IMPLEMENTING DHA-PM 6025.13

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

Staff Briefing

DHA-PM 6025.13

OVERVIEW

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

- CQM provides an organized structure for an integrated framework of programs to objectively define, measure, assure, and improve the quality of care in the MHS.

- Through CQM, the MHS affirms its unwavering commitment to quality of healthcare for our beneficiaries, joint healthcare teams, and Combatant Commands across the globe.

- DHA-PM 6025.13 strengthens CQM accountability, transparency, and standardization to prevent harm, promote continuous learning, and improve the quality of care and services delivered in the MHS.

What does DHA-PM 6025.13 Do?

➢ Reforms business and clinical processes
➢ Maximizes efficiencies and improving performance

DHA is developing procedural instructions and interim procedural memoranda

Functional capabilities will be centralized at DHA Headquarters (HQ)

Hospitals and clinicals will have one military officer as the Director and Service Commander
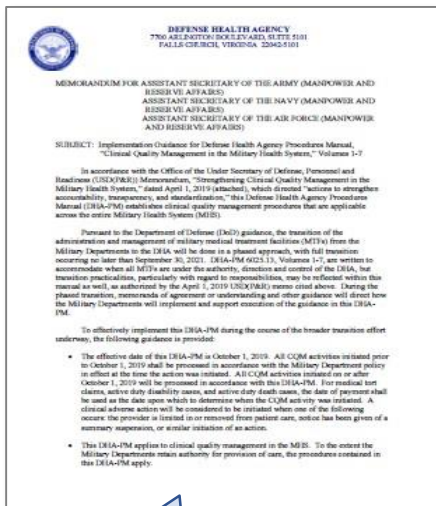
DHA and Military Medical Departments are developing a coordinated staffing plan

Military Departments will manage civilian and contract personnel until DHA finalizes plans for civilian human resources support
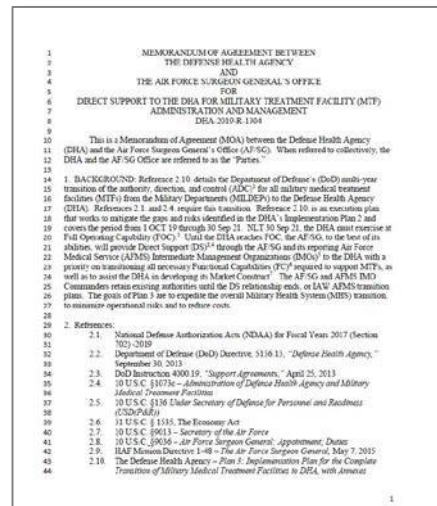
DHA and Service Policy Publications
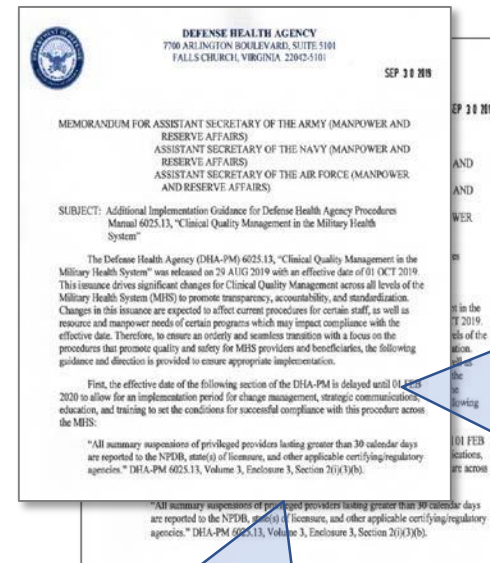
DHA-PM Implementation Guidance VADM Bono

"…use the DHA-PM for guidance. In the absence of applicable DHA Publications, continue to utilize existing Military Department policies …"

Memorandum of Agreement for Direct Support

Provides guidance on how IMOs will implement and support the execution of the DHA-PM

Implementation Memo

"…concerns voiced about the ability to reorganize and train the relevant personnel to comply with certain National Practitioner Data Bank reporting requirements…"

