Defense Health Agency

PROCEDURES MANUAL

NUMBER 4140.01
June 13, 2022

DIR, J-8

SUBJECT: Accreditation and Certification Compliance Management for Defense Health Agency-Assigned Facilities

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 (p), establishes the DHA's overall procedures for identifying accreditation and certification compliance management requirements within the Military Health System (MHS). The DHA Accreditation and Compliance Program is managed by the Clinical Quality Management Branch of the Clinical Support Division (CSD). References (e) through (p) cite supplemental requirements that are used in the accreditation and certification compliance management process. This DHA-PM provides supplemental guidance on facility-related issues that support, and will be coordinated within, the DHA's procedures for the accreditation and certification compliance management program.

2. APPLICABILITY. This DHA-PM applies to the DHA; Activities under the authority, direction, and control of DHA: DRMs, SSO, DHARs, Small Markets, and MTFs/DTFs/VTFs; and all personnel to include: assigned or attached active duty and reserve members, federal civilians, members of the Commissioned Corps of the Public Health Service, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at DHA and DHA Components.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) and (b), that DHA will implement standard procedures for accreditation and certification compliance management across the MHS.

4. RESPONSIBILITIES. See Enclosure 2

5. PROCEDURES. See Enclosure 3

6. PROPONENT AND WAIVERS. The proponent of this publication is the Director, Financial Operations (FO). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Director, FO to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-PM is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx.

8. EFFECTIVE DATE. This DHA-PM:

a. Is effective upon signature.

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

/S/
RONALD J. PLACE
LTG, MC, USA
Director

Enclosures
1. References
2. Responsibilities
3. Procedures

Glossary

TABLE OF CONTENTS

ENCLOSURE 1: REFERENCES....4

ENCLOSURE 2: RESPONSIBILITIES....6

DIRECTOR, DEFENSE HEALTH AGENCY....6
DIRECTOR J8, FINANCIAL OPERATIONS....6
CHIEF, DEFENSE HEALTH AGENCY-FACILITIES ENTERPRISE....6
DEFENSE HEALTH AGENCY MARKET, SMALL MARKET AND STAND-ALONE MILITARY MEDICAL TREATMENT FACILITY ORGANIZATION, AND DEFENSE HEALTH AGENCY REGION DIRECTORS....6
DEFENSE HEALTH AGENCY ACTIVITY DIRECTORS....7
MEDICAL RESEARCH FACILITY COMMANDERS AND DIRECTORS....8

ENCLOSURE 3: PROCEDURES....10

GENERAL PROCEDURES....10
EXTERNAL ACCREDITING ORGANIZATIONS....12
OPERATIONS & MAINTENANCE SERVICE PROVIDER SUPPORT....12

GLOSSARY....14

PART I: ABBREVIATIONS AND ACRONYMS....14
PART II: DEFINITIONS....15

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, as amended
(c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
(d) DHA Plan "DHA Plan 3: Implementation Plan for the Complete Transition of Military Treatment Facilities to the Defense Health Agency, Version 6.0," August 12, 2019[1]
(e) DHA-Procedures Manual 6025.13, "Clinical Quality Management (CQM) in the Military Health System (MHS), Volume 5: Accreditation and Compliance," August 29, 2019
(f) National Fire Protection Association Code "National Fire Protection Agency (NFPA) Life Safety Code® (LSC) (NFPA 101)," current edition[2]
(g) Joint Commission Manual "The Joint Commission (TJC) Comprehensive Accreditation Manual for Hospitals (CAMH)," current edition[3]
(h) Joint Commission Manual "Comprehensive Accreditation Manual for Ambulatory Care (CAMAC)," current edition[4]
(i) Joint Commission Manual "Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)," current edition[5]
(j) College of American Pathology Checklist "College of American Pathology (CAP) Accreditation Checklists," current edition[6]
(k) U.S. Department of Health and Human Services Publication "Public Health Service Policy on Humane Care and Use of Laboratory Animals (Policy)," 2015 edition[7]
(l) National Research Council Committee Guide "Guide for the Care and Use of Laboratory Animals (Guide)," 8th edition, 2011[8]
(m) Centers for Disease Control and Prevention Publication "Biosafety in Microbiological and Biomedical Laboratories (BMBL), 5th edition," June 2020[9]
(n) American Association of Blood Banks Manual "American Association of Blood Banks (AABB) Accreditation Information Manual," current edition[10]

