



Joint Task Force National Capital Region Medical DIRECTIVE

NUMBER 5003.01

JUL 03 2012

Incorporating Change 1, October 15, 2012

J-3B

SUBJECT: National Capital Region (NCR) Medical Clinical Care and Quality Management Board (CCQMB) Charter

References: See Enclosure 1

1. **PURPOSE.** This Directive, in accordance with the guidance and authority in References (a) through (l), establishes the NCR Medical CCQMB as one of several boards established to ensure the effective and efficient delivery of world-class military healthcare. These boards are part of the Integrated Delivery System (IDS) governance as described in Reference (i). The NCR Medical IDS will operate as a single entity with a regional, unified perspective for all aspects of healthcare delivery in the NCR. The primary focus of the CCQMB is to optimize the health of and healthcare services for our beneficiary population, identify integration opportunities and innovations that assure safe, quality care, and enhance the overall patient experience.

2. **APPLICABILITY.** This Directive applies to the Joint Task Force National Capital Region Medical (JTF CapMed) Headquarters, Fort Belvoir Community Hospital (FBCH), Walter Reed National Military Medical Center (WRNMMC) [hereafter, FBCH and WRNMMC are referred to as Medical Treatment Facilities (MTFs)], *and* the Joint Pathology Center (JPC). These organizations form the foundation of an integrated military healthcare network in the NCR.

3. **MISSION.** Commander, JTF CapMed (CJTF) oversees, manages, and directs all healthcare delivery by military medical units within the NCR. In addition, CJTF oversees, manages, and distributes resources to military healthcare assets, and ensures integration of all personnel and resources in the NCR. CCQMB serves as the primary advisory body to CJTF in the oversight, management, and direction of all healthcare delivery and healthcare quality by MTFs within the NCR. To achieve this mission the board will:

a. Review input from Working Groups and ~~Committee~~ *IDS* Boards related to emerging or potential health care operations challenges in the oversight, management, and direction of all healthcare delivery by military medical units within the NCR.

(1) Warrior and Family Care/Support

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- (2) Integrated Healthcare Delivery System
 - (3) Medical Readiness and Operational Support
 - (4) Health Education, Training, and Research
 - (5) Comprehensive Master Plan
- b. Monitor the Strategic Management System (~~SMS~~) for trends and validating those trends.
 - c. Establish and monitor priorities relating to clinical care and clinical quality management.
 - d. Recommend to the Executive Council distribution of resources to support priorities within the IDS.
 - e. Report relevant information and make recommendations to the Executive Council quarterly.
 - f. Achieve the primary objective of the CCQMB, which is to optimize clinical care outcomes in the Joint Operations Area through an IDS as prescribed in References (i) and (h). To reach this objective, the board will:
 - (1) Develop initiatives and activities transforming clinical care and clinical quality management programs to mature the IDS.
 - (2) Make resource allocation recommendations.
 - (3) Standardize clinical care procedures in ~~coalition~~ *collaboration* with ~~other MEDCOMs/regions~~ *Service medical commands* to ensure consistency of information sharing (best practices).
 - (4) Advise CJTF on the impact of workload as it affects the delivery of care and impacts the obtainment of the Military Health System (MHS) Quadruple Aim performance goals.
 - (5) Identify metrics to showcase/highlight JTF CapMed's "world-class" clinical care and clinical quality management.
 - (6) Submit updates quarterly to the Executive Council.
 - (7) Perform other duties/responsibilities as assigned by CJTF or delegated representative.
 - (8) Establish and implement a Clinical Care/Quality Management Staff Assistance Visit Program.
 - (9) Develop and recommend innovative solutions regarding the delivery of healthcare across the region to provide a seamless continuity of care and methodology of care delivery in all NCR MTFs.

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(10) Provide and recommend solutions to population health challenges faced by NCR beneficiaries and chronic diseases of beneficiaries.

(11) Track metrics and provide comparative data to demonstrate progress against baseline, benchmarks on systemic clinical care, or healthcare quality issues.

4. ORGANIZATION AND MANAGEMENT. The CCQMB is composed of representatives from JTF CapMed Headquarters, Component Commands, MTFs, and subject matter experts. The composition of the board is as follows:

- a. Chairperson. As nominated and appointed by CJTF from the members of the board.
- b. Recorder. As appointed by the Chairperson.
- c. Voting Members. *Voting members will delegate an alternate if unable to attend with prior approval by the CCQMB Chairperson.*

- (1) J-3B Director, Healthcare Delivery Operations
- (2) Division Chief, Clinical Operations, JTF CapMed
- (3) Quality Lead, JTF CapMed
- (4) Division Chief, Warrior and Family Care, JTF CapMed
- (5) Chair ECOMS, FBCH
- (6) Chair ECOMS, WRNMMC
- (7) Chair ECONS, FBCH
- (8) Chair ECONS, WRNMMC
- (9) Director of Quality, FBCH
- (10) Director of Quality, WRNMMC
- (11) Director, JPC
- (12) Representative, J-7
- (13) Representative, J-9

- d. Non-Voting Members:

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- (1) Lead ~~PAD~~ *Patient Administration Division* Officer, JTF CapMed
- (2) Cost Assessment and Program Evaluation Lead, JTF CapMed
- (3) Representative, USUHS
- (4) Representative, MEDCOM/NRMC Quality
- (5) Project Officer, IRMAC
- (6) Project Officer, Patient Movement
- (7) Representative, 79th Medical Wing*
- (8) Representative, Kimbrough Ambulatory Care Center*

e. Ad Hoc Members:

- (1) Regional Consultants
- (2) Others as required

f. The board will establish its own operating procedures, meeting schedule, and interim work products necessary for the completion of its mission. All members are expected to attend meetings established by the chairperson and be prepared for discussions and contribute accordingly. Members are expected to keep their respective Component Leaders apprised of their progress, workings, and recommendations and will be responsible for any Service-specific issues.

