

NATIONAL SURGERY OFFICE

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook establishes the organizational structure, procedures, and responsibilities of the National Surgery Office (10NC2). **AUTHORITY:** Title 38 United States Code § 7301(b).
- 2. SUMMARY OF CONTENTS AND MAJOR CHANGES.** Historically, the National Surgery Office (NSO) has been responsible for operational oversight and policy related to the VHA surgical programs, including surgical outcomes data production and analysis, and associated data stewardship. In 2009, the NSO underwent a strategic reorganization to enhance communication with the Veterans Integrated Service Network (VISN) and VHA facility leadership, enhance NSO resources, and develop and implement VHA policy-matching facility infrastructure to the complexity of the surgical procedures being performed. In 2011, VHA underwent reorganization, and the NSO was moved into alignment under the Office of the Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations. This Handbook identifies in specificity the NSO organizational structure, duties, and responsibilities.
- 3. RELATED ISSUES.** VHA Directive 2010-018, Facility Infrastructure Requirements to Perform Standard, Intermediate, or Complex Surgical Procedures; and VHA Directive 2011-037, Facility Infrastructure Requirements to Perform Invasive Procedures in an Ambulatory Surgery Center.
- 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 Handbook. Questions may be directed to the National Director of Surgery at 202-461-7148.
- 5. RESCISSIONS.** VHA Directive 2007-008, Quality Reviews of Surgical Programs and Outcomes, dated February 8, 2007 is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of January 2018.

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NATIONAL SURGERY OFFICE

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes the organizational structure, duties, and responsibilities of the National Surgery Office (NSO) necessary to provide operational oversight and establish policy for the delivery of surgical services by the VHA Surgical Programs. Accordingly, 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. Furthermore, the NSO provides stewardship for surgical outcomes data for research purposes and fiduciary oversight of selected special purpose funds for the delivery of transplant and related services.

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. Additionally, the Under Secretary for Health was 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 Surgery 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 to provide readily available subject matter experts to the NSO and VHA leadership.

c. In 2011, VHA underwent reorganization, and the NSO was aligned under the Office of the Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations (10NC).

3. SCOPE

The NSO promotes systems and practices that enhance high quality, safe, and timely surgical care within the VHA. This is achieved through four principal components that are integrated within the NSO to ensure the delivery of comprehensive surgical services at local, regional, and national levels. These four principal components are:

- a. Operational oversight of surgical services and quality improvement activities;

- b. Policy development;
- c. Data stewardship; and
- d. Fiduciary responsibility for selected specialty programs.

4. NATIONAL SURGERY OFFICE VHA CENTRAL OFFICE STRUCTURE

a. **National Director of Surgery.** The National Director of Surgery (NDS) serves as the principal advisor to the Assistant Deputy Under Secretary for Health for Operations and Management for Clinical Operations (10NC) on operational management, policy, and quality improvement pertaining to the delivery and assessment of surgical services. The duties and responsibilities of the NDS include:

- (1) Providing oversight and management of the NSO;
- (2) Managing the NSO operational program office budget;
- (3) Ensuring that each VISN has a VCSC and an active VISN Surgical Work Group to communicate best practice, minimize variance, disseminate policy, and engage in quality improvement activities;
- (4) Maintaining the SAB to provide subject matter experts to the NSO and VHA leadership;
- (5) Providing oversight and management to the VASQIP and maintaining a VASQIP Executive Board;
- (6) Establishing and maintaining policy related to the NSO and delivery of surgical services by VHA Surgical Programs;
- (7) Managing Transplant Special Purpose Funds;
- (8) Providing data stewardship for VHA surgical outcomes data used for research purposes in accordance with VHA policy for Use of Data and Data Repositories in VHA Research;
- (9) Maintaining a Surgical Quality Data Use Group (SQDUG); and
- (10) Collaborating with academic institutions, public and private sector organizations, and other Federal agencies, as appropriate or upon request by VHA leadership.

b. **Surgical Advisory Boards.** The Surgical Advisory Boards (SAB) provide the NSO and VHA leadership with readily available subject-matter experts, including, but not limited to, the following disciplines: Anesthesiology; Cardiothoracic Surgery; Surgical Critical Care; General Surgery; Neurological Surgery; Obstetrics and Gynecological Surgery; Ophthalmologic Surgery; Operating Room Management; Orthopedic Surgery; Otolaryngological Surgery; Plastic Surgery; Podiatric Surgery; Rural Surgery; Transplant Surgery; Urological Surgery; and Vascular Surgery.

