

SCHEDULING OF OPERATING ROOM PROCEDURES PERFORMED IN THE SURGERY SUITE

1. SUMMARY OF MAJOR CHANGES: This directive:

a. Clarifies the process for scheduling procedures to be performed in an operating room (OR) within the surgery suite at a Department of Veterans Affairs (VA) medical facility with an authorized Veterans Health Administration (VHA) Surgery Program (see paragraph 3).

b. Updates definitions in paragraph 7.

2. RELATED ISSUES: VHA Directive 1220(1), Facility Procedure Complexity Designation Requirements to Perform Invasive Procedures In Any Clinical Setting, dated May 13, 2019; VHA Directive 1102.01(2), National Surgery Office, dated April 24, 2019.

3. POLICY OWNER: The National Surgery Office (11SURG) is responsible for the content of this directive. Questions may be directed to the National Director of Surgery at VHA.National.Surgery.Office@va.gov.

4. RESCISSIONS: VHA Directive 1128(1), Timely Scheduling of Surgical Procedures in the Operating Room, dated November 24, 2014, is rescinded.

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 This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.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

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

/s/ Erica Scavella, M.D., FACP, FACHE
Assistant Under Secretary for Health for
Clinical Services/CMO

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

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1. POLICY

It is Veterans Health Administration (VHA) policy that all procedures to be performed in operating rooms (ORs) of authorized VHA Surgery Programs be scheduled using standardized processes with Department of Veterans Affairs (VA) electronic health record (EHR) surgery platforms. **NOTE:** *An authorized VHA Surgery Program is an approved VHA Surgery Program that utilizes VHA surgeons and staff, VHA EHR, and is under VHA directive authority. These programs are approved by the Under Secretary for Health and reported by the National Surgery Office (NSO).* **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 Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer is responsible for:

(1) Supporting NSO with implementation and oversight of this directive.

(2) Supporting the Assistant Under Secretary for Health for Operations with communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

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 assure compliance with this directive and its effectiveness.

d. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for communicating the requirements of this directive to staff in relevant Patient Care Services program offices.

e. **National Director of Surgery.** The National Director of Surgery is responsible for providing oversight of reporting of OR procedure scheduling times for VHA Surgery Programs. **NOTE:** *See VHA Directive 1102.01(2), National Surgery Office, dated April*

24, 2019, paragraph 7, for further information on NSO reporting.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

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

(2) Reviewing the NSO Quarterly Report and communicating with the VISN Chief Surgical Consultant (VCSC) about any identified concerns. **NOTE:** See VHA Directive 1102.01(2), paragraph 7, for further information on NSO reporting.

g. **Veterans Integrated Service Network Chief Surgical Consultant.** The VCSC is responsible for ensuring review at least quarterly of OR procedure scheduling time inconsistencies for each of the VA medical facilities within their VISN to confirm that scheduling practices comply with this directive. The review uses retrospective and prospective wait times in the NSO Quarterly Report and is conducted in collaboration with an authorized VHA Surgery Program.

h. **VA Medical Facility Director.** The VA medical facility Director with an authorized VHA Surgery Program is responsible for ensuring overall VA medical facility compliance with this directive and taking appropriate corrective action when non-compliance is identified.

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 Associate Director for Patient Care Services with an authorized VHA Surgery Program are responsible for ensuring compliance with the scheduling requirements described in paragraph 3.

j. **VA Medical Facility Chief of Surgery and the VA Medical Facility Operating Room Nursing Leadership.** The VA medical facility Chief of Surgery and the VA medical facility Operating Room Nursing Leadership are responsible for:

(1) Reviewing retrospective and prospective scheduling data in the NSO Quarterly Report at least quarterly to assess compliance with scheduling requirements and to confirm timeliness of care.

(2) Ensuring the scheduling process of OR procedures is audited and reviewed by the VA medical facility at least annually for each surgical subspecialty for compliance with the requirements described in paragraph 3.

k. **VA Health Care Providers.** VA health care providers and ancillary staff engaged in the scheduling of procedures in an OR in a VHA surgery suite are responsible for complying with the scheduling requirements described in paragraph 3.

3. SCHEDULING REQUIREMENTS

a. All procedures performed in an OR located in the surgery suite must be scheduled or requested to be scheduled using the VA EHR surgery scheduling platform. **NOTE:** *This includes non-surgical procedures performed in an OR.*

b. Procedures that require a highly controlled sterile field and sterile instruments or supplies (e.g., cataract extractions with intraocular lens implantation) must be performed in a location meeting Office of Construction and Facilities Management (CFM) OR criteria described in the Surgical and Endovascular Design Guide, available at: <https://www.cfm.va.gov/til/dGuide.asp>.

c. All VA Surgical Quality Improvement Program (VASQIP)-eligible procedures must be performed in either an authorized OR or an authorized specialty procedure room. **NOTE:** *An authorized specialty procedure room includes an electrophysiology room, an interventional cardiology room or an interventional radiology room which is compliant with the CFM guidelines for these rooms located outside an OR in the surgery suite as described in the Surgical and Endovascular Design Guide available at: <https://www.cfm.va.gov/til/dGuide.asp>. For a current list of VASQIP-eligible procedures, see <https://dvagov.sharepoint.com/sites/VHANSOVASQIP/SitePages/InvasiveProc-Complexity-CPTCodes.aspx>. This is an internal VA website that is not available to the public.*

d. When a physician and patient decide an OR procedure is indicated, scheduling (or request to schedule) of these OR procedures is entered into the VA EHR surgery scheduling platform. OR procedures must be scheduled or requested for scheduling with an entry into the VA EHR surgery scheduling platform within 2 business days of the date the patient and physician decide an OR procedure is indicated. **NOTE:** *A procedure that has been entered into the VA EHR surgery scheduling platform may be cancelled if the patient's clinical condition significantly changes or if the patient requires additional evaluation upon completion of routine preoperative testing or consultation. A subsequent decision to proceed with an OR procedure after additional evaluations requires entry of a new request to schedule in the VA EHR surgery scheduling platform.*

e. Exceptions to the above scheduling process include:

