DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 11-096

16 NOV 2011

MCCS

Expires 16 November 2013

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL COMMANDS

SUBJECT: Mandatory After Action Reviews for Suicides Completed within 90 Days of Behavioral Health Visit

1. References:

a. Army Regulation (AR) 15-6, Procedures for Investigating Officers and Board of Officers, 2 Oct 06.

b. AR 190-45, Law Enforcement Reporting, 30 Mar 07.

c. AR 600-8-4, Line of Duty Policy, Procedures, and Investigations, 4 Sep 08.

d. Department of the Army Pamphlet 600-24, paragraph 2-5, Health Promotion, Risk Reduction, and Suicide Prevention, 7 Dec 10.

e. AR 40-68, Clinical Quality Management, 22 May 09.

f. Department of Defense Instruction 5154.30, Armed Forces Institute of Pathology Operations, 18 Mar 03.

g. Memorandum, HQ MEDCOM, MCHO-CL-Q, 18 Dec 06, subject: Root Cause Analysis (RCA) of Suicides in the Outpatient Setting.

h. MEDCOM Operation Order (OPORD) 10-70, USAMEDCOM Comprehensive Behavioral Health System of Care Campaign Plan, 2 Sep 10.

i. MEDCOM OPORD 11-20, Army Patient Centered Medical Home, 25 Jan 11.

2. Purpose: To describe the requirements for completion and dissemination of "lessons learned" from the review of Soldiers who complete suicide within 90 days of Behavioral Health (BH) services at an Army Medical Treatment Facility (MTF).

3. Proponent: The proponent for this policy is the Assistant Chief of Staff for Health Policy and Services, Behavioral Health Division (BHD).

4. Background: It is critically important that BH providers US Army Medical Department (AMEDD)-wide learn from information gathered after a completed Soldier suicide. Multiple reviews of suicides are already being done. Reference 1g established the requirement for a

formal RCA to be performed on all suicides occurring within two weeks of a BH appointment. Reference 1a sets forth procedures for conducting informal and formal investigations to determine facts and circumstances to support further recommendations. However, none of these methods specifically develops, consolidates, and disseminates BH process lessons learned to BH providers locally or systematically across the AMEDD.

5. Policy:

a. When a Soldier who has received behavioral healthcare through a MEDCOM service (BH, Family Advocacy Program, Addiction Medicine), completes suicide within 90 days of the BH encounter, the senior BH Officer or designee at the local MTF is responsible for conducting a review of the case.

(1) The intent of this requirement is to reduce Soldier suicides through the sharing of actionable lessons learned from the thorough review of associated systemic issues such as applicable policy and procedure. It is not intended to assign blame or individual responsibility for the Soldier's suicide, nor is it intended to focus on issues characterized as quality assurance (QA) as outlined in reference 1e.

(2) The review includes the associated MEDCOM, Regional Medical Command (RMC), and local MTF policies, Soldier medical records, and available Criminal Investigation Case File, the Commander's AR 15-6 investigation, Department of Defense Suicide Event Report, and personal interviews as appropriate. Reviews or investigations that use medical QA records will be defined as medical QA records protected by 10 U.S.C. 1102 and should not be used for the after action review (AAR).

(3) The review will result in a single memorandum with AAR in the subject line and will include facts, discussion, and recommendations sections. The overall document should not exceed two pages and will utilize the enclosed template format (enclosure). The report may contain Soldier identifying information, but it should not include Soldier social security numbers, addresses or telephone numbers.

(a) At a minimum, the AAR will address substantial and pertinent issues such as the effects of local and enterprise-wide policies, processes and procedures specific to the initiation of care, the ability to access care, and transitions across clinics and providers. Furthermore, the AAR will directly address the adequacy and/or appropriateness of the following domains: suicide risk assessment, professional scope of practice of the involved provider(s), diagnostic evaluation accuracy, treatment plan, documentation, staff training, communication procedures, and the adoption of evidence-based practice techniques.

(b) Recommendations will be actionable and applicable for MTF, installation, and/or Army-wide implementation.

(4) The local senior BH leader or designee will complete the review and provide a copy to the local MTF Commander.

(5) MTF Commanders will forward the findings through their respective RMCs to the Office of The Surgeon General (OTSG) BHD through encrypted email to the following address: otsg.behavioralhealth2@amedd.army.mil.

(6) BHD will conduct a thematic analysis of the AARs submitted over the preceding quarter, consolidate the findings, and provide a summary report to the RMCs for distribution back to the BH providers. The summary report will not contain Soldier, Provider, or MTF identifying information.

6. Responsibilities:

a. MTF Commanders will ensure that the AAR, in association with the requisite AR 15-6 investigation, is completed and submitted to the RMC within 90 days of the Suicide Event.

b. RMCs will provide direct oversight and assistance to their subordinate MTFs and submit the AAR to OTSG BHD within five days of receiving the report.

c. BHD is responsible for the timely consolidation and dissemination of findings no later than one month after the end of each quarter.

7. This policy represents the minimum requirements for BH review of active duty (AD) Soldier suicides. It is not a substitute for other established quality assurance or administrative reviews required by the suicide of an AD Soldier.

FOR THE COMMANDER:

Encl

HERBERT A. COLEY
Chief of Staff

Template for After Action Reviews:

Subject: After Action Review for XXXX

1. Facts: A brief description of clinical facts and Soldier treatment prior to suicide. To Include: Soldier name, gender, deployment status, military occupation, rank, time-in-service, date of suicide, mechanism of suicide, list of documents reviewed (Medical Record, AR-15, CID Case Report, Relevant Policies), probable precipitant, all BH services Soldier was receiving within 90 days and other relevant BH history, brief summary of clinical context surrounding the event with review of acute, chronic risk/protective factors.

2. Discussion: Review of BH system performance prior to Soldier suicide. To Include: patient points of care, accessibility of care, transition across programs/providers, suicide risk assessment, (were appropriate risk/protective factors documented and modifiable risk/protective factors integrated into the treatment plan?) professional scope of practice, diagnostic evaluation accuracy, overall clinical documentation and treatment planning, staff training, coordination and communication between treatment team members, adoption of evidence-based practice techniques (Is the type of treatment identifiable in the documentation and indicated by evidence to effectively treat diagnosis?)

   b. Lessons Learned

3. Recommendations: Specific, systemic changes and/or policy revisions that may have mitigated Soldiers suicide risk based on lessons learned.