



UNITED STATES MARINE CORPS
I MARINE EXPEDITIONARY FORCE
U. S. MARINE CORPS FORCES, PACIFIC
BOX 555300
CAMP PENDLETON, CA 92055-5300

IN REPLY REFER TO:
I MEFO 6320.4
SURG
05 AUG 2011

I MARINE EXPEDITIONARY FORCE ORDER 6320.4

From: Commanding General, I Marine Expeditionary Force
To: Distribution List

Subj: HEALTHCARE QUALITY ASSURANCE PROGRAM

Ref: (a) DoDI 6025.13
(b) OPNAVINST 6320.67A
(c) BUMEDINST 6010.13
(d) BUMEDINST 6320.66E
(e) OPNAVINST 6400.1C
(f) BUMEDINST 6320.67A
(g) BUMEDINST 6550.10A
(h) BUMED POLICY LETTER 09-002

Encl: (1) Focused Professional Practice Evaluation Form
(2) Ongoing Professional Practice Evaluation Form
(3) Peer Review Form
(4) Quarterly Quality Assurance Report Form
(5) Occurrence Screen List

1. Situation. The Chief of Naval Operations and the Commandant of the Marine Corps are committed to providing the highest quality health care to our operating forces. Accordingly, this instruction establishes a Quality Assurance (QA) Program for I Marine Expeditionary Force (I MEF) that is of sufficient scope to identify and resolve all patient care issues so that the quality and environment of care will continually improve and meet all overarching standards. The elements of this program consist of establishing standards for the initial and periodic review of credentials, granting of privileges and monitoring of the quality of health care provided across all I MEF facilities.

2. Mission. Establish order, prescribe procedures and assign responsibilities regarding the quality assurance of health care provided within I MEF.

AUG 5 2011

3. Execution

a. The provisions of this instruction apply to all privileged and non-privileged health care providers assigned to I MEF. It is consistent with Department of the Navy policy pertaining to all health care providers assigned to operational forces.

(1) Licensed independent health care practitioners:

(a) Are subject to credentials review. They shall be granted delineated clinical privileges by a designated Privileging Authority (PA) before providing care independently per reference (d).

(b) Participate in ongoing monitoring and evaluation to identify and resolve problems which impact directly or indirectly on patient care. The findings of this program will be used in the periodic credentials review or evaluation of all health care providers. Methodologies which may be utilized in implementing this program are found in references (c), (d), (e), and (h).

(c) Initiate an application requesting privileges commensurate with their professional qualification and current competency.

(2) Non-privileged health care providers shall be qualified to provide health care per specific Personal Qualification Standards, or guidance provided in reference (e).

b. Responsibilities

(1) I MEF Surgeon

(a) Ensure proper integration of QA and Risk Management, peer review, and clinical privileging programs within I MEF.

(b) Perform duties as the chairman or designate a senior medical officer as the chairman of I MEF Executive Committee of Medical Staff (ECOMS).

(2) Major Subordinate Command (MSC) Surgeons

(a) Ensure measures are in place for quality assessment and clinical privileging of health care provider programs in accordance with reference (a). The senior medical

officer of each MSC is responsible for the implementation and ongoing assessment of the QA and Quality Improvement (QI) program.

(b) Serve as a representative to the I MEF ECOMS.

(c) Ensure that credentialing files are developed and maintained for each subordinate medical provider and practitioner as well as the submission of all required reports as defined in paragraph 4 of this Order.

(3) Providers

(a) Maintain current licensing and professional affiliations.

(b) Participate in a monthly Peer Review (PR) Program.

(4) I MEF Executive Committee Of Medical Staff (ECOMS)

(a) Purpose: Serves as the primary authority over professional services and QA activities performed by providers with clinical privileges.

(b) Membership: Comprised of one clinical provider from each MSC (1st Marine Division, 1st Marine Logistics Group, 1 Marine Expeditionary Force Headquarters Group and 3d Marine Aircraft Wing), the I MEF Surgeon (or designate), and at least one non-physician provider. The committee may also invite other members as required.

(c) Meetings: A minimum of four meetings per year (ie. quarterly), or more often as required. A majority of ECOMS members must be present. Note: At least one fully licensed physician must be present for the meeting to be counted as an official ECOMS event.