[1] This reference is located at: http://facilities.health.mil/Repository/GetFile/56684 and can only be accessed with an approved Max.gov account
[2] This reference can only be accessed when purchased from the National Fire Protection Association at: NFPA.org
[3] This reference can only be accessed when purchased from the Joint Commission at: jcrinc.com
[4] This reference can only be accessed when purchased from the Joint Commission at: jcrinc.com
[5] This reference can only be accessed when purchased from the Joint Commission at: jcrinc.com
[6] This reference can be found at: https://www.cap.org/laboratory-improvement/accreditation/accreditation-checklists
[7] This reference can be found at: https://olaw.nih.gov/sites/default/files/PHSPolicyLabAnimals.pdf
[8] This reference can be found at: https://www.ncbi.nlm.nih.gov/books/NBK54050/
[9] This reference can be found at: https://www.cdc.gov/labs/BMBL.html
[10] This reference can only be accessed when purchased from the American Association of Blood Banks at: https://www.aabb.org/standards-accreditation/standards/purchase-standards

(o) National Committee for Quality Assurance Standards and Guidelines "National Committee for Quality Assurance (NCQA) Standards and Guidelines," current edition[11]
(p) Unified Facilities Criteria (UFC) 4-510-01, "Design: Military Medical Facilities," December 4, 2019, as amended[12]
(q) United States Code, Title 10, Section 1073c

[11] This reference can only be accessed when purchased from the NCQA at: http://store.ncqa.org/index.php/catalog/product/view/id/3725/s/2020-um-cr-provider-network-standards-and-guidelines-epub/
[12] This reference can be found at: https://www.wbdg.org/FFC/DOD/UFC/ufc_4_510_01_2019_c2.pdf

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

a. Implement policy, guidance, and instructions consistent with the policy and guidance established in this DHA-PM.

b. Establish standardized internal controls to ensure compliance with the appropriate accreditation and certification standards in accordance with References (d) through (p).

2. DIRECTOR, J-8. The Director, J-8 will:

a. Prepare and submit program and budget requirements for sustainment, restoration, and modernization pursuant to guidance of the Assistant Secretary of Defense for Health Affairs for the DoD Planning, Programming, Budgeting, and Execution process.

b. Provide programmatic oversight of the DHA operations and maintenance (O&M) appropriations in accordance with instructions issued by the Assistant Secretary of Defense for Health Affairs, fiscal guidance issued by the Under Secretary of Defense (Comptroller)/Chief Financial Officer, and applicable law and regulation.

3. CHIEF, DHA-FACILITIES ENTERPRISE (FE). The Chief, DHA-FE will:

a. Establish standards, policies guidance, and instructions consistent with references established in this DHA-PM in accordance with References (d) through (p).

b. Manage, monitor, and provide oversight of facilities-related issues in coordination with the DHA markets, Small Market and Stand-Alone Military Medical Treatment Facility (MTF) Organization (SSO), Defense Health Agency Regions (DHAR), MTFs, and medical research facilities (MRFs) to ensure compliance with the established standards. During the transition of MTFs to the DHA as discussed in Reference (d), if an individual facility is not fully transferred from the associated Military Department (MILDEP), DHA-FE will also coordinate any actions resulting from their oversight with the respective MILDEP.

