

December 13, 2005

CARDIAC ASSESSMENT REPORTING AND TRACKING SYSTEM FOR CARDIAC CATHETERIZATION LABORATORIES (CART-CL)

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy and procedures to ensure that there is uniform collection, reporting, and storage of Cardiac Catheterization Laboratory (Cath Lab) procedure data across the VHA health care system.

NOTE: Such standardization is necessary in order to ensure that procedure volumes are accurately recorded and quality metrics are met, as described by VHA and by recognized professional organizations.

2. BACKGROUND

a. VHA is committed to providing timely and high-quality cardiac care across the VHA network. This directive encompasses the entire spectrum of care for both acute and chronic cardiac conditions, and is dependent on the effective network organization of specialized cardiac centers capable of diagnostic and interventional procedures.

b. At this time, there are approximately 73 VHA facilities that have cardiac catheterization capability, including 50 that perform interventional procedures.

c. It is vital for the management of this geographically disperse system to have standardized accounting of both the procedures performed, as well as the equipment and supplies used. It is also vital that quality can be monitored, which includes benchmarking at facility, Veterans Integrated Services Network (VISN) and National levels.

d. A Computerized Patient Record System (CPRS)-integrated application, the Cardiovascular Assessment Reporting and Tracking system for Cath Labs (CART-CL) has been developed by VHA to facilitate the data capture and reporting of Cath Lab procedures. This currently consists of three modules:

- (1) Pre-procedure assessment.
- (2) Cath Lab procedures.
- (3) Percutaneous coronary intervention.

NOTE: Subsequent modules are in various stages of development, including peripheral procedure and ACS discharge modules.

e. All CART-CL data is stored in a single national data repository.

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f. CART-CL was approved for use in March 2004 and is currently undergoing beta testing at a number of VHA facilities. Once beta-testing is complete, it will be reviewed for Certification and Accreditation (C&A) by the Office of Information and Technology. Following receipt of C&A, CART-CL will be deployed to all VHA catheterization laboratories.

g. National roll-out of the CART-CL program needs to occur through 2006. Implementation and full use of CART-CL across VHA needs to be completed within 6 months of receipt of the C&A.

h. The CART-CL Team consists of the National Program Director for Cardiology in Washington, DC and the CART-CL Specific Purpose Workgroup which is headquartered at the Seattle Department of Veterans Affairs (VA) Medical Center and the Denver VA Medical Center.

i. The Cath Lab Quality Manager is the person designated by the Chief, Cardiology Service to be responsible for the collection and transmission of CART-CL data.

3. POLICY: It is VHA policy that all facilities having cardiac catheterization laboratories must fully implement and utilize the CART-CL program for data entry and report generation, including pre-procedure, procedure, and PCI modules no later than December 31, 2006. ***NOTE:** Subsequent modules must be implemented by the following reporting period.*

4. ACTION: Medical Center Directors, where catheterization services are provided, is responsible for providing adequate resources to ensure implementation and full use of the CART-CL program and for ensuring that:

a. **Facility Chief of Staffs and Chiefs, Cardiology.** Facility Chief of Staffs and Chiefs, Cardiology where catheterization services are provided, ensure medical staff are aware of and comply with the contents of the implementation of CART-CL.

b. **CART-CL Team.** The CART-CL Team:

(1) Initiates contact with each facility and for facilitating installation.

(2) Ensures appropriate CART-CL training.

(3) Provides both clinical and technical support of the CART-CL program at all facilities where it is implemented.

(4) Provides for the integration and maintenance of CART-CL.

c. **Facility Chief Information Officer (CIO).** The facility CIO oversees the CART-CL technical installation.

d. **Facility Cath Lab Director.** The facility Cath Lab Director is responsible for:

- (1) Directing staff training on CART-CL.
- (2) Utilizing the CART-CL program.
- (3) Ensuring that CART-CL reports are completed for all procedures performed in the Cath Lab.
- (4) Designating a local Cath Lab quality management individual.

6. FOLLOW-UP RESPONSIBILITY: The Office of Patient Care Services (111), and Office of Information (19) are responsible for the contents of this Directive. Questions may be referred to the National Program Director for Cardiology at (202) 273-8530.

7. RESCISSIONS: None. This VHA Directive expires December 31, 2010.

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Under Secretary for Health

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FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 12/14/2005