



Joint Task Force National Capital Region Medical INSTRUCTION

NUMBER 6025.04

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Incorporating Change 1, January 24, 2012

J-3B

SUBJECT: Medical Quality Assurance (MQA) and Clinical Quality Management

References: See Enclosure 1

1. PURPOSE. This Instruction, in accordance with References (a) through (e), establishes Joint Task Force National Capital Region Medical (JTF CapMed) policy on issues related to MQA programs and clinical quality management activities. As directed in Assistant Secretary of Defense for Health Affairs Memorandum (Reference (f)), the United States Army Medical Command (USAMEDCOM) shall be the Agent of JTF CapMed for processing and administering certain MQA and Clinical Quality Management functions.

2. APPLICABILITY. This Instruction applies to:

a. JTF CapMed, ~~and all Joint Medical Treatment Facilities (MTFs) and Centers in the National Capital Region (i.e.,~~ Fort Belvoir Community Hospital (*FBCH*), Walter Reed National Military Medical Center (*WRNMMC*), and the Joint Pathology Center (*JPC*).

b. JTF CapMed healthcare practitioners who are involved in the delivery of healthcare services to eligible beneficiaries.

3. DEFINITIONS. See Glossary.

4. POLICY. It is JTF CapMed policy that:

a. The JTF CapMed shall maintain active and effective organizational structures, management emphasis, and program activities to ensure quality in healthcare throughout ~~the Joint MTFs and Centers~~ *FBCH, WRNMMC, and the JPC*. Clinical quality management activities include clinical performance measurement and improvement, credentials and clinical privileging, risk management (RM), adverse actions, and patient safety.

b. MQA records and information created as part of an MQA program within ~~the Joint MTFs or Centers FBCH, WRNMMC, and the JPC~~ are confidential and privileged in accordance with section 1102 of title 10, United States Code (U.S.C.) (Reference (g)). Disclosures of such records and information shall occur only as authorized by section 1102 of Reference (g).

c. JTF CapMed shall implement medical management procedures in accordance with DoD Instruction 6025.20 (Reference (h)) to ensure that healthcare services provided in ~~Joint MTFs or Centers FBCH, WRNMMC, or the JPC~~, or by non-JTF CapMed providers at JTF CapMed expense, are necessary and appropriate.

5. RESPONSIBILITIES. See Enclosure 2

6. PROCEDURES. See Enclosure 3

7. INFORMATION REQUIREMENTS

a. The Centralized Credentials Quality Assurance System (CCQAS) (section 3 of Enclosure 3) is included in the public information collection for the Defense Medical Human Resources System-Internet, which is assigned Office of Management and Budget Control Number 0720-0041. CCQAS has also been assigned Report Control Symbol DD-HA(AR)2415 in accordance with DoD 8910.1-M (Reference (i)).

b. With the exception of Service-specific required record keeping, all data regarding MQA and Clinical Quality Management will be tracked via systems that are approved by JTF CapMed, DoD Information Assurance Certification and Accreditation Process-compliant, and consistent Joint Operations Area-wide.

8. 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.

9. EFFECTIVE DATE. This Instruction is effective immediately.



J. M. MATECZUN
Vice Admiral, MC, U.S. Navy
Commander

Enclosures:

1. References
 2. Responsibilities
 3. Procedures
- Glossary

ENCLOSURE 1

REFERENCES

- (a) Deputy Secretary of Defense Memorandum, “Establishing Authority for Joint Task Force - National Capital Region/Medical (JTF CapMed) and JTF CapMed Transition Team (Unclassified),” September 12, 2007
- (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-D 5102.02, “JTF CapMed Clinical Decision Making Committee Charter,” June 1, 2010
- (f) Assistant Secretary of Defense for Health Affairs Memorandum, “Joint Privileging and Quality Assurance System in National Capital Region Hospitals,” June 24, 2011
- (g) Sections 1094, 1102, 2733, and 2734 and chapters 47 and 55 of title 10, United States Code
- (h) DoD Instruction 6025.20, “Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas,” January 5, 2006
- (i) DoD 8910.1-M, “Department of Defense Procedures for Management of Information Requirements,” June 30, 1998
- (j) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” June 4, 2008
- (k) Sections 1346b and 2671 through 2680 of title 28, United States Code
- (l) DoD 6025.13-R, “Military Health System (MHS) Clinical Quality Assurance (CQA) Program Regulation,” June 11, 2004
- (m) Sections 11131 through 11152 and 1320a-7e of title 42, United States Code
- (n) DoD Instruction 1332.38, “Physical Disability Evaluation,” November 14, 1996

