

Boards, Commissions, and Committees

**U.S. Army Medical
Department Activity,
Fort George G. Meade
(MEDDAC), Boards,
Committees, Councils,
Meetings, Support
Groups, and Teams**

Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
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Unclassified

SUMMARY of CHANGE

MEDDAC REG 15-1

U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC), Boards, Committees, Councils, Meetings, Support Groups, and Teams

Specifically, this revision—

- o Changes the title of the regulation to add “Support Groups”.
- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Completely revises the regulation. Certain committees have been moved to another chapter within the regulation, renamed, consolidated, added, or deleted as follows:
 - The MEDDAC Anthrax Vaccination Immunization Program (AVIP) Oversight Committee has been renamed Vaccination Immunization Program Oversight Committee.
 - The MEDDAC Health Education and Promotion Committee has been renamed Patient Education Committee.
 - The Data Quality Committee has been added (para 3-3).
 - The MEDDAC NCO and Soldier of the Quarter Boards has been deleted.
 - The MEDDAC Nursing Leadership Committee has been deleted.
 - The Administrative Performance Improvement Team has been moved from chapter 3 to chapter 4 (para 4-1).
 - The Advanced Nursing Practice Committee has been renamed Advanced Practice Nurses Support Group, and has been moved from chapter 3 to chapter 4 (para 4-2).
 - The KACC Military Awards Board has been moved from chapter 4 to chapter 3 (para 3-7).
 - The KACC Clinical Investigation and Human Use Committee has been consolidated with MEDDAC Medical Staff Functions Committee, and has been moved from chapter 4 to chapter 3 (para 3-6).
 - The KACC Patient Safety Committee was added (para 3-9).

- *The following changes have been made to chapter 4, concerning KACC:*
 - ◆ The Medical Information Security Readiness Team (MISRT) has been added (para 4-15).
 - ◆ The Patient Safety Committee has been added (para 4-17).
 - ◆ The Emergency Preparedness Planning (EPP) Committee has been renamed Emergency Management Planning (EMP) Committee.
 - ◆ The Rabies Advisory Committee has been renamed Rabies Advisory Board.
 - ◆ The Sexual Assault Review Board has been deleted.

- *The following changes have been made to chapter 6, concerning Dunham USAHC:*
 - ◆ The Data Quality Meeting has been deleted.
 - ◆ The Sexual Assault Review Board has been deleted.
 - ◆ The Combined Staff Meeting has been added (para 6-5).
 - ◆ The Family Advocacy Case Review Committee has been added (para 6-8).
 - ◆ The Health Care Consumer Council has been added (para 6-9).
 - ◆ The Senior Medical NCO Meeting has been added (para 6-14).

Department of the Army
Headquarters
United States Army Medical Department Activity
2480 Llewellyn Avenue
Fort George G. Meade, Maryland 20755-5800
23 March 2004

* MEDDAC/DENTAC/VS
Regulation 15-1

Boards, Commissions, and Committees

U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC), Boards, Committees, Councils, Meetings, and Teams

FOR THE COMMANDER:

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History. This is the eighth revision of the regulation, which was originally published on 21 May 1992.

Summary. This regulation prescribes the purpose, membership, functions, responsibilities, and frequency of meetings for all MEDDAC boards, committees, councils, meetings and conferences; it prescribes requirements for preparing and submitting minutes of meetings.

Applicability. This regulation applies to all elements of the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC), the U.S. Army Meade Dental Activity, Fort George G. Meade (DENTAC), and the Fort Meade Branch Veterinary Services (VS).

Proponent. The proponent of this regulation is the Deputy Commander

for Clinical Services.

Supplementation. Supplementation of this regulation is prohibited.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-ZC, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

Distribution. Distribution of this publication by electronic medium only.

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* This publication supersedes MEDDAC/DENTAC/VS Reg 1-15, dated 24 September 2001.

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Glossary

Chapter 1 Introduction

1-1. Purpose

This regulation establishes committees, boards, councils, teams and conferences that are appropriate and necessary to maintain the high professional and administrative standards required by Army regulations and to meet accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) with regard to the ambulatory care setting. It prescribes the organization, purpose, membership, authority, frequency, quorum and reporting requirements for all standing MEDDAC committees, boards, councils, teams and conferences.

1-2. References

All referenced publications are listed in paragraph “f” of each committee’s paragraph in chapters 3 through 7 below.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Responsibilities

a. *Chairpersons.* Chairpersons will—

(1) Call meetings as required, or as needed, to fulfill the objectives and purposes of the committee, board, council or team. (Hereafter, the term “committee” will also represent the terms “board,” “council,” “meeting,” “support group” and “team.”)

(2) Ensure that sufficient meeting time is allotted for the committee to conduct all of its business.

(3) Be thoroughly familiar with the objectives of the committee.

(4) Be thoroughly familiar with any JCAHO accreditation standards, Army regulations, and U.S. Army Medical Command (MEDCOM) regulations that direct the committee’s establishment. (This will ensure effective and productive meetings.)

b. *Proponents.* Proponents will ensure that—

(1) Appropriate staff work is accomplished prior to the meeting of the committee.

