



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

NUMBER 1322.01
JUL 20 2010

CSEL

SUBJECT: Utilization of Independent Duty Corpsmen (IDCs) Skill Sets Within JTF CapMed Facilities

References: (a) OPNAVINST 6400.1C, "Training, Certification, Supervision Program, and Employment of Independent Duty Hospital Corpsmen (IDCs)," 15 August 2007
(b) GENADMIN/BUMED WASHINGTON /M3/50M3/NOV 08//

1. PURPOSE. To provide Commander, Joint Task Force, National Capital Region Medical (CJTF) policy for training, certifying, employing, and supervising Navy IDCs ensuring all enlisted medical personnel are able to use all available skill sets in performing the highest possible level of healthcare services in line with Service school education, training and on the job experience.

2. APPLICABILITY AND SCOPE. This Directive applies to Navy enlisted medical personnel trained and certified to practice independently and is vital in administering competent health care support to the operating forces of the Navy, Army, Air Force, and Marine Corps within the JTF CapMed Joint Operating Area (JOA). Traditionally, the Services recognize the competencies of individual enlisted medical personnel but have not actively coordinated cross-Service utilization of baseline skill sets.

3. POLICY

a. It is JTF CAPMED's policy to:

(1) Identify and capitalize on all competencies of Independent Duty Corpsmen in the deployed environment based on Service policies while addressing The Joint Commission (TJC) constraints when these same personnel provide care within Garrison Medical Treatment Facilities (MTF).

(2) Authorize Navy enlisted personnel on clinical rotations at Walter Reed National Military Medical Center Bethesda (WRNMMCB) and Fort Belvoir Community Hospital

(FBCH) to serve within the competencies of their particular Navy Enlisted Classification (NEC) identifier.

b. IDCs are designated non-privileged providers, working alongside Primary Care Managers (PCM), medical doctors (MD), Nurse Practitioners (NP), and Physician Assistants (PA), in the care of Tricare Prime enrollees in primary or specialty care clinic settings. Upon review and certification of required training, professional certifications, national provider identifier (NPI) number, and assignment of privileged physician supervisors, all IDCs shall be granted password access to AHLTA and CHCS to ensure proper documentation of patient care.

c. IDCs can conduct full healthcare history and physical exams and deliver limited formulary medications as outlined in the listed reference.

d. Ongoing orientation, skill set evaluation, training, and oversight will be carried out according to TJC guidelines and applicable service specific guidance.

4. RESPONSIBILITIES

a. All certified IDCs at WRNMMCB and FBCH will:

(1) Deliver patient care within their scope of practice as outlined by Service specific guidance. A certified IDC will deliver patient care for active duty personnel under **indirect** supervision, allowing for the evaluation, diagnosis and treatment of patients without being approved by a medical officer.

(2) Work within established IDC specific formularies to ensure these non-privileged providers can adequately deliver patient care within their respective competencies.

(3) Only serve Active Duty members within their scope of practice without direct supervision. An IDC may provide care to other beneficiaries under **direct** supervision of the Physician Supervisor only with the beneficiary's consent (or in the case of a minor with the sponsor's consent).

b. All IDCs will be subject to review within the health care quality assurance program at WRNMMCB and FBCH. Compliance with Service-specific oversight, program management, and monitoring of health care delivery is the responsibility of each assigned Physician Supervisor.

c. Certified IDCs shall have a quarterly review of a minimum of 30 health records to assess clinical performance. Per reference (b) IDCs who have 30 or less patient contacts per quarter will have 100% of health records reviewed. With the exceptions noted above, IDCs are required to have 10% of their charts reviewed retrospectively as part of the quality assurance program. Where direct supervision is required, all notes will be co-signed. An IDC under indirect supervision does not require co-signature of the note.

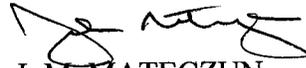
d. IDC trainees will be supervised by facility training officials and are subject to and required to abide by all facility rules and applicable regulations, except where compliance would be inconsistent with Federal statute, regulation, or any other law binding members of the Navy, Army, and Air Force.

e. IDC trainees will be precepted by a privileged provider and all notes will be co-signed.

f. Physician supervisors and nurses working with IDCs will become knowledgeable of the competencies for IDCs.

5. RELEASABILITY. This Directive is approved for public release and is available on the Internet from JTF CAPMED Web Site at <http://www.jtfcapmed.mil>. The point of contact is CSM Donna Brock at (301) 319-8706.

6. EFFECTIVE DATE. All provisions of this Directive are effective immediately. This directive will be reviewed and updated annually or as needed.



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Commander