OPERATION ORDER 16-40 (Clinical Practice Guideline Implementation)

References:


(b) Manual for Facility Clinical Practice Guideline Champions, USA MEDCOM CPAD 2014.

(c) Clinical Quality Management: AR 40-68, February 2004

Time Zone Used Throughout the Order: Romeo (Eastern Standard Time).

Task Organization: No change.

1. Situation. Veterans Administration/Department of Defense (VA/DoD) Clinical Practice Guidelines (CPG) are developed according to the strict standards for CPGs set by the Institute of Medicine (IOM). VA/DoD CPGs have been published in peer reviewed journals and are recognized as some of the highest quality guidelines that are available to clinicians. The VA/DoD CPGs are known to improve the quality of care while at the same time control healthcare costs. Despite these known benefits the implementation of VA/DoD CPGs has been inconsistent across the enterprise resulting in variances in healthcare delivery. These variances negatively affect the patient care experience and burden our healthcare system with unnecessary costs. Standardizing the implementation of CPGs will improve the quality of care we deliver, help control costs, and advance Army Medicine’s transition to a High Reliability Organization (HRO).

2. Mission. US Army Medical Command (USAMEDCOM) standardizes the VA/DoD CPG implementation process in Fiscal Year (FY)16 across all Army Regional Health Commands (RHC) in order to improve the patient care experience.

3. Execution.

   a. Commander’s Intent. To communicate the standardization of VA/DoD CPG implementation across the MEDCOM as a key component of the transition to an HRO. These guidelines, which are evidence based and free of conflicts of interest, are recognized in peer reviewed journals as high quality guidelines. The use of the VA/DoD CPGs improves the quality and consistency of clinical care and outcomes. End state
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This equates to familiarization of healthcare teams to the VA/DoD CPGs with subsequent implementation to all applicable patient populations.

b. Concept of Operations. The VA and DoD collaborate to develop and update CPGs. The Office of Evidence Based Practice, within the Clinical Performance Assurance Directorate (CPAD), is the lead agent for the DoD in the update and development of new CPGs. The Chief of Evidence Based Practice will send new or updated CPGs to the Service Lines (Primary Care, Behavioral Health, Women’s Health, etc.), the Chief Consultant, and the Director of Clinical Operations (DCO) at each Regional Health Command (RHC(Provisional)) for implementation. The RHC(P) DCO will notify Health Readiness Platform (HRP) Commanders of a new or updated VA/DoD CPG. HRP Commanders, in coordination with their Deputies, will appoint a CPG Champion for each VA/DoD CPG that is applicable to their patient population. The Chief Consultant will notify all consultants that a new or updated CPG is available.

c. Tasks to Deputy Chief of Staff – Quality and Safety (DCS-Q&S).

(1) Post new or updated CPGs to the Evidence Based Practice website and initiate Communication Plan (Annex R).

(2) Notify the appropriate service line of a new or updated VA/DoD CPG.

(3) Notify the Clinical Consultants of a new or updated VA/DoD CPG.

(4) Notify the DCO within each RHC(P) of each a new or updated VA/DoD CPG.

(5) Send a copy of the new or updated VA/DoD CPG to the Tri-Service Work Flow (TSWF) Group.

(6) Report CPG compliance to the Director, Clinical Performance Assurance Directorate (CPAD) and the Deputy Chief of Staff Quality and Safety Provisional (DCS Q&S (Provisional))

(7) Provide CPG implementation assistance as requested by the RHC(P).

(8) Provide training for reporting CPG compliance to CPAD SharePoint.

(9) Send a monthly reminder to the DCO at each RHC(P) to monitor VA/DoD CPG implementation at each HRP within their region.

d. Tasks to all Regional Health Commands (RHCs).

(1) Notify HRP Commanders to implement the new or updated VA/DoD CPG when the CPG applies to their beneficiary population.
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(2) Monitor CPG Implementation Database on SharePoint monthly to ensure that all HRPs within the region are maintaining the data for their facilities. The implementation data on SharePoint will be organized by RHC (P) and subordinate HRP. The RHC(P) will ensure that each HRP within the region is reporting the applicability of each CPG to their population, the status of implementation at their facilities, the names and contact information of all of the CPG Champions, and the dates and the type of CPG training conducted each month.

