

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
 - <http://vaww.dushom.va.gov/surgery/index.asp>
 - <https://vaww.nso.med.va.gov/apps/VASQIP/Default.aspx>

What's in the data

ANNUAL SURGERY REPORT

2017

National Surgery Office
Veterans Health Administration



DEPARTMENT OF VETERANS AFFAIRS
VETERANS HEALTH ADMINISTRATION
NATIONAL SURGERY OFFICE

Q1 FY16 VA National Surgery Office Quarterly Report

The National Surgery Office (NSO) publishes the NSO Quarterly Report to provide the Veteran Integrated Service Network (VISN) Surgical Work Group and Facility Surgical Work Groups, as defined in Veterans Health Administration (VHA) Handbook 1102.01, with a standardized set of surgically relevant information upon which to evaluate local and VISN surgical delivery systems, best practice, and the overall quality of surgery services. The NSO Quarterly Report is designed to facilitate a community of surgical practice and the delivery of high quality and timely surgical services to our Nation's Veterans. Accordingly, the NSO Quarterly Report has evolved and expanded over the past five years from VA Surgical Quality Improvement Program (VASQIP) clinical outcomes reporting to a value based approach, displayed in the following chapters: Outcomes, Quality, Safety, Access, Productivity, Satisfaction, OR Efficiency, and Policy Compliance.

NSO Quarterly Report Chapters are listed below. Tools for interpreting the NSO Quarterly Report graphs and tables are provided in footnotes throughout the report. A comprehensive [NSO Quarterly Report Interpretation Document](#) is available on the NSO intranet site. Additional references, including VHA policy on operative complexity (VHA Directive 2010-018, VHA Directive 2011-037), information about FY15 VASQIP risk assessment models, an interactive Current Procedural Terminology (CPT) Lookup Tool, and a 30-day mortality calculator can also be found on this site. Note: MyVA VISN reorganization with 10/1/15 effective dates are reflected in this report.

FACILITY SUMMARY

The Facility Summary View for the VISN can be found on the following page:

[NSO Facility Summary View](#)

OUTCOMES

Information related to surgical outcomes is identified on the following pages:

- [VISN Operative Complexity Summary](#)
- [VISN Beyond Complexity Summary](#)
- [VAMC Surgical Workload and Accrual](#)
- [ASA Classification and Anesthesia Techniques: VAMC vs. National](#)
- [VAMC Resident Supervision Surgical Case Counts](#)
- [All-Cause Readmission and Postop Hospital Length of Stay: VAMC vs. National](#)
- [VAMC Unadjusted 30-Day Mortality By Operative Complexity](#)
- [VAMC Unadjusted 30-Day Mortality Cumulative Event Plot](#)

QUALITY

The VASQIP risk assessment analysis identifies a range of statistically acceptable outcome rates for mortality and morbidity for overall and specialty surgical procedures performed and assessed by any one facility.

- [VISN VASQIP Level of Concern and O/E Ratio Summary](#)
- [VAMC VASQIP O/E Ratios: 30-Day Mortality](#)
- [VAMC VASQIP O/E Ratios: 30-Day Morbidity](#)
- [VAMC Cumulative Predicted and Observed 30-Day Mortality Graph](#)
- [VAMC Historic 30-Day Mortality O/E Ratio Plot with Quarterly O/E Ratio Trend](#)
- [VAMC Histogram of Expected Mortality with Observed Events](#)
- [Wound Report: VAMC vs. National](#)
- [Non-Emergent Index Procedure Mortality and Morbidity: VAMC vs. National](#)
- [VISN and VAMC Facility-Level Inpatient Evaluation Center \(IPEC\) Results](#)

SAFETY

Information relevant to policy compliance (VHA Directive 1039, VHA Directive 2010-017) and the team-based delivery of safe surgical practice is found on the following pages:

- [VAMC Timeout Checklist Responses](#)
- [VISN Adverse Events \(CITN or NCPS\)](#)

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<https://vaww.nso.med.va.gov/apps/VASQIP/Default.aspx>

<http://vaww.dushom.va.gov/surgery/index.asp>

(See Chief of Surgery)

How do you access the data?

	What Data?		
What Purpose?			

National Data System (NDS)

Data Access Request Tracker (DART)

- About NDS:
 - <http://vaww.vhadataportal.med.va.gov/AboutUs/NDS.aspx>
- About DART
 - <http://vaww.vhadataportal.med.va.gov/DataAccess/DARTRequestProcess.aspx>
- About VASQIP:
 - <http://vaww.vhadataportal.med.va.gov/DataSources/VASQIPData.aspx#OperationsNonResearchAccess>
 - <http://vaww.vhadataportal.med.va.gov/DataSources/VASQIPData.aspx#ResearchAccess>
- VINCI Support:
 - For personalized, one-on-one support during business hours of 8:30AM to 4:30PM Mountain Time
Email: VINCI@VA.GOV
Phone: 1-801-872-3324

DART Efficiency

Research Requests Processed – FY18 Monthly Average
Metrics last updated April 1

	Processing Days	Submissions Approved
New Requests	11	28
Amendments	5	137

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
 - <https://vhacdwwweb02.vha.med.va.gov/prod/vincipedia/VINCIPedia/DART%20Considerations.aspx>

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



“Learning Activity”

Proper Oversight Requires Prudence

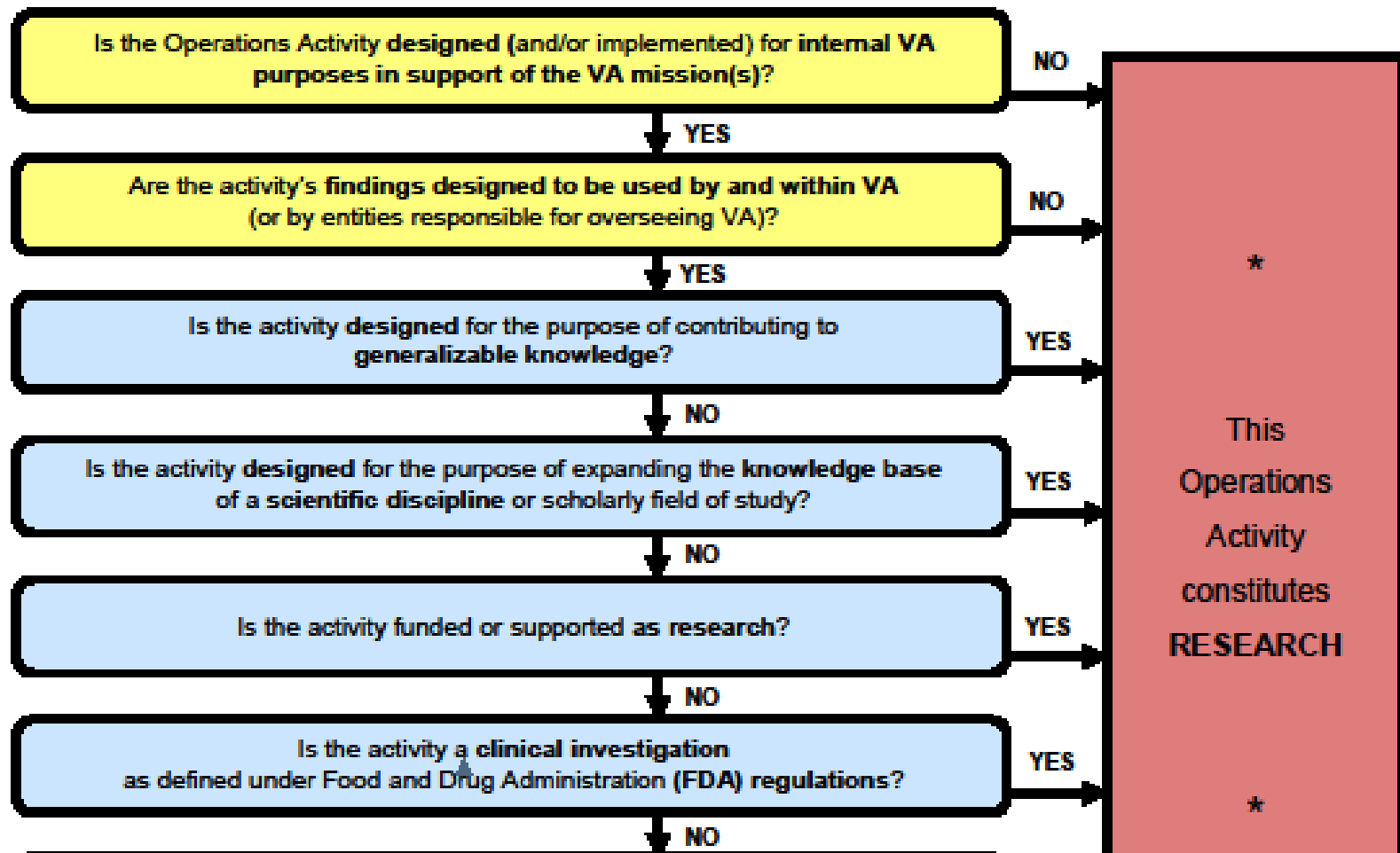


Is it Research or QI?

- 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)

VHA Operations Activities That May Constitute Research



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 (**P**atient-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

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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