(2) Committee issues are worked, that necessary staff coordination is accomplished before the committee meeting, and that the participants are prepared to respond to issues that will appear on the agenda.

(3) The chairperson is briefed sufficiently in advance in regard to all significant issues or actions that will confront the committee at the next meeting.

c. *Recorders.* Unless otherwise indicated in committee charters, recorders are Non-voting members of their committees. Recorders, in coordination with their committee chairpersons, will—

(1) Prepare and present agendas for committee meetings.

(2) Schedule committee meetings and notify committee members of meeting places, dates and times.

(3) Maintain calendars of tentative committee meetings 12 months out.

(4) Prepare minutes for the signature of the chairperson and reviewer (that is, the approval authority), and publish and distribute the minutes (ensuring that the original is submitted to the office of record for filing).

Chapter 2

Committee Policies and Administration

2-1. General

a. Committees (that is, committees, boards, councils, teams and conferences) are essential to the clinical and administrative operations all elements of the MEDDAC. These are group mechanisms that are available within the MEDDAC to supplement the departments, services and divisions to achieve mission goals.

b. All committees serve at the direction of the MEDDAC Commander and are described chapters 3 through 7. This applies to MEDDAC and subordinate-level committees to ensure integration across the MEDDAC.

2-2. General policies

a. Standing committees will be established at all U.S. Army health clinics subordinate to this MEDDAC.

b. MEDDAC committee membership will be designated by duty position (except councils, which have some elected members).

c. All members, whether designated or elected, will be standing members with full voting privileges, except where indicated otherwise.

d. The senior member of each committee will function as the chairperson unless otherwise designated in the charter or directed by the MEDDAC Commander. In the absence of the chairperson, the senior person present will function as chairperson.

e. Whenever possible, meetings will be scheduled at regular intervals and at a standard time and place. Actual meeting schedules will be the responsibility of the respective committee chairpersons. A comprehensive meeting schedule will be periodically published via electronic mail to keep the staff abreast of changes.

2-3. Attendance

a. Attendance at official meetings is mandatory and will take precedence over routine duties.

b. Approval of the chairperson will be obtained for any absence from scheduled meetings. (Whenever a member is excused from a meeting by the chairperson, the recorder will annotate within the minutes that the member was excused, not that he or she was absent. The chairperson may approve alternates.)

2-4. Quorum

One-half of the membership constitutes a quorum and is required for all committee meetings.

2-5. Minutes

a. Committee minutes will be taken by the recorder, transcribed into the format at figure 2-1, as appropriate, and submitted to the chairperson and reviewer for signature not later than 10 working days after the committee meeting.

b. Committee minutes will be forwarded to the chairperson of the primary MEDDAC committee not later than seven working days prior to the scheduled meeting of the committee, unless otherwise accepted by the committee chairperson.

c. The minutes will reflect recommendations made by the committee for approval by the Executive Committee. If none, so state.

d. Minutes which discuss patient care will not include references to any individual by which a patient or any of the personnel attending the patient may be identified unless superseded by Army regulation. (For example, a social security number, patient's name or physician's name.) However, cases that are returned to any health care provider for further interpretation, correction and or additional information will have the reasons described.

e. Minutes will be published electronically or in sufficient copies for distribution to each member of the committee.

f. The office of the Deputy Commander for Clinical Services is the office of record for all patient care committees unless otherwise specified. The original copy of minutes will be retained in the committee's office of record. One copy of the minutes of each U.S. Army health clinic committee meeting will be maintained in the office of record designated by the clinic commander.

g. All minutes will be prepared in the standard format at shown at figure 2-1.

THIS SPACE INTENTIONALLY LEFT BLANK.

OFFICE SYMBOL

MEMORANDUM THRU (or FOR, as appropriate)

SUBJECT: Minutes of the (Name of Committee)

1. The (Name of Committee) convened at (time) on (date) in accordance with (regulation(s)), dated (date(s)). State the purpose for the meeting. (Example: The purpose of the meeting was to discuss facility-wide quality improvement activities.)

2. Attendance:

a. Standing membership present or represented.

(Rank, Name, Branch)
(Chairperson, first line)

(Position Title)

Example:

COL David Johnson, MC
COL Robert Milton, MC

Chairperson/Chief, Pediatric Service
Chief, Dept of Medicine

b. Standing membership absent or not represented.

(Rank, Name, Branch)

(Position Title) (State if excused or unexcused.)

Example:

CPT Bill Sanders, AN
Mr. Don Evans

Chief, Dept of Nursing (Exc)
Safety manager (Unexc)

Note: *The following disclosure statement must be included on all pages of PI minutes:*

**PI Document Protected Under 10 USC 1102
Unauthorized disclosure, Minimum \$3000 Fine**

**Figure 2-1
Format for Committee Minutes**

OFFICE SYMBOL

SUBJECT: Minutes of the (Name of Committee)

c. Other persons attending.

