



**Low-Volume High-Risk Surgical  
Procedures: Surgical Volume and Its  
Relationship to Patient Safety and Quality  
of Care (Part Two)**

Chair, Trauma and Injury Subcommittee

February 11, 2019  
Defense Health Board



# Overview

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- Membership
- Tasking
- Meetings
- Areas of Interest
- Way Forward



# Tasking

(1 of 2)

- On March 28, 2018, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) requested the Defense Health Board (DHB) provide recommendations to **improve policies for managing facility surgical capabilities and surgeon proficiency.**
- Specifically, the DHB was asked to address and develop findings and recommendations on the policies and practices in place to:
  - Determine where high-risk surgical procedures should be performed;
  - Optimize the safety and quality of surgical care provided;
  - Enhance patient transparency related to surgical volumes and outcomes; and
  - Evaluate the contribution of high-risk surgical procedures to medical readiness.



## Objectives and Scope – Second Six Months

- Review the array of low-volume high-risk surgical procedures performed on MHS beneficiaries in the Purchased Care System (TRICARE)
- Evaluate potential for the MHS to sign on to the “Surgical Volume Pledge” agreed to by Dartmouth-Hitchcock Medical Center, Johns Hopkins Medicine, and the University of Michigan



# Subcommittee Activity Since Last Board Meeting

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Informal feedback was received from the first six-month report.

The T&I Subcommittee has worked to gather information through the following in-person briefings and teleconferences:

November 27, 2018	Teleconference to kick-off part two of the tasking
February 6, 2019	Teleconference to receive briefings regarding low-volume high-risk surgical procedures within the purchased care network (TRICARE)
February 7, 2019	Teleconference to receive briefings regarding surgical quality and the Volume Pledge within the civilian sector



# Overarching Areas of Interest

Area of Interest	Preliminary Observations
Quality of Care	<ul style="list-style-type: none"><li>▪ TRICARE purchased care standards for quality of care, including clinical quality management, should be equal to or exceed military medical treatment facility (MTF) standards.</li><li>▪ There may be improvement opportunities, including increased standardization between contracts, within TRICARE purchased care.</li></ul>
Surgical Volume Pledge	<ul style="list-style-type: none"><li>▪ Only three institutions (Johns Hopkins Health System, Dartmouth-Hitchcock Medical Center, and University of Michigan Health System) have signed on to the Volume Pledge.</li><li>▪ Many non-Volume Pledge hospitals/facilities have policies regarding surgical volume to optimize quality and patient safety.</li></ul>
Rural Surgery	<ul style="list-style-type: none"><li>▪ Civilian rural surgery is a complex issue; civilian rural hospital surgical challenges may parallel many of the challenges of small or rural MTFs.</li></ul>



# Way Forward

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- Continue teleconferences and meetings to receive briefings and review draft report sections
- Develop and refine findings and recommendations through May 2019 for part two of the report
- Present draft report at May 2019 Board meeting



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Questions?