensuring alignment with VHA national policy and implementation instructions.

Note: *Medical Center Policy (MCP) must not restate national policy, establish procedural guidance (use a Facility Standard Operating Procedure (SOP), or create a council, board, or committee (use a charter). Refer to Section 5.c. for qualifying grounds.*

5. OPERATIONAL MODEL

VHA is structured according to a three-tiered operational model designed to bring greater clarity, consistency, and accountability to how we organize and align functions across our enterprise. This framework is known as the **Policy, Implementation, and Execution (PIE) Model**.

The PIE Model establishes three distinct functional levels across VHA:

5.a. Policy Tier.

Policy, Compliance, Strategy, & Governance: Aligned to VHA Central Office, this level sets enterprise-wide direction, requirements, standards, and regulatory compliance, establishing *what must be done* across VHA.

VHA national policy sets minimum standards. Compliance is mandatory for all VHA personnel. VHA national policy is developed via directive, rescinded via rescission notice, and revised via amendment.

5.b. Implementation Tier.

Implementation, Standardization, & Operational Oversight: Aligned to Operations Centers, this level ensures policies are translated into consistent, actionable procedures through implementation support, quality assurance, and compliance monitoring.

MOC, BOC, VCC, and other operations centers translate policy into standardized national implementation instructions that establishes "*how it must be done*," e.g., standard operating procedures (SOPs), operational memoranda, or process workflows.

Note*: In many cases, implementation instructions will follow a "hub and spoke" model, where the VHA directive is the hub and there may be multiple spokes to achieve full implementation depending on the individual HSA capability.*

5.c. Execution Tier.

Execution and Health Care Delivery: Aligned to HCSs, this level encompasses the direct delivery of care, day-to-day operations, facility management, and patient care activities that accomplish our mission.

VISNs, HSAs and HCSs execute standardized procedures while delivering care to Veterans. The following are execution documents set at the HCS level: MCP; Local SOP; other local execution document, such as standard work, job aid, and process flow map.

6. DEFINITIONS

6.a. Amendment

An amendment is used to update a directive if there is a change needed after publication that would not require full recertification. Changes may be triggered by field feedback or other concerns raised during implementation and execution. Amendments are used to ensure standardization and the highest level of patient safety.

6.b. Charter

A charter establishes and outlines the responsibilities and function of a committee, council, board, subcommittee or equivalent type of standing group (for example, process improvement teams or workgroups) and its reporting requirements to the appropriate governance body or position.

6.c. Directive

VHA national policy is developed via directive and must only contain content that is required to be applied across VHA. In order to ensure VHA directives remain timely and relevant, a VHA directive must be recertified 7 years from the date of publication or else it will expire and automatically be rescinded. Extensions may be granted by exception.

6.d. Facility Standard Operating Procedure

A facility SOP is used to convey uniform instructions, guidelines and programmatic processes unique to the HCS. A facility SOP may be developed within a single service line or across multiple service lines where coordinated local procedures are necessary to implement VHA national policy or national implementation instructions. A facility SOP must not restate national policy, conflict with VHA national policy or implementation instructions, or create mandatory standards that rise to the level of MCP.

6.e. Medical Center Policy

An MCP sets mandatory standards and responsibilities on medical facility matters and must be rescinded or recertified within 7 years. To ensure Veterans receive the same quality of care wherever they enter the system, MCP must only be developed when facility conditions require an exception to VHA national policy.

6.f. Operational Memorandum

An operational memorandum is a guidance document that establishes a course of action consistent with VHA national policy. Operational memoranda are not themselves VHA national policy; their authority is limited to that of the issuer(s) only. In order to be considered valid, an operational memorandum must be published on the VHA Forms and Publications website,

https://vaww.va.gov/vhapublications/index.cfm. Operational memoranda automatically expire after 2 years.

6.g. Rescission Notice

A rescission notice is used to rescind a directive when there is no replacement. The notice must indicate the reason for rescission and where any applicable content has been transferred.

7. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

8. AUTHORITY

Approved by:

\s\ John Bartrum, JD, MBA
Under Secretary for Health
Department of Veterans Affairs
Date: 06/23/2026