(Rank, Name, Branch)

Position Title/Activity)

Example:

Ms. Bertha Wilson

Head Nurse, Ward B

3. Statement regarding review, changes and approval of the minutes of the previous meeting.

4. Old Business. Actions pending and unresolved issues.

5. New Business. Should be structured as appropriate for the specific committee. Committees that address Performance Improvement issues or monitoring activities should use the following:

a. Utilization Review. (Individually list items reviewed; i.e., workload, drug antibiotic utilization, ancillary services, staffing and equipment, length of stay, access to care, benchmarking, etc.)

b. Quality Improvement Issues:

(1) Monitoring Activities. (Discussion of ongoing monitoring activities in the PDCA [plan, do, check, act] format shown below.) Monitoring activities will be summarized in accordance with following format. (Monitored activities must also be entered on a tracking log, which will be attached to the minutes as an enclosure. The log may be prepared in accordance with figure 2-2 or figure 2-3, as appropriate to correspond with the format below that you choose to use.)

Reporting Format:

Month	Event Monitor	Benchmark	Threshold	Result	Variance	Comment
					When the variance >5%, this sends up a Red Flag* and a FOCUS PDCA needs to be done.	

* “Red Flag” is defined as a data point that is more than 5% outside the accepted threshold.

**Figure 2-1
Format for Committee Minutes (Continued)**

OFFICE SYMBOL

SUBJECT: Minutes of the (Name of Committee)

F -
O -
C -
U -
S -
P -
D -
C -
A -

(2) Cost Benefit Analysis.

(3) Other. (Discussion of monitoring plans or what is recognized by the team to need improvement.) (Optional.)

(3) Review of subordinate team or committee minutes (if any).

c. Customer Service Evaluation. (Review of complaints, compliments and suggestions. When listing complaints or suggestions, include a brief summary of the issue and how it was addressed.)

d. JCAHO Update. (Discussion of standards being reviewed for compliance with the upcoming survey.)

6. Open Forum Concerns.

7. Recommendations.

a. Issues Closed.

b. Actions Pending.

c. Issues Referred to Higher or Lower Committee (specify which committee).

OFFICE SYMBOL

SUBJECT: Minutes of the (Name of Committee)

8. Adjournment. The meeting was adjourned at (time). The next meeting is scheduled for (date and time).

Encl(s)

(Signature block of chairperson)

Note: Copies of subordinate minutes as well as supporting documents will be attached as enclosures and so noted within the minutes.

(Signature block of recorder)

APPROVED/DISAPPROVED

(Signature block of approving authority; i.e., MEDDAC Commander, DCCS, chief of department, division or service.)

DISTRIBUTION:

(As appropriate.)

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Figure 2-1
Format for Committee Minutes (Continued)

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_____ COMMITTEE
ISSUES/ACTIONS PENDING SUMMARY/TRACKING LOG

DATE	PLAN	DO	CHECK	ACT
Date of the plan or process started.	Brief description of the plan or process.	Summary of assessment.	Summary of how patient care was improved.	Fill in only when closed and give the final outcome of the plan or process.

Figure 2-2
Tracking log for monitoring activities ¹

_____ COMMITTEE
ISSUES/ACTIONS PENDING SUMMARY/TRACKING LOG

DATE/ISSUE	DISCUSSION	ACTION	STATUS	FINAL RESOLUTION
Date issue started. Brief description of issue (title).	Summary and description of issue.	Summary of committee action.	Open/Closed. If open, give name of action officer and date of follow up.	Fill in only when closed and give the final resolution of the issue.

Figure 2-3
Tracking log for monitoring activities - alternative format ¹

¹ For the purpose of this regulation, figures 2-2 and 2-3 are shown in portrait orientation. Landscape orientation is also acceptable.

Chapter 3 MEDDAC-level Committees

3-1. Behavioral Health Performance Improvement Team

a. *Purpose.* To comprehensively review, evaluate and report on the quality of medical services within the Behavioral Health Care Service to include the following areas: psychiatry, psychology, social work, and substance abuse rehabilitation. The overall purpose is to identify opportunities to improve care, to implement appropriate actions to improve care, and to document these activities.

b. *Composition.*

(1) *Voting membership.*

- (a) Chief, Behavioral Health Care Service (Chairperson) (Proponent).
- (b) Chief, Social Work Section or representative.
- (c) Chief, Psychiatry and Psychology Section or representative.
- (d) Clinical Commander, Substance Abuse Rehabilitation Clinic.
- (e) NCOIC, Behavioral Health Care Service or representative.
- (f) Representative, Barquist USAHC.
- (g) Representative, Dunham USAHC.
- (h) Representative, Kirk USAHC.

(2) *Non-voting member.* Secretary to the Chief, Behavioral Health Care Service (Recorder).

c. *Functions and responsibilities.*

(1) Review, evaluate, and report performance improvement activities related to risk management, utilization management, customer service, identified processes, and patient care evaluation. Staff members within the department may also be called upon to participate in interdepartmental performance improvement teams.