4. DIRECT REPORTING ORGANIZATION DIRECTORS. The Direct Reporting Organization Directors will coordinate with DHA-FE regarding market-focused accreditation issues that impact facilities requirements via the Direct Reporting Organization-based Facilities Liaison as prescribed in Reference (d) as follows:

a. Serve as a communication contact point for disseminating information between the Direct Reporting Organization and DHA-FE.

b. Represent the Direct Reporting Organization Managers' goals and objectives to DHA-FE and/or Activities.

c. Provide Direct Reporting Organizations status updates, forward Director's Critical Information Requirements, and coordinate market/SSO/DHAR-driven demand signals.

d. Support DHA-FE-led Direct Reporting Organizations-based accreditation efforts.

5. DHA ACTIVITY DIRECTORS. DHA Activity Directors will:

a. Implement and continuously execute accreditation compliance standards policy, guidance, and instructions in accordance with established DoD and DHA standards and as directed by DHA. Communicate all facilities-related accreditation and compliance activities with DHA-FE.

b. Ensure all buildings are in compliance with accreditation and certification standards applicable to the building's construction type, function, and year of construction or major renovation. This includes establishing and maintaining a self-assessment program to monitor compliance standards and regulatory compliance.

c. Utilize a DHA-approved Computerized Maintenance Management System as the primary database of record for all MHS facility inventory, maintenance, requirements, and project data including related financial data, in support of accreditation and compliance programs. The DHA-approved system is the Defense Medical Logistics Standard Support (DMLSS)-Facilities Management (FM) system, unless a waiver for an alternate system is approved by DHA-FE. Utilization of supplemental records (e.g., hard-copy maintenance reports, testing reports) will be determined by the individual DoD component's accreditation and compliance program.

d. Identify external support initiatives that will document compliance issues and provide recommendations for remediation (e.g., Life Safety Assessments (LSAs), Accreditation Assist Visits, Life Safety Upgrades). DHA-assigned facilities will be responsible for funding initiatives that are within local funding authority. Initiation and funding of LSAs will be supported by DHA-FE. When required by References (g) through (i) an LSA will be initiated by the applicable DHA-assigned facility as a DMLSS requirement and will be subject to the DHA-FE Work Induction Board (WIB) process for prioritization, programming, and execution.

e. As part of the accreditation process, be responsible for managing their compliance with applicable requirements, utilizing Activity-level compliance committees or teams as determined necessary. These committees will maintain documentation and corrective action plans in accordance with Reference (e).

f. Utilize Activity-level Environment of Care (EC) and Life Safety committees or teams to manage their compliance with accrediting agency's EC and Life Safety requirements. Though

primarily responsible to respond to EC/Life Safety requirements, these committees will also be utilized to address other facilities-related compliance requirements found in external Accrediting Organization (AO) standards.

g. Comply with all other applicable Activity accreditation requirements (e.g., College of American Pathologist [laboratories]; Food and Drug Administration [blood collection and blood banks]; and National Committee for Quality Assurance [Medical Homes, American Osteopathic Association, Community Health Accreditation Program, American Association for Accreditation for Ambulatory Surgery Facilities, College of American Pathologists]) and ensure all buildings are in compliance with accreditation and certification standards applicable to the building's construction type, function, and year of construction/major renovation. Identify to DHA-FE any external support initiatives that will drive compliance issues and provide recommendations for remediation.

6. MRF DIRECTORS. The MRF Directors of activities under the authority, direction, and control of DHA will:

a. Implement and continuously execute accreditation compliance standards, policies, guidance, and instructions per established DoD and DHA standards and as directed by DHA-FE. Communicate all facilities-related accreditation and compliance activities with DHA-FE.

b. Ensure all buildings are in compliance with accreditation and certification standards applicable to the building's construction type, function, and year of construction/major renovation. This includes establishing and maintaining a self-assessment program to monitor compliance standards and regulatory compliance.

c. Utilize a DHA-approved Computerized Maintenance Management System as the primary database of record for all MHS facility inventory, maintenance, requirements, and project data, including related financial data, in support of accreditation and compliance programs. The DHA-approved system is the DMLSS-FM system, unless a waiver for an alternate system is approved by DHA-FE. Utilization of supplemental records (e.g., hard-copy maintenance reports, testing reports) will be determined by the individual DoD Component's accreditation and compliance program.

