Working with local and national VASQIP data for quality improvement

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Goals for this session

• Why do you want to access the data?
• How do you access the data?
• How to leverage QI methodology
• Some suggestions for success
Why do you want to access the data?

- Nationally representative sample
  - Different from ACS NSQIP
- High quality data abstraction
  - Audit and quality control
- Variables rooted in time relative to surgery
  - Pre, intra, post op variables
- Outcomes beyond 30 days
- Linkable to CDW and all the other VA data
  - Including CMS data
- Rich reports already available and distributed at national, regional and local levels
What’s in the data

- Multiple datasets
  - Cardiac, Non-Cardiac, Transplant, Ophthalmology
- National Surgery Office (NSO) Intranet site
What’s in the data

ANNUAL SURGERY REPORT 2017

National Surgery Office
Veterans Health Administration


(See Chief of Surgery)
How do you access the data?

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<th>What Purpose?</th>
<th>What Data?</th>
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National Data System (NDS)  
Data Access Request Tracker (DART)

• About NDS:
  – [http://vaww.vhadataportal.med.va.gov/AboutUs/NDS.aspx](http://vaww.vhadataportal.med.va.gov/AboutUs/NDS.aspx)

• About DART

• About VASQIP:

• VINCI Support:
  – For personalized, one-on-one support during business hours of 8:30AM to 4:30PM Mountain Time
  Email: [VINCI@VA.GOV](mailto:VINCI@VA.GOV)
  Phone: 1-801-872-3324
# DART Efficiency

Research Requests Processed – FY18 Monthly Average

*Metrics last updated April 1*

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<tr>
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<th>Processing Days</th>
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DART Request

• What you will need:
  – Research Request Memo
  – IRB and R&D Committee Approvals
  – HIPAA Waivers
  – Research Protocol
  – Variable Checklists

• Relevant Policy
  – Handbooks 1200.05 and 1200.12
Is it Research or QI?

• Research Definition (45CFR, part 46)
  – If a *systematic* investigation designed to develop or contribute to *generalizable knowledge*, then IRB
  – If *treatment*, no IRB.

• Authors of Common Rule and Belmont Report recommend abandoning distinction in favor of a spectrum of “learning activities”
  • *Hastings Center Report* Jan/Feb 2013
Spectrum of Innovation

Practice (Well-being) — Innovation QI — Research Generalizable Knowledge

“Learning Activity”
Proper Oversight Requires Prudence

• Risks and benefits unclear
• Benefits may be controversial
• Incentives can distort decisions
• New is not necessarily better
• Distributive justice
Is it Research or QI?

• Distinction hinges on *intent*
  • Any design can be used for QI or for Research
    • QI isn’t sloppy science
  • Are you trying to:
    • improve practice?
    • develop generalizable knowledge?
    • “advance the science of a field”? (squishy)
• The regulatory framework depends on intent.
Operations Activities Not Constituting Research (Handbook 1058.05)
QI Oversight (1058.05)

• IRB has no standing in determination of QI/Research.
  – Program Office Directors are responsible
  – May delegate to IRB

• Responsibility of Operations Administrator (Chief of Surgery) with investigator to:
  – Document why and how the activity does not constitute research
  – Provide some form of appropriate oversight
The PEACEFUL Surgery Initiative: A VAPHS SSL Operations Activity

This memo serves to document the rationale behind the determination that the PeACEFuL Surgery Initiative (PAatient-Centered CarE for the FraiL) is an Operations Activity implemented and overseen by the Surgical Service Line (SSL) of the VA Pittsburgh Healthcare System according to VHA Handbook 1058.05.

1. One third of patients 65-85 years old will have surgery in the last year of life. Some will benefit from surgery. Others will suffer substantial harm. There is thus a pressing need to identify patients at greatest risk for harm, ensure that their decision making process regarding surgery is patient-centered and provide tailored clinical care to prevent poor outcomes.

2. Frailty is a powerful predictor of increased perioperative mortality, morbidity and cost. Furthermore, frailty is 5 times more prevalent in the Veteran population when compared to the general US population.

3. The Omaha VAMC has recently implemented a Quality Improvement (QI) initiative for frail patients scheduled for elective surgery, demonstrating dramatic reductions in perioperative morbidity and mortality.
How to leverage QI methodology

• With planning, any “learning activity” can be published in peer reviewed journal (SQUIRE 2.0)
• Identify a problem or a need
• Do something—doesn’t have to be perfect
  – Feasible is better than perfect
• Identify clinical champions
  – you and/or others
• Cooperation with administrative leadership
• VASQIP data (or procedures) can streamline outcome assessment.
• Collect data as QI for QI purposes
  – Submit IRB protocol to conduct research on that data later
Suggestions for Success

• Read through existing NSO materials
• Make friends with the VASQIP Nurse
• Build a team
  – More hands make work lighter, better, more fun
  – Accountability, snowballing,
  – Leverage distance networking
• Share ideas and conclusions early
  – Be prudent politically
Questions?

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