(1) 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 .5 full-time employees (FTE)), appropriately credentialed in the surgical specialty represented, and actively engaged in clinical practice at a VHA facility. The SAB Chair is responsible for conducting regular meetings (no less than quarterly) with SAB members and attending established meetings, as requested by the NDS.

(2) Each SAB has additional members, recommended by the SAB Chair, and approved by the NDS. SAB members must be full time VHA employees, appropriately credentialed in the surgical specialty represented, and actively engaged in clinical practice at a VHA 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.

(3) The duties and responsibilities of the SAB members include:

(a) Ensuring readily available subject matter expertise to the NSO and VHA leadership;

(b) Performing site visits of surgical programs within their surgical sub-specialty and participates in established meetings and conferences as requested by the NDS;

(c) Reviewing the VHA facility Procedure Infrastructure Matrix (PIM) and the Operative Complexity Matrix (OCM) assignments associated with VHA policy entitled: Facility Requirements to Perform Invasive Procedures in an Ambulatory Surgery Center; and, Facility Infrastructure Requirements to Perform Standard, Intermediate, or Complex Surgical Procedures (on an annual basis or more frequently if directed by the NDS); and

(d) Performing duties as assigned by the NDS or VHA leadership.

(4) The Chairs of the SAB form a SAB Field Advisory Committee, chaired by the NDS or designee.

c. **Veterans Affairs Surgical Quality Improvement Program Executive Board.** The Veterans Affairs Surgical Quality Improvement Program (VASQIP) Executive Board is responsible for the ongoing review of VHA surgical outcomes data and oversight of site visits for VASQIP levels of concern. In addition, the VASQIP Executive Board reviews the VHA facility PIM and OCM assignments associated with VHA policy entitled: Facility Infrastructure Requirements to Perform Invasive Procedures in an Ambulatory Surgery Center; and, Facility Infrastructure Requirements to Perform Standard, Intermediate, or Complex Surgical Procedures (on an annual basis or more frequently if directed by the NDS).

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

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

(a) Deputy National Director of Surgery;

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

- (c) Chair of the SQDUG;
- (d) NSO National Clinical (Nurse) Executive;
- (e) NSO Chief Biostatistician;
- (f) SAB Field Advisory Committee (representative designated by the NDS, for a 3 year non-renewable term);
- (g) Assistant Deputy Under Secretary for Health for Quality, Safety and Value or designee;
- (h) Assistant Deputy Under Secretary for Health for Informatics and Analytics or designee;
- (i) VISN Chief Medical Officer (CMO) (designated by the NDS, for a 3-year non-renewable term); and
- (j) 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 site visit reports, meet the requirements for confidentiality as mandated in title 38 United States Code (U.S.C.) § 5705 and its implementing regulations.

d. **Surgical Quality Data Use Group.** The Surgical Quality Data Use Group (SQDUG) provides the subject-matter experts required to ensure NSO compliance with VHA Handbook 1200.12, Use of Data and Data Repositories in VHA Research, and promotes consistent and high-quality, publishable VHA research utilizing VHA surgical outcomes data.

- (1) SQDUG consists of the following voting members:
 - (a) A Chair (designated by the NDS to a 3-year term, which may be renewable but not consecutive);
 - (b) VASQIP Medical Director;
 - (c) NSO Chief Biostatistician;
 - (d) NSO Biostatistician; and
 - (e) Four members at large selected by the Chair and approved by the NDS to a 3-year term. Terms are renewable consecutively on a one-time basis, upon approval of the NDS. SQDUG members at large must be full-time VHA employees, and demonstrate involvement in VHA research, including publication in peer-reviewed journals.

- (2) The duties and responsibilities of SQDUG include, but are not limited to:

(a) Providing a resource to VHA researchers for data use agreements and maintaining a data dictionary of the VASQIP database.

(b) Reviewing research protocols submitted by VHA researchers utilizing aggregated VHA surgical outcomes data (multiple facilities or national).

(c) Ensuring all data requests are accompanied by Research and Development (R&D), Institutional Review Board (IRB) approvals, documentation of required trainings, and appropriate VA employment status confirmation.

(d) Ensuring data release is consistent with the minimum data set required by the approved protocol and that all data are transmitted in a secure manner using current VA standards. The only data that can be released must be pertinent to the specific goal of the approved project.

(e) Ensuring data are used as described in the protocols submitted.

