



Clinical Quality Management (CQM) In the Military Health System

Resources for Implementing DHA-PM 6025.13 Volumes 1-7

**A Toolkit for MTF Commanders/Directors, CQM Professionals,
Providers & Staff**



Defense Health Agency

[Health.mil/CQM](https://www.health.mil/CQM)

Clinical Quality Management

Implementing DHA-PM 6025.13



BACKGROUND

KEY MESSAGES & TALKING POINTS

COMMANDER'S CHECKLIST

FAQ FACT SHEET

TOP 10 KEY CHANGES

INFOGRAPHIC

SHAREPOINT

BRIEFING SLIDES

Background

With the Defense Health Agency (DHA) top priorities of 'Great Outcomes' and 'Ready Medical Force,' quality and safe care delivery is paramount within the Military Health System (MHS). Effective Oct. 1, 2019, Defense Health Agency (DHA) Procedures Manual (PM) 6025.13, Clinical Quality Management in the MHS, replaces Department of Defense (DoD) Manual 6025.13 MHS Quality Assurance Program Regulation. DHA-PM 6025.13 outlines procedures for managing Clinical Quality Management (CQM): the integrated processes, both clinical and administrative, that provide the framework to objectively define, measure, assure, and improve the quality and safety of care received by beneficiaries. CQM supports the MHS "Quadruple Aim" of Better Care, Better Health, Lower Cost, and Improved Readiness leading to quality care that is safe and reliable for every patient, every time.

DHA-PM 6025.13: EFFECTIVE OCT. 1 2019

Communication Goals

- **Inform** practitioners of new CQM processes and the need to comply.
- **Equip** MTF Commanders/Directors and staff with information and resources needed to direct the successful implementation of the DHA-PM.
- **Promote** quality, safe, reliable care to every patient, every time.

Key Audiences and Stakeholders:

- MHS and DoD Healthcare Providers and Staff
 - MHS, DoD MTFs, Uniformed Services, civilian, contract, volunteer, other medical or dental healthcare providers and staff
- Other Providers
 - Credentialed healthcare providers who are members of the Army National Guard or the Air National Guard, trainees with granted privileges, managed care support contractors (MCSCs), designated providers, and overseas contractors
- Leadership
 - OSD, MILDEPS, Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, Combatant Commands, DoD Office of Inspector General of the DoD, Defense Agencies, DoD Field Activities, and DoD Components
- Beneficiaries

Clinical Quality Management

Implementing DHA-PM 6025.13



BACKGROUND

KEY MESSAGES & TALKING POINTS

COMMANDER'S CHECKLIST

FAQ FACT SHEET

TOP 10 KEY CHANGES

INFOGRAPHIC

SHAREPOINT

BRIEFING SLIDES

Key Messages

- Through CQM, the Military Health System (MHS) affirms its unwavering commitment to quality healthcare and patient safety for beneficiaries, joint healthcare teams, and Combatant Commands across the globe.
- DHA-PM 6025.13 establishes CQM procedures in the MHS to provide an organized structure for an integrated framework of programs to objectively define, measure, assure, and improve the quality of care received by MHS beneficiaries.
- DHA-PM 6025.13 strengthens CQM accountability, transparency, and standardization to prevent harm, promote continuous learning, and improve the quality of care and services delivered in the MHS.

Talking Points

- DHA-PM 6025.13 replaces DoD-M 6025.13 as part of standardization efforts as the Defense Health Agency (DHA) assumes authority, direction, and control of the Military Treatment Facilities (MTFs) through direct support of the Military Department (MILDEP) Medical Departments.
- Effective as of October 1, 2019, MTFs are required to implement new standards immediately.
- Providers should use DHA-PM 6025.13 for guidance and, in the absence of applicable DHA Publications, continue to utilize existing Military Department policies.
- Ultimately, DHA-PM 6025.13 supports the MHS's commitment in striving to be a more highly reliable organization (HRO).
- While the majority of the content is not new, there are 10 key changes.
- DHA-PM 6025.13 is relevant for:
 - Leadership: OSD, MILDEPS, Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, Combatant Commands, DoD Office of Inspector General, Defense Agencies, DoD Field Activities, and DoD Components
 - Leaders need to be able to explain and emphasize the importance of the PM: how the new procedures fit within standardization across MTFs, which leads to reliable and safe, quality care.
 - MHS and DoD Healthcare Providers and Staff: MHS, DoD MTFs, Uniformed Services, civilian, contract, volunteer, other medical or dental healthcare providers and staff
 - Providers need to understand how the changes affect them.