(2) Summary of the above activities will be submitted to the MEDDAC Performance Improvement and Utilization Management Committee on a quarterly basis in approved minutes format.

(3) It is the recorder's responsibility to forward the minutes through the Performance Improvement Coordinator to the DCCS not later than seven days prior to the Performance Improvement and Utilization Management Committee meeting.

d. *Office of record.* Office of the DCCS.

e. *Frequency of meetings.* The Mental Health Performance Improvement Team generally meets monthly at the call of the Chair but no less than quarterly.

f. *References.*

- (1) AR 40-68 (Quality Assurance Administration).
- (2) JCAHO Manual.

3-2. Credentials Committee

a. *Purpose.* To oversee the process of obtaining, verifying and assessing the qualification of licensed independent practitioners to provide patient care services in or for the MEDDAC. These recommendations are forwarded to the commander concerning the clinical privileges of all appropriate individuals so that optimal professional performance can be obtained through the appointment, privileging, renewal, and review processes.

- b. *Composition.*
 - (1) *Voting membership.*
 - (a) DCCS (Chairperson).
 - (b) DCN.
 - (c) Representative, Department of Primary Care.
 - (d) Representative, Department of Specialty Care.
 - (e) Representative, Department of Radiology.
 - (f) DCCS, Dunham USAHC.
 - (g) Representative (physician), Kirk USAHC.
 - (i) Representative (physician), Barquist USAHC.
 - (2) *Non-voting membership.*
 - (a) Credentials Coordinator (Proponent).
 - (b) Performance Improvement/Risk Manager (Technical Advisor).
 - (c) Secretary to the DCCS (Recorder).

Note: If the committee is acting upon the privileges of any other specific discipline, the chief or representative of that discipline will attend as an ad hoc voting member (for example, Social Work, Optometry, Oral Surgery).

- c. *Functions and responsibilities.* The Credentials Committee will—
 - (1) Verify qualifications and recommend initial privileges based upon training, experience, demonstrated competence, and certifying examinations.
 - (2) As a minimum, conduct biennial evaluation to determine continued, extended, augmented, restricted, or revoked privileges based upon education, training, experience, and demonstrated competence, as evidenced by:
 - (a) Performance improvement activities (both the result of and the participation in these activities). Results of Drug Utilization Review, Medical Record Review, Surgical/Invasive Procedure Review, Blood Usage Review, Occurrence Screening, and Risk Management Review will all be considered, as appropriate, with regard to clinical privileging.
 - (b) Direct observation by the medical staff.
 - (c) Other relevant information (for example, appraisals by the clinical supervisor and impaired provider reports).
 - (3) Ensure that approved and disapproved clinical privileges are delineated in writing and that each individual is notified of the committee's recommendation and the commander's decision.
 - (4) Carry out all requirements of AR 40-68 concerning impaired providers.
 - (5) The Credentials Coordinator is the custodian of all Provider Credential Files (PCF) and Provider Activity Files (PAF), which are maintained for the Deputy Commander for Clinical Services. Pertinent PCF and PAF will be provided to the committee and MEDDAC Commander at the time of privileging action and as needed.
 - (6) This committee requires over 50% attendance to constitute a quorum.
 - (7) Meeting minutes will be forwarded to the MEDDAC Commander for approval.
- d. *Office of record.* Office of the DCCS.
- e. *Frequency of meetings.* The Credentials Committee will meet monthly and or at the call of the chair or commander. Frequency of meetings will be determined by privileging action workload and need, with a minimum of ten meetings required per year.

f. *References.*

- (1) AR 40-48 (Nonphysician Health Care Providers).
- (2) AR 40-68 (Quality Assurance Administration).
- (3) The JCAHO Manual.

3-3. Data Quality Committee

a. *Purpose.*

(1) To function as the forum to disseminate information, resolve issues and coordinate actions related to improving organization-wide data quality.

(2) To promote quality health care and identify and facilitate the best business processes through promotion of good quality data throughout the MEDDAC.

(3) To ensure correctness, timeliness, accuracy, completeness, relevance and accessibility that make data appropriate for use.

b. *Composition.*

- (1) Chief, Department of Primary Care.
- (2) Chief, Business Division.
- (3) Data Quality Manager (Chairperson) (Proponent) (Recorder).
- (4) Coding Compliance Officer.
- (5) Chief, Uniform Business Office, or representative.
- (6) UCAPERS/MEPRS representatives.
- (7) AMD/Coding representatives.
- (8) Data Quality Representative, Kirk USAHC.
- (9) Data Quality Representative, Dunham USAHC.
- (10) Data Quality Representative, Barquist USAHC.

c. *Functions and responsibilities.*

(1) Serves as the forum for discussing important issues concerning the Data Quality Management Control Program.

(2) Formal minutes and a tracking log are required.