(d) Duties:

1. Review all applications for privileges and make recommendations to assist the PA in the decision making process per references (b) and (e).

2. Function as a review board for medical quality assurance within I MEF and be accountable for the overall quality, efficiency, and effectiveness of patient care.

3. Review QA/QI issues impacting I MEF health care delivery, review providers' performance assessments, and recommend to the I MEF PA any actions modifying privileges of a provider.

4. Develop medical staff by-laws and promulgate policies and procedures concerning quality of care within I MEF.

5. Organize medical staff QA activities including the process used to conduct, evaluate and revise these activities, the primary goal of QA being the assurance of a high standard and quality of care exists throughout the I MEF medical departments.

6. Review and act on reports and recommendations from medical staff and its committees.

7. Conduct an annual review of the effectiveness of the medical staff participation in QA activities.

8. Disseminate information from any medical staff meetings to all medical staff.

c. Credentialing and Privileging Procedures. Initial and active staff privileges for privileged providers are granted by I MEF PA. The PA may rely on peer evaluations and recommendations regarding granting of privileges obtained from the MSC Surgeons and the executive committees of the medical or dental staffs in accordance with reference (b).

d. Personal Qualification Standards Review Process

(1) Privileged Provider. Each privileged provider will undergo a Professional Practice Evaluation Process consisting of a Focused Professional Practice Evaluation (FPPE), On-going Professional Practice Evaluation (OPPE) and PR.

(a) FPPE. FPPEs shall be conducted for all new providers employed within the I MEF Medical Program within the first six weeks of checking aboard the individual's parent command using enclosure (1). MSC Surgeons shall designate a licensed, board-certified practitioner to complete the FPPE, and data shall be aggregated and reviewed, then reported to the I MEF ECOMS on a quarterly basis. A copy of the FPPE shall be placed into each provider's clinical file. In addition, FPPEs shall also be performed if one of the following circumstances occurs, regardless the amount of experience of the practitioner:

AUG 5 2011

1. When a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care.

2. When a practitioner has credentials, training or experience to suggest competence, but does not have documented evidence of competently performing the requested privilege.

3. When a practitioner requests a new privilege or scope of practice, and has credentials, training or experience to suggest competence, but ECOMS determines additional information or a period of evaluation is needed to confirm.

4. When a new procedure or modality is to be performed at I MEF, and if ECOMS determines FPPE is required to evaluate competence of the provider and monitor safety.

5. When a practitioner's competency is questioned in relation to an adverse event, a sentinel event, or other negative outcome, ECOMS may determine the need for a FPPE.

(b) OPPE. An OPPE reviews six general areas of clinical competency as established by the joint initiative of the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties. An OPPE is a continuous evaluation process which must be completed for each practitioner within the I MEF at minimum every six to eight months using enclosure (2) below. MSC Surgeons shall designate a licensed, board-certified practitioner to complete the OPPE, and data shall be aggregated and reviewed, then reported to the I MEF ECOMS on a quarterly basis. MSC Surgeons will place a copy of each OPPE into the provider clinical file and use this information during the privileging process. OPPEs shall, at minimum, assess a provider's performance in the following:

1. Patient Care: Practitioners are expected to provide compassionate, appropriate, and effective care for the promotion of health, prevention of illness, and treatment of disease and care at the end of life.

2. Medical/Clinical Knowledge: Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to care and educate others.

AUG 5 2011

3. Practice-Based Learning and Improvement:

Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care.

4. Interpersonal and Communication Skills:

Practitioners are expected to demonstrate good interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of healthcare teams.

5. Professionalism:

Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society.

6. Systems-Based Practice:

Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize healthcare.

(c) PR. Ongoing regular monitoring of provider practice will be accomplished using a Peer RP.

1. Method:

A peer will review the provider's work by medical record review using enclosure (3). A minimum of five records each month must be reviewed. The reviewer should discuss each reviewed case with the provider in a collaborative way in order to improve care, share practice pointers and ensure a safe system of care. Note: Any unsatisfactory reviews must be evaluated by the MSC Surgeon.

2. Results/Analyses:

The MSC Surgeon shall collect the monthly peer review forms and place them into the providers' clinical file. These reviews should be used in making privileging decisions and can serve as the basis for further detailed provider evaluations if warranted.