d. Identify external support initiatives that will drive compliance issues and provide recommendations for remediation (e.g., LSAs, Accreditation Assist Visit, Life Safety Upgrades). DHA-assigned facilities will be responsible for funding initiatives that are within local funding authority. Initiation and funding of LSA will be supported by DHA-FE. When required by References (g) through (i), an LSA will be initiated by the applicable DHA-assigned facility as a DMLSS Requirement and will be subject to the DHA-FE WIB process for prioritization, programming, and execution.

e. As part of their respective accreditation processes, the MRFs will be responsible for managing their compliance with accreditation requirements and utilizing MRF-level compliance

committees or teams, as determined necessary. These committees will maintain documentation as necessary to demonstrate all compliance actions. Recognized Accrediting Organizations (AOs) associated with MRFs would include, for example, Biosafety in Microbiological and Biomedical Laboratories, Food and Drug Administration, Nuclear Regulatory Commission, National Committee of Quality Assurance, Centers for Disease Control, Association for Assessment and Accreditation of Laboratory Animal Care, and Office of Laboratory Animal Welfare.

f. As part of accreditation process, be responsible for managing their compliance with applicable requirements, utilizing Activity-level compliance committees or teams as determined necessary. These committees will maintain documentation and corrective action plans in accordance with Reference (e).

ENCLOSURE 3

PROCEDURES

1. GENERAL PROCEDURES

a. It is DHA's policy that all DHA-funded facilities will utilize Reference (f), and any applicable references within, as the basis for life safety management and construction programs. Effective as of January 1, 2023, DHA-FE will adopt the 2021 LSC edition. DHA-FE will provide official notification for when it will adopt a more current edition of the LSC to the DHA Activities and to the applicable accrediting agency. Notification will detail use, waivers, and effective date.

b. In mandating a more current edition of Reference (f), it is recognized that there may be several MTFs and MRFs whose life safety management and accreditation programs are based on earlier editions of Reference (f). To ensure optimal oversight and management of their accreditation requirements, these facilities will maintain their respective life safety and accreditation programs based on the MILDEP-approved edition of References (g) through (i) through their current accreditation cycles. Concurrently, DHA-FE will take the following actions to achieve compliance with the more current edition of Reference (f) throughout the DHA- FE:

(1) For those facilities not categorized as business occupancy only and currently not managed under the requirements of the more current edition of Reference (f), DHA Assigned Facility will initiate a LSA after the completion of the Activity's current accreditation cycle to determine the degree of non-compliance with the more current edition of Reference (f). If due to funding, and/or other reason beyond the control of the Activity, the LSA cannot be completed in time to allow the Activity adequate time to remediate the LSA findings associated with the transition to the more current edition of Reference (f), DHA-FE will assist the Activity with the waiver process to extend their use of the older version of Reference (f) for another cycle.

(2) For all identified issues of non-compliance, the LSA will be used to identify required life safety upgrades and/or any equivalencies that can be implemented.

(3) The LSA will be utilized to provide a recommended plan of action for all identified upgrades and/or equivalencies. The plan of action will then be reviewed by each site, in conjunction with the applicable Authority Having Jurisdiction (AHJ). Once approved by the AHJ, the applicable FM staff will prepare Requirements Packages for life safety upgrades for submittal to the DHA WIB. DHA-FE will provide assistance, where needed, during the AHJ approval process and during preparation of the applicable Requirements Packages.

(4) For any life safety upgrades that can be accomplished within local funding authority, the applicable FM staff will prepare scopes of work for local execution. DHA-FE will provide assistance where needed.

(5) For any life safety equivalencies that require changes to maintenance procedures, the applicable FM staff will initiate the update of local maintenance procedures or performance work statements (where O&M-funded contracts are being utilized) to comply with the approved LSA Plan of Action. DHA-FE will provide assistance where needed, to include development of revised contract language and updates of any DMLSS maintenance procedures and schedules.

