

## PATIENT SAFETY REGULATORY CROSS-WALK

Requirements	JCAHO 2002 Hospital Standards	NDAA CR 742- 754 Section	DoDI 6025.17 Paragraph	MEDCOM Regulation 40-41 Paragraph
The planning process provides for setting performance-improvement priorities and identifies how the hospital adjusts priorities in response to unusual or urgent events.	LD 1.4			6.k(1), 14.c, 14.d, 14.e
The leaders and other relevant personnel collaborate in decision making	LD 1.8		5.1.4	6.g(6) 9.a
The leaders foster communication and coordination among individuals and departments.	LD 3.2	754(d)	1.6; 4.1.4 4.8	6.g(2), 6.h(3), 6.i(2), 15.a-d
<b><i>The leaders provide for mechanisms to measure, analyze, and manage variation in the performance of defined processes that affect patient safety.</i></b>	LD 3.4.1	754(c)(3)(A)	5.3.3	6.g(4), 14
The leaders allocate adequate resources for measuring, assessing, and improving the hospital's performance <b><i>and for improving patient safety.</i></b>	LD 4.4		4.1.2	6.a(3), 6.g(4)
The leaders assign personnel needed to participate in performance-improvement activities <b><i>and activities to improve patient safety.</i></b>	LD 4.4.1	754(c)(1)	4.1.2	6.g(3), 6.g(6)
The leaders provide adequate time for personnel to participate in performance-improvement activities <b><i>and activities to improve patient safety.</i></b>	LD 4.4.2			6.a(3), 6.g(4), 6.l(5)
The leaders provide information systems and data management processes for ongoing performance improvement <b><i>and improvement of patient safety.</i></b>	LD 4.4.3		4.6.1; 4.6.2	6.a(4), 11.a, b, e
The leaders provide for staff training in the basic approaches to and methods of performance improvement <b><i>and improvement of patient safety.</i></b>	LD 4.4.4		4.1.2.1; 4.1.3	6.f(2), 6.g(7), 6.h(4), 6.i(3) 16a
<b><i>The leaders assess the adequacy of their allocation of human information, physical, and financial resources in support of their identified performance improvement and safety improvement priorities.</i></b>	LD 4.4.5		4.3	10, 18.a(2)
The leaders measure and assess the effectiveness of their contributions to improving performance <b><i>and improving patient safety.</i></b>	LD 4.5			14.e, 18a(2)
<b><i>The leaders ensure implementation of an integrated patient safety program throughout the organization.</i></b>	LD 5	742(a) 754(a) 754(e)(3)(E)	4.1; 5.4	6.a(5), 6.e(1), 6.g(1), 6.h(2), 7.a, 9.a
Leaders ensure that the processes for identifying and managing sentinel events are defined and implemented.	LD 5.1		4.2	12.a(3), 12.b(1c), 13.b(3)

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<i>Leaders ensure that an ongoing proactive program for identifying risks to patient safety and reducing medical/healthcare errors is defined &amp; implemented.</i>	LD 5.2	754(a) 754(b)2-3	11-4.1	6a(5); 6b(1) 6d(9), 6g(4) 7b (10)
<i>Leaders ensure that patient safety issues are given a high priority and addressed when processes, functions, or services are designed or redesigned.</i>	LD 5.3	754(b)(2) (3)	1.1	6.k(1), 6.k(2), 10.a
New or modified processes are designed well	PI 2			6.d(4), 6.g(2), 6.h(9), 6.k(10), 6.k(14)
The organization collects data to monitor its performance	PI 3.1		4.5.2	6.d(4), 6.d(6), 6.d(9), 6.k(11), 6.k(12)
Undesirable patterns or trends in performance and sentinel events are intensively analyzed.	PI 4.3		4.3; 4.3.1 4.5.1	8, 9.c, 12, 13, 14
The organization identifies changes that will lead to improved performance <b>and improve patient safety.</b>	PI 4.4		4.1.1.5	6.k(12), 6.k(14), 14.c
The hospital plans and designs information-management processes to meet internal and external information needs.	IM 1		4.5.2; 4.1.1	6.k, 11, 12, 14, 15
Transmission of data and information is timely and accurate	IM 5		4.1.1.6 4.3.2; 4.5	12.b(3)
The medical record contains sufficient information to identify the patient support the diagnosis, justify the treatment, document the course and results, and promote continuity of care among healthcare providers.	IM 7.2			
The hospital collects and analyzes aggregate data to support patient care and operations	IM 8		4.3.1; 4.3.3	6.i(1), 6.k(11, 12), 11, 14.a
The hospital provides systems, resources, and services to meet its needs for knowledge-based information in patient care, education, research, and management.	IM 9	754(d)(4)	4.3.4; 5.3.5 5.5	11
<b><i>Patients and, when appropriate, their families are informed about the outcomes of care, including unanticipated outcomes.</i></b>	RI 1.2.2		4.1.1.7	6.h(6), 6.i(8), 15c