"…there may be additional bargaining agreement requirements at the local and MTF level. Certain agreements may delay manual implementation…"

DHA-PM 6025.13

KEY CHANGES

What changes with DHA PM 6025.13? *Top 10 Key Changes*

Volume	Key Change
1. General Overview	1. Revises the threshold rule to 'four or more' data elements for sharing aggregated data. 2. Updates Clinical Quality Management definitions.
2. Patient Safety	3. Strengthens the linkage between Patient Safety and Healthcare Risk Management.
3. Healthcare Risk Management	4. Clarifies DoD reporting to the National Practitioner Data Bank. 5. Updates and aligns current DoD clinical adverse action procedures with federal law and 6. Updates the process for identification and review of potential compensatory events for patient that reach the patient.
4. Credentialing & Privileging	7. Establishes definitions & clarifies processes & roles for utilizing Ongoing Professional Practice (OPPE), Focused Professional Practice Evaluation (FPPE), Preceptor and Proctor.
5. Accreditation & Compliance	8. Clarifies accreditation requirements for healthcare facilities and healthcare units.
6. Clinical Measurement	9. Establishes DoD participation and monitoring of quality assessment programs.
7. Clinical Quality Improvement	10. Establishes a centralized project repository for improvement efforts.

What are *some* of the examples of Key Changes?

Volume 1:   General Overview

✓ Updates CQM Definitions

Patient Safety Event	Incidents or conditions that could have resulted or did result in harm to a patient; can be the result of a defective system or process design, system or process breakdown, equipment failure or malfunction, or human error; includes adverse, no-harm, near miss events and unsafe/hazardous conditions
Adverse Event	Resulted in harm to a patient; may be by omission or commission
No-Harm Event	Reached the patient but did not cause harm
Near Miss Event	Did not reach the patient (also known as "close call" or "good catch")
Unsafe/Hazardous Condition	Increases the probability of an adverse event (does not include the patient's disease process or condition)
Potentially Compensable Event (PCE)	Both a) Reaches the patient and b) Has a HRM assessment that determines if the event is likely to present a financial loss; all DoD Reportable Events are PCEs and require referral & collaboration with HRM
Intentional Unsafe Act	Act or omission of a provider, staff member, contractor, trainee or volunteer that involves a criminal act, purposefully unsafe act, patient abuse, or events caused or affected by drug and alcohol abuse; matters for law enforcement, disciplinary system, admin investigation
DoD Reportable Events (RE)	Patient safety events resulting in death, permanent harm, or severe temporary harm, which includes TJC's SEs and the NQF's SREs; requires broader reporting to support high reliability principles

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

Volume 2: Patient Safety

✓ Strengthens the linkage between Patient Safety and Healthcare Risk Management

1 All patient safety events that reach the patient must be reported to and reviewed by HRM

2 All DoD Reportable Events (DoD RE) are Potentially Compensable Events (PCE)

3 All PCEs must be reported to and reviewed by Patient Safety

Enhanced partnerships and collaborations

What are *some* of the examples of Key Changes?