(6) DHA-FE will also monitor the implementation of any life safety upgrades or equivalencies through completion.

(7) During the implementation of life safety upgrades and/or equivalencies in DHA-assigned Facilities, DHA-FE will maintain an active dialogue with the DHA Accreditation and Credentialing Division concerning the status of any life safety initiatives.

(8) In accordance with Reference (d), DHA is to provide central oversight of the administrative functions of the medical research compliance programs in coordination with the Deputy Assistant Secretary of Defense (DASD) Health Readiness Policy and Oversight (HRP&O) and the Research Regulatory Oversight Office (RROO). Accordingly, DHA-FE will maintain an active dialogue with both DASD HRP&O and the RROO concerning the status of any life safety initiatives.

(9) DHA-Funded Site Accreditation Requirements. Each DHA-funded site, in conjunction with the applicable DHA markets, SSO, or DHAR has the overall responsibility to manage, monitor, and support various accreditation program requirements that all DHA activities may be subject to in Reference (e). DHA-FE, in coordination with the DHA-funded site, will manage, monitor, and support all facilities-related accreditation issues. Based on the status of these life safety initiatives, it will be the responsibility of each DHA site, in conjunction with their respective DHA accreditation counterpart, to notify the respective AO as to when any future surveys will occur based on the more current edition of NFPA 101.

c. Historically, Reference (f) is updated every three years. Accordingly, DHA-FE will monitor code updates and assess the impact of applicable revisions. When the new code is adopted, DHA-FE will manage any potential LSC issues in accordance with the procedures cited in Paragraphs 1.b.(1) through 1.b.(9) of Enclosure 3.

d. DHA-FE will remain cognizant of applicable accreditation survey schedules and their impact on the programming, scheduling, and execution of any facilities-related issues. While each site is primarily responsible for maintaining documentation related to survey findings and any associated facility remediations, DHA-FE will assist as needed in the preparation of any additional documentation requirements. DHA-FE will coordinate support requirements with all DHA activities to include project staffing requirements and identifying and budgeting for any supplemental resource requirements.

e. DHA-FE will monitor trends in facilities-related survey findings and make recommendations to the DHA CSD or DASD HRP&O and the RROO concerning DHA-wide facilities-related remediation initiatives.

f. DHA-FE will provide facilities-related accreditation and compliance support services, as needed, to all DHA-assigned activities. DHA-FE will maintain a database of DHA and MILDEP facilities-related subject matter experts who can be utilized as part of these accreditation support services. Where facilities-related support is made available from any of the MILDEPs, DHA-FE will be responsible for the funding of the associated MILDEP travel expenses.

g. DHA-FE may be required to provide accreditation support utilizing outside contractors. To support this requirement, DHA-FE will develop and maintain performance work statements for facilities-related support services (e.g., LSAs).

h. DHA-FE will establish and maintain a DHA World-Class Toolkit website with facilities-related EC and Life Safety information. This World-Class Toolkit website will include, at a minimum:

(1) DHA Enterprise-wide facilities-related survey summaries.

(2) DHA-Enterprise-wide facilities-related survey trends.

(3) Typical facilities-related survey findings with remediation/resolution recommendations.

(4) Typical specifications for accreditation-related support service contracts (e.g., LSAs, Accreditation Assist Visits, Surveys & Studies).

2. EXTERNAL AOs. The DHA Clinical Quality Management Branch of the CSD (for any related patient care accreditation programs) and the DASD HRP&O and the RROO (for any related medical research programs) are responsible for identifying applicable external AOs and developing and implementing the associated accreditation and compliance programs. DHA-FE and the Facility Managers of the applicable DoD Components are tasked with implementing and continuously executing accreditation compliance standards policy, guidance, and instructions related to these external AOs. Accreditation requirements, standards, and survey process information are contained in the applicable AO's policies and manuals. This information will not be duplicated in this DHA-PM.