(3) Outcomes of Data Quality Committee meetings will be briefed to the Executive Committee.

d. *Office of record.* Office of the Data Quality Manager.

e. *Frequency of meetings.* The Data Quality Committee will meet at 1400 on the first Thursday of each month.

f. *References.*

(1) Assessing the Reliability of Computer-Processed Data, GAO/OP-8.1.3, Apr 91.

(2) Assistant Secretary of Defense (Health Affairs) Policy Memorandum, 29 Nov 00, subject: Data Quality Management Control (DQMC).

(3) DOD Directive 5010.40 (Management Control Program Procedures).

(4) DOD Policy on timeframes for SIDR/SADR submissions.

(5) DQMC MHS DoDI 6040.40 (Military Health System Data Quality Management Control Procedures).

(6) OMB Circular No. A-123 (Management Accountability and Control).

(7) Surgeon General Memorandum, 21 Dec 99, subject: Policy for Implementation of the Medical Expense and Performance Reporting System/Expense Assignment System Data Validation and Reconciliation.

3-4. Executive Committee

a. Purpose.

(1) To evaluate recommendations of the medical, nursing, and administrative support staffs regarding the MEDDAC's patient- and organization-focused functions; make recommendations to the commander; and monitor implementation of the commander's decisions.

(2) To ensure the MEDDAC is in compliance with JCAHO accreditation standards and that the medical staff is aware of those standards.

b. Composition.

(1) Voting membership.

(a) MEDDAC Commander (Chairperson) (Proponent).

(b) Commander, Dunham USAHC.

(c) Commander, Kirk USAHC.

(d) Commander, Barquist USAHC.

(e) DCCS.

(f) DCA.

(g) DCN.

(h) Senior Medical NCO.

(2) Non-voting member. Secretary to the MEDDAC Commander (Recorder).

c. Functions and responsibilities. The Executive Committee will—

(1) Receive, act upon and coordinate recommendations from the medical, nursing and administrative support staffs that are concerned with patient care. The committee will monitor implementation of the MEDDAC Commander's decisions regarding same.

(2) Ensure that the facility is in compliance with JCAHO accreditation standards, and that the staff is kept abreast of the accreditation program and informed of the accreditation status of the facility.

(3) Assist the MEDDAC Commander to continuously improve the quality of patient care services within available resources. Perform the review function for the Civilian Resource Conservation Committee, Health Consumer Council, Space Utilization Committee, and the executive committees of the subordinate USAHCs.

(4) Review the work of MEDDAC-wide committees included in chapter 3 of this regulation; consider recommendations of the various process action teams, and provide them with guidance, feedback, and the allocation of resources as indicated.

d. Office of record. Office of the MEDDAC Commander.

e. Frequency of meetings. The Executive Committee will meet monthly with a minimum of ten meetings being required per year.

f. References.

(1) AR 40-68 (Quality Assurance Administration).

(2) JCAHO Manual.

3-5. Infection Control Committee

a. Purpose.

(1) To identify and reduce the risks of acquiring and transmitting infections within the healthcare facility by instituting standards for prevention, investigation, reporting, and control.

(2) To establish standards necessary to promote an adequate environment for the operation of a quality infection control program.

- b. *Composition.*
 - (1) *Voting membership.*
 - (a) Physician representative, Department of Specialty Care, or designee (Chairperson).
 - (b) MEDDAC Safety/Infection Control Officer (Proponent).
 - (c) Physician representative, Department of Primary Care.
 - (d) RN representative, Nursing Services.
 - (e) RN representative, Occupational Health Clinic.
 - (f) Representative, Laboratory Service.
 - (g) Representative, Industrial Hygiene Section.
 - (h) Communicable Disease Nurse.
 - (i) Executive Housekeeper.
 - (j) Chief Nurse or Infection Control Nurse, Dunham USAHC.
 - (k) Chief Nurse or Infection Control Nurse, Kirk USAHC.
 - (l) Chief Nurse or Infection Control Nurse, Barquist USAHC.
 - (2) *Ad hoc voting members.*
 - (a) Representative, Logistics Division.
 - (b) Patient Safety Manager.
 - (c) Representative, Environmental Health Section.
 - (d) Representative, DENTAC.
 - (e) Representatives of other activities may be invited to attend at the request of the chairperson.
 - (3) *Non-voting member.* Secretary to the DCCS (Recorder).
- c. *Functions and responsibilities.* The Infection Control Committee will—
 - (1) Advise and assist the commander in formulating policies related to infection control.
 - (2) Identify nosocomial infections.
 - (3) Review and approve infection control policies and procedures.
 - (4) Institute appropriate infection control measures and studies.
 - (5) Monitor compliance with regulatory agencies and guidelines pertaining to infection control.
 - (6) Establish quality improvement criteria to evaluate the effectiveness of infection control activities.
 - (7) Ensure continuing education on prevention and control of nosocomial infections is provided.
- d. *Office of record.* Office of the DCCS.
- e. *Frequency of meetings.* The Infection Control Committee will meet bimonthly.
- f. *References.*
 - (1) AR 40-5 (Preventive Medicine).
 - (2) JCAHO Manual.