(f) Ensuring all abstracts and manuscripts in association with approved protocols are reviewed and approved by SQDUG and the NDS prior to submission for the purposes of compliance with the data use request, appropriate and valid analyses, accurate use of VASQIP definitions, and authorship guidelines.

(g) Ensuring timely certification of data destruction or removal of access permission upon project completion or 3 years following the provision of the initial data set, whichever comes first. The principal investigator may request an extension for data retention or continued access permission for up to 1 year. Such requests require approval from SQDUG and the NDS, and may be renewable.

(h) Reviewing cases of unauthorized use of VHA surgical outcomes data and submitting findings to the NDS for notification to the Office of Research Oversight (10R) for investigation as appropriate.

(i) Supporting the NDS's duties and responsibilities as data steward for VHA surgical outcomes data as required under VHA Handbook 1200.12, Use of Data and Data Repositories in VHA Research.

(3) SQDUG meets monthly or more frequently as required.

5. NATIONAL SURGERY OFFICE VETERANS INTEGRATED SERVICE NETWORK (VISN) STRUCTURE

a. **VISN Chief Surgical Consultant.** VISN Chief Surgical Consultant (VCSC) is selected and appointed by the Network Director in each VISN to a minimum of a 0.25 full-time employee (FTE) VISN position.

(1) The VCSC must have the following qualifications:

(a) A physician actively engaged in the practice of surgery at a VHA facility;

(b) 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);

(c) A commitment to promote efficient, high-quality surgical care, support research and educational activities, and enhance communication among VHA facilities, VISNs, and NSO;

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

(e) 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

(f) Ability to work collaboratively and effectively with the NDS.

(2) The duties and responsibilities of the VCSC include, but are not limited to:

(a) Facilitating development and implementation of a strategic plan for surgical services within the VISN;

(b) Overseeing clinical outcomes, standards of care, and best practices of VISN facilities engaged in the delivery of surgical services;

(c) Assessing current and future needs for surgical care;

(d) Leading a VISN Surgical Work Group (See subpar. 5c.);

(e) Ensuring facility compliance with VHA policy entitled: Facility Infrastructure Requirements to Perform Invasive Procedures in an Ambulatory Surgery Center; and, Facility Infrastructure Requirements to Perform Standard, Intermediate, or Complex Surgical Procedures;

(f) Confirming that current surgical practice across the VISN is in compliance with VHA policy; and

(g) Immediately evaluating critical surgical events at time of VHA facility report. Such critical surgical events include but are not limited to:

1. Wrong site surgeries;

2. Retained surgical items;

3. Operating room deaths;

4. Deaths from hemorrhage within 24 hours of surgical procedures; and

5. Operating room fires.

(h) Ensuring ongoing surgical educational initiatives;

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

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

(k) Ensuring ongoing review of pertinent data for each VISN surgical program including, but not limited to:

1. NSO reports, including VASQIP data;
2. Inpatient Evaluation Center (IPEC) reports;
3. External Peer Review Program (EPRP) results;
4. Performance Measures;
5. Tort claims;
6. Peer reviews (levels 2 and 3);
7. Learner's Perception Survey;
8. Patient Satisfaction Survey;
9. Employee Satisfaction Survey;
10. Joint Commission Survey (reports);
11. Office of Inspector General (OIG) reports; and
12. Veteran Service Organization (VSO) and Patient Advocate reports.

(l) Discussing issues impacting the quality of surgical care provided at each VISN VHA facility with the following individuals:

1. VHA Facility Chief of Surgery;
2. VHA Facility Chief of Staff;
3. VHA Facility Surgical Quality Nurse;
4. VHA Facility Operating Room (OR) Nurse Manager;
5. VISN CMO;

6. VISN Quality Management Officer (QMO);
7. VISN Lead Surgical Nurse (VLSN); and
8. National Director of Surgery.

(m) Conducting VHA facility site visits and providing reports as required by VASQIP and upon request from the NDS; and

(n) Upon NDS request, working collaboratively in formulating solutions to issues presented by VHA leadership or governmental agencies that have appropriate authorization.

b. **VISN Lead Surgical Nurse.** The VISN Lead Surgical Nurse (VLSN) is a Registered Nurse knowledgeable in VASQIP. The VLSN serves as a clinical subject-matter expert for VASQIP data and program-related development; collaborates with the VCSC to ensure coordination of surgical quality data collection and interpretation; and oversees surgical performance improvement activities, policies, and procedures.