3. O&M SERVICE PROVIDER SUPPORT

a. Facilities O&M management support, specifically at the Activity level, required to maintain DHA accreditation requirements is provided by various means, including:

(1) In-house personnel (e.g., Activity-level Office of Personnel Management general service or wage grade personnel), or

(2) Lead Activity's Public Works organizations (e.g., Air Force Base Civil Engineering Flights, Navy Facility Engineering & Acquisition Division, Army Directorate of Public Works) that may utilize a combination of in-house and contracted personnel to provide O&M services, or

(3) Base Operating Services (BOS) Contracts, or

(4) Activity, Specific O&M Contracts (e.g., General Services Administration, U.S. Army Corps of Engineers Huntsville Operations & Maintenance Engineering Enhancement Program, U.S. Army Corps of Engineers Mobile District Operational/Preventive Maintenance/Small Repair Program).

b. All DoD Components are responsible for ensuring service provider requirements properly reflect applicable facilities-related accreditation and compliance requirements.

c. For DHA MTFs and MRFs utilizing in-house personnel to complete O&M activities, those DoD Components will be responsible for implementing adequate quality control procedures to ensure full compliance with facilities-related operational, accreditation, and compliance requirements. In addition, DHA-FE will be responsible for implementing adequate quality assurance procedures as necessary.

d. For DHA MTFs and MRFs utilizing Lead Activity Public Works Organizations, BOS Contracts, or Activity-specific O&M contracts, quality control will be the responsibility of the lead public works organization or a contracted service provider. Quality assurance activities will be the responsibility of the DoD Component in conjunction with the Lead Activity Public Works Organization and any Contracting Agencies responsible for the administration of any contracted BOS O&M services.

e. DHA-FE will be responsible for providing any support related to the determination of service provider requirements for DHA accreditation and compliance programs, determination programs, and implementation of associated employee training programs. DHA-FE is responsible for the establishment and implementation of both quality control and quality assurance policies and procedures that are required to ensure full accreditation and regulatory compliance. DHA-FE will be responsible for developing standard O&M contract language addressing accreditation and compliance for all DoD Components.

f. DHA-FE will be responsible for monitoring O&M service provider support, identifying related trends, and providing recommendations to the DHA Director. If recommendations are implemented, DHA-FE will also be responsible for monitoring the associated implementation efforts.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AHJ	Authority Having Jurisdiction
AO	Accrediting Organization
BOS	base operating services
CSD	Clinical Support Division
DASD	Deputy Assistant Secretary of Defense
DHA-PM	Defense Health Agency-Procedures Manual
DHAR	Defense Health Agency Region
DMLSS	Defense Medical Logistics Standard Support
EC	Environment of Care
FE	Facilities Enterprise
FM	Facilities Management
HRP&O	Health Readiness Policy and Oversight
LSA	Life Safety Assessment
LSC	Life Safety Code®
MHS	Military Health System
MILDEP	Military Department
MRF	medical research facility
MTF	military medical treatment facility
NFPA	National Fire Protection Agency
O&M	operations and maintenance
RROO	Research Regulatory Oversight Office
SSO	Small Market and Stand-Alone MTF Organization
WIB	Work Induction Board

PART II. DEFINITIONS

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

AHJ. A person or organization who has the delegated authority to determine, mandate, and enforce code requirements established by jurisdictional governing bodies.

Direct Reporting Organizations. Direct Reporting Market, SSO, and DHAR reporting to the DHA.

DMLSS-FM. An automated information system that supports medical FM functions including real property inventory, Preventive Maintenance schedules, documentation of Preventive Maintenance results, repairs, and work requests.

interim life safety measures. Measures developed by the accrediting agency to protect the safety and health of patients, visitors, and staff by compensating for hazards caused by LSC deficiencies or construction activity.

NFPA. An organization that publishes codes and standards on fire protection and safety that are accepted by local, state, and federal governments, and are considered directive in nature to the Performance Work Statement.