

**CLINICAL ASSESSMENT, REPORTING AND TRACKING PROGRAM FOR
INVASIVE CARDIAC PROCEDURES**

1. SUMMARY OF MAJOR CHANGES:

a. Changes policy ownership from the Office of Organizational Excellence and Specialty Care Program Office to the Office of Quality and Patient Safety.

b. Expands the scope of the directive to include procedures performed by appropriately credentialed cardiology physician assistants and nurse practitioners as well as invasive procedures performed in non-procedural laboratory or operating room environments (see paragraph 1).

c. Adds responsibilities for the Department of Veterans Affairs (VA) medical facility Cardiology Chief in paragraph 2.

d. Adds training recommendations in paragraph 4.

2. RELATED ISSUES: VHA Directive 1050.01, VHA Quality and Patient Safety Programs, dated March 24, 2023.

3. POLICY OWNER: The Office of Quality and Patient Safety (17QPS) is responsible for the content of this directive. Questions may be referred to the Clinical Assessment, Reporting and Tracking (CART) Program Clinical Director at VHA17API6CARTAction@va.gov.

4. RESCISSIONS: VHA Directive 1158, Clinical Assessment, Reporting and Tracking (CART) Program for Invasive Cardiac Procedures, dated February 6, 2019, is rescinded.

5. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of December 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

December 4, 2023

VHA DIRECTIVE 1158

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

/s/ Gerard R. Cox, MD, MHA
Assistant Under Secretary for Health
for Quality and Patient Safety

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

DISTRIBUTION: Emailed to the VHA Publications Distribution List on December 12, 2023.

CONTENTS

**CLINICAL ASSESSMENT, REPORTING AND TRACKING PROGRAM FOR
INVASIVE CARDIAC PROCEDURES**

1. POLICY 1

2. RESPONSIBILITIES 1

3. TRAINING 4

4. RECORDS MANAGEMENT 5

5. BACKGROUND 5

6. REFERENCES 5

CLINICAL ASSESSMENT, REPORTING AND TRACKING PROGRAM FOR INVASIVE CARDIAC PROCEDURES

1. POLICY

It is Veterans Health Administration (VHA) policy that procedural information for all invasive cardiac procedures performed by cardiology physicians, physician assistants or nurse practitioners at Department of Veterans Affairs (VA) medical facilities must be reported to the Clinical Assessment, Reporting and Tracking (CART) Program. This procedural information must be recorded to the CART Program through the authorized software application. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Quality and Patient Safety.** The Assistant Under Secretary for Health for Quality and Patient Safety is responsible for:

(1) Supporting the Office of Analytics and Performance Integration with implementation and oversight of this directive.

(2) Facilitating, in partnership with Veterans Integrated Services Network (VISN) Directors; National Program Executive Director for Cardiology; VA medical facility Directors and VA medical facility Chiefs of Staff, a clinical review of VA medical facilities with quality-of-care concerns identified in the CART Program cardiovascular procedural reports and implementing corrective actions, as necessary. CART cardiovascular procedural reports are available on

<https://app.powerbigov.us/groups/me/apps/0b0480a7-a2ef-42ac-83e5-320fab1f865/reports/4e397c27-2d9a-437d-aecf-368a9826d2cc/ReportSection716eff2f9b582d05e9ce>.

NOTE: This is an internal VA website that is not available to the public. Users must request permission to access the CART cardiovascular procedural reports.

(3) Reviewing adverse trends and quality of care concerns that are identified by the CART Program Clinical Director and collaborating with the National Program Executive Director for Cardiology, VISN Directors, VA medical facility Directors and VA medical facility Chiefs of Staff to initiate corrective actions, as necessary, for VA medical facilities that are outliers.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the VISNs.

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Office of Analytics and Performance Integration.** The Executive Director, Office of Analytics and Performance Integration is responsible for providing oversight for the CART Program and its implementation.

e. **Clinical Assessment Reporting and Tracking Program Clinical Director.** The CART Program Clinical Director is responsible for:

(1) Providing oversight for VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.

(2) Overseeing the work of CART Program.

(3) Determining the types of procedures reported to the CART Program and the data collected related to those procedures, in consultation with the National Program Executive Director for Cardiology. Procedures included are invasive cardiac procedures that break the skin of the patient not to include placement of a standard intravenous line.

(4) Ensuring that the CART Program cardiovascular procedural reports for invasive cardiac procedures are communicated to VA medical facility Chiefs of Staff and the National Program Executive Director for Cardiology.

(5) Ensuring that quality of care peer review findings are communicated to VA medical facility Chiefs of Staff and to the National Program Executive Director for Cardiology for review and any required corrective action.

(6) Performing quality of care reviews of periprocedural device complications or failures and communicating the findings to the Food and Drug Administration and to the VA National Center for Patient Safety.

(7) Ensuring that the CART application suite (CART-APPS) is maintained in working order with a help desk specifically in support of the CART application.

(8) Ensuring that the CART-APPS training materials are updated as needed and are available on <https://vaww.cart.va.gov/trainingJump.php>. **NOTE:** This is an internal VA website that is not available to the public.

(9) Ensuring that there is a mechanism in place to access procedural data for clinical research purposes and available to all VA investigators with queries submitted via the website <https://www.va.gov/QUALITYANDPATIENTSAFETY/cart/index.asp>.