Clinical Quality Management

Implementing DHA-PM 6025.13



BACKGROUND

KEY MESSAGES & TALKING POINTS

COMMANDER'S CHECKLIST

FAQ FACT SHEET

TOP 10 KEY CHANGES

INFOGRAPHIC

SHAREPOINT

BRIEFING SLIDES

- Other Providers: Credentialed healthcare providers who are members of the Army National Guard or the Air National Guard, trainees with granted privileges, managed care support contractors (MCSCs), designated providers, and overseas contractors
 - Providers need to understand how the changes affect them.
- DHA-PM 6025.13 clarifies, defines, and standardizes key practices across the system to enable greater learning and improvement.
- The CQM framework is guided by three strategic elements: Quadruple Aim, High Reliability Principles, and Aims for Healthcare Quality (STEEEP--Safe, Timely, Efficient, Effective, Equitable, and Patient and Provider-Centered)
- The six programs that operationalize CQM are: Patient Safety, Healthcare Risk Management, Credentialing and Privileging, Accreditation and Compliance, Clinical Measurement, and Clinical Quality Improvement.
- As we organize to be a highly reliable integrated system of readiness and health, Clinical Quality Management plays a critical role to support improvement, promote safety and ensure the quality of care to our Service Members and their families.
- We are doing this to ensure safe, reliable, high-quality care for every patient, every time.
- Health.mil/CQM offers resources to introduce and communicate DHA-PM 6025.13. Additionally, a CQM SharePoint site houses essential resources related to implementing the DHA-PM 6025.13. Visit info.health.mil and click on the CQM Toolkit button to access the CQM SharePoint.

Clinical Quality Management

Implementing DHA-PM 6025.13



BACKGROUND	KEY MESSAGES & TALKING POINTS	COMMANDER'S CHECKLIST		
FAQ FACT SHEET	TOP 10 KEY CHANGES	INFOGRAPHIC	SHAREPOINT	BRIEFING SLIDES

Commander's Checklist

- ▶ Utilize this checklist to guide actions and activities related to the implementation and communication of DHA-PM 6025.13.

Clinical Quality Management

Implementing DHA-PM 6025.13

Learning, Implementation & Sustainment Checklist

MTF Commander/Director Actions	Learning, Implementation, and Sustainment Activities
<input type="checkbox"/> Define and communicate a plan for implementation and sustainment of the DHA-PM 6025.13 at the MTF	<input type="checkbox"/> Review and identify requirements and expectations for DHA-PM 6025.13 Clinical Quality Management (CQM) functional capability <input type="checkbox"/> Consider using small and large group discussion with subject matter experts in each CQM Program to identify the current state, roles and responsibilities and actions to accomplish the requirements and expectations of the DHA-PM 6025.13 for each Program <input type="checkbox"/> Identify barriers and challenges , with mitigation strategies, to implementation and sustainment <input type="checkbox"/> Develop, implement, and monitor the plan
<input type="checkbox"/> Ensure all relevant CQM staff have accessed program/role appropriate materials to enhance learning, implementation and sustainment of DHA-PM 6025.13 for all CQM Programs: <ul style="list-style-type: none"> • DHA-PM 6025.13 • Learning Events: Briefing slides and recordings • Implementation Guides • Frequently Asked Questions/Fact Sheets • List of Points of Contact <input type="checkbox"/> Ongoing learning events : opportunities to liaison/consult with Program subject matter experts	<input type="checkbox"/> Check with relevant CQM staff that they know where to locate DHA-PM 6025.13 learning materials and related resources. Ensure CQM staff know who to contact, should questions arise. <input type="checkbox"/> Access materials using these links: <ul style="list-style-type: none"> • www.health.mil/CQM offers resources to introduce and communicate DHA-PM 6025.13. • A CQM SharePoint page offers implementation resources. Visit info.health.mil & click the CQM Toolkit button.

1

DOWNLOAD

Clinical Quality Management

Implementing DHA-PM 6025.13



BACKGROUND

KEY MESSAGES & TALKING POINTS

COMMANDER'S CHECKLIST

FAQ FACT SHEET

TOP 10 KEY CHANGES

INFOGRAPHIC

SHAREPOINT

BRIEFING SLIDES

FAQ Fact Sheet

Provides an overview of the top Frequently Asked Questions (FAQs)

- ▶ Print and post in common areas, distribute via email, and/or share this product on your digital platforms.



CLINICAL QUALITY MANAGEMENT DHA-PM 6025.13

Frequently Asked Questions



Health.mil/cqm offers resources to communicate and introduce DHA-PM 6025.13 (Clinical Quality Management (CQM) in the Military Health System (MHS)). Additionally, a [CQM SharePoint site](#) houses essential resources related to implementing the DHA-PM 6025.13. On this site, you can access webinar slides and recordings, job aids, implementation guides, points of contact lists, and in-depth FAQs related to all Clinical Quality Management program volumes.

What brought on changes to CQM within the MHS?

Three converging requirements provided opportunities to take action and strengthen accountability, transparency, and standardization, prevention and improvement in Clinical Quality Management:

- The High Reliability Organization mandate from the MHS Review.
- The National Defense Authorization Act of 2017 Section 702, and
- The expiration of the DoDM 6025.13.

How does this "transition" to the Defense Health Agency improve efficiency and performance?

- The Defense Health Agency (DHA) and the Military Department medical leaders have developed DHA-PM 6025.13 to support Clinical Quality Management.
- Functional capabilities will be centralized at DHA Headquarters.
- Hospitals and clinics will have one military officer as the Director and Service Commander.
- DHA and Military Medical Departments are developing a coordinated staffing plan.
- Military Departments will manage civilian and contract personnel until DHA finalizes plans for civilian human resource support.

What is the new organizational structure?

Under the DHA-PM 6025.13, there is a new structure. If you think of a pyramid with the Director, DHA at the top, the structure is as follows:

- DHA Director: Provides policy and oversight.
- Deputy Assistant Director Medical Affairs, Clinical Quality Management: Administers and manages CQM Programs.
- Defense Health Agency Markets/Intermediate Headquarters: Supports, monitors, and executes Clinical Quality Management Programs.
- Military Treatment Facilities: Maintain continuous compliance of DHA-PM 6025.13.

1

DOWNLOAD

Clinical Quality Management

Implementing DHA-PM 6025.13



BACKGROUND

KEY MESSAGES & TALKING POINTS

COMMANDER'S CHECKLIST

FAQ FACT SHEET

TOP 10 KEY CHANGES

INFOGRAPHIC

SHAREPOINT

BRIEFING SLIDES

Top 10 Key Changes

Provides a one page overview of the Top 10 Key Changes

- ▶ Print and post in common areas, distribute via email, and/or share this product on your digital platforms.

DHA
CLINICAL QUALITY MANAGEMENT DHA-PM 6025.13
Top 10 Key Changes

Volume 1. General Overview

- 1** Revises the threshold rule to 'four or more' data elements for sharing aggregated data.
- 2** Updates Clinical Quality Management definitions.

Volume 2. Patient Safety

- 3** Strengthens the linkage between Patient Safety and Healthcare Risk Management.

Volume 3. Healthcare Risk Management

- 4** Clarifies DoD reporting to the National Practitioner Data Bank.
- 5** Updates and aligns current DoD clinical adverse action procedures with federal law and regulations.
- 6** Updates the process for identification and review of potential compensatory events for patient safety events that reach the patient.

Volume 4. Credentialing & Privileging

- 7** Establishes definitions & clarifies processes & roles for utilizing Ongoing Professional Practice Evaluation (OPPE), Focused Professional Practice Evaluation (FPPE), Preceptor and Proctor.

Volume 5. Accreditation & Compliance

- 8** Clarifies accreditation requirements for healthcare facilities and healthcare units.

Volume 6. Clinical Measurement

- 9** Establishes DoD participation and monitoring of quality assessment programs.

Volume 7. Clinical Quality Improvement

- 10** Establishes a centralized project repository for improvement efforts.

DOWNLOAD

Clinical Quality Management

Implementing DHA-PM 6025.13



BACKGROUND	KEY MESSAGES & TALKING POINTS	COMMANDER'S CHECKLIST		
FAQ FACT SHEET	TOP 10 KEY CHANGES	INFOGRAPHIC	SHAREPOINT	BRIEFING SLIDES

Infographic

Introduces the DHA-PM. Digital Infographic includes hyperlinks to each of the 7 volumes.

- ▶ Print and post in common areas, distribute via email, and/or share this product on your digital platforms.

Introducing DHA-PM 6025.13
Through Clinical Quality Management (CQM), the Military Health System (MHS) affirms its unwavering commitment to quality healthcare and patient safety.

DHA-PM 6025.13 leads to:

- Improvement
- Standardization
- Transparency
- Accountability
- Preventing Harm

Overview of DHA-PM 6025.13

- Vol. 1 General CQM**
Describes the responsibilities & procedures for managing CQM
- Vol. 2 Patient Safety (PS)**
Promotes safety and prevents harm
- Vol. 3 Healthcare Risk Management (HRM)**
Mitigates risk in the clinical aspects of healthcare delivery
- Vol. 4 Credentialing and Privileging (CP)**
Ensures qualified and competent staff
- Vol. 5 Accreditation and Compliance (AC)**
Ensures compliance with standards
- Vol. 6 Clinical Measurement (CM)**
Objectively defines, measures, assesses, and reports the quality of care delivered
- Vol. 7 Clinical Quality Improvement (CQI)**
Improves the quality of care and services delivered

What you need to do:

- Use the **DHA-PM** for guidance. In the absence of applicable DHA Publications, continue to utilize existing Military Department policies.
- Leverage resources at health.mil/CQM
- Review the **Top 10 Key Changes**
- Access the **DHA-PM 6025.13 7 Volumes**
- Ask questions to gain clarity

DHA
Defense Health Agency

DOWNLOAD

Clinical Quality Management Implementing DHA-PM 6025.13



BACKGROUND

KEY MESSAGES & TALKING POINTS

COMMANDER'S CHECKLIST

FAQ FACT SHEET

TOP 10 KEY CHANGES

INFOGRAPHIC

SHAREPOINT

BRIEFING SLIDES

All Things DHA-PM 6025.13 SharePoint

To access the All Things DHA-PM 6025.13 SharePoint page, visit the LaunchPad Homepage at info.health.mil and scroll down to "Latest News." Click the announcement titled "Access the Clinical Quality Management (CQM) Toolkit."

LAUNCHPAD HOMEPAGE

The screenshot shows the DHA SharePoint homepage. At the top, there's a navigation bar with 'DHA HEALTH.MIL TRICARE DHQD' and a search bar. Below that is a 'COVID-19 LATEST UPDATES' banner. The main content area has three featured articles: 'Leaders' Corner', 'MHS Transformation', and 'Welcome Center'. Below these are four tiles: 'Health Care Delivery', 'MHS Minute', 'Mission and Vision', and 'Glad You Asked!'. A navigation bar includes 'Latest News', 'IT News', 'Human Resources', 'Careers', 'Training', and 'Special Events'. The 'Latest News' section contains three announcements: 'Missed the 10 SEP Virtual DHA Town Hall? Click here to listen/watch!', 'Access the Clinical Quality Management (CQM) Toolkit' (circled in blue), and 'Voluntary Leave Transfer Program Recipient Seeking Leave Donations'.

Clinical Quality Management

Implementing DHA-PM 6025.13



BACKGROUND	KEY MESSAGES & TALKING POINTS	COMMANDER'S CHECKLIST		
FAQ FACT SHEET	TOP 10 KEY CHANGES	INFOGRAPHIC	SHAREPOINT	BRIEFING SLIDES

Briefing Slides

MTF Commander / Director Briefing Slides

- ▶ Download this slide deck for use in briefings to introduce DHA-PM 6025.13 and guide providers and staff in implementing CQM.

**DHA-PM 6025.13
TOP 10 KEY CHANGES**

Clinical Quality Management (CQM)
in the Military Health System (MHS)

Reform of Business and Clinical Processes
Maximizing efficiencies and improving performance

- DHA is developing procedural instructions and interim procedural memoranda
- Functional capabilities will be centralized at DHA Headquarters (HQ)
- Hospitals and clinics will have one military officer as the Director and Service Commander
- DHA and Military Medical Departments are developing a coordinated staffing plan
- Military Departments will manage civilian and contract personnel until DHA finalizes plans for civilian human resources support

Military Medical Treatment Facility (MTF) Transition Communications Toolkit (06 AUG 2019): <https://info.health.mil/mtf/communications/Documents/MTF%20Trans%20Toolkit>

Purpose of CQM:
An integrated framework of programs to improve quality of care

- CQM provides an organized structure for an integrated framework of programs to objectively define, measure, assure, and improve the quality of care in the MHS
- Through CQM, the MHS affirms its unwavering commitment to quality of healthcare for our beneficiaries, joint healthcare teams, and Combatant Commands across the globe
- DHA-PM 6025.13 strengthens CQM accountability, transparency, and standardization to prevent harm, promote continuous learning, and improve the quality of care and services delivered in the MHS.

