



Joint Task Force National Capital Region Medical **INSTRUCTION**

NUMBER 6025.06
MAR 04 2013

J-3B

SUBJECT: Behavioral Health (BH) Practice Standards

References: See Enclosure 1

1. PURPOSE. This Instruction, based on the authority of References (a) through (d), is to implement policy, assign responsibilities, prescribe procedures, and establish standards for BH personnel in the provision and documentation of clinical care for beneficiaries in the National Capital Region (NCR). It also guides the use of clinical care outcome measures and the development of practice quality assurance consistently with References (e) and (f).

2. APPLICABILITY. This Instruction applies to the JTF CapMed Headquarters, Walter Reed National Military Medical Center (WRNMMC), Fort Belvoir Community Hospital (FBCH) [hereafter, WRNMMC and FBCH are referred to as Joint Medical Treatment Facilities (MTFs)], and the Joint Pathology Center (JPC).

3. POLICY. It is JTF CapMed policy that for all BH facilities the following standards apply:
 - a. Clinical Care
 - (1) BH care provision will be delivered based on the Veterans Affairs (VA)/DoD Clinical Practice Guidelines (Reference (f)), professional practice guidelines (including, but not limited to, the American Psychiatric Association and American Psychological Association), evidence-based interventions, and clinical standards of care.

 - (2) Healthcare providers may only deviate from established standards of care when adequate clinical evidence exists to suggest that alternate interventions are likely to result in an improved outcome when compared to the established standards.

MAR 04 2013

b. Documentation

(1) All inpatient and outpatient BH services will use standardized intake and follow-up documentation forms. Documentation of each clinical encounter will be maintained in the respective DoD inpatient or outpatient electronic medical record unless prohibited by law or regulation..

(2) Risk assessments will be standardized throughout all services and across facilities, varying only where specific unique mission requirements exist.

(3) Inpatient and outpatient documentation will provide sufficient level of detail to assist other BH and non-BH providers in caring for the patient. Relevant information includes, but is not limited to diagnoses, risk assessment, current treatment (psychotherapy, pharmacotherapy, and other modalities), and planned follow-up appointment(s), duty limitations, and deployment restrictions. Inpatient care discharge summaries will be made easily accessible to outpatient providers responsible for the post-hospitalization care of the patient.

(4) All documentation regarding clinical encounters with Active Duty military members will include relevant information regarding duty limitations and deployment restrictions. For patients involved in special duties (such as Personnel Reliability Program, Personnel Support Program, flying status, etc.), the impact of the member's condition on their occupational duty status will be documented in accordance with Service-specific requirements. Appropriate action will be taken by the healthcare personnel working with the member to ensure parties who require notification of any duty restrictions or limitations are notified in a timely manner and that the notifications are documented in Armed Forces Health Longitudinal Technology Application (AHLTA).

c. Outcome Measures

(1) When clinically indicated, BH care providers will incorporate the use of validated instruments that offer meaningful information for screening and ongoing monitoring of BH symptoms to enhance patient care.

(2) Providers will review and assess the results of these instruments, document the results in AHLTA, and incorporate those results into decision-making about patient care.

d. Quality Assurance

(1) BH services will monitor the quality of care provided through the use of regular peer review for all licensed providers who have direct patient contact. Peer review will be done on a frequency consistent with applicable hospital bylaws, JTF CapMed Manual 6025.01 (Reference (g)), and The Joint Commission standards.

(2) Peer review will take into account assessment of providers' documented care when compared to Clinical Practice Guidelines (Reference (f)), professional practice guidelines, evidence-based interventions, and clinical standards of care.

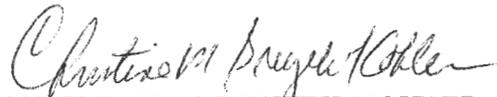
4. RESPONSIBILITIES. See Enclosure 2

5. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the JTF CapMed Web Site at www.capmed.mil.

6. EFFECTIVE DATE. This Instruction:

a. Is effective upon publishing to the JTF CapMed Website above; and

b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with JTF CapMed Instruction 5025.01 (Reference (h)). If not, it will expire 10 years from the publication date and be removed from the JTF CapMed Website.



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Executive Director for Healthcare Operations
By direction of the Acting Commander

Enclosures

1. References
2. Responsibilities

Glossary

ENCLOSURE 1

REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Authorities for Joint Task Force National Capital Region Medical (JTF CapMed)," February 7, 2012
- (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) JTF CapMed-I 6025.02 "Clinical Quality Management," October 3, 2011
- (f) VA/DoD Clinical Practice Guidelines
- (g) JTF CapMed Manual 6025.01, "Clinical Quality Management Manual," March 29, 2012 as amended
- (h) JTF CapMed Instruction 5025.01, "Formats and Procedures for the Development and Publication of Issuances," March 5, 2012

ENCLOSURE 2

RESPONSIBILITIES

1. COMMANDER, JTF CAPMED (CJTF). The CJTF will ensure compliance with this Instruction.

2. JOINT MTF COMMANDERS AND THE JPC DIRECTOR. Joint MTF Commanders and the JPC Director will:
 - a. Enforce the standards of this Instruction.
 - b. Ensure quality of care is consistent for all beneficiaries regardless of Service affiliation.

3. DEPUTY COMMANDER OF BH (DCBH). The DCBH will:
 - a. Ensure the standards outlined above are maintained by directing the staff to:
 - (1) Deliver care in accordance with:
 - (a) VA/DoD Clinical Practice Guidelines;
 - (b) Professional Practice Guidelines;
 - (c) Evidence-based interventions; and
 - (d) Clinical standards of care.
 - (2) Ensure that any care that deviates from the guidelines noted in the previous sub-paragraph only occurs when adequate evidence exists to suggest that alternate interventions are likely to result in an improved outcome.
 - (3) Document care delivery utilizing standardized intakes modified only for unique mission requirements.
 - (4) Incorporate the use of validated assessment instruments to enhance patient care.
 - (5) Maintain quality assurance through the use of peer review
 - d. Ensure personnel assigned to BH services have access to professional and personal development opportunities.

GLOSSARYDEFINITIONS

Clinical practice guidelines: Clinical practice guidelines are increasingly being used in health care to improve patient care and as a potential solution to reduce inappropriate variations in care. Guidelines should be evidence-based as well as based upon explicit criteria to ensure consensus regarding their internal validity. The use of guidelines must always be in the context of a health care provider's clinical judgment in the care of a particular patient. For that reason, the guidelines may be viewed as an educational tool to provide information and assist decision-making. (Definition provided by VA/DoD GPG website, <http://www.healthquality.va.gov/>)

DoD Information Assurance Certification and Accreditation Process (DIACAP): This is the DoD's process to ensure that risk management is applied on information systems. DIACAP defines a DoD-wide formal and standard set of activities, general tasks, and a management structure process for the certification and accreditation of a DoD information system that will maintain the information assurance posture throughout the system's life cycle.

Joint Commission: An independent, not-for-profit organization that accredits and certifies healthcare organizations and programs. Joint Commission accreditation and certification provides a measure of the quality of healthcare services that is delivered to patients.