Defense Health Agency

PROCEDURES MANUAL

NUMBER 6025.13, Volume 6
August 29, 2019

Medical Affairs

SUBJECT: Clinical Quality Management in the Military Health System, Volume 6: Clinical Measurement

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedures Manual (DHA-PM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (q), establishes the Defense Health Agency's (DHA's) procedures to assign responsibilities and establish procedures for managing Clinical Quality Management (CQM) in the Military Health System (MHS). This DHA-PM replaces, in full, the contents of the DoD Manual 6025.13 (Reference (e)), which is targeted for cancellation. This DHA-PM, replaces, in Volume 2, the full contents, unless otherwise stated, of the following memorandums, which are targeted for cancellation: Assistant Secretary of Defense for Health Affairs Memorandum, "Policy on Reporting Joint Commission on Accreditation of Healthcare Organizations-Reviewable Sentinel Events in the Military Health System," July 13, 2004 (Reference (h)); Assistant Secretary of Defense for Health Affairs Memorandum, "Amplifying Guidance Relating to the Reporting of Sentinel Events and Personally Identifiable Information Breaches to the Office of the Assistant Secretary of Defense (Health Affairs)," February 13, 2012 (Reference (i)) [as related to the reporting of sentinel events only]; and Assistant Secretary of Defense for Health Affairs Memorandum, "Medical Quality Assurance and Clinical Quality Management in the Military Health System Sentinel Event and Root Cause Analysis Process Improvements," March 12, 2015 (Reference (j)).

2. APPLICABILITY. This DHA-PM applies to:

a. OSD, Military Departments, Office of the Chairman of the Joint Staff and the Joint Staff, Combatant Commands, Office of the Inspector General of the DoD, Defense Agencies, DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this DHA-PM as the "DoD Components");

b. The entire MHS, including each DoD Military Medical Treatment Facility (MTF) and all other healthcare provided by the MHS;

c. Uniformed services personnel of the active and reserve components (including National Guard personnel in a Federal duty status), civilian, contract, volunteer, and other medical or dental healthcare providers who are assigned to and deliver healthcare; and

(1) Credentialed healthcare providers who are members of the Army National Guard or the Air National Guard, while working in a non-federal status (Reference (k) are subject to the procedures, policies, and authorities, as prescribed by their respective Army Regulation Reference (l)) and Air Force Instruction (Reference (m)), or as defined in the policies, rules, procedures, and laws of the State, territory, or District of Columbia in which they are credentialed and/or privileged;

(2) Trainees who have been granted clinical privileges outside the training program when patient safety concerns arise;

d. Managed care support contractors (MCSCs), designated providers, and overseas contractors, consistent with their respective contracts awarded by the DoD.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to authority delegated in Reference (b) and based on authorities in References (a) through (q), that:

a. 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.

b. Strengthens MHS CQM accountability, transparency, and standardization in the MHS.

c. Affirms the MHS's unwavering commitment to quality healthcare for our beneficiaries, joint healthcare teams, and Combatant Commands across the globe, through CQM.

4. CANCELLED DOCUMENTS. This DHA-PM replaces, in Volume 2, the full contents of DHA-Procedural Instruction (DHA-PI) 6200.01, "Comprehensive Infection Prevention and Control (IPC) Program," April 24, 2017 (Reference (n)), which is being cancelled.

5. RESPONSIBILITIES. See Enclosure 2 of Volume 1.

6. PROCEDURES. Procedures specific to each program within the MHS CQM are addressed in Volumes 2–7 of this DHA-PM.

7. INFORMATION REQUIREMENTS. CQM uses several data capture, analysis, reporting, and decision support tools for patient safety, clinical quality assurance, and improvement. These

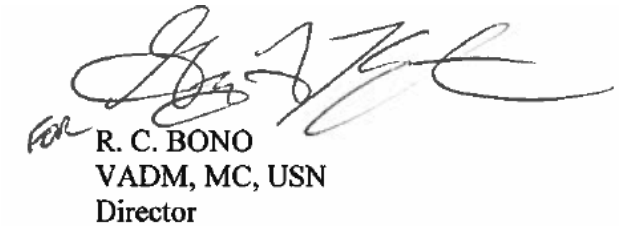
tools include the electronic medical record, databases such as the Joint Centralized Credentials Quality Assurance System (JCCQAS), and the Joint Patient Safety Reporting (JPSR), data visualization and report tools on CarePoint (a SharePoint platform), and more.

8. RELEASABILITY. **Cleared for public release**. This DHA-PM is available on the Internet from the Health.mil site at: http://www.health.mil/dhapublications.:

9. EFFECTIVE DATE. This DHA-PM:

a. Is effective on October 01, 2019.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date, in accordance with Reference (c).



for R. C. BONO
VADM, MC, USN
Director

Enclosures
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Glossary

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ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
(c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
(d) DoD Instruction 6025.13, "Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)," February 17, 2011, as amended
(e) DoD Manual 6025.13, "Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)," October 29, 2013
(f) National Defense Authorization Act for Fiscal Year 2017, Sections 702
(g) National Defense Authorization Act for Fiscal Year 2019, Sections 711 and 712
(h) Assistant Secretary of Defense for Health Affairs Memorandum, "Policy on Reporting Joint Commission on Accreditation of Healthcare Organizations-Reviewable Sentinel Events in the Military Health System," July 13, 2004
(i) Assistant Secretary of Defense for Health Affairs Memorandum, "Amplifying Guidance Relating to the Reporting of Sentinel Events and Personally Identifiable Information Breaches to the Office of the Assistant Secretary of Defense (Health Affairs)," February 13, 2012
(j) Assistant Secretary of Defense for Health Affairs Memorandum, "Medical Quality Assurance and Clinical Quality Management in the Military Health System Sentinel Event and Root Cause Analysis Process Improvements," March 12, 2015
(k) United States Code, Title 32, Sections 502 – 505
(l) Army Regulation 40–68, "Clinical Quality Management," February 26, 2004, as amended
(m) Air Force Instruction 44–119, "Medical Quality Operations," August 16, 2011
(n) DHA-Procedural Instruction 6200.01, "Comprehensive Infection Prevention and Control (IPC) Program," April 24, 2017, hereby cancelled
(o) United States Code, Title 10, Section 1102
(p) VA/DoD Clinical Practice Guidelines, U.S. Army Medical Department Office of Quality Management, 2019[1]
(q) National Patient Safety Foundation Lucian Leape Institute. Shining a Light: Safer Health Care Through Transparency, Boston, MA: National Patient Safety Foundation, 2015[2]

[1] This reference can be found at: https://www.qmo.amedd.army.mil/pguide.htm
[2] This reference can be found at: http://www.ihi.org/resources/Pages/Publications/Shining-a-Light-Safer-Health-Care-Through-Transparency.aspx

ENCLOSURE 2

CLINICAL MEASUREMENT

1. GENERAL OVERVIEW. Clinical Measurement (CM) is an integral part of the CQM framework with a goal to objectively define and measure the quality of care provided in the MHS. CM activities include assessment of quality care delivered, identification of improvement opportunities, comparative analysis with benchmarks from professional organizations, and assessment of participation in Clinical Quality Improvement (CQI) by MHS healthcare personnel in becoming a learning organization guided by high reliability organization (HRO) principles. In addition to using measures to assess the quality and safety of care delivered, CM is used to identify trends, serve as the basis of studies when more information is needed, and focus quality improvement efforts in performance plans across the healthcare delivery system. CM provides point of care providers, clinical support staff, and MHS leadership with the data and information needed to assess clinical quality processes, outcomes, patient perceptions, and organizational structure and systems. The MHS participates with and monitors quality assessment programs and activities in other Federal Agencies and external clinical quality management organizations.

a. Purpose. Provide information and guidance regarding the management of CM in the MHS.

b. Function. This enclosure outlines procedures related to clinical quality measurement sets, national quality databases and registries, clinical quality assessment, and clinical quality data transparency.