Who does what?
Scope and Core Responsibilities

Scope	Core Responsibilities
<ul style="list-style-type: none"> Leadership <ul style="list-style-type: none"> DDO, Military Departments, Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, Combatant Commands, DOD Office of Inspector General or the DoD, Defense Agencies, DoD Field AD/AFMs, and DOD Component MHS and DoD Healthcare Providers <ul style="list-style-type: none"> MHS, DoD MTIs, Uniformed Services, civilian, contract, volunteer, other medical or dental healthcare providers Other Providers <ul style="list-style-type: none"> Credentialed healthcare providers who are members of the Army National Guard or the Air National Guard, trainees with granted privileges, managed care support contractors (MCSAs), designated providers, and overseas contractors 	<p>Core Responsibilities</p> <p>DHA Director <i>Provides Policy & Oversight</i></p> <p>DAD Medical Affairs <i>Administers and Manages CQM Programs</i></p> <p>DHA Markets/Intermediate HQ <i>Supports, Monitors, and Executes CQM Programs</i></p> <p>MTF <i>Maintains Continuous Compliance of DHA-PM 6025.13</i></p>

DOWNLOAD PDF

ACCESS PPT (CAC REQUIRED)

- ▶ To access the All Things DHA-PM 6025.13 SharePoint page, visit the LaunchPad Homepage and scroll down to "Latest News." Click "Access the Clinical Quality Management (CQM) Toolkit"

Clinical Quality Management

Implementing DHA-PM 6025.13



BACKGROUND

KEY MESSAGES & TALKING POINTS

COMMANDER'S CHECKLIST

FAQ FACT SHEET

TOP 10 KEY CHANGES

INFOGRAPHIC

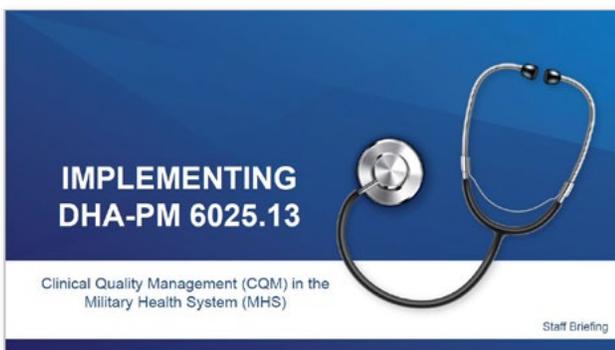
SHAREPOINT

BRIEFING SLIDES

Briefing Slides

Staff Briefing Deck

- ▶ Download this slide deck for a briefing on the key components of DHA-PM 6025.13.



What are some of the examples of Key Changes?

Volume 1: General Overview

- ✓ Updates CQM Definitions

"Sentinel Event" is now a "DoD Reportable Event"

Volume 2: Patient Safety

- ✓ Strengthens the linkage between Patient Safety and Healthcare Risk Management

- All patient safety events that reach the patient must be reported to and reviewed by HRM
- All DoD Reportable Events (DoD RE) are Potentially Compensable Events (PCE)
- All PCEs must be reported to and reviewed by Patient Safety

Enhanced partnerships and collaborations

What are some of the examples of Key Changes?

Volume 3: Healthcare Risk Management

- ✓ Updates and aligns current DoD clinical adverse action procedures with federal law and regulations

Process aligns with law & National Practitioner Data Base requirements

Volume 5: Accreditation & Credentialing

- ✓ Clarifies accreditation requirements for healthcare facilities and healthcare units

Affects both MTFs and purchased care

What are some of the examples of Key Changes?