(10) Ensuring that there is a mechanism in place for cardiologists to suggest improvements in the CART data collection or data reporting programs via the website <https://www.va.gov/QUALITYANDPATIENTSAFETY/cart/index.asp>.

f. **National Program Executive Director for Cardiology.** The National Program Executive Director for Cardiology is responsible for:

(1) Reviewing the CART Program cardiovascular procedural reports generated by the CART Program and coordinating with VISN Directors, VA medical facility Directors and VA medical facility Chiefs of Staff to initiate corrective actions, as necessary, for VA medical facilities that are outliers for procedural complications.

(2) Reviewing adverse trends and quality of care concerns that are identified by the CART Program Clinical Director and coordinating with the Assistant Under Secretary for Health for Quality and Patient Safety, VISN Directors, VA medical facility Directors and VA medical facility Chiefs of Staff to initiate corrective actions, as necessary, for VA medical facilities that are outliers.

g. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Providing adequate information technology resources for the use of the CART-APPS.

(3) Ensuring that VISN level the CART Program cardiovascular procedural reports are reviewed. CART Program cardiovascular procedural reports are available on <https://app.powerbigov.us/groups/me/apps/0b0480a7-a2ef-42ac-83e5-320fab1f865/reports/4e397c27-2d9a-437d-aecf-368a9826d2cc/ReportSection716eff2f9b582d05e9ce>. **NOTE:** This is an internal VA website that is not available to the public. Users must request permission to access the CART Program cardiovascular procedural reports.

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

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring that VA medical facility level CART Program cardiovascular procedural reports are reviewed by the VA medical facility Chief of Staff, including invasive cardiac procedures data reports and quality of care reviews, and undertaking corrective actions as necessary (see paragraph 2.b.(3)). The CART Program cardiovascular procedural reports are available on <https://app.powerbigov.us/groups/me/apps/0b0480a7-a2ef-42ac-83e5-320fab1f865/reports/4e397c27-2d9a-437d-aecf-368a9826d2cc/ReportSection716eff2f9b582d05e9ce>. **NOTE:** This is an internal VA website that is not available to the public. Users must request permission to access the CART Program cardiovascular procedural reports.

(3) Initiating corrective actions based on data generated via CART cardiovascular procedural reports (see paragraph 2.b.(3)).

i. **VA Medical Facility Chief of Staff and VA Medical Facility Associate Director for Patient Care Services.** The VA medical facility Chief of Staff and the VA medical facility Associate Director for Patient Care Services are responsible for:

(1) Reviewing VA medical facility level CART Program cardiovascular procedural reports. The CART Program cardiovascular procedural reports are available on <https://app.powerbigov.us/groups/me/apps/0b0480a7-a2ef-42ac-83e5-320fabb1f865/reports/4e397c27-2d9a-437d-aecf-368a9826d2cc/ReportSection716eff2f9b582d05e9ce>. **NOTE:** This is an internal VA website that is not available to the public. Users must request permission to access the CART Program cardiovascular procedural reports.

(2) Reviewing quality of care peer review findings and coordinating with the National Program Executive Director for Cardiology on required corrective action.

j. **VA Medical Facility Cardiology Chief.** The VA medical facility Cardiology Chief is responsible for ensuring quality of care concerns raised by CART data or the National Program Executive Director for Cardiology are addressed.

k. **Cardiac Catheterization Laboratory Director.** The Catheterization (Cath) Lab Director is responsible for:

(1) Ensuring that clinical procedural reports are completed by clinicians for all invasive cardiac procedures within 72 hours of their performance via CART-APPS, so that they can be documented in the electronic health record.

(2) Designating a local Cath Lab quality management individual, who tracks VA medical facility CART data and works with the Cath Lab Director and Chief of Cardiology to address quality of care concerns raised by the National Program Executive Director for Cardiology.

(3) Ensuring that major periprocedural Cath Lab adverse events and device failures are accurately reported by clinicians via use of CART-APPS.

(4) Tracking VA medical facility CART data and working with the Chief of Cardiology and appropriate nursing leadership to address any quality of care concerns in an effective manner.

3. TRAINING

The following training is **recommended** for all catheterization laboratories staff: CART VA Clinical Assessment Reporting and Tracking Program, located at <https://vaww.cart.va.gov/trainingJump.php>. **NOTE:** This is an internal VA website that is not available to the public.

4. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

5. BACKGROUND

The CART Program has been designed to monitor and enhance the quality and safety of medical care for Veterans with dedicated programs evaluating invasive cardiac procedures performed by cardiology physicians, physician assistants or nurse practitioners throughout VHA. The CART Program's activities and its resulting information and documents are designed to improve the quality of VA health care and utilization of health care resources. Further information on the structure and function of the CART Program is available at <https://www.va.gov/QUALITYANDPATIENTSAFETY/cart/index.asp>.

6. REFERENCES

a. 38 U.S.C. § 7301(b).

b. CART Program Cardiovascular Procedural Reports.
<https://app.powerbigov.us/groups/me/apps/0b0480a7-a2ef-42ac-83e5-320fabb1f865/reports/4e397c27-2d9a-437d-aecf-368a9826d2cc/ReportSection716eff2f9b582d05e9ce>. **NOTE:** *This is an internal VA website that is not available to the public. Users must request permission to access the CART cardiovascular procedural reports.*

c. US Department of Veterans Affairs website, Quality and Patient Safety.
<https://www.va.gov/QUALITYANDPATIENTSAFETY/cart/index.asp>.