Amended on May 22, 2019

**Department of Veterans Affairs**
**Veterans Health Administration**
**Washington, DC 20420**

**VHA DIRECTIVE 1102.01(1)**
**Transmittal Sheet**
**April 24, 2019**

# NATIONAL SURGERY OFFICE

**1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) directive establishes the organizational structure, procedures, and responsibilities of the National Surgery Office (NSO), and memorializes the oversight role of the NSO in monitoring surgical quality and outcomes data at the national, regional, and local level.

**2. SUMMARY OF MAJOR CHANGES.**

a. Amendment dated May 22, 2019 removes the following references as they have been replaced with VHA Directive 1220 Facility Procedure Complexity Designation Requirements to Perform Invasive Procedures In Any Clinical Setting, dated May 13, 2019:

(1) VHA Directive 2010-018 Facility Infrastructure Requirements to Perform Standard, Intermediate, or Complex Surgical Procedures, dated May 6, 2010; and

(2) VHA Directive 2011-037 Facility Infrastructure Requirements to Perform Invasive Procedures in an Ambulatory Surgery Center, dated October 14, 2011.

b. This directive incorporates the content of VHA Handbook 1102.01, National Surgery Office, dated January 30, 2013, and adds the role of a subject-matter expert to the VISN Surgical Workgroup.

**3. RELATED ISSUES.** VHA Directive 1220, Facility Procedure Complexity Designation Requirements to Perform Invasive Procedures In Any Clinical Setting, dated May 13, 2019; VHA Directive 2012-018, Solid Organ and Bone Marrow Transplantation, dated July 9, 2012; and VHA Directive 1039, Ensuring Correct Surgery and Invasive Procedures In and Out of the Operating Room, dated November 28, 2018.

**4. RESPONSIBLE OFFICE.** The National Surgery Office (10NC2) in the Office of the Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations is responsible for the content of this directive. Questions may be directed to vhaco.national.surgery.office@va.gov or 202-461-7130.

**5. RESCISSIONS.** VHA Handbook 1102.01, National Surgery Office, dated January 30, 2013, is rescinded.

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 This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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

/s/ Renee Oshinski
Acting Deputy Under Secretary for Health
for Operations and Management

**DISTRIBUTION**: Emailed to the VHA Publications Distribution List on April 24, 2019.

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

## CONTENTS

## NATIONAL SURGERY OFFICE

1. PURPOSE ..... 1

2. BACKGROUND ..... 1

3. DEFINITIONS ..... 1

4. POLICY ..... 2

5. RESPONSIBILITIES ..... 2

6. WORK GROUPS AND BOARDS ..... 9

7. NATIONAL SURGERY OFFICE REPORTS AND QUALITY IMPROVEMENT ..... 13

8. DEPARTMENT OF VETERANS AFFAIRS SURGICAL QUALITY IMPROVEMENT PROGRAM ..... 14

9. NATIONAL SURGERY OFFICE SITE VISITS ..... 15

10. TRAINING REQUIREMENTS ..... 16

11. RECORDS MANAGEMENT ..... 16

12. REFERENCES ..... 16

# NATIONAL SURGERY OFFICE

## 1. PURPOSE

This Veterans Health Administration (VHA) directive establishes the organizational structure, duties, and responsibilities of the National Surgery Office (NSO) necessary to provide operational oversight of the delivery of surgical services, including but not limited to transplant services, by the VHA Surgical Programs. The NSO ensures the optimal delivery of surgical services to promote, preserve, and restore the health of the Veteran in accordance with generally accepted standards of medical practice through an established quality improvement program and monitoring of surgical quality improvement activities at the national, regional, and local level. Furthermore, the NSO provides stewardship for surgical data for research purposes and oversight of selected special purpose funds for the delivery of transplant and related services. **AUTHORITY:** Title 38 United States Code 7301(b).