5. RESPONSIBILITIES. See Enclosure 2

6. RELATIONSHIPS. The CCQMB shall:

- a. Be accountable to CJTF through the Executive Council
- b. Interface with other IDS boards as appropriate
- c. Monitor initiatives of all IDS boards to ensure:
 - (1) Integration of all interdependencies.
 - (2) Focus on a fully developed and integrated IDS with one standard of healthcare operations regardless of branch of Service or location of care delivery.

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7. AUTHORITIES

a. Tasking Authority. The Chair of the CCQMB shall:

(1) Ensure attendance of members as outlined in Section 4 of this Charter. In the event a team member is unable to attend a scheduled meeting, an informed and empowered representative may fulfill the representative's role.

(2) Assign appropriate deliverables to members, subordinate working groups, and coordinating NCR Medical IDS boards.

b. Budgeting Authority. None.

8. ADMINISTRATION

a. Meeting Frequency. The CCQMB shall meet at least monthly, and more often if needed, to ensure the success of the clinical care and clinical quality management initiatives of the IDS.

b. Decision-Making Methodology. CJTF has ultimate responsibility for all decisions regarding the IDS. CCQMB will provide recommendations through the Executive Council to the Commander's Meeting for decision.

c. Status Reporting. Quarterly status reports will be presented to the Executive Council and CJTF.

d. Problem/Issue Escalation and Resolution Processes. Conflicts between competing priorities will be adjudicated by the Executive Council with final resolution by CJTF.


e. Board Status. The CCQMB is a standing board and will continue to meet and deliberate unless otherwise directed by CJTF.

f. Quorum. The CCQMB will achieve a quorum when 51% of the voting membership are present. Alternates sent "on behalf of" will be considered the same as the voting member.

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

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10. EFFECTIVE DATE. This Directive is effective upon its publication to the JTF CapMed Issuance Website.



STEPHEN L. JONES
Major General, U.S. Army
Acting Commander

Enclosures

1. References
2. Responsibilities

Glossary

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ENCLOSURE 1REFERENCES

- (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) Defense Health Board Report, Achieving World Class, May 2009
- (f) Creating a World-Class, Integrated Delivery System in the National Capital Region, April 23, 2010
- (g) JTF CAPMED-I 5025.02, “~~JTF CapMed Corporate Decision Making Process National Capital Region (NCR) Medical Integrated Delivery System (IDS) Governance Structure,~~” ~~February 10, 2010~~ *July 27, 2012*
- (h) JTF CAPMED-I 5025.01, “Formats and Procedures for Development and Processing of Issuances,” March 5, 2012
- (i) Establishment of the National Capital Region Medical Integrated Delivery System (IDS CONOPS), July 3, 2012
- (j) JTF CapMed Fiscal Year (FY) 2013-2015 Performance Planning Guidance
- (k) JTF CAPMED-I 6025.04, “Medical Quality Assurance and Clinical Quality Management,” October 5, 2011 *as amended*
- (l) JTF CAPMED-M 6025.01, “Clinical Quality Management,” March 29, 2012

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ENCLOSURE 2RESPONSIBILITIES1. CHAIRPERSON. The Chairperson shall:

a. Forward an agenda to each voting member no later than 3 working days prior to each scheduled meeting. The agenda may be incorporated into the meeting minute's format.

b. Forward a clearly written summary of the proceedings of the previous meeting to each voting member no later than 3 working days prior to each scheduled meeting. The written summary must:

(1) Endorse information/decision briefs deemed ready for consideration by the Executive Council.

(2) Specify the way ahead for information/decision briefs deemed not ready for consideration by the Executive Council.

c. Appoint individuals and form ad hoc work groups to accomplish tasks consistent with the board's mission.

d. Appoint an alternate recorder in the absence of the recorder.

e. Brief Executive Council/CJTF quarterly regarding status of issues within specific area of cognizance.

2. RECORDER. The Recorder shall:

a. Prepare an agenda at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 1.a.

b. Prepare a clearly written summary of the proceedings of the previous meeting at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 1.b.

3. MEMBERS. The Members shall:

a. Attend meetings established by the Chairperson, be prepared for discussions that ensue, and contribute accordingly.

b. Speak with the authority of their Commander or Director.

c. Keep their constituencies engaged and aware of the issues being addressed.

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- d. Prepare their respective component leader for participation in the Executive Council by discussing salient issues.
- e. Act as subject matter experts where appropriate.

GLOSSARYABBREVIATIONS AND ACRONYMS

CCQMB	Clinical Care and Quality Management Board
CJTF	Commander, Joint Task Force National Capital Region Medical
ECOMS	Executive Committee of the Medical Staff
ECONS	Executive Committee of the Nursing Staff
FBCH	Fort Belvoir Community Hospital
IDS	Integrated Delivery System
IRMAC	Integrated Referral Management Appointment Call Center
JOA	Joint Operations Area
JPC	Joint Pathology Center
JTF CapMed	Joint Task Force National Capital Region Medical
MEDCOM	Medical Command
MHS	Military Health System
MTFs	Medical Treatment Facilities
NCR	National Capital Region
NRMC	Northern Regional Medical Command
SAV	Staff Assistance Visit
SMS	Strategic Management System
USUHS	Uniformed Services University of the Health Sciences
WRNMMC	Walter Reed National Military Medical Center