(1) When non-routine patient specific preoperative testing or consultation is required, OR procedure scheduling should only occur after completion of such testing, final confirmation by the physician that the patient is a procedural candidate, and patient concurrence to proceed with the recommended OR procedure. Scheduling, or request to schedule, must be entered into the VA EHR surgery scheduling platform within 2 business days of the date on which the physician and patient agree to proceed with the procedure.

(a) Only an electronic tracking mechanism approved by an Information System Security Officer can be used to track the status of patients who are waiting for non-

routine preoperative testing or consultation prior to final decision to proceed with an OR procedure.

(2) Scheduling in procedure rooms, regardless of location (in or outside the surgical suite), are not permitted to utilize the VA EHR surgery scheduling platform for scheduling. Procedures performed outside of a VA OR must not be scheduled (or request to be scheduled) in the VA EHR surgery scheduling platform. **NOTE:** *All procedures scheduled in the VA EHR surgery scheduling platform are included in NSO reporting metrics as appropriate (e.g., NSO Quarterly Report) and must comply with NSO directives for OR procedures.*

4. ADJUNCT DOCUMENTS

a. **Operating Room Flow Charts.** The OR Scheduling Flow Chart, OR Staffing Flow Chart, and OR versus Procedure Room Flow Chart are resources for VA medical facilities to use that provides additional clarification regarding scheduling or requesting to schedule procedures, OR nurse staffing and types of procedures required to be performed within an OR. These flow charts are available at:

<https://dvagov.sharepoint.com/:b:/r/sites/VHANSO/SiteAssets/Forms/AllItems.aspx>.

NOTE: *This is an internal VA website that is not available to the public.*

b. **Frequently Asked Questions.** The Directive 1128 Frequently Asked Questions is a list of common questions regarding the process and requirements for scheduling or requesting to schedule a procedure. See the “Dir1128-FAQ” available at:

<https://dvagov.sharepoint.com/:b:/r/sites/VHANSO/SiteAssets/Forms/AllItems.aspx>.

NOTE: *This is an internal VA website that is not available to the public.*

5. TRAINING

There are no formal training requirements associated with this directive.

6. 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.

7. DEFINITIONS

a. **Electronic Health Record.** EHR is the digital collection of patient health information resulting from clinical patient care, medical testing, and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA), and Cerner platforms. **NOTE:** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place*

of software-specific terms while VA transitions platforms.

b. **Non-Routine Patient Specific Preoperative Testing or Consultation.** Non-routine patient specific preoperative testing or consultation occurs when the decision to proceed with surgery is dependent on test or consultation results. Non-routine patient specific preoperative testing or consultation results may change the goals of procedure, timing of the procedure or the procedure itself.

c. **Operating Room.** An OR is a room in the surgery suite that meets the requirements of a restricted area and is designated and equipped for performing procedures. For the purposes of this directive, an OR does not include a minor procedure room in the surgery suite nor a procedure room located outside of the surgery suite even if this room meets criteria as an OR.

d. **Operating Room Procedure.** An OR procedure is any procedure performed in a VA surgery suite OR.

e. **Operating Room Procedure Scheduling Time.** The OR procedure scheduling time is the number of calendar days from the date on which the VA EHR surgery scheduling platform was utilized to schedule (or request to schedule) an OR procedure in the surgery suite to the date on which an OR procedure will be or was performed.

f. **Procedure Room.** A procedure room is a room for the performance of procedures that may not require a highly controlled sterile field, but which may require use of sterile instruments or sterile supplies. Procedures requiring a highly controlled sterile field must not be performed in a procedure room.

g. **Routine Preoperative Testing or Consultation.** Routine preoperative testing or consultation occurs when a surgical candidate is anticipated to proceed to surgery after testing results are completed (or available), unless routine preoperative testing or consultation demonstrates an unexpected finding.

h. **Surgery Suite.** A surgery suite is a group of rooms designed to provide procedure-related surgical services to patients. The surgery suite includes surgical procedure rooms, preparation and anesthesia for the patient, scrub bays, equipment storage, post anesthesia care unit, phase II recovery rooms, staff changing rooms/bathrooms and lounge, and in general, encompasses all such areas.

8. REFERENCES

a. 38 U.S.C. § 7301(b).

b. VHA Directive 1102.01(2), National Surgery Office, dated April 24, 2019.

c. CFM Surgical and Endovascular Design Guide.

<https://www.cfm.va.gov/til/dGuide.asp>.

d. Invasive Procedure Complexity and Current Procedural Terminology (CPT) Codes. <https://dvagov.sharepoint.com/sites/VHANSOVASQIP/SitePages/InvasiveProc-Complexity-CPTCodes.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

e. NSO Intranet site. <https://dvagov.sharepoint.com/sites/VHANSO>. **NOTE:** *This is an internal VA website that is not available to the public.*

f. NSO Adjunct Documents.
<https://dvagov.sharepoint.com/:b:/r/sites/VHANSO/SiteAssets/Forms/AllItems.aspx>.
NOTE: *This is an internal VA website that is not available to the public.*