



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.01
December 8, 2016

HCO

SUBJECT: Implementing the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP) across the Military Health System (MHS)

References: See Enclosure 1

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (j), assigns responsibilities and establishes uniform guidelines, standards, and procedures for all DoD Medical Treatment Facilities (MTFs) providing healthcare services in the direct care system to comply with References (d) and (e) and implement the surgical quality and reporting guidelines developed by ACS NSQIP, as well as DoD procedural requirements.

2. **APPLICABILITY.** This DHA-PI applies to:

a. OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

b. DoD MTFs and DoD healthcare practitioners who are involved in the delivery of healthcare services to eligible beneficiaries.

3. **POLICY IMPLEMENTATION.** It is DHA instruction, in accordance with policy in References (e) through (g), that:

a. The MHS shall maintain active and effective organizational structures, management emphasis, and program activities to ensure quality, safe healthcare throughout the MHS. Clinical quality management activities include clinical performance measurement and improvement, risk management, management of adverse actions, and patient safety.

b. Quality healthcare will be delivered consistently and effectively across the Military Departments and joint medical commands for all TRICARE beneficiaries with minimal surgical morbidity and mortality.

c. Patients have the right to quality care and treatment that is consistent with available resources and generally accepted standards, including access to specialty care.

4. RESPONSIBILITIES. See Enclosure 2

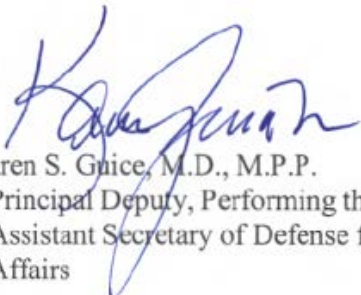
5. PROCEDURES. See Enclosure 3

6. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the DHA Website at <http://www.health.mil/dhapublications>.

7. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with DHA-PI 5025.01 (Reference (c)).



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Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, "Publication System," August 21, 2015
- (d) Final Report to the Secretary of Defense, "Military Health System Review," August 2014
- (e) Section 713 of Public Law 114-92, "National Defense Authorization Act (NDAA) for Fiscal Year 2016," November 30, 2015
- (f) DoD Instruction 6025.13, "Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)," February 17, 2011
- (g) DoD Instruction 6025.20, "Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas," April 9, 2013
- (h) DoD Instruction 6000.14, "DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS)," September 26, 2011
- (i) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
- (j) Parts 160 and 164 of Title 45, Code of Federal Regulations (also known as the "HIPAA Privacy, Security and Breach Rules")

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs (ASD(HA)), and in accordance with DoD policies and issuances, the Director, DHA, will:

a. Oversee the implementation of this DHA-PI to ensure consistent application across the MHS.

b. Provide clarifying guidance to the Military Departments on issues related to the implementation of NSQIP expansion, when requested.

c. Coordinate with the DHA Comptroller and the Deputy Assistant Secretary of Defense for Health Resources Management and Policy to acquire and disseminate necessary funding for MTF NSQIP membership fees and Surgical Clinical Reviewer (SCR) training per the firm fixed price contract.

d. Establish a NSQIP Steering Panel in the DHA to manage expansion requirements across the MHS and support the completion of MHS Surgical Quality Milestones.

e. Designate a NSQIP Program Manager (PM) from the DHA.

f. Designate a Surgeon Champion from both the DHA and the National Capital Region Medical Directorate (NCR-MD) to serve on the NSQIP Steering Panel.

g. Designate an SCR from the NCR-MD to serve on the NSQIP Steering Panel.

2. THE SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries will:

a. Oversee Service compliance with this DHA-PI through the Surgeons General of the Military Departments and MTF commanders.

b. Liaise with Service Human Resources Representative(s) to establish budgetary requirements and initiate hiring actions for SCR full-time equivalents.

c. Designate both Surgeon Champions and SCRs for each Service to serve on the NSQIP Steering Panel.

