number of full-time equivalent employees at such Vet Center and the number of individuals who received services or assistance at such Vet Center.

(C) A detailed analysis of demand for and unmet need for readjustment counseling services and the Secretary's plan for meeting such unmet need.

(f) VET CENTER DEFINED.—In this section, the term ''Vet Center'' has the meaning given the term in section 1712A(h)(1) of this title.

(Added Pub. L. 112–239, div. A, title VII, §728(a), Jan. 2, 2013, 126 Stat. 1812; amended Pub. L. 114–58, title VI, §601(22), Sept. 30, 2015, 129 Stat. 539; Pub. L. 114–315, title VI, §611, Dec. 16, 2016, 130 Stat. 1575.)

AMENDMENTS

2016—Subsec. (e)(1). Pub. L. 114–315 substituted ''fiscal year'' for ''calendar year''.

2015—Subsec. (c)(1). Pub. L. 114–58 inserted ''the'' before ''Veterans Health Administration''.

§ 7309A. Office of Patient Advocacy

(a) ESTABLISHMENT.—There is established in the Department within the Office of the Under Secretary for Health an office to be known as the ''Office of Patient Advocacy'' (in this section referred to as the ''Office'').

(b) HEAD.—(1) The Director of the Office of Patient Advocacy shall be the head of the Office.

(2) The Director of the Office of Patient Advocacy shall be appointed by the Under Secretary for Health from among individuals qualified to perform the duties of the position and shall report directly to the Under Secretary for Health.

(c) FUNCTION.—(1) The function of the Office is to carry out the Patient Advocacy Program of the Department.

(2) In carrying out the Patient Advocacy Program of the Department, the Director shall ensure that patient advocates of the Department—

(A) advocate on behalf of veterans with respect to health care received and sought by veterans under the laws administered by the Secretary;

(B) carry out the responsibilities specified in subsection (d); and

(C) receive training in patient advocacy.

(d) PATIENT ADVOCACY RESPONSIBILITIES.—The responsibilities of each patient advocate at a medical facility of the Department are the following:

(1) To resolve complaints by veterans with respect to health care furnished under the laws administered by the Secretary that cannot be resolved at the point of service or at a higher level easily accessible to the veteran.

(2) To present at various meetings and to various committees the issues experienced by veterans in receiving such health care at such medical facility.

(3) To express to veterans their rights and responsibilities as patients in receiving such health care.

(4) To manage the Patient Advocate Tracking System of the Department at such medical facility.

(5) To compile data at such medical facility of complaints made by veterans with respect to the receipt of such health care at such medical facility and the satisfaction of veterans with such health care at such medical facility to determine whether there are trends in such data.

(6) To ensure that a process is in place for the distribution of the data compiled under paragraph (5) to appropriate leaders, committees, services, and staff of the Department.

(7) To identify, not less frequently than quarterly, opportunities for improvements in the furnishing of such health care to veterans at such medical facility based on complaints by veterans.

(8) To ensure that any significant complaint by a veteran with respect to such health care is brought to the attention of appropriate staff of the Department to trigger an assessment of whether there needs to be a further analysis of the problem at the facility-wide level.

(9) To support any patient advocacy programs carried out by the Department.

(10) To ensure that all appeals and final decisions with respect to the receipt of such health care are entered into the Patient Advocate Tracking System of the Department.

(11) To understand all laws, directives, and other rules with respect to the rights and responsibilities of veterans in receiving such health care, including the appeals processes available to veterans.

(12) To ensure that veterans receiving mental health care, or the surrogate decision-makers for such veterans, are aware of the rights of veterans to seek representation from systems established under section 103 of the Protection and Advocacy for Mentally Ill Individuals Act of 1986[1] (42 U.S.C. 10803) to protect and advocate the rights of individuals with mental illness and to investigate incidents of abuse and neglect of such individuals.

(13) To fulfill requirements established by the Secretary with respect to the inspection of controlled substances.

(14) To document potentially threatening behavior and report such behavior to appropriate authorities.

(e) TRAINING.—In providing training to patient advocates under subsection (c)(2)(C), the Director shall ensure that such training is consistent throughout the Department.

(f) CONTROLLED SUBSTANCE DEFINED.—In this section, the term ''controlled substance'' has the meaning given that term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

(Added Pub. L. 114–198, title IX, §924(a), July 22, 2016, 130 Stat. 767.)

REFERENCES IN TEXT

The Protection and Advocacy for Mentally Ill Individuals Act of 1986, referred to in subsec. (d)(12), was renamed the Protection and Advocacy for Individuals with Mental Illness Act by Pub. L. 106–310, div. B, title XXXII, §3206(a), Oct. 17, 2000, 114 Stat. 1193.

DATE FULLY OPERATIONAL

Pub. L. 114–198, title IX, §924(c), July 22, 2016, 130 Stat. 769, provided that: ''The Secretary of Veterans Affairs shall ensure that the Office of Patient Advocacy

[1] See References in Text note below.

established under section 7309A of title 38, United States Code, as added by subsection (a), is fully operational not later than the date that is one year after the date of the enactment of this Act [July 22, 2016].''

