

ACCREDITATION OF VHA RADIATION ONCOLOGY SERVICES OR SECTIONS

1. SUMMARY OF MAJOR CHANGES: This Veterans Health Administration (VHA) directive adds responsibilities for the Assistant Under Secretary for Health for Clinical Services in paragraph 2.b., the Chief Officer of the Specialty Care Program Office in paragraph 2.c., the Director of the National Radiation Oncology Program in paragraph 2.d., VA Medical Facility Director in paragraph 2.f., VA medical facility Chief of Staff in paragraph 2.g., and Definitions in paragraph 7.d.

2. RELATED ISSUES: VHA Directive 1100.16, Health Care Accreditation of VHA Facilities and Programs, dated July 19, 2022.

3. POLICY OWNER: The Office of Specialty Care Services (11SPEC), Office of the Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (11SPEC) is responsible for the contents of this directive. Questions may be referred to National Program Executive Director, Radiation Oncology at VHA11SPEC22RadOncActions@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: There are no local document creation requirements in this directive.

5. RESCISSION: VHA Directive 1156, Accreditation of VHA Radiation Oncology Services/Sections, dated June 20, 2018.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of August 31, 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. 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.

August 21, 2024

VHA DIRECTIVE 1156

DISTRIBUTION: Emailed to the VHA Publications Distribution List on August 22, 2024.

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ACCREDITATION OF VHA RADIATION ONCOLOGY SERVICES OR SECTIONS**1. POLICY**

It is Veterans Health Administration (VHA) policy that all Department of Veterans Affairs (VA) Radiation Oncology Services or Sections (ROS) must hold a certificate of accreditation from the contracted accrediting body. Exceptions to this policy will be made only for those ROS for which accreditation by the selected accrediting body has received provisional accreditation, delayed accreditation surveys due to sites on stand down for lack of staffing and other issues related to radiotherapy equipment.

AUTHORITY: 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring 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 is responsible for supporting the National Radiation Oncology Program with implementation and oversight of this directive.

c. **Chief Officer, Specialty Care Program Office.** The Chief officer, Specialty Care Program Office (SPCO) is responsible for supporting the National Program Executive Director (NPED), Radiation Oncology, in executing their responsibilities as outlined in this directive.

d. **National Program Executive Director, Radiation Oncology.** The National Program Executive Director for Radiation Oncology is responsible for:

(1) Providing oversight for VHA Radiation Oncology Services, Veterans Integrated Service Network (VISN) and VA medical facility compliance with this directive through a national accreditation contract and ensuring that corrective action is taken when non-compliance is identified.

(2) Reviewing the corrective action plan (CAP) prepared by the VA medical facility ROS Service or Section Chief for submission to the accrediting body if provisional accreditation is granted.

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for supporting the VA medical facility with implementation and oversight of this directive.

f. **VA Medical Facility Director.** The VA medical facility Director responsible for supporting the VA medical facility ROS with implementation and oversight of this directive, including providing and maintaining equipment, facilities, and staffing. **NOTE:** *The accrediting body reports accreditation status to the VA medical facility Director.*

g. VA Medical Facility Chief of Staff and VA Medical Facility Associate Director for Patient Care Services. The VA medical facility Chief of Staff and VA medical facility Associate Director for Patient Care Services are responsible for supporting the VA medical facility ROS with implementation and oversight of this directive, including resolving clinical issues and reporting them to the VA medical facility Director.

h. VA Medical Facility Radiation Oncology Service or Section Chief. The VA medical facility ROS Chief is responsible for:

(1) Applying for accreditation per the National Radiation Oncology Program requirements.

(2) Completing all components of the accreditation process per the contracted accrediting body. **NOTE:** *The accrediting body reports accreditation status to the VA medical facility Director.*

(3) Preparing the CAP and submitting it to the accrediting body and the National Program Executive Director, Radiation Oncology Office of Specialty Care Services and the VA medical facility Chief of Staff upon receiving provisional accreditation. **NOTE:** *Provisional status requires a CAP to be submitted to the accrediting body within 90 days of the granting of provisional status.*

(4) Preparing the Quality Improvement Plan (QIP) and submitting it to the National Program Executive Director, Radiation Oncology Office of Specialty Care Services and the VA medical facility Chief of Staff when accreditation with recommendations for improvement is granted. **NOTE:** *Accredited status requires QIP within six months after receiving accreditation.*

3. DENIED ACCREDITATION

a. If accreditation has been denied, the facility cannot start treating new patients and is stood down; however, patients under treatment at the time of the denied accreditation are allowed to complete their current radiation course.

b. To receive accreditations after denial, the facility will follow the process as outlined by the accrediting body.

c. A site visit by the National Radiation Oncology Program must be completed.

d. If the site has been stood down for over a year, a Clinical Restructuring Request will be required.

e. Additional survey fees may be required per the accrediting body; they are the responsibility of the facility.

4. TRAINING

There are no formal training requirements associated with this directive.

5. RECORDS MANAGEMENT

All records regardless of format (for example, 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 can be addressed to the appropriate Records Officer.

6. BACKGROUND

VHA has determined that VHA Radiation Oncology Services or Sections (ROS) must be accredited by a nationally recognized accrediting body. In 2008, VA awarded a contract to the American College of Radiology (ACR) as the national accrediting body for VHA ROS, VHA then established the requirement and procedures for correcting deficiencies noted during surveys for accreditation. The ACR continued on a 3-year cycle until 2021 when the contract was awarded to the American Society of Radiation Oncology-Accreditation Program for Excellence® (ASTRO/APEX®). Every 3 years the new contract is awarded through a request for proposal. As a result of these actions, all VHA ROS are required to hold national accreditation.

7. DEFINITIONS

a. **Accreditation.** For the purposes of this directive, accreditation is a status awarded to a VHA ROS following a detailed application and on-site inspection of clinical infrastructure; policies and procedures; patient care operations; patient safety; quality assurance and quality management of radiotherapy planning, equipment, and delivery; and continuous quality improvement initiatives. The selected accrediting body evaluates VHA ROS according to their respective practice parameters and technical standards. Accreditation determinations result in one of the following classifications:

- (1) Fully accredited, 3-year accreditation.
- (2) Provisional.
- (3) Denied.

b. **Corrective Action Plan.** The Corrective Action Plan (CAP) is a detailed list of deficiencies and proposed corrective actions. The CAP identifies the responsible individual and estimated completion date for each proposed action. A CAP is prepared by the VA medical facility ROS Service or Section Chief for submission to the accrediting body through the VA medical facility Director and VISN Director.

c. **Provisional Accreditation.** A provisional accreditation exists when the selected accrediting body defers the decision to accredit until the mandated processes determined by the selected accrediting body are completed.

d. **Quality Improvement Plan.** The Quality Improvement Plan (QIP) is required by a VA medical facility ROS that receives full accreditation with recommendations for quality or process improvements.

8. REFERENCES

38 U.S.C. § 7301(b).