## 2. BACKGROUND

a. The Veterans' Administration Health-Care Amendments of 1985 (Public Law 99-166) requires that the Secretary of the Department of Veterans Affairs (VA) maintain a quality assurance program to monitor and evaluate the quality of health care provided by VA. The Under Secretary for Health is required to maintain and collect a compilation of mortality and morbidity standards for each type of surgical procedure performed by hospitals within VHA. VHA's Veterans Affairs Surgical Quality Improvement Program (VASQIP), derived from the former National Surgical Quality Improvement Program (NSQIP) and the Continuous Improvement in Cardiac Surgery Program (CICSP), was developed to meet this mandate.

b. Beginning in 2009, the NSO underwent a strategic reorganization to enhance communication with Veterans Integrated Service Network (VISN) and facility leadership, expand NSO resources, and develop and implement VHA policy matching facility infrastructure to the complexity of the surgical procedures being performed. In this process, each VISN selected a VISN Chief Surgical Consultant (VCSC) and established a VISN Surgical Work Group. The Surgical Advisory Boards (SAB) were established within the National Surgery Office to provide readily available subject matter experts to the NSO and VHA leadership.

## 3. DEFINITIONS

a. **Facility Surgical Work Group.** The Facility Surgical Work Group is a key component of the NSO structure with duties and responsibilities defined in this policy. ***NOTE:*** *See Paragraph 6, Work Groups and Boards.*

b. **Surgical Advisory Board.** The Surgical Advisory Board (SAB) is established by the NSO to provide readily available subject-matter experts to the NSO and VHA leadership with duties and responsibilities defined in this policy. ***NOTE:*** *See Paragraph 6, Work Groups and Boards*.

c. **Veterans Affairs Surgical Quality Improvement Program Executive Board.** The Veterans Affairs Surgical Quality Improvement Program (VASQIP) Executive Board is established by the NSO to review VHA surgical outcomes data and provide oversight to site visits for VASQIP levels of concern, with duties and responsibilities defined in this policy. ***NOTE:*** *See Paragraph 6, Work Groups and Boards.*

d. **VISN Surgical Work Group.** The VISN Surgical Work Group is a key component of the NSO structure with duties and responsibilities defined in this policy. ***NOTE:*** *See Paragraph 6, Work Groups and Boards.*

## 4. POLICY

It is VHA policy that the NSO provides operational oversight of the VHA Surgery Program including the VA Transplant Program, and selected specialty programs. Additionally, it is VHA policy that the NSO monitors surgical quality and outcomes data and quality improvement activities at the national, regional, and local level.

## 5. RESPONSIBILITIES

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

(1) Ensuring overall VHA compliance with this directive;

(2) Communicating the contents of this directive to each VISN;

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

(4) Providing oversight of VISNs to assure compliance with this directive, as well as VHA surgical policy and the relevant standards, as referenced.

b. **National Director of Surgery (NDS).** The NDS is responsible for serving as the principal advisor to the Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations on operational management, policy, and quality improvement pertaining to the delivery and assessment of surgical and transplant services. The duties and responsibilities of the NDS include, but are not limited to:

(1) Providing oversight and management of the NSO and guidance to ensure compliance with this directive and all VHA surgical policy;

(2) Managing the NSO operational program office budget;

(3) Ensuring that an accurate list of all of VISN Chief Surgical Consultants (VCSCs) is maintained. The list can be accessed at http://vaww.dushom.va.gov/DUSHOM/surgery/VISN_Chief_Surgical_Consultant.asp
***NOTE:*** *This is an internal VA Web site that is not available to the public.*

(4) Ensuring that an accurate list of all VISN Lead Surgical Nurses (VLSNs) is maintained. This list can be accessed at http://vaww.dushom.va.gov/DUSHOM/surgery/VISN_Lead_Surgical_Nurse.asp ***NOTE:*** *This is an internal VA Web site that is not available to the public.*

(5) Appointing a Surgical Advisory Board (SAB) Chair;

(6) Maintaining Surgical Advisory Boards (SABs) to provide subject matter experts to the NSO and VHA leadership;

(7) Collaborating with the SAB Chair to ensure that the SAB:

(a) Conducts regular established meetings (no less than quarterly) with SAB members and convenes additional meetings, as requested by the NDS;

(b) Ensures readily available subject matter expertise to the NSO and VHA leadership;

(c) Performs site visits of surgical programs and participates in established meetings and conferences as requested by the NDS; and

(d) Reviews on an annual basis or more frequently, as directed by the NDS, the VA medical facility Procedure Infrastructure Matrix (PIM) and the Invasive Procedure Complexity Matrix (IPCM) assignments associated with VHA policy, assigning facility infrastructure requirements in alignment with the complexity of surgical and invasive procedures;

(8) Designating a Medical Director of VASQIP;

(9) Designating a VISN Chief Medical Officer (CMO) to serve on the VASQIP Executive Board for a 3-year, non-renewable term;

(10) Providing oversight and management to the VASQIP and maintaining a VASQIP Executive Board;

(11) Establishing and maintaining VHA surgical policy related to the NSO and delivery of surgical and transplant services by VHA Surgical Programs;

(12) Managing Veterans Equitable Resource Allocation (VERA) specific purpose funds and Transplant Special Purpose Funds, including development and maintenance of sound criteria and methodologies for disbursement of these funds allocated to support the VA Transplant Program with ongoing program and infrastructure support;

(a) Transplant Special Purpose Funds are distributed in relationship to transplantation and surgical procedures for ventricular assist devices, total artificial hearts, and other approved specialty programs; and

(b) The NDS must consider the following in distributing Transplant Special Purpose Funds:

1. Transplant evaluations;

2. Living donor evaluations;

3. Transplantation procedures;

4. Support for new transplant program development;

5. Sustainment of existing VA Transplant Centers and VHA surgery programs approved to implant ventricular assist devices and total artificial heart devices; and

6. Lodging for Veterans, living donors, and caregivers.

(13) Providing data stewardship for VHA surgical data used for operations and research purposes in accordance with VHA Handbook 1200.12, Use of Data and Data Repositories in VHA Research, dated March 9, 2009;

(14) Reviewing reports from the VISN Chief Surgical Consultant and the VISN Lead Surgical Nurse regarding site visits conducted pursuant to this directive; and

(15) Collaborating with academic institutions, public and private sector organizations, and other Federal agencies, as appropriate or upon request by VHA leadership.

c. **Veterans Integrated Service Network (VISN) Director.** The VISN Director is responsible for:

(1) Selecting and assigning a VISN Chief Surgical Consultant (VCSC) and VISN Lead Surgical Nurse (VLSN);

(a) The VCSC is selected and appointed by the VISN Director in each VISN to a minimum of a 0.25 full-time employee (FTE) VISN position. The VCSC must have the following qualifications:

1. A physician credentialed and privileged in the practice of surgery at a VA medical facility;

2. Evidence of leadership either by VHA appointment (e.g., Chief of Surgery, Chief of Staff) or by appointment at an academic affiliate institution (e.g., Department Chair);

3. A commitment to promote efficient, high-quality surgical care, support research and educational activities, and enhance communication among VA medical facilities, VISNs, and NSO;

4. A history of productive relationships with academic affiliates, including but not limited to, graduate medical education activities, programmatic relationships, and sharing of medical staff;

5. Capability to evaluate and facilitate quality improvement processes in surgical programs, including knowledge of performance measures and/or monitors, and internal and external accrediting and/or review bodies; and

6. Ability to work collaboratively and effectively with National, VISN, and VA medical facility leadership.

(b) The VLSN is appointed by the Network Director in collaboration with the VCSC. The VLSN must have the following qualifications:

1. A Registered Nurse with knowledge and expertise with the Veterans Health Information Systems and Technology Architecture (VistA) Surgery Package (or equivalent VA electronic health record surgery platform) and the VA Surgical Quality Improvement Program (VASQIP);

2. A commitment to promote efficient, high-quality surgical care, support research and educational activities, and enhance communication among Surgical Quality Nurses, VHA nursing staff, and NSO;

3. The capability to evaluate and facilitate quality improvement processes in surgical programs, including knowledge of performance measures and/or monitors, and internal and external accrediting and/or review bodies; and

4. The ability to work collaboratively and effectively with National, VISN, and VA medical facility leadership;

(2) Ensuring that each VISN has a VISN Surgical Work Group;

(3) Developing and implementing a VISN strategic plan that incorporates improvements to, and adequately addresses future needs, for surgical care and aligns with the NSO;

(4) Ensuring that the VISN Surgical Work Group and Facility Surgical Work Groups have an established chair and membership and are meeting as required;

(5) Ensuring this directive is followed by VA medical facilities; and

(6) Reviewing the VHA facility report following a critical surgical event and making a final determination on the appropriate action.

d. **VISN Chief Surgical Consultant (VCSC).** The VCSC is responsible for:

(1) Communicating and disseminating best practice(s) and VHA surgical and related policy across the VISN;

(2) Minimizing variance in surgical services across the VISN;

(3) Engaging in quality improvement activities, including but not limited to, peer reviews as described in VHA Directive 1190, Peer Review for Quality Management, dated November 21, 2018;

(4) Assessing current surgical need(s) across the VISN and assisting the VISN Director in the development of a VISN strategic plan that includes the future needs for surgical care;

(5) Overseeing and addressing any deficiencies in VISN clinical outcomes, and standards of care;

(6) Chairing a VISN Surgical Work Group;

(7) Ensuring that current surgical practice across the VISN is in compliance with VHA surgical policy;

(8) Evaluating critical surgical events at the time they are reported by VA medical facilities and advising the VISN Director on the appropriate course of action. Such critical surgical events include but are not limited to:

(a) Incorrect (wrong patient, wrong procedure, wrong site/side, wrong implant) surgery;

(b) Retained surgical items;

(c) Death in the operating room;

(d) Death from hemorrhage within 24 hours of an operating room procedure;

(e) Operating room fires; and

(f) Operating room burns.

(9) Ensuring ongoing surgical educational initiatives;

(10) Supporting graduate medical education programs and promoting relationships between VISN facilities and academic affiliates;

(11) Supporting research activities of all surgical programs within the VISN;

(12) Ensuring ongoing review by VA medical facility surgical staff of pertinent data for each VISN surgical program to improve surgical outcomes, including, but not limited to:

(a) NSO reports, including VASQIP data;

(b) Inpatient Evaluation Center (IPEC) reports;

(c) External Peer Review Program (EPRP) results;

(d) Performance Measures;

(e) Tort Claims;

(f) Peer Reviews (levels 2 and 3);

(g) Learner's Perception Survey;

(h) Patient Satisfaction Survey;

(i) Employee Satisfaction Survey;

(j) Joint Commission Survey (reports);

(k) Office of Inspector General (OIG) reports; and

(l) Veteran Service Organization (VSO) and Patient Advocate reports.

(13) Collaborating with the NSO, and VISN and VA medical facility leadership to ensure the access and quality of surgical care provided at each VISN facility and to formulate solutions to issues as they arise;

(14) Ensuring that each VA medical facility with a VHA Surgery Program has a Facility Surgical Work Group; and

(15) Conducting VA medical facility site visits and providing reports as required by VASQIP level of concern and upon request from the NDS.

e. **VISN Lead Surgical Nurse (VLSN).** The VLSN is responsible for:

(1) Participating in the VISN Surgical Work Group;

(2) Serving as VISN consultant for the VistA surgery package (or equivalent VA electronic health record surgery platform), VASQIP data, and other program-related issues;

(3) Chairing regular conference calls with VA medical facility Surgical Quality Nurses to disseminate information and share best practices;

(4) Overseeing VA medical facility Surgical Quality Nurses' activities, to include but not limited to: orientation, clarification of data definitions, management of VASQIP data submission processes, and ongoing educational activities;

(5) Conducting remote reviews, on-site visits, and program evaluations regionally upon request from VCSC, and nationally upon request from NSO; and

(6) Participating in regional or national meetings upon request from VCSC or NSO.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring that critical surgical events (see paragraph 5.g.(8)) are reported to the VISN;

(2) Ensuring that the VA medical facility has a Chief of Surgery;

(3) Ensuring that the VA medical facility has a facility Surgical Quality Nurse;

(4) Ensuring that the VA medical facility has a Facility Surgical Work Group;

(5) Developing a VA medical facility strategic plan that incorporates improvements to and adequately addresses future needs for surgical care and aligns with the VISN strategic plan, the VISN Surgical Work Group, and the NSO; and

(6) Ensuring compliance with VA medical facility surgical complexity infrastructure requirements. ***NOTE:*** *For more information on facility infrastructure requirements see VHA Directive* 1220, Facility Procedure Complexity Designation Requirements to Perform Invasive Procedures In Any Clinical Setting, dated May 13, 2019.

g. **VA Medical Facility Chief of Staff (COS).** The VA medical facility COS is responsible for:

(1) Working with the VA medical facility Director to ensure that critical surgical events are reported to the VISN;

(2) Overseeing the VA medical facility Chief of Surgery; and

(3) Collaborating with the VA medical facility Director on a VA medical facility strategic plan that incorporates the improvement of surgical care at the VA medical facility.

h. **VA Medical Facility Chief of Surgery.** The VA medical facility Chief of Surgery is responsible for:

(1) Providing leadership and oversight to ensure effective management of Facility Surgical Work Group activities;

(2) Overseeing and responding to issues, concerns, and deficiencies in clinical outcomes, surgical standards of care, and coordination of surgical care within the VA medical facility;

(3) Ensuring dissemination of information provided by NSO or the VISN leadership to Facility Surgical Work Group members and others as appropriate;

(4) Facilitating and participating in VA medical facility surgical mortality and morbidity review conferences; ***NOTE:*** *More information about mortality and morbidity and other peer reviews can be found in VHA Directive 2008-077, Quality Management (QM) and Patient Safety Activities that Can Generate Confidential Documents, dated November 7, 2008, VHA Directive 1026, VHA Enterprise for Quality, Safety, and Value, August 2,*

*2013, and VHA Directive 1190, Peer Review for Quality Management, dated November 21, 2018.*

(5) Collaborating with the facility Surgical Quality Nurse to ensure the validity of surgical data entered into the VistA Surgery Package (or equivalent VA electronic health record surgery platform) for each procedure performed in an Operating Room; and

(6) Coordinating ongoing functions of the facility Surgical Quality Nurse, including timely VASQIP data submission and compliance with other VASQIP requirements.

i. **Facility Surgical Quality Nurse.** The facility Surgical Quality Nurse is a Registered Nurse functioning as the VistA Surgery Package (or equivalent VA electronic health record surgery platform) subject-matter expert for VASQIP data collection. The duties and responsibilities of the Surgical Quality Nurse include, but are not limited to:

(1) Collecting surgical quality data;

(2) Ensuring accurate VASQIP data submission process (data entry, interpretation, and transmission of the data to the NSO);

(3) Responding to and correcting any inaccuracies in the VASQIP data submission process;

(4) Managing programmatic issues related to surgical data;

(5) Maintaining competency in VASQIP definitions, chart review, and NSO processes and resources related to VASQIP;

(6) Participating in VA medical facility surgical mortality and morbidity review conferences; ***NOTE:*** *More information about mortality and morbidity and other peer reviews can be found in VHA Directive 2008-077, Quality Management (QM) and Patient Safety Activities that Can Generate Confidential Documents, dated November 7, 2008, VHA Directive 1026, VHA Enterprise for Quality, Safety, and Value, August 2, 2013, and VHA Directive 1190, Peer Review for Quality Management, dated November 21, 2018.*

(7) Collaborating regularly with the Chief of Surgery regarding surgical data and programs, regardless of the specific department to which they organizationally report (e.g., Surgery, Quality Management, or Nursing);

(8) Participating in surgical performance improvement activities; and

(9) Providing ongoing educational activities regarding VASQIP to relevant personnel at the VHA facility.

## 6. WORK GROUPS AND BOARDS

a. **Surgical Advisory Board (SAB).**

(1) The SABs are to include, but not limited to, the following disciplines: Anesthesiology, Cardiothoracic Surgery, Surgical Critical Care, General Surgery, Neurological Surgery, Obstetrics and Gynecological Surgery, Informatics, Ophthalmologic Surgery, Operating Room Nurse Managers, Orthopedic Surgery, Otolaryngological Surgery, Plastic Surgery, Podiatric Surgery, Rural and Ambulatory Surgery, Transplant Surgery, Urological Surgery, and Vascular Surgery;

(2) Each SAB is led by a Chair, selected by the NDS to serve a single term of 3 years. The Chair must be a full-time VHA employee (greater than 0.5 FTE), appropriately credentialed in the surgical specialty represented, and actively engaged in clinical practice at a VA medical facility;

(3) Each SAB has additional Members, recommended by the SAB Chair, and approved by the NDS. SAB members must be full-time VHA employees (greater than 0.5 FTE), appropriately credentialed in the surgical specialty represented, and actively engaged in clinical practice at a VA medical facility. SAB members serve a 3-year term, which may be renewed for consecutive terms (maximum 2) upon recommendation of the SAB Chair and approval of the NDS.

b. **VA Surgical Quality Improvement Program (VASQIP) Executive Board.**

(1) The VASQIP Executive Board is chaired by the NDS or designee;