2. KEY OPERATIONAL DEFINITIONS. Knowledge of these terms is essential to understanding the scope, core responsibilities, and procedures of the CM Program. A full list of definitions for this manual is included in the Glossary.

a. clinical data evaluation. Analysis of collected, compiled, and organized data pertaining to important aspects of care. Data are compared with predetermined, clinically valid criteria; variations from criteria are determined to be justified or unjustified; and problems or opportunities to improve care are identified.

b. clinical measurement (CM). CM uses tools to help evaluate and track the quality of healthcare services provided to beneficiaries in the Military Health System (MHS). Analyzing CM data and acting on identified trends for improvement helps ensure the MHS delivers safe, timely, effective, efficient, equitable, and patient-centered care.

c. clinical quality improvement (CQI). CQI consists of systematic and continuous actions that lead to measurable improvement in healthcare services and the health status of targeted patient groups. Focuses on the application of several widely accepted process improvement methodologies to improve clinical performance and desired outcomes.

d. data monitoring. The systematic and ongoing collection, compilation, and organization of data pertaining to indicators for the quality and appropriateness of important aspects of care in order that problems or opportunities to improve care can be identified.

e. denominator. The part of a fraction that is below the line and that functions as the divisor of the numerator; the population at risk in the calculation of a rate or ratio.

f. direct care system. Healthcare facilities and medical support organizations managed by the DoD through the Defense Health Agency (DHA) or Service Surgeons General in accordance with applicable federal laws and regulations.

g. measure sets. Sets of measures that focus on different aspects of healthcare delivery and are used to improve healthcare quality, and help drive improvement through a consistent approach.

h. medical quality assurance program (MQAP). Any peer review activity carried out before, on, or after November 14, 1986 by or for the DoD to assess the quality of medical care, including activities conducted by individuals, military medical or dental treatment facility committees, or other review bodies responsible for quality assurance, credentials, infection control, patient care assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review and identification and prevention of medical or dental incidents and risks as defined in Reference (o).

i. medical quality assurance record (MQAR). The proceedings, records, minutes, and reports that emanate from quality assurance program activities and are produced or compiled by the DoD as part of a medical quality assurance program as defined in Reference (o).

j. outcomes. The result of performance (or nonperformance) of a function, process, or series of processes. States or conditions of individuals and populations attributed or attributable to antecedent healthcare. They can include adverse or beneficial results of care, short- or long-term results of care, complications, or occurrences, and are the product of the performance (or nonperformance) of one or more functions or processes.

k. process. A goal-directed, interrelated series of actions, events, mechanisms, or steps. Processes should always be designed with flexibility in mind and the ability to periodically introduce controlled, measurable changes.

l. purchased care system. A component of the uniform program of medical and dental care for members and certain former members of the Services, and for their dependents where services are provided to beneficiaries by TRICARE-authorized civilian network and non-network healthcare providers and facilities.

m. quality healthcare. The degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Care that is evidence-based and provided in a technically and culturally

competent manner with good communication and shared decision making as defined in the Institute of Medicine's (IOM) Crossing the Quality Chasm: A New Health System for the 21st Century.

3. GOVERNANCE STRUCTURE. The DHA CM Program is managed from the CQM Branch, in the Clinical Support Division (CSD), under the DHA, Deputy Assistant Director for Medical Affairs (DAD MA). As one of the programs included in the CQM functional capability, the CM Program supports the MHS Quadruple Aim and DHA strategic priorities.

4. SCOPE AND CORE RESPONSIBILITIES

a. Scope

(1) Provide management and administration of the CM Program.

(2) Prescribe procedures for management of CM and quality assessment.

(3) Provide guidance on participation in national quality databases and registries.

(4) Provide expertise and guidance to efforts in support of all data transparency domains.

b. DHA Headquarters/Military Departments Designees

(1) Identifies priorities for CMs to be included in MHS Dashboard critical initiatives supporting the MHS Quadruple Aim and strategic priorities.

(2) Monitors CM of all MTFs.

(3) Analyzes CM data for system-level patterns, trends, and MHS-wide learning.

(4) Ensures compliance with statutory requirements, including the National Defense Authorization Act (NDAA).

c. DHA Market/Intermediate Headquarters

(1) Identifies MTF and DHA Market/Intermediate Headquarters priorities, and forwards to DHA Headquarters/Military Departments designees for consideration for the MHS Dashboard critical initiatives.

(2) Monitors CM performance at assigned MTFs.

(3) Provides support, as needed, to assigned MTFs for performance improvement on CMs.

(4) Analyzes CM data to identify patterns and trends for assigned MTFs.

d. MTF/Military Department Designees

(1) Monitors, and provides feedback on, CM data to point-of-care staff supporting CQI initiatives.

(2) Communicates concerns with meeting measurement goals with DHA Market/Intermediate Headquarters.

5. PROCEDURES

a. CM Sets

(1) Assessment of clinical quality, to include the effectiveness of the CQM programs, the effectiveness of the organization's clinical quality plan to achieve the clinical quality strategic goals, and how well these efforts support the organization's strategic priorities, is dependent on the utilization of a variety of external and internal CM sets. The use of nationally recognized consensus measures provides consistency of methodology and the potential for comparison with established benchmarks. Where no nationally recognized consensus measures exist, the MHS develops measures to support strategic priorities, the MHS Quadruple Aim, and to provide insight into a variety of care functions (include increased readiness and better health) and settings (to include the operational environment). Evidence-based practice guidelines, such as those produced collaboratively by the U.S. Department of Veterans Affairs (VA) and the Department of Defense (DoD) (Reference (p)), and the MHS Clinical Communities, Clinical Support Services, and Enabling Expertise supporting the MHS High Reliability Operating Model (HROM), provide critical input to the organization's quality and larger organizational strategies and plans. CM data is available on the CM repository on the CarePoint Information Portal: https://carepoint.health.mil.

(2) Internal CM Sets: the MHS core dashboard supports strategic management of the MHS Quadruple Aim. An established set of core measures help drive system-wide improvement down to the MTF level.

(a) DHA Markets/Intermediate Headquarters can utilize the MHS core dashboard and other quality assessment tools to monitor MTF performance on strategic priorities and critical initiatives, and support improvement efforts as indicated. The core dashboard includes consensus and prioritized quality assessment measures. Other available quality assessment measures are mentioned throughout this enclosure.

(b) MHS Clinical Communities identify clinical improvement priorities through key clinical process analysis, and appropriate measurement priorities for patient-centered, condition based, CQI initiatives.

(c) MTFs can utilize the MHS core dashboard to monitor performance and support improvement efforts as indicated.

(d) MTFs should communicate issues, concerns, and suggestions for clinical quality and/or strategic improvement initiatives to DHA Market/Intermediate Headquarters and MHS Clinical Communities as appropriate.

(e) Access to information and data on the MHS core dashboard is located at https://carepoint.health.mil/sites/MHSP4I/SitePages/HomeMHS.aspx. All MHS staff with a common access card (CAC) or personal identity verification (PIV) card can request and obtain access to CarePoint (some applications within CarePoint are permission restricted).