3-6. Medical Records Review and Information Management Committee

- a. *Purpose.*
 - (1) To evaluate the timeliness, accuracy and completeness of outpatient and ambulatory surgery records.
 - (2) To ensure that information technology is used to obtain and manage information to

improve patient outcomes and individual and organizational performance in patient care, governance, management and support processes.

(3) To ensure the MEDDAC is in compliance with applicable regulatory guidelines.

b. *Composition.*

(1) *Voting membership.*

- (a) DCCS (Chairperson) (Proponent).
- (b) DCA.
- (c) Chief, Patient Administration Division.
- (d) Chief, or representative, Department of Primary Care.
- (e) Chief, or representative, Department of Specialty Care.
- (f) Chief, Nursing Administration.
- (g) Chief, Behavioral Health Care Service.
- (h) Pediatric representative, Family Care Center.
- (i) Head Nurse, Same Day Surgery.
- (j) Chief, Outpatient Records Branch.
- (k) Chief, Ambulatory Surgical Records Branch.
- (l) Performance Improvement/Risk Manager.
- (m) Utilization Manager.
- (n) Ambulatory Data System (ADS) Coordinator.
- (o) Chief, Information Management Division.
- (p) Representative, Kirk USAHC.
- (q) Representative, Dunham USAHC.
- (r) Representative, Barquist USAHC.

(2) *Non-voting membership.*

- (a) Transcriptionist, Ambulatory Surgical Records Branch.
- (b) Secretary to the Chief, Patient Administration Division (Recorder).

c. *Functions and responsibilities.* The Medical Records Review Committee will—

(1) Evaluate studies concerning the timeliness, accuracy and completeness of outpatient and ambulatory surgical records.

(2) Ensure that the MEDDAC is in compliance with the references listed in para f, below.

(3) Ensure the quality of medical records to provide optimal patient care.

(4) Report the results of studies to the Performance Improvement and Utilization Management Committee.

(5) Serve as the approving authority for all new MEDDAC forms intended to be filed in medical records.

(6) Identify patient needs for patient care.

(7) Review the management of patient-specific aggregate data and information to pursue opportunities for improvement.

d. *Office of record.* Office of the DCCS.

e. *Frequency of meetings.* The Medical Records Review and Information Management Committee will meet quarterly.

f. *References.*

(1) AR 40-66 (Medical Record Administration).

(2) DoD Instruction (DODI) 6025.8, Ambulatory Procedure Visit.

(3) JCAHO Manual.

3-7. Medical Staff Functions Committee

a. *Purpose.* To make specific recommendations directly to the Executive Committee for approval; to receive and act on reports and recommendations from medical staff committees, clinical departments or services, and assigned activity groups throughout the MEDDAC; to review and approve all scopes of service, clinical practice guidelines and investigational studies. This committee is responsible to ensure compliance with JCAHO standards in the functional areas of PE (Assessment of Patients), TX (Care of Patients), CC (Continuum of Care), and PF (Patient/Family Education).

b. *Composition.*

(1) *Voting membership.*

- (a) DCCS (Chairperson) (Proponent).
- (b) Chief, Department of Primary Care.
- (c) Chief, Department of Specialty Care.
- (d) Chief, Behavioral Health Care Service.
- (e) Chief, Department of Radiology.
- (f) Chief, Laboratory Service.
- (g) Chief, Pharmacy Service.
- (h) Representative (physician), Preventive Medicine Service.
- (i) Pediatric representative (physician), Family Care Center.
- (j) Representative, Nursing Services.
- (k) Representative (physician), Kirk USAHC.
- (l) Representative (physician), Dunham USAHC.
- (m) Representative (physician), Barquist USAHC.

(2) *Non-voting membership.*

- (a) Credentials Coordinator.
- (b) Utilization Management Coordinator.
- (c) Clinical Outcomes Coordinator.
- (d) Performance Improvement Coordinator (Technical advisor).
- (e) Secretary to the DCCS (Recorder).

Note: Appropriate service representatives may attend as requested by the chairperson.

c. *Functions and responsibilities.*

(1) *Credentials.* This committee will review and approve all applications for clinical privileges and forward recommendations to the commander and the MEDDAC Executive Committee.

(2) *Clinical practice guidelines.* This committee will review, approve, and monitor compliance with all clinical practice guidelines. All recommendations for new clinical practice guidelines will be forwarded to the Executive Committee for approval.

(3) *Medical records review and information management.* This committee will oversee the activities of the Medical Records Review and Information Management Committee, and review data on compliance with JCAHO information management standards to include medical record and peer review data on a least a quarterly basis.

(4) *Patient education.* This committee will review the activities of the Patient Education Committee, to ensure compliance with JCAHO PF (Education of Patients and Their Families) standards. This committee will also approve all new patient education resources at least annually.

(5) *Ethics.* The committee will review the activities of the Ethics Committee to include its efforts to ensure compliance with JCAHO RI (Patient Rights and Organizational Ethics) standards.

(6) *Clinical investigation and human use.*

(a) Review all clinical investigation proposals by—

1 Evaluating the applicability and appropriateness of research proposals in this ambulatory clinic and ambulatory surgery environment by considering applicable laws and regulations; considering moral and ethical implications and prevailing community attitudes; and considering the direct and indirect impact on personnel and materiel resources.

2 Ensuring that proposals consent forms have been reviewed and approved by the Walter Reed Army Medical Center (WRAMC) Clinical Investigation Review Board (IRB) (scientific and human use committees), or by other local MEDCOM recognized IRB; e.g., the U.S. Army Medical Research Institute of Infectious Diseases, as necessary, prior to local activation.

3 Ensuring that consent forms adequately define and represent the participation of Kimbrough Ambulatory Care Center and or the Fort Meade MEDDAC in the study.

4 Identify and or appoint local collaborators and monitors of specific study activities if such person or persons are not already identified in study proposals.

(b) Make recommendations for disposition and action to MEDDAC Commander.

(c) Report all findings, recommendations and summary activity not less than annually to the Performance Improvement and Utilization Management Committee.

(7) *Pharmacy and therapeutics.* Review the activities of the Pharmacy and Therapeutics Committee to include recommendations for changes to the formulary as well as data from drug utilization evaluations.

(8) *Advanced practice nursing.* Review the activities of the Advanced Practice Nurses Support Group.

(9) *Vaccination Immunization Program.* Review activities of the anthrax and smallpox immunization programs.

(10) *Blood usage.* One hundred percent of all blood usage will be reviewed as occurs but no less than annually. Data will be provided by the Chief, Laboratory Service.

(11) *Surgical case and invasive procedure review.* All major categories of surgery and invasive procedures will be reviewed by the committee. The focus of the review will include the appropriateness and effectiveness of each procedure and all major discrepancies between preoperative and postoperative diagnosis. Appropriate application of surgical screening criteria will also be reviewed by the committee. All clinical areas performing invasive procedures will report directly to this committee on a monthly basis. Significant findings will be discussed and evaluated.

(12) *Tissue review.* In-depth tissue reviews will be completed by the Department of Specialty Care Performance Improvement Team and the Department of Primary Care Performance Improvement Team. Any pertinent findings by either of these teams will be reported to the committee for review on a monthly basis.

(13) *Anesthesia review.* In-depth anesthesia reviews will be completed by the Department of Specialty Services Performance Improvement Team with pertinent findings to be reported to the committee for review on a monthly basis.

(14) *Review and approval of written policies, standards and memoranda.* This committee will also be responsible for reviewing and approving all policies, standards and memoranda concerning multiple activities for which problems exist that cannot be resolved to all parties' satisfaction at a lower level.

d. *Office of record.* Office of the DCCS.

e. *Frequency of meetings.* The Medical Staff Functions Committee will meet monthly with a minimum of ten meetings per year.

f. *References.*

(1) AR 40-38 (Clinical Investigation Program).

(2) AR 40-68 (Quality Assurance Administration).

(3) Clinical Investigator's Guide, WRAMC Department of Clinical Investigation.

(4) JCAHO Manual.

3-8. Military Awards Board

a. *Purpose.* To make recommendations for military awards to the MEDDAC Commander.

b. *Composition.*

(1) *Voting membership.*

(a) DCA (President).

(b) DCCS.

(c) DCN.

(d) Chief, Human Resources Division (Proponent).

(e) Senior Medical NCO.

(f) First Sergeant.

(g) Senior Clinical NCO, Nursing Services.

(h) Noncommissioned officer.

(i) Representative, Barquist USAHC.

(2) *Non-voting membership.* Awards Clerk, Human Resources Division, Recorder).

c. *Functions and responsibilities.*

(1) The Military Awards Board will—

(a) Review award recommendations for military personnel.

(b) Recommend downgrading, upgrading, approval and disapproval of awards to the MEDDAC Commander.

(2) The president will conduct the meeting and submit recommendations to the MEDDAC Commander.

(3) The voting membership will review and vote on award nominations. Decisions will be based on simple majority of voting members. Members may send a designated representative to vote in their absence.

d. *Office of record.* Office of the Chief, Human Resources Division.

e. *Frequency of meetings.* Meetings will be convened at least monthly unless there are no recommendations to review. Minutes will be forwarded to the MEDDAC Commander for approval.

f. *References.*

(1) AR 600-8-22 (Military Awards), with MEDCOM Supplement 1.

(2) MEDCOM Pam 600-8-22 (Military Awards).