ENCLOSURE 2

RESPONSIBILITIES

1. COMMANDER, JOINT TASK FORCE *NATIONAL CAPITAL REGION MEDICAL* (CJTF).

The CJTF shall:

- a. Develop supporting guidance as necessary to implement this Instruction.
- b. Oversee the implementation of this Instruction to ensure consistent application as part of the Military Health System (MHS).
- c. Exercise authority to grant waivers or exceptions, in accordance with law, to this Instruction in exceptional circumstances.
- d. Develop Memoranda of Agreement and Memoranda of Understanding to facilitate the implementation of this Instruction.
- e. Establish and implement procedures, approved by the Assistant Secretary of Defense for Health Affairs (ASD(HA)) for ensuring the application of standards comparable to MQA standards to all healthcare provided in accordance with his or her authority as CJTF *in accordance with Reference (j)*.

2. ~~JOINT~~ MTF COMMANDERS AND ~~CENTER~~ *JPC* DIRECTORS. ~~Joint~~ MTF Commanders and ~~Center~~ *JPC* Directors shall deploy resources to implement this Instruction.

ENCLOSURE 3

PROCEDURES

1. ACCREDITATION. All ~~fixed MTFs and Centers~~ *applicable MTFs and the JPC*, as well as hospitals and other facilities used by managed care support contractors, shall meet or exceed the standards of appropriate external accrediting bodies. This includes accreditation of all hospitals by The Joint Commission (TJC) and participation, as directed by the ASD(HA), in all TJC quality management programs. Alternatively, for ~~fixed MTFs and Centers~~ *applicable MTFs, the JPC*, or facilities used by managed care support contractors, the ASD(HA) may approve a different accreditation source. The Military Services shall each establish and implement comparable quality-of-care oversight mechanisms for operational healthcare units under their cognizance. At a minimum, the functions of credentialing, privileging, RM, patient safety, and clinical performance improvement shall be included in the quality-of-care oversight mechanisms.

2. CREDENTIALS AND CLINICAL PRIVILEGES. Individual provider credentials and qualifications shall be carefully evaluated before granting clinical privileges.

a. Staff appointments and clinical privileges shall be granted to healthcare providers only after all pre-selection criteria have been verified.

b. Licensed healthcare practitioners shall have and maintain a current, valid, and unrestricted license or other authorizing document, in accordance with the issuing authority, before practicing within the defined scope of practice for like specialties. Licensing shall comply with section 1094 of Reference (g). Authority to waive the license requirement is vested with the CJTF and shall be used only to address extraordinary circumstances and in accordance with section 1094 of Reference (g).

c. ~~Each The JPC and Joint~~ *MTFs and Center* shall implement processes and procedures for managing and reporting clinical adverse actions to protect patients and enhance the quality of care.

d. ~~Each The JPC and Joint~~ *MTFs and Center* shall implement processes for communicating permissions to health care providers.

3. CCQAS. CCQAS shall collect, track, and report required provider data for ~~Joint MTF and Center~~ *FBCH, WRNMMC, and the JPC* credentialing and granting of clinical privileges, and for ~~Joint~~ *MTF and Center* RM and adverse privileging actions. All required documentation shall be completed promptly and available in CCQAS for review by the CJTF, his or her designee, and the ASD(HA) *per Reference (f)*.

4. MQA REVIEWS. ~~Joint MTFs and Centers~~ *FBCH, WRNMMC, and the JPC* shall conduct regular, systematic, and comprehensive reviews of the quality of healthcare provided in their facilities. Resources that may be used for carrying out these reviews include accreditation standards, national consensus measures, evidence-based clinical practice standards, and medical management guidelines. Results of these MQAs shall be available for review by the CJTF or his or her designee.