ENCLOSURE 3

PROCEDURES

1. DoD NSQIP STEERING PANEL. The DoD NSQIP Steering Panel will:
 - a. Meet, at a minimum, every other month and include the following voting representatives:
 - (1) NSQIP PM, DHA
 - (2) Surgeon Champion, DoD
 - (3) Surgeon Champion for Army
 - (4) SCR for Army
 - (5) Surgeon Champion for Navy
 - (6) SCR for Navy
 - (7) Surgeon Champion for Air Force
 - (8) SCR for Air Force
 - (9) Surgeon Champion for NCR-MD
 - (10) SCR for NCR-MD
 - (11) Quality Leads – Army, Navy, Air Force, and NCR-MD
 - (12) (Non-voting) Advisory members as needed – i.e., Anesthesia; Information Technology Subject Matter Experts (SMEs)
 - b. Establish and communicate a phased implementation plan for enrolling MTFs in NSQIP.
 - c. Develop or recommend purchase of a toolkit, implementation guide, and any other resources necessary for MTF site use that will assist with a consistent implementation of the program based on NSQIP enrollment requirements.
 - d. Monitor Overall MHS program improvement and request Services present successful lessons learned.
 - e. Coordinate with NSQIP business management to assist with the scheduling and coordination of required webinars and training for newly identified Surgeon Champions and newly hired SCRs across the DoD.

f. Review the surgical data from DoD NSQIP Semi-Annual Reports, assess the impact of the program on the improvement goals, and recommend evidence-based practices for improvements consistent with the strategic direction for DoD NSQIP.

g. Serve as SMEs and/or Points of Contact (POCs) on NSQIP for Service Surgical Service chain-of-command.

h. Follow appropriate reporting process through MHS governance by providing quarterly progress updates to Clinical Quality Integration Board and Medical Operations Group.

2. DHA NSQIP PM. The DHA NSQIP PM will provide support to the NSQIP Steering Panel to complete the 90-Day Review action items and work with the DHA analytics team to compile analyzed Service and MTF-level data provided by ACS NSQIP in their semi-annual report which is included as part of membership. The DHA NSQIP PM will share compiled data with NSQIP Steering Panel Members and coordinate with DoD Surgeon Champion to present data through MHS clinical quality governance via the Clinical Quality Integration Board and Medical Operations Group.

3. DoD SURGEON CHAMPION. The DoD Surgeon Champion will support the DHA NSQIP PM in completing activities related to the expansion of NSQIP across the MHS, including sharing compiled NSQIP data through MHS governance, as well as providing ongoing guidance and support to current and future enterprise-wide surgical quality improvement efforts. This position is occupied by a Service Lead Surgeon Champion performing in a dual-hatted role as both the overarching DoD Surgeon Champion in addition to the Service Surgeon Champion function. The appointment is voluntarily appointed via the Services and DHA and shall last until this individual is no longer able to perform their role at which time they will be replaced by a newly appointed member selected from one of the existing Surgeon Champions by the Services.

4. SERVICE LEAD SURGEON CHAMPIONS. The Service Lead Surgeon Champions will be the POCs for their respective Service and regional leadership regarding activities related to the NSQIP Steering Panel. They will work through their Service and regional leadership as appropriate to recommend and report on data findings, opportunities for improvement, and the impact of NSQIP expansion, including the panel's recommendations to improve the quality of surgical care. The Service Lead Surgeon Champion will be appointed through their individual Service Commands. This appointment shall last until this individual is no longer able to perform their role at which time they will be replaced by a newly appointed Service Lead Surgeon Champion by their respective Service Commands.

5. SERVICE SCRs. The Service SCRs will be the SMEs on the NSQIP database and data entry issues and the impact of the same on the outcomes. They will recommend opportunities for improvement to streamline the process for capturing information at the Service-level.

Experienced SCRs may also be asked to provide onboarding assistance and mentorship to newly hired SCRs. They must be trained and certified to perform their NSQIP duties through the ACS.