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Patients are educated about the safe and effective use of medication, according to law and their needs.	PF 1.3			16.b
Patients are educated about the safe & effective use of medical equipment.	PF 1.4			6g(8), 6m(6) 16 b
Patients are educated about potential drug-food interactions & provide counseling on nutrition & modified diets.	PF1.5			6g(8); 6m(6)
The hospital makes clear to patients and families <b>that the patient is an integral member of the healthcare team, describes</b> what their responsibilities are regarding the patient's ongoing healthcare needs, and gives them the knowledge and skills they need to carry out their responsibilities.	PF 1.10			6.g(8), 6.m(6), 16.b
The hospital ensures continuity over time among the phases of service to a patient.	CC 4			
An orientation process provides initial job training and information and assesses the staff's ability to fulfill specified responsibilities.	HR 4			6.d(3), 6.f(12), 6.g(7), 16.a
The hospital ensures coordination among the health professionals and services or settings involved in a patient's care.	CC 5		1.6; 4.1.4; 4.8	16.a
Ongoing in-service and other education and training maintain and improve staff competence and support an interdisciplinary approach to patient care.	HR 4.2			
Establishes a Military Health System Patient Safety Center (MHSPSC)		754(c)(3)	1.3	6.a(3), 6.b
Establish a hospital level patient safety center		754(c)(1)	4.1 (?)	6.g(3)
Emulate the VA Patient Safety Program		742(a)	1.1	
Establishes two Centers of Excellence within the MHSPSC		754(d)(1)	1.4; 5.3.8	
Complies with the requirements for confidentiality under 10 USC 1102			1.5; 4.5.3 4.7; 5.3.2	19
Establishes a Health Care Team Coordination Program phasing at a rate of 10 organizations per year and at least one specialty per year		754(d)(3)	1.6; 4.1.4 4.8	
Contract with a qualified and objective external organization to manage the PS database		754(c)(3)(F)	5.3.6; 5.39	

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Coordinate with other federal agencies and Secretaries of Services		742(b)(1)1 754 (e) 7543(b)(3)	5.1.3; 5.3.4 5.3.7; 5.3.9	6.b(1)(2)
Findings of intentional unsafe acts resulting from gross negligence or possible criminal activity are reported through appropriate channels			4.4; 4.4.1 4.4.2	8f, 12b(2) 12©, 12d, 14b(2)
Develop protocols/standards for administration of effective processes for reporting, compilation and analysis of errors		742(b)(2) 754(c)(2)	4.1.1	2.a, 2.d, 6.d, 6.k(9), 12, 13, 14
Develop action plans to address patterns of patient care errors and execute those plans to mitigate and control errors		754(c)(3)(B)( C)	4.2; 4.3; 4.3.1	14.c, 14.e
Study occurrences of errors in patient care provided under Chapter 55, Title 10 USC		754(b)(1)		