(3) Non-Privileged Providers.

Each MSC Surgeon shall oversee a program to ensure thorough evaluation of the current competency of all non-privileged health care providers assigned to the operating forces.

(a) PA.

In accordance with reference (d), all PAs will be assigned a Physician Supervisor in writing. A copy of this letter will be kept in the provider's clinical file. The Physician Supervisor must review the application for privileges and sign it, and ensure the PA's ongoing clinical competency via

AUG 5 2011

random medical record reviews. A minimum of five records per month must be reviewed and discussed with the PA. Documentation of these reviews must be written and placed in the PA's provider clinical file. Any unsatisfactory reviews must be referred to the MSC Surgeon for further review and action as necessary. PA(s) may practice independently and may be supervised indirectly, but the PA must have access to a physician at all times for consultation when problems, complex cases or complications occur during the provision of patient care. This access may be in person, via phone or other electronic process.

(b) Independent Duty Corpsman (IDCs). Each MSC will ensure the current competency of all IDCs by adhering to guidance set forth in reference (e) and any local orders.

e. QA Program

(1) Each MSC Surgeon will oversee a QA program of sufficient scope to identify, resolve, and prevent problems which impact on the safe delivery of patient care. The findings and results of the QA Program shall be utilized in the periodic credentials review or evaluation of all health care providers assigned to the operating forces. The QA program shall include, at minimum, the following elements:

- (a) PR.
- (b) FPPE/OPPE.
- (c) Occurrence Screen Reporting.
- (d) Number of patients seen by Provider.
- (e) Quality improvement Project.
- (f) Patient Satisfaction Surveys.

Note: Completion and compliance of each MSC with these elements shall be reported to the I MEF Surgeon on a quarterly basis using enclosure (4).

(2) Documents and records created by the QA program are QA documents under 10 U.S.C. 1102 and can only be released as authorized by statute.

(3) A written evaluation of the QA Program shall be submitted yearly to the I MEF Surgeon who is responsible for reporting these to the Headquarters Marine Corps Health Service

AUG 5 2011

Support. This report shall include actions taken to resolve and prevent future occurrence of identified problems which impact adversely on patient care.

(4) Occurrence screens are a method of QA that are triggered by events listed in enclosure (5). MSC Surgeons will develop processes that will identify adverse cases as listed in this enclosure. Each occurrence screen will be reviewed by a credentialed provider who was not involved in the episode of care and submitted to the MSC Surgeon. The MSC Surgeon will then determine if further investigation and referral to the ECOMS is needed. The results of the initial review will be placed in the provider's clinical file. The total number of occurrence screens will be reported to the I MEF Surgeon on a quarterly basis using enclosure (4).

(5) Commanding officers and their respective surgeons have the ultimate accountability for the health and welfare of their personnel. When on extended deployment, the monitoring of the quality of health care rendered by independent, non-privileged healthcare providers must be continued in an effective manner per reference (e). Emphasis shall be placed upon evaluation of independent non-privileged health care providers patterns of health care, consultation, and referral (medical evacuation).

(6) The PA shall ensure annually that consultative visits or inspections of the QA Program by a knowledgeable person or team from outside the operational unit occur. This team will review: compliance with this instruction and references (a) through (g); annual submission of QA data; maintenance of credentials and certification records of providers; procedures for storage; and, record keeping of medical and clinical utilization. Reviews will be accomplished by inspection of logs, records, minutes of occurrence screens reviewed and actions (written and electronic) for the purpose of assessing the care given. The Review Team will be assembled from within operational forces resources if possible. If not, the regional medical commands will be asked to assist. Problems which are identified shall be documented and tracked by the PA until they are resolved.

4. Administration and Logistics. All assessments, reviews, evaluations and reports associated with this directive are found in enclosures (1) through (5), and the above references. This Order shall be reviewed at least annually to ensure continued effectiveness and consistency with the most current overarching directive.

I MEFO 6320.4
AUG 5 2011

5. Command and Signal. This Order is effective upon signature and shall remain in effect until superseded or revoked.



R. F. CASTELLVI

By direction

DISTRIBUTION: I, II