5. SENTINEL EVENTS. ~~Joint MTFs and Centers~~ *FBCH, WRNMMC, and the JPC* shall implement an active plan to identify sentinel events that occur in their facilities, conduct a root cause analysis, and form a corrective action plan for each event. The results of the analysis and plan for each event shall be promptly reported through the CJTF and/or his or her designee to the ASD(HA) or designee. In addition, ~~each Joint MTF or Center~~ *FBCH, WRNMMC, and the JPC* shall comply with TJC reporting requirements for those sentinel events that are subject to TJC review.

6. RM. ~~Joint MTFs and Centers~~ *FBCH, WRNMMC, and the JPC* shall implement active RM systems and programs to reduce liability associated with actual or alleged medical malpractice, and shall use those systems and programs to reinforce other MQA program activities. RM programs shall encompass identification and mitigation of risk to patients, family members, visitors, and staff, and oversight and review of the effectiveness of organizational risk reduction strategies. RM programs shall encompass the potential risk of liability for death or disability benefits to members of the Military Services arising from possible substandard medical care.

a. Every unexpected adverse patient outcome or event that meets the criteria for identification as a potential compensable event (PCE) shall be reviewed and promptly documented in the CCQAS. ~~The Joint MTF or Center~~ *FBCH, WRNMMC, and the JPC* shall assess whether Standard of Care (SOC) was met in relation to the adverse patient outcome.

b. As part of the identification of every PCE:

(1) When ~~a Joint MTF or Center~~ *FBCH, WRNMMC, or the JPC* receives a claim for liability compensation in accordance with sections 1346b and 2671 through 2680 of title 28, U.S.C. (Reference (k)) or section 2733 or 2734 of Reference (g), it shall review the healthcare provided, if it has not already done so, and assess whether SOC was met in all cases in which sufficient information is provided with the claim.

(2) ~~Joint MTFs and Centers~~ *FBCH, WRNMMC, and the JPC* shall conduct a SOC review and assessment of every unexpected adverse patient outcome, and identify every PCE involving a member of the Military Services that suggests a potential disability separation or retirement of the Service member as a result of the unexpected adverse patient outcome. ~~Joint~~ *These* MTFs and ~~Centers~~ *the JPC* shall document the results of the SOC assessment in the CCQAS. ~~Joint MTF and Center~~ *FBCH, WRNMMC, and the JPC* risk managers, upon receiving notification of a disability or death of a member of the Military Services arising from the provision of medical

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care, shall notify the CJTF, who shall assure this is reported to the DoD RM Committee. These events are to be documented in the CCQAS disability and/or PCE modules.

c. ~~Joint MTFs and Centers~~ *FBCH, WRNMMC, and the JPC* shall promptly document information concerning every PCE, claim, and SOC assessment in the CCQAS.

7. PATIENT SAFETY. ~~Joint MTFs and Centers~~ *FBCH, WRNMMC, and the JPC* shall participate in the DoD Patient Safety Program (PSP) in accordance with DoD 6025.13-R (Reference (l)). This program will identify and report actual and potential problems in medical systems and processes. It also will implement effective actions to improve patient safety and healthcare quality throughout the MHS. The PSP shall focus on systems and procedures, and complement other MQA program activities. Reports shall be submitted to the CJTF or his or her designee.

8. NATIONAL PRACTITIONER DATA BANK (NPDB) AND HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB). ~~Joint MTFs and Centers~~ *FBCH, WRNMMC, and the JPC* shall query NPDB and HIPDB for information on all healthcare practitioners before granting or renewing clinical privileges, and shall report to NPDB and HIPDB in accordance with sections 11131 through 11152 and 1320a-7e of title 42, U.S.C. (Reference (m)).

a. Reports to NPDB shall include a report in the name of a healthcare practitioner each time a malpractice payment is made for the benefit of such practitioner.

(1) A payment shall be considered to be made for the benefit of any practitioner significantly involved in the healthcare that was the basis for the malpractice payment unless, within 180 days after the Authority concerned receives notice of such payment, the Authority has made a final determination, following external peer review, that the malpractice payment was not caused by the failure of such practitioner to meet SOC. This Authority determination cannot be delegated. If such determination has not been made within the 180-day time period, a report shall immediately be made to NPDB. The 180-day period shall begin on the day the Military Service Claims Office concerned first receives a report through the Center for Legal Medicine, its organizational successor, or other designated entity that the Department of the Treasury has notified the DoD of a paid claim. For Active Duty Providers, the Authority is the Surgeon General (SG) of their Service; for Civilian or Contract Providers, the Authority is CJTF.