(2) Voting members are the individuals assigned to the following positions:

(a) Deputy National Director of Surgery;

(b) Medical Director of VASQIP, designated by the NDS;

(c) National Surgery Office (NSO) National Clinical Nurse Executive;

(d) NSO Chief Biostatistician;

(e) Two SAB Chairs designated by the NDS;

(f) Assistant Deputy Under Secretary for Health for Quality, Safety and Value or designee;

(g) Assistant Deputy Under Secretary for Health for Informatics and Analytics or designee;

(h) VISN Chief Medical Officer (CMO) (designated by the NDS, for a 3-year non-renewable term); and

(i) NDS, in case of a tie vote.

(3) The VASQIP Executive Board meets monthly and as directed by the NDS or designee. Meeting minutes, work product, and reports generated on behalf of the

VASQIP Executive Board, including but not limited to the VASQIP level of concern site visit reports, meet the requirements for confidentiality as mandated in 38 U.S.C. 5705 and its implementing regulations.

(4) The duties and responsibilities of the VASQIP Executive Board are as follows:

(a) Reviewing VHA surgical outcomes data and oversight of site visits for VASQIP levels of concern and recommending actions to VISN and VA medical facility leadership through the NDS; and

(b) Reviewing on an annual basis or more frequently as directed by the NDS the VHA facility Procedure Infrastructure Matrix (PIM) and the Invasive Procedure Complexity Matrix (IPCM) assignments associated with VHA policy assigning facility infrastructure requirements in alignment with the complexity of surgical and invasive procedures and recommending actions to VISN and VA medical facility leadership. ***NOTE:*** *For more information on facility infrastructure requirements see VHA Directive 1220, Facility Procedure Complexity Designation Requirements to Perform Invasive Procedures In Any Clinical Setting, dated May 13, 2019.*

c. **Veterans Integrated Service Network (VISN) Surgical Work Group.**

The VISN Surgical Workgroup is chaired by the VISN Chief Surgical Consultant.

(1) Membership must include, but is not limited to:

(a) VISN Chief Medical Officer;

(b) VISN Quality Management Officer;

(c) VISN Lead Surgical Nurse;

(d) VA medical facility Chief of Surgery;

(e) VA medical facility Surgical Quality Nurse;

(f) VA medical facility OR Nurse Manager; and

(g) VISN clinical leads for the following disciplines participate as deemed necessary by the VISN Chief Surgical Consultant and/or Chief Medical Officer: General Surgery, Cardiothoracic Surgery, Operating Room Nurse Manager, Otolaryngology, Ophthalmology, Optometry, Orthopedic Surgery, Plastic Surgery, Urology, Vascular Surgery, Anesthesia, Podiatry, Neurosurgery, and Gynecology. ***NOTE:*** *Members of the VSWG may also serve as VISN clinical leads for a specific specialty. When VHA policy requires a VISN clinical leadership role, the incumbent may also serve on the VSWG to represent a specific specialty.*

(2) Meetings occur monthly, or more frequently as necessary. Meeting minutes must be documented, stored on a secured VISN intranet site, maintained for the required timeframe, and purged per the VHA Records Control Schedule (RCS 10-1).

(3) The duties of the VISN Surgical Workgroup include but are not limited to:

(a) Advising the VISN Director on the development of the VISN strategic plan, to include long-term goals to improve surgical care in alignment with the NSO;

(b) Monitoring performance improvement activities within the VISN to ensure systems issues are addressed;

(c) Sharing best practices across the VISN;

(d) Identifying gaps within surgical care and recommending actions to the VISN Director;

(e) Ensuring compliance with VA medical facility surgical complexity infrastructure requirements across the VISN;

(f) Overseeing compliance with VHA surgical and related policy across the VISN; and

(g) Reviewing and overseeing surgical outcomes and quality data to ensure that systems issues are addressed and corrective action is taken. Sources of data to be reviewed by the VISN Surgical Workgroup include, but are not limited to:

1. NSO surgical quality reports;

2. Critical surgical adverse events and the accompanying VA medical facility report; and

3. Mortality audits for each VA medical facility.

d. **Facility Surgical Work Group.**

(1) The Facility Surgical Work Group is chaired by the Chief of Surgery. Membership must include, but is not limited to:

(a) Chief of Staff;

(b) VHA facility Surgical Quality Nurse; and

(c) VHA facility OR Nurse Manager.