(3) External CM Sets:

(a) Inpatient Quality Measurement. Evidence-based measures that provide a perspective on the quality of care in hospitals. These CMs generate process and outcome data to evaluate inpatient clinical care. Examples of inpatient quality measures used in the MHS include the Agency for Healthcare Research and Quality (AHRQ) Indicators, National Hospital Inpatient Quality Measures, National Perinatal Information Center (NPIC) measures, and the American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP®).

(b) Ambulatory Quality Measurement. Evidence-based measures that provide a perspective on the quality of care in outpatient settings. Examples of ambulatory quality measures used in the MHS include AHRQ Prevention Quality Indicators and National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS®).

(c) Patient Safety Measurement. In the MHS direct care system, the DoD Patient Safety Program (PSP) aims to promote a culture of safety to end preventable patient harm by engaging, educating, and equipping patient care teams to put evidence-based, safe practices in place across the organization. Through continuously monitoring, measuring, analyzing, and reporting trends in patient safety data, the PSP enables the identification and prioritization of focus areas for patient safety improvement. Examples of measures used by the DoD PSP include the National Healthcare Safety Network Measures and the AHRQ Patient Safety Indicators.

(d) Experience of Care Measurement. Results of patient surveys have become increasingly important in measuring health plan performance and in directing action to improve the beneficiary experience and quality of services provided. The MHS utilizes key beneficiary surveys to measure self-reported access to, and satisfaction with, direct and purchased care experiences. Examples of surveys used include the TRICARE Inpatient Satisfaction Survey (TRISS), the Joint Outpatient Experience Survey (JOES), and the Health Care Survey of DoD Beneficiaries.

(e) Access to Care Measurement. Access to healthcare in within the MHS is measured in multiple ways: by the JOES which asks beneficiaries about their experience in obtaining needed care or an appointment; by examining institutionally recorded data indicating whether appointments were offered within certain access standards; and by administrative data

recording the number of successful visits to providers over time. Examples of access measures include Primary Care Manager Continuity, Getting Care When Needed, and Timeliness of Specialty and Primary Care Appointments.

(f) Better Health. Better Health measurement is in development and addressed in the DHA-PI on "Population Health Management (PHM), Operation, and Integration across the Military Health System (MHS)."

b. National Quality Programs

(1) National quality databases, registries, or networks are recognized as leading practices. MHS participation in these national quality programs is based on strategic priorities and the current healthcare environment.

(a) The DHA CM Program, in coordination with the MHS Clinical Communities and other clinical subject matter experts, formulate recommendations for DAD MA to request DHA Director approval for MHS participation in national quality programs.

(b) The DHA CM Program will monitor which national quality programs in which the MHS participates.

(c) MTFs participate in approved national quality databases, registries, or networks as directed by higher headquarters. Participation provides MTFs opportunities to collaborate on and implement leading practices.

(2) Participation and submission of data to a non-DoD clinical quality database/registry must be approved by the DHA Director and meet the following criteria:

(a) Confidentiality of Medical Quality Assurance Records in accordance with Reference (o).

(b) Participation agreements must be compliant with federal laws. Participation agreements usually contain language inconsistent with federal law as the agreements are written with a focus on civilian organizations. Common topics that require modification for MTFs to participate include, but are not limited to: automatic renewals, indemnification, and limited liability.

(c) Data management practices must be compliant with cybersecurity regulations. Database or registry organizations must meet current DoD information security requirements and provide documentation for an annual information assurance review and validation.

(d) Acquisition activities required for participation in external databases or registries must be compliant with contracting law. Participation in external quality databases or registries frequently require a contract for multi-year participation. If multiple organizations meet the DoD

requirements for participation in a database or registry, a centralized contract should be established to support a systems-level performance review of the data and reduce the administrative burden of multiple contracts.

(3) Requests to participate in a national quality program requiring the input of clinical quality or safety data will be routed to the DHA CM program through the respective DHA Markets/Intermediate Headquarters, and the respective MHS Clinical Community as appropriate, using the data registry request form. The request will include:

(a) Name of requestor and facility;

(b) Name of the database or registry;

(c) Description of the mission;

(d) Description of the value of participation;

(e) Type (identified or de-identified) and volume of data required for participation;

(f) Examples of participation, business associate, and data sharing agreements;

(g) Cost for participation membership; and

(h) Projected cost for data collection and other efforts related to registry participation to include manning resources required to execute these duties.

(4) The DHA CM Program will inform DHA Markets/Intermediate Headquarters and MHS Clinical Communities of DHA Director approval of national quality program participation, and support, as appropriate, resourcing requests to the MHS request submission portal.

c. Assessment of Clinical Quality

(1) In coordination with CQM leadership, the CM Program assesses clinical quality annual plan performance in achieving the clinical quality strategic goals, as aligned with the organization's strategic goals. Assessment of CQM includes a variety of methods and types of measures to include structure, process and outcome measures.

(2) The MTF CM Programs roll up their assessments to DHA Market/Intermediate Headquarters, who in turn roll up their assessments to the DHA CM Program.

(3) Annual assessments of clinical quality plans should include recommendations for improving clinical quality plan development and input for adjustment to clinical quality strategic goals.

(4) Assessment of clinical quality annual plan performance will likely need clinical quality analytic and senior clinical subject matter expert (SME) support.

(a) Clinical Quality Analytics

1. The creation of actionable information, and its presentation in an understandable format, allows clinical and executive decision-makers to prioritize CQI efforts.

2. Clinical quality analytic capabilities across the MHS range from novice to expert with numerous years of healthcare data experience and skills. The MHS is dedicated to building a stable and networked analytical expertise that is available to support analysis and assessment of clinical quality and clinical quality improvement. Analytic expertise will support:

a. MTF, DHA Market/Intermediate Headquarters, and DHA/Service Headquarters in the utilization of available analytic tools to support analysis of CMs data to validate quality of care and identify opportunities.

b. MTF, DHA Market/Intermediate Headquarters, and DHA/Service Headquarters with analysis of data to create information needed to optimize analysis of clinical care processes and outcomes.

c. MHS CarePoint self-service CMs and analysis tools.

(b) Senior Clinical SME Support. Advanced clinical analysis of clinical quality information is a core Enabling Expertise for MHS Clinical Communities that can provide hindsight, insight, and foresight regarding clinical processes and their associated outcomes. This capability is a critical component of a comprehensive, patient-centered, outcome-based, and value-driven approach to analytics in healthcare and requires clinical interpretation in the execution of the following types of advanced analytical analysis, in direct collaboration with the respective Clinical Communities and their domain-specific measures at DHA Headquarters:

1. Hindsight. Descriptive analytics organizes and analyzes what has occurred in a population's health, typically describing the variance in the distribution of health outcomes across subgroups, by demographics, geography, time, socioeconomic status, and cost. This capability is critical for describing the magnitude of illness in a population, a key driver for identifying priorities and associated high-impact interventions.

2. Insight. Diagnostic analytics addresses attribution or the question of why something happened. Leverages historical data to identify factors determined to be significantly associated with the outcome of interest. This is also known as exploratory analysis. It generally uses more advanced techniques such as data-mining and data discovery techniques.

3. Foresight. Predictive analytics can be the most powerful as it uses advanced analytic techniques to predict targets for intervention that can help accomplish the goal (decreasing or increasing) of the outcome of interest.

4. Prescriptive Analytics. Prescriptive analytics is where analytics meets decision management. It attempts to answer the question of "what should be done" and uses some of the same techniques as predictive analytics. This is the "tip of the spear" as it translates the analytic work into a clinical workflow based on modeling results and SME input.

d. Transparency

(1) The MHS adopted the National Patient Safety Foundation's four domains in its Transparency Framework. The rationale behind enhancing transparency is that culture of safety and transparency are interwoven concepts in high reliability organizations. Transparency promotes accountability, allowing patients and policymakers to ensure providers and organizations deliver exceptional care. This accountability can lead to improvements in quality and safety and enhance trust between healthcare provider and patients.

(2) The CM Program directly supports three of the four domains, with support to CQM for an overall assessment for MHS transparency efforts.

(a) Transparency Between Clinicians and Patients. This domain describes a more personal relationship and/or co-creation of care rather than displays of CM to improve care. The CM Program collaborates with patient experience and engagement groups to support assessments for MHS transparency efforts.

(b) Transparency Between Clinicians Themselves. This domain concerns sharing and open communication of information about hazards, errors, and adverse events among healthcare providers to improve systems of care (Reference (q)). In particular the Sentinel Event Root Cause Analysis tool on CarePoint, a permission-controlled tool for protected information for peer or quality review of DoD Reportable Events, supports this kind of transparency and learning.

(c) Transparency Between Healthcare Organizations. Transparency supported by an infrastructure facilitates sharing of leading practices. CarePoint (a SharePoint platform), is the main infrastructure the MHS uses to support transparency around CM. Examples of tools on CarePoint include:

1. MHS Dashboard. This shared dashboard is an ongoing collaboration driven by the 2014 Secretary of Defense MHS Review mandate to establish clear MHS performance goals with a standardized measurement tool supporting continuous improvement. Link to this dashboard at https://carepoint.health.mil.

2. MHS Population Health Portal (MHSPHP). The MHSPHP transforms direct and purchased care administrative data into actionable information. The portal utilizes healthcare action lists to identify MTF TRICARE Prime and Plus enrollees in need of potential clinical preventive services, disease management, and/or case management. The HEDIS® methodologies and DoD/VA Clinical Practice Guidelines outline the specific data sources and methodologies used within MHSPHP. The data available through this applet provide both

patient-level and general population statistics concentrating on demographics, disease management, and preventive services information. To request access, visit: https://carepoint.health.mil.

(d) Transparency Between Clinicians and Healthcare Organizations and the Public. Current data displays for MHS data for beneficiary and public viewing include:

1. Transparency Site on Health.mil. The MHS is committed to promoting a culture of transparency and the transparency site provides access to facility-level, clinical quality performance data. The site provides easy access for beneficiaries and the public, to obtain information on MTFs' performance. The data provided includes MTF accreditation status, scores on industry standard measures for patient safety and quality care, healthcare outcomes, patient experience, and access to care. The link is: health.mil/transparency.

2. Hospital Compare. Centers for Medicare and Medicaid Services initiative that provides public access to facility-level data on nationally recognized patient experience of care measures and timeliness and effectiveness of care measures. Participation in Hospital Compare supports MHS transparency goals by enhancing beneficiary availability of MTF clinical performance data. The link is: https://www.medicare.gov/hospitalcompare.

3. Accreditation, Certification, or Clinical Quality Improvement Organizations. Organizations that accredit or certify either the MTF or aspects of care delivered in the MTF, and improvement organizations or networks with whom the MHS has partnered, might also display DoD patient safety and clinical quality performance data on their respective websites as per agreements approved by the DHA Director (e.g., participation in Leapfrog).

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

Unless otherwise noted, these abbreviations and acronyms are for the purpose of this DHA-PM

AABB	AABB (formerly known as American Association of Blood Banks)
AAMFT	American Association of Marriage and Family Therapy
AAO	American Academy of Optometry
ABA	American Board of Audiology
ABCMO	American Board of Certification in Medical Optometry
ABMS	American Board of Medical Specialties
ABO	American Board of Optometry
AC	accreditation and compliance
ACS	American College of Surgeons
ACGME	Accreditation Council for Graduate Medical Education
ACLS	Advanced Cardiac Life Support
ACPE	Accreditation Council for Pharmacy Education
AD CS	Assistant Director for Combat Support
ADA	American Dental Association
ADA	American with Disabilities Act
ADN	Associate's Degree in Nursing
AHRQ	Agency for Healthcare Research and Quality
ALS	Advanced Life Support
AMA	American Medical Association
ANCC	American Nurses Credentialing Center
AO	accrediting organization
AOA	American Osteopathic Association
APA	American Psychological Association
APMA	American Podiatric Medical Association
APN	advance practice nurse
APTA	American Physical Therapy Association
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASHA	American Speech-Language-Hearing Association
Au.D.	Doctor of Audiology
BAA	business associate agreement
BLS	Basic Life Support
BSN	Bachelor of Science in Nursing
CAC	Common Access Card
CADE	Commission on Accreditation for Dietetics Education
CAI	Corrective Action Implementation
CAP	College of American Pathologists
CCE	Council on Chiropractic Education
CDR	Commission on Dietetic Registration

CE	continuing education
CFR	Code of Federal Regulations
CGFNS	Commission on Graduates of Foreign Nursing Schools
CHBC	Criminal History Background Check
CIS	Criminal Investigative Service
CLIP	Clinical Laboratory Improvement Program
CM	clinical measurement
CMO	Chief Medical Officer
CMS	Centers for Medicare & Medicaid Services
CNM	certified nurse midwife
CNS	certified nurse specialist
COAMFTE	Commission on Accreditation for Marriage and Family Therapy Education
COMLEX	Comprehensive Osteopathic Medical Licensing Examination
COR	Contracting Officer's Representative
CP	credentialing and privileging
CPME	Council on Podiatric Medical Education
CQI	clinical quality improvement
CQIS	Clinical Quality Improvement Studies
CQM	clinical quality management
CRNA	certified registered nurse anesthetist
CSA	Comprehensive Systematic Analysis
CUSP	Comprehensive Unit-based Safety Program
CVO	Centralized Credentials Verification Office
DAD MA	Deputy Assistant Director for Medical Affairs
DEA	Drug Enforcement Agency
DES	Disability Evaluation System
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHA-PM	Defense Health Agency-Procedures Manual
DHHS	Department of Health and Human Services
DMAT	Disaster Medical Assistance Team
D.O.	Doctor of Osteopathic Medicine
DoD RE	DoD Reportable Event
DSA	data sharing agreement
DSAA	data sharing agreement application
DLA	Defense Logistics Agency
EDIS	Educational and Developmental Intervention Services
EHR	electronic health record
ECFMG	Educational Commission for Foreign Medical Graduates
EIDS	Enterprise Intelligence and Data Solutions
eMSM	Enhanced Multi-Service Market
ER	emergency room
ERM	enterprise risk management

FAAO	Fellowship in the American Academy of Optometry
FDA	Food and Drug Administration
FHPQA	Force Health Protection Quality Assurance
FMEA	Failure Mode Effect Analysis
FNLH	Foreign National Local Hire
FNP	family nurse practitioner
FOIA	Freedom of Information Act
FPGEC	Foreign Pharmacy Graduation Examination Committee
FPPE	focused professional practice evaluation
GME	Graduate Medical Education
GS	General Schedule
GTT	Global Trigger Tool
HAI	healthcare-associated infection
HAR	Hazards, Alerts, and Recalls
HAR-NESS	Hazards, Alerts, and Recalls Notice System
HEDIS®	Healthcare Effectiveness Data and Information Set
HIPDB	Health Integrity Protection Data Bank
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIT	health information technology
HPSP	Health Professions Scholarship Program
HRM	healthcare risk management
HRO	high reliability organization
HROM	High Reliability Operating Model
ICTB	Inter-facility Credentials Transfer Brief
IDES	Integrated Disability Evaluation System
IHPP	Impaired Healthcare Provider Program
IMA	Individual Mobilization Augmentee
IO	Investigating Office
IOM	Institute of Medicine
IPC	infection prevention and control
IPCWG	Infection Prevention and Control Working Group
JCCQAS	Joint Centralized Credentials Quality Assurance System
JOES	Joint Outpatient Experience Survey
JPSR	Joint Patient Safety Reporting
LEIE	List of Excluded Individuals and Entities
LIP	licensed independent practitioner
LPN	licensed practical nurse
LVN	licensed vocational nurse
MC	Medical Corps
MCSC	Managed Care Support Contractor