(2) In any case in which there is a conflict between an external peer review opinion that SOC was not met and the failure to meet SOC caused the injury, and a final SG determination that SOC was met, the SG shall immediately report, in memorandum, his or her determination to the DoD RM Committee panel for review. The memorandum shall explain the findings and the rationale for variance in SOC determinations. The panel will review the external peer review and the SG determination and send, via memorandum, a report stating that the panel either agrees with the SG's determination or recommends the SG reconsider the final determination and report the provider(s) to NPDB. This process applies to any case in which the external peer

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review SOC determination is “Not Met” with causation (acts or omissions and injuries or illnesses) and the SG’s determination is “Met.”

b. Reports to NPDB shall also include instances in which a practitioner’s failure to meet SOC caused or contributed to the death or disability, separation, or retirement of a member of the Military Services in accordance with DoD Instruction 1332.38 (Reference (n)).

(1) In every case in which a medical evaluation board (MEB) makes a referral to a physical evaluation board (PEB), the MEB approving official shall identify and report to the facility risk manager every instance in which the condition that is the subject of the referral may have been incurred or aggravated as a result of ~~Joint~~ MTF or ~~Center-the~~ JPC-provided medical care.

(2) The facility risk manager shall, in consultation with the PEB liaison officer, monitor PEB disability decisions and report to the SG concerned (or to the official designated by the SG to receive such reports) every case identified that results in a PEB determination to separate or retire a Service member due to physical disability. Every such case shall be the subject of a SOC review and a report to NPDB unless, within 180 days, the SG has made a final, non-delegable determination, following external peer review, that the disability was not caused in whole or in part by the failure of a practitioner to meet SOC. The 180-day period shall begin on the day of the risk manager’s report to the SG.

c. Reports to HIPDB shall be made based on acts or omissions that affect the payment, provision, or delivery of a healthcare item or service, to include actions pursuant to chapter 47 of Reference (g), other administrative actions, adverse civilian personnel actions, or contract termination for default.

d. All reports to NPDB or HIPDB shall also be documented in the CCQAS.

9. TRANSPARENCY. ~~The Joint MTFs and Centers FBCH, WRNMMC, and the JPC~~ shall implement applicable initiatives approved by the ASD(HA) to increase transparency to patients and the public of the quality of healthcare and the quality assurance program. All such initiatives shall be in accordance with section 1102 of Reference (g).

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CCQAS	Centralized Credentials Quality Assurance System
HIPDB	Healthcare Integrity and Protection Data Bank
JTF CapMed	Joint Task Force National Capital Region Medical
MEB	medical evaluation board
MHS	Military Health System
MQA	medical quality assurance
MTF	Medical Treatment Facility
NPDB	National Practitioner Data Bank
PCE	potential compensable event
PEB	physical evaluation board
PSP	patient safety program
RM	risk management
SG	surgeon general
SOC	standard of care
TJC	The Joint Commission
TMA	TRICARE Management Activity
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this Instruction.

MHS. Consists of the DoD medical and dental programs, personnel, facilities, and other assets operating pursuant to chapter 55 of Reference (g), by which the JTF CapMed provides healthcare services and support:

To the Military Services during military operations.

Under TRICARE to members of the Military Services, their family members, and others entitled to JTF CapMed medical care.

MQA program. See section 1102 of Reference (g).

MQA record. See section 1102 of Reference (g).

PCE. An adverse event that results in harm to a patient and presents a possible financial loss to the Federal Government (a malpractice claim or death or disability payment). All PCEs shall be fully investigated by the risk manager and documented in the DoD PCE module of the CCQAS within 180 calendar days of the date of occurrence or initial identification. Any event determined to result in harm to a patient shall be documented in the CCQAS according to the DoD PSP reporting harm scale categories, e.g., death, severe permanent harm, permanent harm. All PCEs shall be documented in the CCQAS with descriptions identical to the DoD PSP reporting categories of event types, e.g., accident, blood/blood products, healthcare-associated infection.

quality in healthcare. The degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

sentinel event. An unexpected occurrence involving death or serious physical or psychological injury or risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called “sentinel” because they signal the need for immediate investigation and response.

TJC. An independent, not-for-profit organization that is a standards-setting and accrediting body in healthcare. TJC accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards.