

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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MEDCOM Regulation
No. 40-41

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Medical Services
THE PATIENT SAFETY PROGRAM

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from HQ MEDCOM, ATTN: MCHO-CL-Q.

1. History. This issue publishes a revision.

2. Purpose

a. This regulation outlines the activities of the Army Medical Department (AMEDD) Patient Safety Program (PSP) to identify and centrally report actual and potential events in medical/dental systems and processes and to improve patient safety (PS) and healthcare quality throughout the AMEDD.

b. This regulation supports Department of Defense Instruction (DODI) 6025.13, Army Regulation (AR) 40-68, and the requirements for confidentiality of medical quality assurance records under Title 10, United States Code (USC), Section 1102 (10 USC 1102).

3. Applicability. This regulation applies to personnel in all U.S. Army Medical Command (MEDCOM) installations and activities.

4. References. References are listed at appendix A.

5. General

a. The MEDCOM PSP is the corporate program that uses leadership engagement, communication, teamwork, and data analyses to identify, evaluate, and execute process improvement initiatives to facilitate reduction in potential harm to beneficiaries.

*This regulation supersedes MEDCOM Regulation 40-41, 14 January 2002.

b. The PSP establishes guidelines for every medical treatment facility (MTF) and dental treatment facility (DTF) to execute a dedicated PSP as outlined by AR 40-68.

c. PS involves a variety of clinical and administrative activities that healthcare organizations undertake to identify, evaluate, and reduce the potential for harm to beneficiaries and to improve the quality of health and dental care. Effective health and dental care PS event reduction requires an integrated approach and a supportive environment in which patients, their families, organization staff, and leaders can identify, manage, and learn from actual and potential risks.

d. A successful PSP facilitates a blame-free, interdisciplinary approach to decrease unanticipated adverse healthcare outcomes. The organizational focus is on continued learning about risks and mitigation strategies to reduce the chance of human error. The AMEDD fosters and supports an organizational environment that recognizes and acknowledges potential risks to PS and the occurrence of medical and dental care PS events. The PSP encourages event reporting in order to identify system or process failures and to enhance improvement strategies.

6. Responsibilities

a. The MEDCOM Quality Management Division (QMD), PSP will—

(1) Exercise broad oversight responsibility for development and implementation of the PSP as delegated by The Surgeon General (TSG).

(2) Represent TSG as a member of various committees and working groups sponsored by Office of the Assistant Secretary of Defense/Health Affairs, Department of Defense (DOD), and other healthcare agencies.

(3) In coordination with regional dental patient safety officers (PSOs), provide guidance and assistance to the MTF medical patient safety manager (PSM) and DTF PSO in the development of his/her facility's PSP.

(4) Educate and train PSMs and PSOs.

(5) Provide advice, assistance, and ongoing feedback to the PSMs and PSOs in identifying and categorizing PS events, conducting aggregate reviews and root cause analysis/analyses (RCA), and developing appropriate action plans for process/system improvement and the mitigation of risk.

(6) Implement standardized PS data collection, reporting, and metrics to monitor and evaluate program compliance and effectiveness.

(7) Align and integrate PS initiatives with relevant DOD and national PS and quality improvement programs, as appropriate.

(8) Establish the evidence-based Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS™) as the AMEDD platform for training, implementation, skill building, and sustainment of teamwork initiatives. (Note: TeamSTEPPS™ is a public domain resource and is available at http://teamstepps.ahrq.gov/about-2cl_3.htm.)

(9) Provide regional and MTF-specific information and reports regarding PS events, RCA, action plans, and aggregate data to the MTFs through the PSMs/PSOs and regional representatives.

(10) Provide opportunities for MTF lessons learned to be shared throughout the AMEDD.

b. Regional medical command (RMC)/regional dental command (RDC) commanders will—

(1) Assist the regional PSM/PSO with execution of the AMEDD PSP within their regions.

(2) Provide PSP support and guidance to supported MTFs/DTFs.

(3) Establish TeamSTEPPS™ as their platform for training, implementation, skill building, and sustainment of teamwork initiatives within all facilities.

c. MTF and DTF commanders will—

(1) Be responsible for effective implementation and compliance with the AMEDD PS policy as defined in this regulation.

(2) Promote a culture that emphasizes cooperation, communication, and teamwork.

(3) Ensure reporting of PS events, focusing on event prevention and systems improvement rather than punishment.

(4) Ensure all sentinel events (SEs) (as defined by The Joint Commission (TJC) and MEDCOM behavioral health policy on suicides) are reported to the RMC/RDC and the MEDCOM QMD PSP within 48 hours of identification using MEDCOM Form 732 (Sentinel Event Report Worksheet). In response to an SE, the MTF/DTF commander will designate and formally charter a team to conduct a thorough and credible RCA.

(5) Designate the PSM/PSO to manage the MTF organization-wide PSP.

(6) Provide the resources required to sustain a comprehensive, integrated PSP according to the provisions of this regulation.

(7) Ensure all assigned staff are educated on PSP components, roles, and responsibilities.

(8) Establish TeamSTEPPS™ as a platform for training, implementation, skill building, and sustainment of teamwork initiatives.

(9) Facilitate the education of MTF beneficiaries regarding their roles and responsibilities as partners in the health/dental care process, to include the identification of PS-related issues.

(10) Ensure the PSM/PSO and others designated by the commander receive PSP training through the DOD Basic Patient Safety Managers Course.

d. MTF/DTF deputy commanders will support and actively engage an ongoing, proactive program for identifying PS risks and for reducing healthcare errors according to DODI 6025.13, AR 40-68, and MEDCOM guidance.

e. Department/service/clinic chiefs and management/supervisory staff will—

(1) Ensure PS activities are implemented, monitored, and evaluated for effectiveness and actively participate in these processes.