Volume 3: Healthcare Risk Management

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

Process aligns with law & National Practitioner Data Base requirements

Volume 5: Accreditation & Credentialing

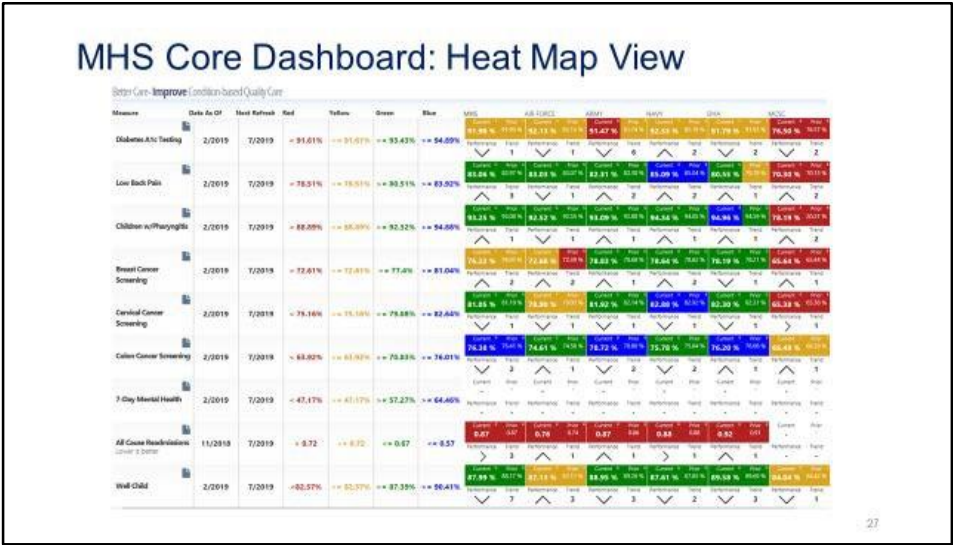✓ Clarifies accreditation requirements for healthcare facilities and healthcare units

Affects both MTFs and purchased care

What are *some* of the examples of Key Changes?

Volume 6: Clinical Measurement

✓ Establishes DoD participation and monitoring of quality assessment programs

*MHS participates with other Federal Agencies
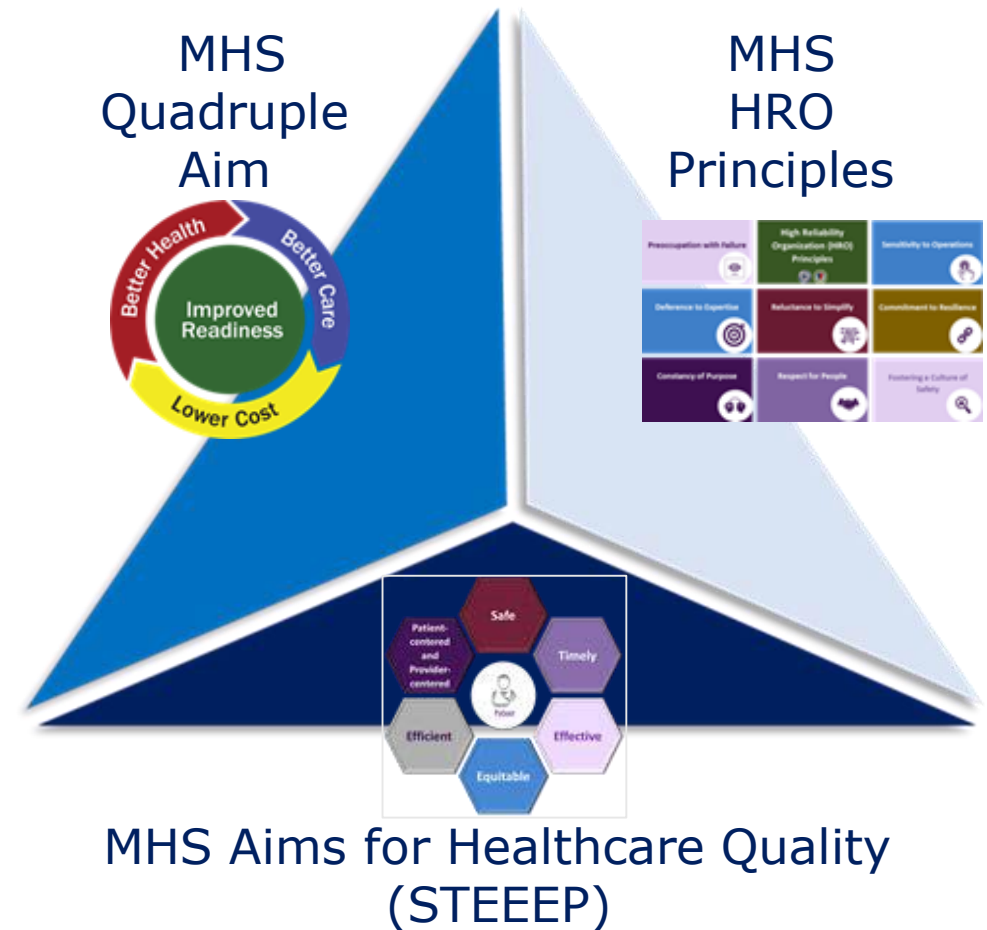and external CQM organizations*