(2) The Facility Surgical Work Group meets monthly, or more frequently as necessary. Meeting minutes must be documented, stored on a secured VA medical facility or VISN intranet site, maintained for the required timeframe, and purged per the VHA Records Control Schedule (RCS 10-1).

(3) The duties and responsibilities of the Facility Surgical Workgroup include, but are not limited to:

(a) Supporting the VISN Surgical Work Group to integrate surgical quality improvement data, improve practice and patient safety;

(b) Ensuring communication at the VA medical facility level to the NSO through the VCSC or VLSN;

(c) Advising the VA medical facility Director on the development of the VA medical facility and VISN strategic plans to incorporate improvement of surgical care that aligns with the VISN Surgical Work Group and the NSO;

(d) Overseeing the VA medical facility's surgical morbidity and mortality conference(s);

(e) Implementing and monitoring surgery performance improvement activities;

(f) Overseeing compliance with VA medical facility surgical complexity infrastructure requirements;

(g) Overseeing and managing surgical outcomes data; and

(h) Recommending actions to the VA medical facility Director related to surgical care based on:

1. A monthly review of surgical deaths;

2. An analysis of efficiency and utilization metrics;

3. An identification of gaps within current surgical care;

4. A review of NSO surgical quality reports; and

5. An evaluation of critical surgical events;

## 7. NATIONAL SURGERY OFFICE (NSO) REPORTS AND QUALITY IMPROVEMENT

NSO reports provide a foundation to support regular and ongoing quality improvement of VHA surgical care by VISN and VA medical Facility Surgical Work Groups.

a. **National Surgery Office (NSO) Reports.**

(1) NSO reports provide analyses of surgical processes, structures, and outcomes through integration of surgical and other data. These reports enable iterative quality improvement at each VA medical facility by providing validated clinical data with ongoing summaries, long-term trending, and national comparisons.

(2) Data elements must include, but are not limited to:

(a) Surgical mortality and morbidity outcomes from VASQIP;

(b) Critical surgical safety events;

(c) Volume of surgical cases by specialty;

(d) Procedural volume by invasive procedure complexity category;

(e) Compliance with invasive procedure complexity program designation; and

(f) Indicators of access, efficiency, productivity, and utilization.

***NOTE:*** *In addition to VASQIP data elements, the report integrates surgically-relevant data from other VHA data sources. Reports include VISN and VA medical facility-level data, with comparative VHA national statistics of surgical program activities.*

(3) NSO reports enable VISN and VA medical facility Surgical Workgroups and the VASQIP Executive Board to fulfill their assigned duties and responsibilities.

(4) NSO shares surgical outcomes data with other VHA program offices and VHA leadership to support VHA missions and VA's public reporting of surgical outcomes.

## 8. DEPARTMENT OF VETERANS AFFAIRS SURGICAL QUALITY IMPROVEMENT PROGRAM

a. VA Surgical Quality Improvement Program (VASQIP) serves as the primary tool for measurement of the quality of surgical outcomes. VASQIP data are collected locally from all VA medical facilities with an approved VHA Surgery Program for designated types of surgical procedures based upon probability of postoperative adverse events in accordance with standardized data definitions. These clinically-derived data are validated, formatted, and analyzed to characterize prevailing mortality and morbidity rates, both unadjusted and risk-adjusted. Ongoing development of new analytic strategies allows modification of VASQIP to improve management of surgical care.

b. Accurate, comparable, and actionable data are provided to VA medical facilities, VISNs, and VHA Leadership for surgical program assessment and quality improvement. VASQIP also provides data for VHA's public reporting of selected surgical outcomes.

c. VASQIP supports rigorous evidence-based development of NSO policy to improve surgical structures, processes, and outcomes. As an established medical quality assurance database, VASQIP data meet the requirements for confidentiality as mandated in 38 U.S.C. 5705 and its implementing regulations.

d. VISN Surgical Work Groups and the VASQIP Executive Board review VASQIP outcomes for each surgical program. Programs whose outcomes deviate significantly from national averages for mortality or morbidity determined by the NSO, are further

reviewed to determine corrective interventions. VISN or NSO interventions are dependent upon the degree or persistence of quality concerns at a VA medical facility and are based on Emerging, Confirmed, Ongoing, or Critical levels of concern.