(1) The VLSN is appointed by the Network Director, in collaboration with the VCSC.

(2) The duties and responsibilities of the VLSN include, but are not limited to:

(a) Collaborating with the NDS, the NSO Clinical Executive, the VISN QMO, VHA facility Surgical Quality Nurses, and OR Nurse Managers;

(b) Serving as VISN consultant for the Veterans Health Information Systems and Technology Architecture (VistA) surgery package, VASQIP data, and other program-related issues;

(c) Chairing regular conference calls with VHA facility Surgical Quality Nurses to disseminate information and share best practices;

(d) Overseeing VHA facility Surgical Quality Nurses' activities, to include: orientation, clarification of data definitions, and management of VASQIP data submission processes and ongoing educational activities;

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

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

c. **VISN Surgical Work Group.** The VISN Surgical Work Group facilitates transparent discussion of surgical outcomes data, quality improvement, and best practices at each VHA facility. The VISN Surgical Work Group ensures communication among the NDS, VISN, and VHA facility leadership and aligns strategic objectives. The VISN Surgical Work Group:

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

(2) The VISN Surgical Work Group is chaired by the VCSC. Membership must include, but is not limited to:

- (a) Chief Medical Officer;
- (b) Quality Management Officer;
- (c) VISN Lead Surgical Nurse;
- (d) VHA facility Chiefs of Surgery;
- (e) VHA facility Surgical Quality Nurses; and
- (f) VHA facility OR Nurse Managers.

(3) The duties and responsibilities of the VISN Surgical Work Group include, but are not limited to:

- (a) Developing a strategic plan to improve surgical care in alignment with the NSO;
- (b) Monitoring performance improvement activities;
- (c) Sharing best practices;
- (d) Identifying gaps within surgical care and recommends actions;
- (e) Overseeing compliance with VHA policy;
- (f) Reviewing and evaluating NSO surgical quality reports;
- (g) Overseeing and managing surgical outcome data;
- (h) Ensuring compliance with VHA facility surgical complexity infrastructure requirements;
- (i) Evaluating critical surgical adverse events; and
- (j) Reviewing mortality audits for each VHA facility.

d. **Facility Surgical Work Group.** The Facility Surgical Work Group functions to support the VISN Surgical Work Group to integrate surgical quality improvement data, improve practice and patient safety, and ensure communication at the VHA facility level to the NSO through the VCSC or VLSN when appropriate.

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

(2) 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 Nurses; and
- (c) VHA facility OR Nurse Managers.

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

(a) Developing a strategic plan to improve surgical care that aligns with the VISN Surgical Work Group and the NSO;

(b) Overseeing the VHA facility's surgical morbidity and mortality conference(s);

(c) Reviewing surgical deaths monthly;

(d) Analyzing efficiency and utilization metrics;

(e) Implementing and monitoring surgery performance improvement activities;

(f) Identifying gaps within surgical care and recommends actions;

(g) Overseeing compliance with VHA facility surgical complexity infrastructure requirements;

(h) Reviewing NSO surgical quality reports;

(i) Overseeing and managing surgical outcome data;

(j) Overseeing surgical complexity infrastructures; and

(k) Evaluating critical surgical events.

(4) The duties and responsibilities of the Chief of Surgery include, but are not limited to:

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

(b) Overseeing clinical outcomes, surgical standards of care, and coordination of surgical care within the VHA facility;

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

(d) Ensuring the validity of surgical data entered into the VistA Surgery Package for each procedure performed in an OR; and

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

(5) The Surgical Quality Nurse is a VHA facility-designated Registered Nurse functioning as the VistA surgery package subject-matter expert for VASQIP data collection. The duties and responsibilities of the Surgical Quality Nurse include, but are not limited to:

(a) Collecting surgical quality data;

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

(c) Managing programmatic issues related to surgical data;

(d) Maintaining competency in VASQIP definitions and chart review processes;

(e) Participating in VHA facility mortality and morbidity reviews;

(f) Collaborating regularly with the Chief of Surgery regarding surgical data and programs, regardless of the specific department to which he/she organizationally reports (e.g., Surgery, Quality Management, or Nursing);

(g) Participating in surgical performance improvement activities; and

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

6. NATIONAL SURGERY OFFICE REPORTS AND QUALITY IMPROVEMENT

National Surgery Office (NSO) reports provide a foundation to support regular and ongoing quality improvement of VHA surgical care by VISN and VHA Facility Surgical Work Groups.

a. National Surgery Office Reports

(1) NSO reports support the following:

(a) Health care delivery oversight and evaluation;

- (b) Effective surgical program management;
- (c) Optimal clinical productivity with the goals of clinical excellence;
- (d) Enhanced patient access;
- (e) Activity of the VISN Surgical Work Groups and the VHA Facility Surgical Work Groups;
- (f) Development of VHA policies to improve surgical quality; and
- (g) Provision of safe, efficient, effective, and compassionate surgical care of the Veteran.