How are DHA-PM 6025.13 and CQM related to other strategies?
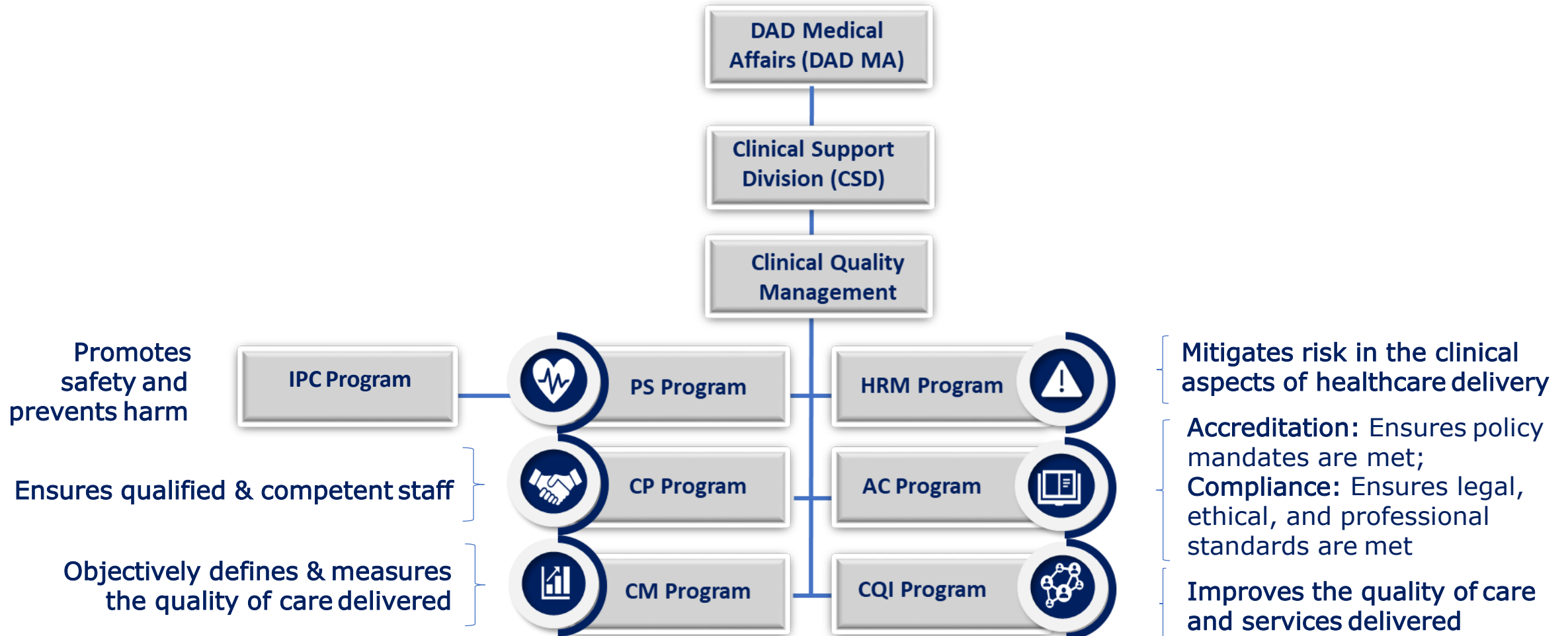
Includes CQM strategy elements:

- MHS Quadruple Aim

- MHS High Reliability Organization (HRO) Principles

- MHS Aims for Healthcare Quality (STEEEP):

  - **S**afe

  - **T**imely

  - **E**ffective

  - **E**quitable

  - **E**fficient

  - **P**atient-Centered and Provider-Centered

MHS
Quadruple
Aim

MHS
HRO
Principles

MHS Aims for Healthcare Quality
(STEEEP)

Where does CQM fall in the DHA Structure?
What are the CQM Programs?