(2) Support a culture at the department/service level that emphasizes cooperation, communication, and collaboration; ensures reporting of “near miss” and actual PS events; focuses on process rather than punishment; and works to improve medical systems and processes to promote PS.

(3) Facilitate orientation and ongoing education of all assigned staff regarding their roles and responsibilities in the PSP.

(4) Ensure that staff members educate patients/family members on their roles and responsibilities related to the safe delivery of care.

f. PSMs/PSOs will—

(1) Be responsible for managing their organization’s PSP by collaborating with leadership and staff to ensure the effective integration of PS initiatives within the organization. The PSM/PSO will be an integral part of the executive administrative team and will report PS issues directly to the command.

(2) Manage the PS reporting process from notification of an event to corrective actions.

(3) Classify PS events according to current MEDCOM PSP guidelines.

(4) Provide expertise, training, and guidance to staff members in the areas of PS principles, proactive risk assessment, data analyses, RCA, and concepts of teamwork.

(5) Serve as the MTF liaison to the regional PSO and MEDCOM PSP.

(6) Coordinate, facilitate, and/or educate all MTF-assigned personnel on their roles and responsibilities in the PSP, to include reporting of all PS events, participating in MTF PS activities, and educating patients/families on facilitating the safe delivery of care.

(7) Actively work to implement and sustain the TeamSTEPPS™ strategies and tools and promote effectiveness evaluation activities at the MTFs.

(8) Participate in all SE processes and ensure timely submission of the RCA through the regional PSO to MEDCOM PSP.

(9) Serve in a leadership capacity on the MTF PS committee and inform the committee--as well as all levels of staff--regarding MTF, corporate, and nationwide PS alerts, updates, and initiatives.

(10) Facilitate a proactive risk assessment as required by TJC.

(11) Collaborate with the MTF risk manager on managing potentially compensable events.

(12) Prepare reports as required by the MTF leadership and TJC.

g. All MTF and DTF personnel will—

(1) Fully understand and take responsibility for their roles in the PSP.

(2) Actively participate in creating a safe environment for themselves, peers, patients, and families by meeting organizational and professional standards, following identified best/safe practices, and proactively mitigating unsafe conditions or situations.

(3) Voluntarily report all near misses and adverse events including SEs.

(4) In response to a PS event, initiate immediate steps to ensure patient and staff safety: Notify appropriate personnel. Secure any supplies/equipment that were part of the PS event “as is” without modifying their current condition or state and provide to the PSM/PSO. The PSM/PSO will coordinate with logistics, medical maintenance, or pharmacy to hold the supplies/equipment during the investigation.

(5) Educate patients/families in their roles and responsibilities to facilitate the safe delivery of care.

Appendix A References

Section I Required Publications

This section contains no entries.

Section II Related Publications

AR 40-68
Clinical Quality Management

DOD Instruction 6025.13
Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)
(Available at <http://www.dtic.mil/whs/directives/index.html>.)

Institute of Medicine Report #1
To Err is Human: Building a Safer Health System. Washington, DC: National Academy Press (1999)
(Available at <http://www.iom.edu/~media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20Human%201999%20%20report%20brief.pdf>.)

Institute Of Medicine Report #2
Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press (2001)
(Available at http://www.nap.edu/html/quality_chasm/reportbrief.pdf.)

AHRQ Patient Safety Network (PSNet)
Patient Safety and the “Just Culture”: A Primer for Health Care Executives. Medical (2001)
(Available at <http://www.psnet.ahrq.gov/resource.aspx?resourceID=1582>.)

MEDCOM OPOD 11-38
AMEDD-Wide Implementation of TeamSTEPPS 2011
(Available at <https://www.qmo.amedd.army.mil/ptsafety/TeamSTEPPS.htm>.)

United States Code (USC), Title 10, Section 1102 (10 USC 1102)
Confidentiality of Medical Quality Assurance Records: Qualified Immunity for Participants
(Available at <http://www.gpo.gov/fdsys/granule/USCODE-2010-title10/USCODE-2010-title10-subtitleA-partII-chap55-sec1102/content-detail.html>)

Comprehensive Accreditation Manual for Hospitals (CAMH)

(Available at [http://www.jointcomission.org/.](http://www.jointcomission.org/))

Section III

Prescribed Forms

MEDCOM Form 732

Sentinel Event Report Worksheet

Section IV

Referenced Forms

This section contains no entries.

Glossary

Section I Abbreviations

AMEDD

Army Medical Department

AR

Army regulation

DOD

Department of Defense

DODI

Department of Defense instruction

DTF

dental treatment facility

MEDCOM

United States Army Medical Command

MTF

medical treatment facility

PS

patient safety

PSM

patient safety manager

PSO

patient safety officer

PSP

Patient Safety Program

QMD

Quality Management Division

RCA

root cause analysis/analyses

RDC

regional dental command

RMC

regional medical command

SE

sentinel event

TeamSTEPPS™

Team Strategies and Tools to Enhance Performance and Patient Safety

TJC

The Joint Commission

TSG

The Surgeon General

USC

United States Code

Section II

Terms

This section contains no entries

*MEDCOM Reg 40-41

The proponent of this publication is the USAMEDCOM Quality Management Division. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, US Army Medical Command, ATTN: MCHO-Q, 2748 Worth Road, JBSA Fort Sam Houston, TX 78234-6010.

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