



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

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 13-048

13 AUG 2013

MCHO-CP-A

Expires 13 August 2015

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL COMMANDS (RMC) AND REGIONAL DENTAL COMMANDS (RDC)

SUBJECT: Identification and Review of Harm Events Involving Members of the Uniformed Services

1. References:

a. Department of Defense (DoD) Directive 6025.13-R, Military Health System (MHS) Clinical Quality Assurance (CQA) Program Regulation, 11 June 2004.

b. Army Regulation 40-68, Clinical Quality Management, 26 February 2004 (RAR 22 May 2009).

c. DoD Inspector General (IG) Report No. D-2007-054, Quality Assurance in the DoD Health Care System, 20 February 2007.

d. Memorandum, Assistant Secretary of Defense for Health Affairs (ASD) (HA), 16 January 2009, subject: Improved Medical Quality Assurance Program Procedures for National Practitioner Data Bank Reporting under DoD Directive 6025.13.

e. DoD Instruction 6025.13, Medical Quality Assurance (MQA) and Clinical Quality Management in the MHS, 17 February 2011 (reissues Reference 1a above).

2. Purpose: To prescribe the duties and responsibilities of Military Treatment Facility (MTF) Commanders and other staff related to timely identification and medical quality assurance review of healthcare events in which harm was sustained by members of the Uniformed Services (Service Member).

3. Proponent: The proponent for this policy is the USAMEDCOM Clinical Performance Assurance Directorate (CPAD).



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4. Background:

a. In 2007, Reference 1c, identified substantial shortcomings by the three Services in the identification and quality assurance review of harm events associated with healthcare for Service Members. In response to that report, Reference 1d directed that a report to the National Practitioner Data Bank (NPDB) will occur when a provider's failure to meet standard of care caused or contributed to the death or medical disability separation of a Service Member.

b. Reference 1e mandates MTF Risk Management (RM) programs shall address the potential risk of liability for death or disability benefits to Service Members arising from possible sub-standard medical care, including that provided in a field environment, and includes criteria for reporting to the Service Surgeons General (SG), the DoD RM committee, and by the Service SG to the NPDB. This reference also directs responsibilities of the medical evaluation board (MEB) approving official for communicating these events to the MTF RM.

c. Two opportunities exist in the MEB process for identifying events involving Service Members that warrant notification of the MTF Risk Manager. These opportunities include the Service Member's interaction with the Integrated Disability Evaluation System (IDES) and identification by the MEB of harm to a Service Member that appears to be the result of healthcare.

5. Responsibilities:

a. The MTF Commander is responsible for the overall management of harm events involving Service Members. All healthcare incidents that result in harm, disability or death of a Service Member will be reported as Potentially Compensable Events in the RM Module of CCQAS, and investigated as an adverse outcome event in accordance with local policy and AR 40-68 (Reference 1b).

b. The MEB approving official will identify and report directly to the MTF RM (or through the Physical Evaluation Board Liaison Officer (PEBLO) every instance in which the condition that is the subject of the referral to a physical evaluation board (PEB) may have been incurred or aggravated by medical care provided in the direct care component of the MHS.

c. The MTF Risk Manager, in consultation with the MEB approving official, PEBLO and/or the IDES approving official, will monitor disability decisions and ensure that a medical QA review by the MTF Risk Management Committee is conducted for every harm event involving a member of the Uniformed Services.

MCHO-CP-A

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d. The MTF Risk Management Committee will ensure that every event described above undergoes timely medical QA review and standard of care determination according to AR 40-68 (References 1b and 1e).

e. The RMC/RDC quality management staff is responsible for oversight of the medical QA procedures by its subordinate units to ensure compliance with References 1b and 1e and timelines in References 1a, 1d and 1e.

f. The USAMEDCOM CPAD will provide coordination of the RM processes associated with healthcare related harm events described in this policy, including interaction with Health Affairs, as appropriate, and data entry into the Centralized Credentials Quality Assurance System according to DoD guidance. The medical QA review procedure and determination by The Surgeon General whether a report to the NPDB is warranted must be completed within 180 days from the date of death of the Uniformed Service Member or final disability award by the PEB.

6. The procedures outlined above are effective immediately.

FOR THE COMMANDER:



ULDRIC L. FIORE, JR.
Chief of Staff