(1) Emerging. A single quarter (3-month period) of 30-day mortality outlier status (defined as a statistically significantly high VASQIP 30-day mortality. Observed to Expected (O/E ratio) for all operations). VCSC review and a facility action plan are required within 30 calendar days. No formal response to NSO is necessary.

(2) Confirmed. One rolling 12-month period of 30-day mortality outlier status. A Confirmed Level of Concern requires a VCSC site visit (with report to NSO and VA medical facility) and audit of all surgical deaths. A VA medical facility action plan is required within 15 calendar days of receipt of the site visit report.

(3) Ongoing. Three consecutive quarters of rolling 12-month 30-day mortality outlier status. An Ongoing Level of Concern requires a NSO site visit (with report) and an audit of all surgical deaths. A VA medical facility action plan is required within 15 calendar days of receipt of the site visit report.

(4) Critical. Six consecutive quarters of rolling 12-month 30-day mortality outlier status. A Critical Level of Concern requires a multidisciplinary VACO site visit (with report) and an audit of all surgical deaths. A VA medical facility action plan is required within 15 calendar days of receipt of the site visit report.

## 9. NATIONAL SURGERY OFFICE (NSO) SITE VISITS.

Site visits are an important part of quality assurance and facilitate process change to improve outcomes. Site visits are conducted under the purview of NSO, and all documents gathered under this activity are protected under 38 U.S.C. 5705 and approved for such use by the Under Secretary for Health. Types of site visits include:

a. **Level of Concern Site Visit.** A level of concern site visit may be initiated for reasons related to quality outcomes. The criteria that generate a level of concern visit are described in subparagraphs 8d(1) through 8d(4). Under the direction of the National Director of Surgery (NDS), the NSO assembles an appropriate team to conduct an onsite review of the surgical program. The team is comprised of NSO staff, Surgery Advisory Board (SAB) members, VISN Chief Surgery Consultants (VCSCs), and other subject matter experts. The VISN Chief Medical Officer (CMO) and VCSC are invited to participate in the site visit.

b. **Consultative Site Visit.** A VISN or VA medical facility (with VISN concurrence) may request a consultative site visit to obtain expert opinion by the NSO. The NSO team typically includes SAB members as specialty-specific experts which conducts an onsite review of the VA medical facility surgical program. The findings of this review are compiled and formally presented to the VA medical facility and VISN leadership.

c. **Surgical Program Restructuring Site Visit.** Surgical program restructuring site visits may be performed to assess proposed specialty surgical programs, evaluate

changes in surgical complexity designation, or support activation of new clinical facilities. Such site visits are performed in accordance with the VHA Directive 1043 Restructuring of VHA Clinical Programs, dated November 2, 2016. The NSO assures availability of relevant subject matter experts from SABs.

## 10. TRAINING REQUIREMENTS

There are no formal training requirements associated with this directive.

## 11. 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 (RCS) 10-1. If you have any questions regarding any aspect of records management you should contact the facility Records Manager or Records Liaison. See also VHA Directive 6300, Records Management, or subsequent policy issue.

## 12. REFERENCES

a. P.L. 99-166;

b. Title 38 U.S.C. 5705;

c. VHA Directive 1026, VHA Enterprise for Quality, Safety, and Value, dated August 2, 2013;

d. VHA Directive 1043, Restructuring of VHA Clinical Programs, dated November 2, 2016;

e. VHA Directive 1190, Peer Review for Quality Management, dated November 21, 2018;

f. VHA Directive 2008-077, Quality Management (QM) and Patient Safety Activities that can Generate Confidential Documents, dated November 7, 2008;

g. VHA Directive 1220, Facility Procedure Complexity Designation Requirements to Perform Invasive Procedures In Any Clinical Setting, dated May 13, 2019;

h. VHA Directive 2012-018, Solid Organ and Bone Marrow Transplantation, dated July 9, 2012;

i. VHA Handbook 1058.01, Research Compliance Reporting Requirements, dated June 17, 2015;

j. VHA Handbook 1058.05, VHA Operations Activities That May Constitute Research, dated October 28, 2011;

k. VHA Handbook 1200.12, Use of Data and Data Repositories in VHA Research, dated March 9, 2009; and

h. VHA Records Control Schedule (RCS 10-1).