

**Department of
Veterans Affairs**

Memorandum

Date: DEC - 9 2009

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Surgical Complexity Initiative

To: Network Director (10N 1-23)

1. The Surgical Complexity Initiative has been progressing for well over a year, and when complete will ensure the appropriate alignment of surgical capability within facility resources. This has required a herculean effort on the part of many people across VHA, both in central office and the field, and I would like to acknowledge that dedication at this time and publicly thank all involved.

2. A deadline of January 1, 2010, had been established for resolving all clinical-related issues that would determine a facility's surgical complexity status. As this effort is coming to fruition, it is clear that there will be some changes in the level of services provided at a limited number of facilities.

a. For those surgical programs that have already corrected their gaps, the Network Director will provide a final designation for all the VHA Surgical Programs within the VISN. The Procedure Infrastructure Matrix (PIM) identifying the infrastructure requirements for standard, intermediate, and complex designation and the Operative Complexity Matrix (OCM) assigning a surgical procedure to a complexity category will become operational. Following the implementation date of January 1, 2010, the VA Surgical Quality Improvement Program will monitor surgical procedures (based upon the final facility designation) and report those procedures performed beyond infrastructure capabilities.

b. Surgical programs which anticipate decreasing clinical services based upon the final operative complexity designation must follow the process as defined in VHA Directive 2009-001, Restructuring of Clinical Programs dated January 5, 2009 (see attached). You will need to submit to my office and Patient Care Services by February 15, 2009, the following:

- i) A business plan identifying the services to be impacted
- ii) An action plan for the care and treatment of the veteran(s) affected by this change in clinical services
- iii) A communication plan for notification of all stakeholders, including the local veteran service organizations and the congressional members and staff. It is requested that at this time such notification not occur until the entire plan is approved by the Under Secretary for Health.

We are planning to coordinate the initial stakeholder notifications at the national level.

3. There must be no change in care delivery at any facility that will be decreasing services until the appropriate documents have been completed and a proposal to initiate a change in services has been signed by the Under Secretary for Health (USH). These sites will continue to have their data scrutinized by the VA Surgical Quality Improvement Program and I would urge both Network and facility staff to closely monitor the quality of care being provided until such time as the formal designation and move to that level of care occurs. We are targeting March 15, 2010 for completion of this process.
5. A series of calls will be scheduled with the Network Directors of all the involved VISNs whose sites will be decreasing services to discuss the strategy for the completion of the Complexity Initiative.
6. For those sites whose complexity level has already been established and who are not decreasing services, they should be free to start/continue operating at the assigned surgical complexity level starting January 1, 2010.
7. In summary, there should be NO communication with local stakeholders for those sites decreasing services until further guidance from VACO. If for some reason, there already has been communication with stakeholders, please provide us with the date and status of this communication. Should you require further information, please contact Odette Levesque at Odette.levesque@va.gov or William Gunnar at William.gunnar@va.gov.

William Schoenhard

William Schoenhard, FACHE

Attachment:



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