Volume 6: Clinical Measurement

- ✓ Establishes DoD participation and monitoring of quality assessment programs

MHS participates with other Federal Agencies and external CQM organizations

[DOWNLOAD PDF](#)

[ACCESS PPT \(CAC REQUIRED\)](#)

- ▶ To access the All Things DHA-PM 6025.13 SharePoint page, visit the LaunchPad Homepage and scroll down to "Latest News." Click "Access the Clinical Quality Management (CQM) Toolkit"

Clinical Quality Management

Implementing DHA-PM 6025.13



BACKGROUND

KEY MESSAGES & TALKING POINTS

COMMANDER'S CHECKLIST

FAQ FACT SHEET

TOP 10 KEY CHANGES

INFOGRAPHIC

SHAREPOINT

BRIEFING SLIDES

Briefing Slides

Top 10 Key Changes

- Download this slide deck for an overview of the Top 10 Key Changes in DHA-PM 6025.13.



DHA-PM 6025.13 Overall CQM Top 10 Key Changes

- 1 Revision of the "threshold rule" from three (3) to four (4) to better ensure CQM and Medical Quality Assurance Program (MQAP) statistical data are appropriately aggregated prior to release to meet legal requirements for protecting the identity and privacy of individual patients and providers.
- 2 Updates CQM definitions, which includes Patient Safety Events, Priority Concerns Events (PCEs), Clinical Adverse Actions (e.g., Summary Suspension exceeding 30 calendar days, Resuspension, Restriction, Revocation, and Serial, Dual Suspension Events (DSEs), and Compliance Exemptions (CEs).
- 3 Strengthens the linkage between Patient Safety and Healthcare Risk Management (HRM) for improved transparency, collaboration, information sharing and improvement.
- 4 Clarification that, for paid medical malpractice claims, reports to the National Practitioner Data Bank (NPDB) are required when a claim payment was made and the Report Author(s) determines a significantly involved provider (SIV) did not meet the standard of care (SOC), and a serial process action taken to avoid SOC results in harm to an active duty member.
- 5 Updates and aligns current DAD clinical adverse action procedures with law and regulation described by the NPDB reporting requirements. The alignment includes: 1) Removal of an absence period, 2) NPDB reporting of summary suspensions exceeding 30 days, and 3) Debarment of suspension as a clinical adverse action.
- 6 Updates the process for identification and course of PCEs for Patient Safety Events that reach the patient (i.e., adverse event and no-harm event), including 1) All events that reach the patient will be reviewed to determine whether the event is likely to present a possible financial loss, 2) All DAD REs and PCEs, 3) HQ review of all Active Duty deaths.
- 7 Establishes definitions for Ongoing Professional Practice Evaluation (OPPE), Focused Professional Practice Evaluation (FPPE), Provider, and Provider, which clarifies the process and roles for calling OPPE and FPPE.
- 8 Clarification of requirements for accreditation of health care facilities and documentation of comparable quality of care mechanisms for health care units exempt from accreditation.
- 9 Establishes participation and monitoring of quality assessment programs and activities in other Federal Agencies and external clinical quality management organizations to include national quality databases, registries, or networks that are recognized as leading practices.
- 10 Establishes a centralized project repository where MTRs can submit their CQM improvement efforts for central review and consideration for adoption across the enterprise.

DHA-PM 6025.13, VOL. 1: CQAP General Key Changes

The DHA-PM defines, defines, and standardizes key practices across the system to ensure greater learning and improvement.

Specifically, the DHA-PM:

- Updates the CQAP process to include a new "CQAP Review" step to ensure that CQAP data is used for learning and improvement.
- Updates the CQAP process to include a new "CQAP Review" step to ensure that CQAP data is used for learning and improvement.
- Updates the CQAP process to include a new "CQAP Review" step to ensure that CQAP data is used for learning and improvement.

DHA-PM 6025.13, VOL. 2: Patient Safety Key Changes

The DHA-PM defines, defines, and standardizes key practices across the system to ensure greater learning and improvement.

Specifically, the DHA-PM:

- Updates the Patient Safety process to include a new "Patient Safety Review" step to ensure that Patient Safety data is used for learning and improvement.
- Updates the Patient Safety process to include a new "Patient Safety Review" step to ensure that Patient Safety data is used for learning and improvement.
- Updates the Patient Safety process to include a new "Patient Safety Review" step to ensure that Patient Safety data is used for learning and improvement.