(2) 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 VHA facility by providing validated clinical data with ongoing summaries, long-term trending, and national comparisons.

- (3) Data elements 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 surgical complexity category;
 - (e) Compliance with surgical 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 VHA facility level data, with comparative VHA national statistics of surgical program activities.

(4) NSO reports enable VISN and VHA Facility Surgery Work Groups and the VASQIP Executive Board to fulfill their assigned duties and responsibilities.

(5) 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.

b. Department of Veterans Affairs Surgery Quality Improvement Program

(1) VA Surgery Quality Improvement Program (VASQIP) serves as the primary tool for measurement of the quality of surgical outcomes. VASQIP data are collected locally from all VHA facilities 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.

(2) Accurate, comparable, and actionable data are provided to VHA 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.

(3) VASQIP supports rigorous evidence-based development of NSO policy to improve surgical structures, processes, and outcomes.

(4) As an established medical quality assurance database, VASQIP data meet the requirements for confidentiality as mandated in title 38 U.S.C. 5705 and its implementing regulations.

(5) 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 are further reviewed to determine corrective interventions. VISN or NSO interventions are dependent upon the degree or persistence of quality concerns at a VHA facility and are based on levels of concern. Levels of concern and associated actions are defined as follows:

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

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

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

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

7. NATIONAL SURGERY OFFICE 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 the NSO, and all documents gathered under this activity are protected under title 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 6b(5)(a) through 6b(5)(d). Under the direction of the NDS, the NSO assembles an appropriate team to conduct an onsite review of the surgical program. The team is comprised of NSO staff, SAB members, VCSCs, and other subject matter experts. The VISN CMO and VCSC are invited to participate in the site visit.

b. **Consultative Site Visit.** A VHA facility or VISN 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 VHA facility surgical program. The findings of this review are compiled and formally presented to the VHA facility and VISN leadership.

c. **Surgical Program Restructuring Site Visit.** Clinical 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 entitled Restructuring of VHA Clinical Programs. The NSO assures availability of relevant subject matter experts from SABs.

8. TRANSPLANT SPECIAL PURPOSE FUNDS MANAGEMENT

The VHA Chief Financial Officer provides specific purpose funding to the NSO at the approved funding level for each fiscal year. These funds are established to provide approved VA transplant centers with ongoing program and infrastructure support. The NSO ensures appropriate oversight and management of transplant special purpose funds. Specific NSO responsibilities include:

a. Development and maintenance of sound criteria and methodologies for disbursement of special purpose funds, including VHA Intranet publication of standardized, NSO service-based fee schedules for reimbursement.

b. Management and timely disbursement of special purpose funds for transplantation and surgical procedures for ventricular assist devices, total artificial hearts, and other approved specialty programs. Funding includes clinical services such as transplant evaluations, donor evaluations, and transplantation procedures; program initiation or improvement; and lodging for Veterans, living donors and caregivers.

c. Fiscal reports to VHA leadership as required.

9. REFERENCES

a. VHA Directive 2010-018, Facility Infrastructure Requirements to Perform Standard, Intermediate, or Complex Surgical Procedures.

b. VHA Directive 2011-037, Facility Infrastructure Requirements to Perform Invasive Procedures in an Ambulatory Surgery Center.

- c. VHA Directive 2009-001, Restructuring of VHA Clinical Programs.
- d. VHA Directive 2008-077, Quality Management (QM) and Patient Safety Activities That Can Generate Confidential Documents.
- e. VHA Directive 2012-018, Solid Organ and Bone Marrow Transplantation.
- f. VHA Handbook 1200.12, Use of Data and Data Repositories in VHA Research.
- g. VHA Handbook 1058.01, Research Compliance Reporting Requirements.
- h. VHA Handbook 1058.05, VHA Operations Activities That May Constitute Research.
- i. VHA Records Control Schedule (RCS 10-1).
- j. Title 38 U.S.C. 5705.