M.D.	Doctor of Medicine
MEB	medical evaluation board
MEDLOG	Medical Logistics Division
MHS	Military Health System
MHSPHP	Military Health System Population Health Portal
MOU	memorandum of understanding
MPL	Master Privilege List
MQA	medical quality assurance
MQAP	medical quality assurance program
MQAR	medical quality assurance record
MQSA	Mammography Quality Standards Act
MSM	medical staff manager
MSP	medical staff professional
MSW	Master of Social Work
MTF	military medical treatment facility
NBDHE	National Board Dental Hygiene Examination
NCC	National Certification Corporation
NCQA	National Committee of Quality Assurance
NCCPA	National Commission on Certification of Physician Assistants
NDAA	National Defense Authorization Act
NGO	non-governmental organization
NHSN	National Healthcare Safety Network
NOTO	Number of Times Occurred
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPIC	National Perinatal Information Center
NQF	National Quality Forum
NSQIP®	National Surgical Quality Improvement Program
OCONUS	outside the continental United States
ODE	off-duty employment
OHU	operational healthcare unit
OPM	Office of Personnel Management
OPPE	ongoing professional practice evaluation
OSD	Office of the Secretary of Defense
PA	physician assistant
PA-C	Physician Assistant-Certified
PAF	Provider Activity File
PALS	Pediatric Advanced Life Support
PCE	potentially compensable event
PCMH	Patient Centered Medical Home
PCS	permanent change of station
PDCA	Plan-Do-Check-Act
PDSA	Plan-Do-Study-Act

PEB	physical evaluation board
PEBLO	Physical Evaluation Board Liaison Officer
PECOS	Provider Enrollment, Chain and Ownership System
PG	Postgraduate
Pharm.D.	Doctor of Pharmacy
Ph.D.	Doctor of Philosophy
PHI	protected health information
PHM	Population Health Management
PII	personally identifiable information
PIV	Personal Identity Verification Card
P/MHNP	psychiatric/mental health nurse practitioner
POAM	Plans of Action and Milestones
POC	point of contact
PNCB	Pediatric Nursing Certification Board
PNP	pediatric nurse practitioner
PQDR	Product Quality Deficiency Report
PQI	Prevention Quality Indicator
PRA	proactive risk assessment
PS	patient safety
PSC	personal services contract
PSI	Patient Safety Indicator
PSIC	Patient Safety Improvement Collaborative
PSLC	Patient Safety Learning Center
PSM	patient safety manager
PSP	Patient Safety Program
PSPC	Patient Safety Professional Course
PSQAC	Patient Safety Quality Academic Collaborative
PSR	patient safety report
PSV	primary source verification
Psy.D.	Doctor of Psychology
QA	quality assurance
QAI	Quality Assurance Investigation
QAIO	Quality Assurance Investigating Officer
RAG	Risk Assessment Grade
RCA	root cause analysis
RDH	registered dental hygienist
RD	registered dietitian
RDN	registered dietician nutritionist
RMWG	Risk Management Working Group
RN	registered nurse
SAFE	Sexual Assault Forensic Exam
SAMFE	Sexual Assault Medical Forensic Examiner
SANE-A®	Sexual Assault Nurse Examiner – Adult/Adolescent

SDD	Solution Delivery Division
SE	sentinel event
SE MOS	Sentinel Event Measures of Success
SERCA	Safety Event Root Cause Analysis
SERE	survival, evasion, resistance and escape
SG	Surgeon General
SHEA	Society for Healthcare Epidemiology of America
SIP	significantly involved provider
SMDR	senior medical department representative
SME	subject matter expert
SOC	standard of care
SRE	serious reportable event
STEEEP	safe, timely, effective, efficient, equitable, patient–centered
T-TPQ	TeamSTEPPS™ Teamwork Perceptions Questionnaire
TAA	training affiliation agreement
TDY	temporary duty
TeamSTEPPS™	Team Strategies and Tools to Enhance Performance and Patient Safety
TJC	The Joint Commission
TRISS	TRICARE Inpatient Satisfaction Survey
U.S.C.	United States Code
UCMJ	Uniform Code of Military Justice
UMO	Undersea Medical Officer
USMLE	United States Medical Licensing Exam
USN	United States Navy
USTRANSCOM	United States Transportation Command
USU	Uniformed Services University of the Health Sciences
VA	Department of Veterans Affairs
VADM	Vice Admiral
VMC	virtual medical center
VTC	video teleconferencing
WHNP	women's health nurse practitioner

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this DHA-PM.

accreditation. Process of review that allows healthcare organizations to demonstrate their ability to meet regulatory requirements and standards established by a recognized accrediting organization (AO).

adverse event. See definition for patient safety (PS) event.

adverse practice action. Restriction, reduction, or revocation of the clinical practice of a non-privileged provider as a result of a due process professional review action, based upon evidence of misconduct, impairment, or incompetence, or any conduct that adversely affects, or could adversely affect, the health or welfare of a patient.

adverse privileging action. Denial, restriction, reduction, or revocation of clinical privileges as a result of a due process professional review action, based upon evidence of misconduct, impairment, or incompetence, or any conduct that adversely affects, or could adversely affect, the health or welfare of a patient.

Agency for Healthcare Research and Quality (AHRQ) Harm Scale. The AHRQ Harm Scale can be found in the AHRQ Common Formats – Hospital Version 2.0, and includes the following assignment categories:

No-Harm: Event reached the patient, but no harm was evident.

Mild Harm: Bodily or psychological injury resulting in minimal symptoms or loss of function, or injury limited to additional treatment, monitoring, and/or increased length of stay.

Moderate Harm: Bodily or psychological injury adversely affecting functional ability or quality of life, but not at the level of severe harm.

Severe Harm: Bodily or psychological injury (including pain or disfigurement) that interferes substantially with functional ability or quality of life.

Death

The harm scale defined by AHRQ Common Formats – Hospital Version 2.0, further delineates harm as:

Temporary Harm. Expected to revert to approximately normal (i.e., patient's baseline)

Permanent Harm. Not expected to revert to approximately normal (i.e., patient's baseline)

approved postgraduate training. Postgraduate training program accredited by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), or other similar entities regulating healthcare provider training programs.

auditing. A process used by health professionals to assess, evaluate, and improve care in a systematic way; used by clinical governance to safeguard high quality of clinical care for patients.

certification. A process by which a nationally recognized organization confirms that an individual healthcare organization has met certain predetermined standards or procedures required for certification.

clinical adverse action. Action invoked against a healthcare provider, privileged or not, with the result that the authority to practice clinically is adversely affected. Adversely affected privilege(s)/practice are the result of a due process professional review action based on evidence of misconduct, impairment, or incompetence, or any conduct that adversely affects, or could adversely affect, the health or welfare of a patient, and that leads to the inability of a provider to exercise their privilege(s)/practice with their own independent judgment. This is the collective term used in this manual that encompasses both an adverse practice action and an adverse privileging action.

clinical data evaluation. Analysis of collected, compiled, and organized data pertaining to important aspects of care. Data are compared with predetermined, clinically valid criteria; variations from criteria are determined to be justified or unjustified; and problems or opportunities to improve care are identified.

clinical measurement (CM). CM uses tools to help evaluate and track the quality of healthcare services provided to beneficiaries in the Military Health System (MHS). Analyzing CM data and acting on identified trends for improvement helps ensure the MHS delivers safe, timely, effective, efficient, equitable, and patient-centered care.

clinical privileges. Permission granted by the Privileging Authority to provide medical and other patient care services. Clinical privileges define the scope and limits of practice for privileged providers and are based on the capability of the healthcare facility, licensure, relevant training and experience, current competence, health status, judgment, and peer and department head recommendations.

clinical privileging. The granting of permission and responsibility of a healthcare provider to provide specified or delineated healthcare within the scope of the provider's license, certification, or registration.

clinical quality improvement (CQI). CQI consists of systematic and continuous actions that lead to measurable improvement in healthcare services and the health status of targeted patient groups. Focuses on the application of several widely accepted process improvement methodologies to improve clinical performance and desired outcomes.

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. The CQM functional capability includes the following programs: Patient Safety, Healthcare Risk Management, Credentialing and Privileging, Accreditation and Compliance, Clinical Measurement, and Clinical Quality Improvement.

competency assessment. Assessment of a healthcare provider's knowledge, skills, and ability to deliver high quality, safe patient care. The Military Health System (MHS) assesses providers

using standards from the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS), recognizing six areas of "General Competencies" including: patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. These may serve as the basis for healthcare provider care evaluation and privileging decisions.

compliance. The ongoing process of meeting the legal, ethical, and professional standards applicable to a particular healthcare organization or provider.

Comprehensive Systematic Analysis (CSA). CSA is a thorough, credible, and acceptable analysis following a patient safety (PS) event that seeks to identify system vulnerabilities so that they can be eliminated or mitigated in a sustainable manner to prevent reoccurrence. A root cause analysis (RCA) is one type of CSA. CSAs can also be conducted for performance improvement purposes for those events that have the potential to be catastrophic. The following guidelines support the identification of causal factors in CSAs:

Clearly show cause and effect relationships.

Use specifics and accurate descriptions of events.

Human errors must have a preceding cause.

Violations in procedure must have a proceeding cause.

Failure to act is only causal when there is a pre-existing duty to act.

continuing education. Education beyond initial academic or professional preparation approved by an appropriate certifying professional organization that is relevant to the type of care or service delivered in an organization.

Corrective Action Implementation (CAI) Plan Report. The CAI Plan Report describes the effectiveness of the corrective action after implementation. The CAI Plan Report should include identified solutions, corrective actions implemented, and measures of effectiveness and sustainment to show that a corrective action has been implemented and is reducing or eliminating the risk of reoccurrence in a lasting way.

credentialing. The process of obtaining, verifying, and assessing the qualifications of both privileged and non-privileged providers to provide safe patient care services. This assessment serves as the basis for decisions regarding delineation of clinical privileges, as well as appointments and reappointments to the medical staff. The required information should include qualification data such as relevant education, training, and experience; current licensure; and specialty certification (if applicable) as well as performance data, such as current competency, and the ability to perform the selected privileges. This data is collected, verified, and assessed initially and on an ongoing basis.

credentials. The documents that constitute evidence of appropriate education, training, licensure, experience, and expertise of a healthcare provider.

credentials file. A file containing pertinent information regarding an individual privileged provider to include credentialing and privileging documents, permanent performance data, medical practice reviews, continuing health education documentation, and information related to permanent adverse privileging actions.

credentials review. The credentials inspection and verification process conducted for healthcare providers before selection for military service, employment, and procurement. The credentials review process is also conducted for healthcare providers before medical staff appointment and granting of clinical privileges and is repeated at the time of reappointment and renewal of privileges.

current competence. The state of having adequate ability and up-to-date knowledge to perform the functions of a healthcare provider in a particular discipline, as measured by meeting these criteria:

The provider has actively pursued the practice of their discipline within the past two years by having encountered a sufficient number of clinical cases to represent a broad spectrum of the privileges requested and that the individual has satisfactorily practiced the discipline as determined by the results of ongoing professional practice evaluation (OPPE).

The provider possesses documented evidence of appropriate continued medical education to maintain the currency of skills and knowledge.

data monitoring. The systematic and ongoing collection, compilation, and organization of data pertaining to indicators for the quality and appropriateness of important aspects of care in order that problems or opportunities to improve care can be identified.

denial of clinical privilege(s). Refusal to grant requested privileges to a healthcare provider at the time of initial application or renewal. Denials that result from a professional review action following appropriate due process proceedings, and relating to evidence of the provider's misconduct, impairment, or incompetence, or any conduct that adversely affects, or could adversely affect, the health or welfare of a patient are reported to the National Practitioner Data Bank (NPDB), state(s) of licensure, and other applicable certifying/regulatory agencies. Denials that occur solely because a provider does not meet a healthcare institution's established threshold criteria for that particular privilege, should not be reported to the NPDB - these are considered decisions based on eligibility and are not deemed to be a result of a professional review action.

denominator. The part of a fraction that is below the line and that functions as the divisor of the numerator; the population at risk in the calculation of a rate or ratio.

department/clinical unit. The department, unit, or area utilized for patient care (e.g., pharmacy, surgical area, emergency department, procedural area, nursing unit).

deviation. The action of departing from an established course or accepted standard; the amount by which a single measurement differs from a fixed value such as the mean.

direct care system. Healthcare facilities and medical support organizations managed by the DoD through the Defense Health Agency (DHA) or Service Surgeons General in accordance with applicable federal laws and regulations.

DoD Reportable Event (DoD RE). Any patient safety (PS) event resulting in death, permanent harm, or severe temporary harm, as per the AHRQ Harm Scale; or meeting The Joint Commission's (TJC) sentinel event (SE) or the National Quality Forum's (NQF) serious reportable event (SRE) definitions. DoD REs require a Comprehensive Systematic Analysis (CSA) and follow on Corrective Action Implementation (CAI) Plan Report.

enterprise risk management (ERM). ERM provides a comprehensive framework for making risk management decisions to promote safe and reliable healthcare and to mitigate risks across the organization. Effective ERM practices are continuous in nature and support the journey to high reliability.

event reporting. The DoD Patient Safety Program (PSP) captures the full range of patient safety (PS) events listed in Volume 2 and all such events must be reported into the Joint Patient Safety Reporting (JPSR) system to be used as opportunities to prevent harm. Any PS event that reaches the patient (i.e., adverse events and no-harm events) must be reported to the appropriate Healthcare Risk Management (HRM) Program for assessment. DoD Reportable Events (DoD REs) also have reporting, notification, and analysis requirements beyond JPSR.

focused review. A review that concentrates on a perceived problem area that involves a specific standard, procedure, policy or any other limited scope healthcare delivery matter.

focused professional practice evaluation (FPPE). A process whereby the organization evaluates the privilege/practice of the healthcare provider who does not have documented evidence of competently performing the requested privilege, or of demonstrated practice competency, at the organization. This process may also be used when a question arises regarding a healthcare provider's ability to provide safe, high quality patient care. Focused professional practice evaluation is a time-limited period during which the organization evaluates and determines the healthcare provider's professional performance.

harm. Any physical or psychological injury or damage to the health of a person, including both temporary and permanent injury.

healthcare provider. Any member of the uniformed services, civilian employee of the DoD, or contract employee authorized by the DoD to perform healthcare services.

healthcare risk management (HRM). Includes clinical and administrative activities, processes, and policies to identify, monitor, assess, mitigate, and prevent risks to the healthcare

organization, patients, and staff. By employing risk management, the healthcare organization proactively and systemically safeguards patient safety and the organization's resources, accreditations, legal/regulatory compliance, assets, and customer confidence (integrity).

intentional unsafe act. Any alleged or suspected act or omission of a healthcare provider, staff member, contractor, trainee, or volunteer pertaining to a patient that involves a criminal act, a purposefully unsafe act, patient abuse, or an event caused or affected by drug or alcohol abuse. Intentional unsafe acts are matters for law enforcement, disciplinary system, or administrative investigation.

Joint Centralized Credentials Quality Assurance System (JCCQAS). A secure, worldwide healthcare provider credentialing, privileging, adverse actions, and risk management web-based application mandated by the Military Health System (MHS) used in the provider credentialing and privileging process. Portions of the information contained in JCCQAS are confidential, privileged and protected from disclosure in accordance with Section 1102 of Title 10, United States Code. JCCQAS is the official file for healthcare providers credentialed and privileged within the MHS.

Joint Patient Safety Reporting (JPSR) system. DoD electronic system used to capture data for all types of patient safety (PS) events in Military Medical Treatment Facilities (MTF) and other applicable healthcare environments, as well as PS events tracked and trended in other programs. The MTF Patient Safety Manager (PSM) is responsible for JPSR data management, the review of facts associated with the PS event, and for ensuring an appropriate evaluation is performed as required by DHA guidance. JPSR usage is the only authorized method for the reporting of adverse events, no harm events, near misses, and unsafe conditions.

lean. A process of continuous cycle improvement to maximize value by improving efficiencies and decreasing waste.

licensed independent practitioner (LIP). Any individual permitted by law and by the organization to provide care, treatment and services, without direction or supervision, and within the scope of the individual's license and consistent with individually granted clinical privileges.

measure sets. Sets of measures that focus on different aspects of healthcare delivery and are used to improve healthcare quality and help drive improvement through a consistent approach.

medical quality assurance program (MQAP). Any peer review activity carried out before, on, or after November 14, 1986 by or for the DoD to assess the quality of medical care, including activities conducted by individuals, military medical or dental treatment facility committees, or other review bodies responsible for quality assurance, credentials, infection control, patient care assessment (including treatment procedures, blood, drugs, and therapeutics), medical records, health resources management review and identification and prevention of medical or dental incidents and risks as defined in Section 1102 of Title 10, United States Code.

medical quality assurance record (MQAR). The proceedings, records, minutes, and reports that emanate from quality assurance program activities and are produced or compiled by the DoD as part of a medical quality assurance program as defined in Section 1102 of Title 10, United States Code.

Military Health System (MHS). DoD medical and dental programs, personnel, facilities, and other assets operating pursuant to Chapter 55 of DoD Directive 5136.01, by which the DoD provides:

Healthcare services and support to the Military Services during the range of military operations.

Healthcare services and support to members of the Military Services, their family members, and others entitled to DoD medical care.

monitoring and evaluation. A well-defined, time-limited, well documented plan of focused professional practice evaluation (FPPE) to confirm a healthcare provider possesses the knowledge, skills, and ability to render safe and effective healthcare. It must include a documented plan with delineation of clear expectations and measures of success. It requires a preceptor who provides full written evaluation of the monitoring period, with regular interval feedback, to both the provider and the Credentials Committee/Function. Privileges/practice remain intact during the period of monitoring and evaluation.

National Practitioner Data Bank (NPDB). The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to healthcare practitioners, providers, and suppliers. The NPDB is managed by the Department of Health and Human Services in accordance with Section 11101 of Title 42, United States Code.

near miss event. See definition of patient safety (PS) event.

no–harm event. See definition of patient safety (PS) event.

non-privileged provider. An individual who possesses a license, certification, or registration by a state, commonwealth, territory, or possession of the United States, and is only permitted to engage in the delivery of healthcare as defined in their granted scope of practice. Examples include registered nurse (RN), licensed vocational nurse (LVN), registered dental hygienist (RDH), and medical technician.

ongoing professional practice evaluation (OPPE). A documented summary of ongoing data collected for the purpose of assessing a healthcare provider's clinical competence and professional behavior. The information gathered during this process allows for identification of practice trends that may adversely affect, or could adversely affect, the health or welfare of a patient. It is the responsibility of the organization to determine the criteria used in the ongoing professional practice evaluation.

other authorizing document. A mechanism, such as registration and certification, by which a State, the District of Columbia, a Commonwealth, territory, or possession of the United States, grants authority to provide healthcare in a specified discipline. In specialties not licensed and where the requirements of the granting authority for registration or certification are highly variable, the validation by a national organization that an individual is professionally qualified to provide healthcare in a specified discipline. Special considerations apply in the case where healthcare is provided in a foreign country by any person who is not a national of the United States.

outcomes. The result of performance (or nonperformance) of a function, process, or series of processes. States or conditions of individuals and populations attributed or attributable to antecedent healthcare. They can include adverse or beneficial results of care, short- or long-term results of care, complications, or occurrences, and are the product of the performance (or nonperformance) of one or more functions or processes.

patient safety (PS) event. A PS event is an incident or condition that could have resulted, or did result, in harm to a patient. A PS event can be but is not necessarily the result of a defective system or process design, a system or process breakdown, equipment failure or malfunction, or human error. PS events include adverse events, no-harm events, near miss events, and unsafe/hazardous conditions as defined below:

adverse event. PS event that resulted in harm to the patient. The event may occur by the omission or commission of medical care.

no-harm event. PS event that reached the patient but did not cause harm.

near miss event. PS event that did not reach the patient (also known as "close call" or "good catch").

unsafe/hazardous condition. A condition or a circumstance (other than a patient's own disease process or condition) that increases the probability of an adverse event.

peer. A healthcare provider with generally similar privileges, practice, clinical specialty and level of training.

peer review. Any assessment of the quality of medical care carried out by a healthcare provider, including any such assessment of professional performance, any patient safety program Comprehensive Systematic Analysis (CSA) or report, or any other such assessment carried out by a healthcare provider under provisions of this manual.

performance improvement. Continuous study and improvement of processes with the intent to achieve better services or outcomes, and prevent or decrease the likelihood of problems, by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement.

plan-do-check-act/plan-do-study-act (PDCA/PDSA). A management method for the control and continuous improvement of processes and products. This four-step model includes assessing the current process; enacting the plan; evaluating and comparing data to expected outcomes; and developing corrective actions based on outcomes.

potentially compensable event (PCE). Any patient safety (PS) event that both a) reaches the patient (i.e., adverse event and no-harm event) and b) has a Healthcare Risk Management assessment that determines that the event is likely to present a possible financial loss to the Federal Government. All DoD Reportable Events (DoD REs) are PCEs. All events that trigger a PCE will also be referred to the Patient Safety Manager to ensure capture in the Joint Patient Safety Reporting (JPSR) system and investigation/analysis as defined in Volume 2, Patient Safety of this manual.

preceptor. A clinical peer who has been appointed in writing to evaluate a healthcare provider's clinical practice. The preceptor is designated for consultation, clinical feedback, and general oversight of the clinical activities of the provider. A preceptor may review medical records, and conduct direct observation of a provider's practice, however they are not required to be present for or approve the provider's procedures or clinical decisions since the provider's clinical privilege(s)/practice is not restricted in any manner. [Contrast with the definition for "proctor".]

primary source verification. Validation that a document is true and valid through contact with the issuing institution or its authorized agent.

privileged provider. An individual who possesses appropriate credentials and is granted authorized clinical privileges to diagnose, initiate, alter, or terminate regimens of healthcare with defined scope of practice.