DAD Medical Affairs (DAD MA)

Clinical Support Division (CSD)

Clinical Quality Management

Promotes safety and prevents harm

IPC Program

PS Program

HRM Program — Mitigates risk in the clinical aspects of healthcare delivery

Ensures qualified & competent staff

CP Program

AC Program — Accreditation: Ensures policy mandates are met; Compliance: Ensures legal, ethical, and professional standards are met

Objectively defines & measures the quality of care delivered

CM Program

CQI Program — Improves the quality of care and services delivered

Who does what? *Scope and Core Responsibilities*

Scope

➤ **Leadership**
- OSD, Military Departments, Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, Combatant Commands, DoD Office of Inspector General of the DoD, Defense Agencies, DoD Field Activities, and DoD Components
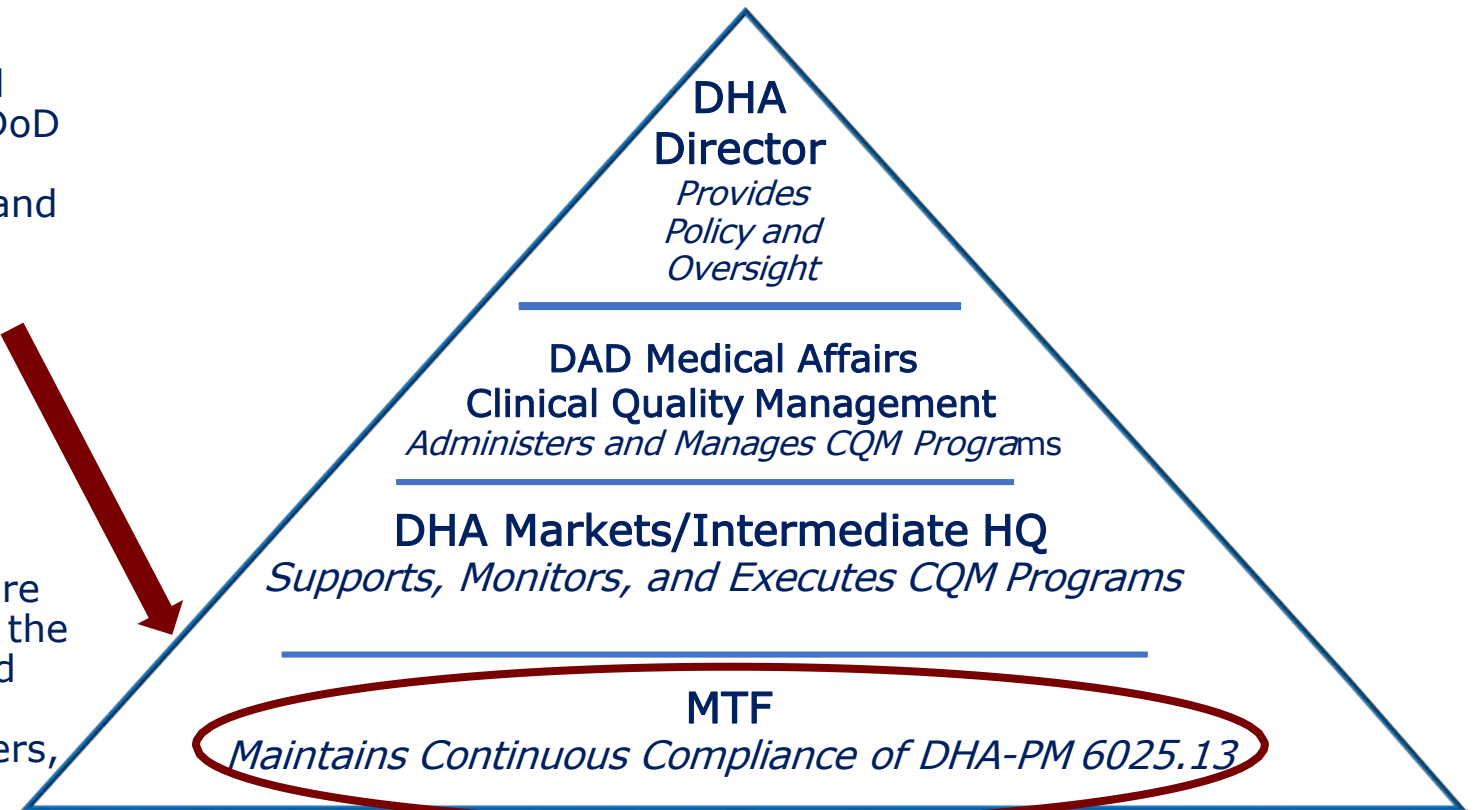
➤ **MHS and DoD Healthcare Providers**
- MHS, DoD MTFs, Uniformed Services, civilian, contract, volunteer, other medical or dental healthcare providers