(3) Insure that each HRP within the regions is incorporating VA/DoD CPG training into unit training for new clinical personnel. Each RHC (P) will provide CPG training support. Training shall consist, at a minimum, of familiarization with VA/DoD CPG website (https://www.qmo.amedd.army.mil/pguide.htm). Additional training assistance may be requested through the RHC (P) to the Office of Evidence Based Practice. Training on TSWF documentation tools may be requested through the DHA TSWF Division via onsite and Defense Collaboration Service (DCS) training. TSWF training may be requested at the following website: https://www.tswf-mhs.com/request-training/

(4) Incorporate CPG implementation into the RHC (P) Organizational Inspection Programs (OIP).

(5) Implement all CPGs that apply to their beneficiary population according to the standards described in, “Putting Practice Guidelines to Work in the Department of Defense Medical System: A Guide for Action, Rand 2001”. This document can be found on the following website: (https://www.qmo.amedd.army.mil/general_documents/rand_document_4_01.pdf)

(6) Report CPG data monthly by the third business day each month to SharePoint. The first report is due 4 MAY 2016.

(7) Instruct all clinical personnel using the outpatient Electronic Health Record (EHR) on the process of adding TSWF documentation tools to their favorites menu.

(8) Add a desktop link/shortcut to the VA/DoD CPG website on all computers used to deliver clinical care. This website is found at: https://www.qmo.amedd.army.mil/pguide.htm

(9) Establish a CPG lead to report implementation to the CPAD SharePoint site: http://go.usa.gov/3ukGR. This link should be added to the HRP SharePoint site.

f. Coordinating Instructions. This OPORD applies to all MEDCOM RHCs. Commanders will ensure that CPG compliance is incorporated into clinical practice. All primary care staff will be familiar with the AHLTA TSWF Navigator form which consolidates documentation tools, clinical decision support tools, and VA/DoD CPG links in the outpatient EHR. The clinical staffs are encouraged to use the TSWF forms
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within the outpatient EHR to improve documentation and compliance with current VA/DoD CPGs.

(1) **Information Requirements.** Submit monthly CPG Implementation Report (See Annex R) which will include, by HRP, applicability of CPGs, status of CPG implementation, names and contact information of CPG Champions, and CPG training completed. Monthly reports are to be submitted via the CPAD SharePoint site at: [http://go.usa.gov/3ukGR](http://go.usa.gov/3ukGR)

(2) **Essential Elements of Friendly Information (EEFI).** DIRLAUTH with MEDCOM CPAD, Chief, EBP Corinne Devlin at (210) 466-2882 or email at corinne.k.devlin.civ@mail.mil. Alternate POC: Dr. James Sall at (210) 466-2869 or email at james.l.sall.civ@mail.mil.

(3) **Risk Reduction Control Measures.** None

(4) **Information Themes and Messages.** See Appendix 1.

(5) Acknowledge receipt of this message electronically to the MEDCOM Operations Center at usarmy.ncr.hqda-otsg.mbx.medcom-ops-center@mail.mil or telephonically at (703) 681-8025 or DSN 761-8025.

4. **Sustainment.** None.

5. **Command and Control.**

   a. **Command.** Normal command relationships remain in effect.

   b. **Control.**

   (1) **Command Posts.** MEDCOM Operations Center is the MEDCOM’s 24/7 emergency operations center.

   (2) **Reports.** Update the CPG Database on the CPAD Share Point site monthly.

   c. **Signal.** The point of contact for this OPORD is MEDCOM CPAD, Chief, EBP Corinne Devlin at (210) 466-2882 or email at corinne.k.devlin.civ@mail.mil. Alternate POC: Dr. James Sall at (210) 466-2869 or email at james.l.sall.civ@mail.mil.

**ACKNOWLEDGE:** MEDCOM Operations Center at usarmy.ncr.hqda-otsg.mbx.medcom-ops-center@mail.mil or telephonically at (703) 681-8052, DSN 761.
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West
LTG

OFFICIAL:

//original signed//
R. SCOTT DINGLE
G-3/5/7

ANNEXES:
R – Sample Implementation
   Appendix 1 – Swim Chart Lanes of Responsibility

DISTRIBUTION:
DCS Q&S
RHC-E
HCAA
MRMC
RHC-A
DCS,PH
RHC-P
RHC-C
USAMITC
WTC
G-1/4/6
G-3/5/7
G-8/9
DCS, Procurement
DIR, AMEDD Transformation
DIR, Executive Agencies
DIR, Reserve Affairs
DIR, Special Staff
DIR, Communication