Privileging Authority. The Privileging Authority is a designated official who grants permission to individuals to provide specific care, treatment, or services within well-defined limits. The Privileging Authority also initiates and makes determinations on clinical adverse actions.

proactive risk assessment (PRA). Process used to identify, rate, and prioritize risks and/or hazards. Based on a risk assessment, policies, procedures and controls may be put into place to manage the risk as appropriate to the organization, with the intent of reducing risk to the lowest possible level. A form of PRA is Failure Mode Effect Analysis (FMEA): a systematic, proactive method for evaluating a process to identify where and how it might fail, to assess the relative impact of different failures, and to identify the parts of the process that are most in need of change.

process. A goal-directed, interrelated series of actions, events, mechanisms, or steps. Processes should always be designed with flexibility in mind and the ability to periodically introduce controlled, measurable changes.

proctor. A clinical peer who has been appointed in writing to supervise all or some of a healthcare provider's clinical practice. The proctor is required in order for the provider to proceed in exercising designated clinical privilege(s)/practice. The proctor provides direct

oversight of designated clinical activities and must co-sign all such documentation conducted by the provider. Certain procedures may require proctor approval prior to performing. All designated procedures will require some period of direct observation by the proctor. Proctors are required for providers with supervised privileges, and for those who have had a clinical adverse action taken against them with subsequent restriction in privilege(s)/practice. [Contrast with the definition for "preceptor".]

purchased care system. A component of the uniform program of medical and dental care for members and certain former members of the Services, and for their dependents where services are provided to beneficiaries by TRICARE-authorized civilian network and non-network healthcare providers and facilities.

quality healthcare. The degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Care that is evidence-based and provided in a technically and culturally competent manner with good communication and shared decision making as defined in the Institute of Medicine's (IOM) Crossing the Quality Chasm: A New Health System for the 21st Century.

rapid process improvement or just do it. A fast and effective approach to improve a process that usually takes a week or less completed by the members of the process or value stream.

reduction of clinical privilege(s)/practice. A portion of a healthcare provider's clinical privilege(s)/practice that is permanently removed as a result of a professional review action following appropriate due process proceedings. It may be based on evidence of misconduct, impairment, or incompetence, or any conduct that adversely affects, or could adversely affect, the health or welfare of a patient. Reductions in privilege(s)/practice are reportable to the National Practitioner Data Bank (NPDB), state(s) of licensure, and other applicable certifying/regulatory agencies.

reinstatement of clinical privilege(s)/practice. The return of regular clinical privilege(s)/practice as a result of a professional review action following appropriate due process proceedings that may or may not include a period of monitoring and evaluation. Reinstatement after a clinical adverse action that was previously reported to the National Practitioner Data Bank (NPDB) is documented in the Revision-to-Action Report to the NPDB. Reinstatement is also reported to state(s) of licensure, and other applicable certifying/regulatory agencies.

Report Authority. The official with responsibility to report to the National Practitioner Data Bank (NPDB), state(s) of licensure, and other applicable certifying/regulatory agencies following appropriate due process proceedings. The Report Authority is:

(1) The Director of the DHA with respect to matters arising from acts or omissions of healthcare providers privileged by a Privileging Authority under the responsibility of the DHA.

(2) The Surgeon General of the Army, Navy, or Air Force, respectively, with respect to matters arising from acts or omissions of healthcare providers privileged by a Privileging Authority under the responsibility of the Army, Navy, or Air Force, respectively.

(3) In cases in which the healthcare provider is privileged by more than one of the Report Authorities listed in subparagraphs (1) and (2), the one whose responsibility applies to the Privileging Authority most responsible for the matters under review. In cases of uncertainty, the DHA Director will designate the Report Authority. The designated Report Authority will ensure there is a comprehensive review of the entire matter.

restriction of clinical privilege(s)/practice. A temporary or permanent limit placed on a portion of a healthcare provider's clinical privilege(s)/practice that results from a professional review action following appropriate due process proceedings. It may be based on evidence of misconduct, impairment, or incompetence, or any conduct that adversely affects, or could adversely affect, the health or welfare of a patient. Restricted privilege(s)/practice require supervision by a proctor. Restrictions are reportable to the National Practitioner Data Bank (NPDB), state(s) of licensure, and other applicable certifying/regulatory agencies.

revocation of clinical privileges/practice. The permanent removal of all of a healthcare provider's clinical privileges/practice as a result of a professional review action following appropriate due process proceedings. It may be based on evidence of misconduct, impairment, or incompetence, or any conduct that adversely affects, or could adversely affect, the health or welfare of a patient. Revocations of privileges/practice are reportable to the National Practitioner Data Bank (NPDB), state(s) of licensure, and other applicable certifying/regulatory agencies.

significantly involved provider (SIP). A SIP is one who actively delivered care (based on clinical record entries) in either primary or consultative roles during the episodes of care that gave rise to the allegation, regardless of standard of care (SOC) determination. Additional defining characteristics include providers that: have the authority to start, stop or alter a course of treatment; have the authority to recommend to start, stop, or alter a course of treatment; or have the responsibility to implement a plan of evaluation or treatment. Authority to recommend means that input was solicited and legitimate (i.e., the individual making the recommendation was acknowledged to have special expertise or other specific standing in the clinical issues). This term is not meant to include the providers who had only peripheral, yet appropriate, patient interaction, nor those providers whose patient involvement was not reasonably related to the specific indications or allegations of sub-standard care and injury.

Six Sigma. The focus is a data-driven approach and methodology for eliminating defects and reducing variability. The goal is to achieve measurable and quantifiable returns by developing processes to achieve stable and predictable results and identifying procedures that can be defined, measured, analyzed, improved upon, and controlled. A commitment from the entire organization, especially high-level management, is essential to achieve sustainment in quality management.

standard of care (SOC). Healthcare judgments and actions of a healthcare provider generally accepted in the discipline or specialty involved as reasonable and appropriate.

summary suspension of clinical privilege(s)/practice. The temporary removal of all or a portion of a healthcare provider's privilege(s)/practice, taken prior to the completion of due process

procedures, based on determination by the Privileging Authority for concerns regarding suspected misconduct, impairment, or incompetence, or any conduct that adversely affects, or could adversely affect, the health or welfare of a patient. A summary suspension continues until due process proceedings are complete. All summary suspensions of privileged providers that last longer than 30 calendar days must be reported to the National Practitioner Data Bank (NPDB), state(s) of licensure, and other applicable certifying/regulatory agencies.

telemedicine. Telemedicine, also known as telehealth or virtual health, is the use of telecommunications and information technologies to provide health assessment, treatment, diagnosis, intervention, consultation, clinical supervision, education, and information across distances.

> distant site. The distant site is where the healthcare provider providing the medical service is located at the time the service is provided via telemedicine. The DoD virtual medical center (VMC) may function as a distant site for purposes of this manual.
>
> originating site. The originating site is the location of a patient at the time the service is provided via telemedicine. The DoD virtual medical center (VMC) may be considered an originating site for purposes of this manual.

trainee. Any resident, intern, or other healthcare provider in a formal healthcare training status.

unsafe/hazardous condition. See definition for patient safety (PS) event.

variation. An undesirable deviation from expected outcomes.

virtual medical center (VMC). A VMC is an organization which serves as a coordination body overseeing the delivery of healthcare via telemedicine. The DoD VMC must operate in affiliation with an accredited MTF or be independently accredited. If the DoD VMC does not have its own Privileging Authority, it should use the Privileging Authority of an accredited MTF with which it is affiliated. The DoD VMC, acting as a distant site, must have a process in place to accept quality and safety feedback on the care provided, and take action as appropriate.