➤ **Other Providers**
- Credentialed healthcare providers who are members of the Army National Guard or the Air National Guard, trainees with granted privileges, managed care support contractors (MCSCs), designated providers, and overseas contractors

Core Responsibilities

DHA Director
Provides Policy and Oversight

DAD Medical Affairs Clinical Quality Management
Administers and Manages CQM Programs

DHA Markets/Intermediate HQ
Supports, Monitors, and Executes CQM Programs

MTF
Maintains Continuous Compliance of DHA-PM 6025.13

DHA-PM 6025.13

EXPECTATIONS

Keys to Success

- Review the DHA-PM and job aids at Health.mil/CQM and SharePoint
- Get smart about new policies and procedures; talk about them
- Know your leads for all CQM Programs at the MTF, Market and Service
- Ensure that people you work with understand what is changing, what is staying the same, and know where to find the answers
- Be a champion for change—stay positive when things get difficult and encourage others to do the same
- When problems arise, take note of things that are not working and share the information through the appropriate channels so problems can be improved
- Make these procedures and processes part of your daily work and of your organizational DNA

What is the bottom line?

1. All patient safety events that reach the patient must be reported to and reviewed by HRM
2. 2.All DoD Res are PCEs
3. 3.All PCEs must be reported and reviewed by PS

**Patient Safety
Quality Care**

DHA-PM 6025.13

RESOURCES

Where can you get more information?

Visit health.mil/CQM & access SharePoint via info.health.mil

Use resources to…

- Ask questions
- Get coaching
- Reach out to SMEs
- Check FAQs
- Listen to webinars
- Use Implementation Guides

What questions do you have?

For more information & resources, visit

HEALTH.MIL/CQM

BACKUP

MHS Quadruple Aim

MHS strategy elements

- **Increased Readiness** – Ensure the entire military force is medically ready to deploy; medical force is ready to deliver healthcare anytime, anywhere

- **Better Care** – Providing care that is patient and family-centered, compassionate, convenient, equitable, safe, and of the highest quality

- **Better Health** – Improve a population's health by encouraging healthy behaviors and reducing the likelihood of illness through focused prevention and increased resilience

- **Lower Cost** – Focus on quality, eliminating waste, and reducing unwarranted variation; consider total cost of care

MHS HRO Principles

MHS strategy elements

Preoccupation with Failure	**High Reliability Organization (HRO) Principles**	**Sensitivity to Operations**
Deference to Expertise	**Reluctance to Simplify**	**Commitment to Resilience**
Constancy of Purpose	**Respect for People**	**Fostering a Culture of Safety**
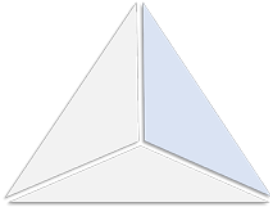
MHS Aims of Healthcare Quality (STEEEP)
MHS strategy elements

Safe — Avoiding harm to patients from the care intended to help them

Patient and Provider-centered — Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring patient values guide all clinical decisions

Timely — Reducing waits and sometimes harmful delays for both those who receive and give care

Patient

Efficient — Avoiding waste of equipment, supplies, ideas, and energy

Effective — Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit

Equitable — Providing care that does not vary in quality due to personal characteristics (gender, ethnicity, geographic location, socioeconomic status, or other demographics)