6. DoD NSQIP STEERING PANEL ADVISORY MEMBERS. The DoD NSQIP Steering Panel Advisory Members are comprised of representatives appointed by their respective Service or DHA staff from multi-specialties and will serve as SMEs (on matters related to their particular areas of focus) if and/or when needed. They may be asked to provide guidance and program recommendations to MHS leadership on the implementation and strategic goals of NSQIP in the direct care system as they relate to their particular specialty. They are as follows:

- a. Anesthesiologist: Chair of Anesthesia Reporting and Monitoring Program
- b. Information Technology SME
- c. Information Management SME
- d. Quality Leader – Army
- e. Quality Leader – Navy
- f. Quality Leader – Air Force
- g. Quality Leader – NCR-MD
- h. Research and/or Performance Improvement Specialist

7. DoD NSQIP COLLABORATIVE. The DoD NSQIP Collaborative will:

- a. Meet, at a minimum, every other month and will include Army, Navy, Air Force, NCR-MD, and DHA Surgical Service Leads, Surgeon Champions, SCRs, and Quality Representatives.
- b. Provide a forum for sharing information and resources related to surgical procedures and activities, as well as successes and challenges in implementing the DoD NSQIP in TRICARE's direct care system.
- c. Be facilitated by the DoD NSQIP PM and/or the DoD Surgeon Champion and will report through MHS governance (as appropriate) via the NSQIP Steering Panel and will follow their reporting structure.

8. ACS NSQIP ENROLLMENT CHECKLIST. This ACS NSQIP checklist will assist hospitals in preparing for enrollment in ACS NSQIP. These guidelines will facilitate a streamlined process and understanding of ACS NSQIP participation requirements. They are intended to aide interested entities in: identifying the program option best suited for them, identifying full-time

equivalent requirement for SCR hiring, identifying and engaging a Surgeon Champion, and understanding the impact that an outcomes-based surgical quality improvement program can have on their performance.

9. MTF PROGRAM-OPTION SELECTION TRACKER. Currently, DoD is only participating in adult ACS NSQIP programs; however, the Services are exploring participation options and feasibility for NSQIP Pediatric Programs. When enrolling, each hospital/facility must review the Current Procedural Terminology code inclusion criteria provided by ACS NSQIP in order to determine their surgical case volume and select the appropriate program option that will guide data collection and reporting processes and NSQIP requirements based on surgical case volume and type. The available ACS NSQIP program options are defined as follows:

a. ACS NSQIP Essentials. Intended for facilities with 1,680 general/vascular surgical cases per year and consists of an 8-day sample cycle capturing approximately 20 percent of total case volume.

b. ACS NSQIP Small and Rural. Intended for facilities conducting < 1,680 surgical cases per year and/or those facilities with zip codes that place them within data codes of Rural Urban Commuting Areas. This option requires 100 percent capture of total case volume across all specialties.

c. ACS NSQIP Procedure Targeted. Intended for larger hospitals targeting high-risk/high-volume procedures whereby the hospital selects procedures. Selection may be Current Procedural Technology code-driven and require that hospitals conduct a minimum of 1,680 cases per year, including 15 “Core” cases per 8-day cycle and 25 “Procedure Targeted” cases per 8-day cycle.

d. ACS NSQIP Measures. Intended for hospitals targeting five High Impact Outcome Measures (e.g., Urinary Tract Infection, Colorectal, Surgical Site Infections, Lower Extremity Bypass, and cases involving the elderly). This selection requires a minimum of 840 cases conducted annually.

e. ACS NSQIP Pediatric. Intended specifically for children’s specialty surgeries and designed to collect approximately 94 data points from most pediatric surgical specialties. These data points have been modified from the adult program to meet the needs of the pediatric population. Additional data points have been included for neonates up to 30 days old. Patient outcomes are assessed for 30 days following the procedure.

10. SCR MENTORING/ONBOARDING PACKAGE. This toolkit provides information supplemental to the SCR position/job description and highlights all required onboarding and mentoring activities/resources. Mentor/Mentee partner selection and coordination is the responsibility of the Service NSQIP SCR Leads.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

ACS	American College of Surgeons
ASD(HA)	Assistant Secretary of Defense for Health Affairs
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
MHS	Military Health System
MTF	Medical Treatment Facility
NCR-MD	National Capital Region Medical Directorate
NSQIP	National Surgical Quality Improvement Program
PM	Program Manager
POC	Point of Contact
SCR	Surgical Clinical Reviewer
SME	Subject Matter Expert