DHA-PM 6025.13, VOL. 2: Patient Safety Infection Prevention & Control Key Changes

The DHA-PM defines, defines, and standardizes key practices across the system to ensure greater learning and improvement.

Specifically, the DHA-PM:

- Updates the Infection Prevention & Control process to include a new "Infection Prevention & Control Review" step to ensure that Infection Prevention & Control data is used for learning and improvement.
- Updates the Infection Prevention & Control process to include a new "Infection Prevention & Control Review" step to ensure that Infection Prevention & Control data is used for learning and improvement.
- Updates the Infection Prevention & Control process to include a new "Infection Prevention & Control Review" step to ensure that Infection Prevention & Control data is used for learning and improvement.

DHA-PM 6025.13, VOL. 3: Healthcare Risk Management Key Changes

The DHA-PM defines, defines, and standardizes key practices across the system to ensure greater learning and improvement.

Specifically, the DHA-PM:

- Updates the Healthcare Risk Management process to include a new "Healthcare Risk Management Review" step to ensure that Healthcare Risk Management data is used for learning and improvement.
- Updates the Healthcare Risk Management process to include a new "Healthcare Risk Management Review" step to ensure that Healthcare Risk Management data is used for learning and improvement.
- Updates the Healthcare Risk Management process to include a new "Healthcare Risk Management Review" step to ensure that Healthcare Risk Management data is used for learning and improvement.

DHA-PM 6025.13, VOL. 4: Credentialing and Privileging Key Changes

The DHA-PM defines, defines, and standardizes key practices across the system to ensure greater learning and improvement.

Specifically, the DHA-PM:

- Updates the Credentialing and Privileging process to include a new "Credentialing and Privileging Review" step to ensure that Credentialing and Privileging data is used for learning and improvement.
- Updates the Credentialing and Privileging process to include a new "Credentialing and Privileging Review" step to ensure that Credentialing and Privileging data is used for learning and improvement.
- Updates the Credentialing and Privileging process to include a new "Credentialing and Privileging Review" step to ensure that Credentialing and Privileging data is used for learning and improvement.

DHA-PM 6025.13, VOL. 5: Accreditation and Compliance Key Changes

The DHA-PM defines, defines, and standardizes key practices across the system to ensure greater learning and improvement.

Specifically, the DHA-PM:

- Updates the Accreditation and Compliance process to include a new "Accreditation and Compliance Review" step to ensure that Accreditation and Compliance data is used for learning and improvement.
- Updates the Accreditation and Compliance process to include a new "Accreditation and Compliance Review" step to ensure that Accreditation and Compliance data is used for learning and improvement.
- Updates the Accreditation and Compliance process to include a new "Accreditation and Compliance Review" step to ensure that Accreditation and Compliance data is used for learning and improvement.

DHA-PM 6025.13, VOL. 6: Clinical Measurement Key Changes

The DHA-PM defines, defines, and standardizes key practices across the system to ensure greater learning and improvement.

Specifically, the DHA-PM:

- Updates the Clinical Measurement process to include a new "Clinical Measurement Review" step to ensure that Clinical Measurement data is used for learning and improvement.
- Updates the Clinical Measurement process to include a new "Clinical Measurement Review" step to ensure that Clinical Measurement data is used for learning and improvement.
- Updates the Clinical Measurement process to include a new "Clinical Measurement Review" step to ensure that Clinical Measurement data is used for learning and improvement.

DHA-PM 6025.13, VOL. 7: Clinical Quality Improvement Key Changes

The DHA-PM defines, defines, and standardizes key practices across the system to ensure greater learning and improvement.

Specifically, the DHA-PM:

- Updates the Clinical Quality Improvement process to include a new "Clinical Quality Improvement Review" step to ensure that Clinical Quality Improvement data is used for learning and improvement.
- Updates the Clinical Quality Improvement process to include a new "Clinical Quality Improvement Review" step to ensure that Clinical Quality Improvement data is used for learning and improvement.
- Updates the Clinical Quality Improvement process to include a new "Clinical Quality Improvement Review" step to ensure that Clinical Quality Improvement data is used for learning and improvement.

[DOWNLOAD PDF](#)

[ACCESS PPT \(CAC REQUIRED\)](#)

- To access the All Things DHA-PM 6025.13 SharePoint page, visit the LaunchPad Homepage and scroll down to "Latest News." Click "Access the Clinical Quality Management (CQM) Toolkit"