SUBCHAPTER II—GENERAL AUTHORITY AND ADMINISTRATION

PRIOR PROVISIONS

A prior subchapter II of this chapter consisting of sections 4121 to 4124, related to Regional Medical Education Centers, prior to repeal by Pub. L. 102–40, title IV, § 401(a)(3), May 7, 1991, 105 Stat. 210. See Prior Provisions notes set out under section 4114 of this title.

§ 7311. Quality assurance

(a) The Secretary shall—

(1) establish and conduct a comprehensive program to monitor and evaluate the quality of health care furnished by the Veterans Health Administration (hereinafter in this section referred to as the ''quality-assurance program''); and

(2) delineate the responsibilities of the Under Secretary for Health with respect to the quality-assurance program, including the duties prescribed in this section.

(b)(1) As part of the quality-assurance program, the Under Secretary for Health shall periodically evaluate—

(A) whether there are significant deviations in mortality and morbidity rates for surgical procedures performed by the Administration from prevailing national mortality and morbidity standards for similar procedures; and

(B) if there are such deviations, whether they indicate deficiencies in the quality of health care provided by the Administration.

(2) The evaluation under paragraph (1)(A) shall be made using the information compiled under subsection (c)(1). The evaluation under paragraph (1)(B) shall be made taking into account the factors described in subsection (c)(2)(B).

(3) If, based upon an evaluation under paragraph (1)(A), the Under Secretary for Health determines that there is a deviation referred to in that paragraph, the Under Secretary for Health shall explain the deviation in the report submitted under subsection (f).[1]

(4) As part of the quality-assurance program, the Under Secretary for Health shall establish mechanisms through which employees of Veterans Health Administration facilities may submit reports, on a confidential basis, on matters relating to quality of care in Veterans Health Administration facilities to the quality management officers of such facilities under section 7311A(c) of this title. The mechanisms shall provide for the prompt and thorough review of any reports so submitted by the receiving officials.

(c)(1) The Under Secretary for Health shall—

(A) determine the prevailing national mortality and morbidity standards for each type of surgical procedure performed by the Administration; and

(B) collect data and other information on mortality and morbidity rates in the Administration for each type of surgical procedure performed by the Administration and (with respect to each such procedure) compile the data and other information so collected—

(i) for each medical facility of the Department, in the case of cardiac surgery, heart transplant, and renal transplant programs; and

(ii) in the aggregate, for each other type of surgical procedure.

(2) The Under Secretary for Health shall—

(A) compare the mortality and morbidity rates compiled under paragraph (1)(B) with the national mortality and morbidity standards determined under paragraph (1)(A); and

(B) analyze any deviation between such rates and such standards in terms of the following:

(i) The characteristics of the respective patient populations.

(ii) The level of risk for the procedure involved, based on—

(I) patient age;

(II) the type and severity of the disease;

(III) the effect of any complicating diseases; and

(IV) the degree of difficulty of the procedure.

(iii) Any other factor that the Under Secretary for Health considers appropriate.

(d) Based on the information compiled and the comparisons, analyses, evaluations, and explanations made under subsections (b) and (c), the Under Secretary for Health, in the report under subsection (f),[1] shall make such recommendations with respect to quality assurance as the Under Secretary for Health considers appropriate.

(e)(1) The Secretary shall allocate sufficient resources (including sufficient personnel with the necessary skills and qualifications) to enable the Administration to carry out its responsibilities under this section.

(2) The Inspector General of the Department shall allocate sufficient resources (including sufficient personnel with the necessary skills and qualifications) to enable the Inspector General to monitor the quality-assurance program.

(Added Pub. L. 102–40, title IV, § 401(a)(3), May 7, 1991, 105 Stat. 214; amended Pub. L. 102–405, title III, § 302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 103–446, title XII, § 1201(g)(5), Nov. 2, 1994, 108 Stat. 4687; Pub. L. 111–163, title V, § 505(b), May 5, 2010, 124 Stat. 1159.)

REFERENCES IN TEXT

Subsection (f), referred to in subsecs. (b)(3) and (d), was repealed by Pub. L. 103–446, title XII, § 1201(g)(5), Nov. 2, 1994, 108 Stat. 4687.

AMENDMENTS

2010—Subsec. (b)(4). Pub. L. 111–163 added par. (4).

1994—Subsecs. (f), (g). Pub. L. 103–446 struck out subsecs. (f) and (g) which read as follows:

''(f)(1) Not later than February 1, 1991, the Under Secretary for Health shall submit to the Secretary a report on the experience through the end of the preceding fiscal year under the quality-assurance program carried out under this section.

''(2) Such report shall include—

''(A) the data and other information compiled and the comparisons, analyses, and evaluations made under subsections (b) and (c) with respect to the period covered by the report; and

[1] See References in Text note below.