3-9. Patient Education Committee

a. *Purpose.* This multidisciplinary committee will provide oversight to Kimbrough Ambulatory Care Center and the outlying clinics of the MEDDAC for health education and promotion activities.

b. *Composition.* The structure of this committee will reflect current assets and emphasize functional area representation as well as contributing resources within the facility. Voting status applies to review and approval of content of health promotion and educational materials and programs as they apply across the facility. Voting status does not place more or less value on the contribution of individual members. Committee membership must be cognizant of issues pertaining to areas without specific representation, such as optometry, physical exams, lab, radiology, nutrition care, pastoral care, etc., and seek involvement and input from these areas as needed.

(1) *Voting membership.*

- (a) Chief, Department of Primary Care, or representative (Chairperson). (See note.)
- (b) Chief, Preventive Medicine Service.
- (c) Representatives (physician or nurse practitioner), Pediatric Service.
- (d) Representative (physician or nurse practitioner), Family Care Center.
- (e) Registered nurse (RN), Department of Primary Care.
- (f) Representative, Occupational Health Clinic.
- (g) Representative, Pharmacy Service.
- (h) Representative, Behavioral Health Care Service.
- (i) Representative, Outcomes Management Initiative.
- (j) Representative, Nutrition Care.
- (k) Representative, Dunham USAHC.
- (l) Representative, Kirk USAHC.
- (m) Representative, Barquist USAHC.
- (n) Health Promotion Manager
- (o) Representative, DENTAC.

(2) *Non-voting membership.*

- (a) Medical Librarian.
- (b) Marketing Specialist.

(3) *Ad hoc membership.*

- (a) Representative, Department of Specialty Care.
- (b) Representative, Installation Wellness Program.
- (c) Representative, Army Community Service.
- (d) Representative, Morale, Welfare and Recreation Program

Note: The chairperson will be a family practitioner or family nurse practitioner, as approved by the DCCS. The chairperson will also be one of the voting member direct health care providers.

c. *Functions and responsibilities.*

(1) Education promotes healthy behavior, supports recovery and a speedy return to function, and enables patients to be involved in decisions about their own care. This team will promote wellness through prevention and patient education by—

- (a) Assessing organization-wide patient education programs and activities.
- (b) Formulating patient education program goals.

- (c) Making recommendations for the allocation of resources for patient education.
- (d) Determining and prioritizing specific patient educational needs.
- (e) Ensuring that education classes are adequate for patient needs.
- (2) This committee will promote and monitor the implementation of the DoD-mandated program, "Putting Prevention into Practice (PPIP)."
- (3) Educational materials should—
 - (a) Promote empowerment of patients to affect their health.
 - (b) Recognize the stages of change assessment as essential in the education process.
 - (c) Address all aspects of wellness; i.e., psychological, emotional, spiritual, intellectual, social and physical.
 - (d) Encourage patient participation in decision-making concerning their care.
 - (e) Maximize patient self-care skills.
 - (f) Promote healthful life-styles.
- d. *Office of record.* Office of the Deputy Commander for Clinical Services.
- e. *Frequency of meetings.* The Patient Education Committee will meet monthly and or at the call of the chairperson with a meeting no less than ten out of twelve months in a calendar year.
- f. *References.*
 - (1) American Hospital Association.
 - (2) AR 40-5 (Preventive Medicine).
 - (3) AR 600-63 (Army Health Promotion).
 - (4) DA Pam 40-5 (AMEDD Standards of Nursing Practice).
 - (5) DA Pam 600-63-4 (Individual Assessment "Fit to Win" Program).
 - (6) Health Affairs Policy No. 9800027.
 - (7) JCAHO Manual.
 - (8) MPCNF 5027, 0196, Put Prevention into Practice. (Academy of Health Sciences, Department of Preventive Health Services Community Health Practice Branch.)

3-10. Patient Safety Committee

- a. *Purpose.*
 - (1) To integrate all patient safety-related issues and processes under the auspices of a single Patient Safety Committee or team is a requirement of the AMEDD Patient Safety Program.
 - (2) The committee serves as the representative to the commander—
 - (a) For ensuring a "culture of safety" throughout the MEDDAC.
 - (b) To build an awareness of healthcare safety by fostering a non-punitive environment for evaluation of processes and discussion of specific incidents and how they might be prevented through a systematic consideration of improvement strategies.
 - (c) To work in concert with the Risk Management Committee and Environment of Care Committee to investigate all aspects of patient safety and to recommend an action plan for process improvement.

Composition.

- (1) *Voting membership.*
 - (a) DCCS (Chairperson).
 - (b) Patient Safety Manager.
 - (c) Quality Improvement Coordinator/Risk Manager (Proponent).
 - (d) Safety/Infection Control Manager.

- (e) Chief, Logistics Division or representative.
 - (f) Chief, Pharmacy Service or representative.
 - (g) Chief, Department of Primary Care or provider designee.
 - (h) Chief, Department of Specialty Care or provider designee.
 - (i) Representative, Specialty Care Nursing.
 - (j) Representative, Primary Care Nursing.
 - (k) Patient Representative.
 - (l) Risk Manager/Patient Safety Representative, Kirk USAHC.
 - (m) Risk Manager/Patient Safety Representative, Dunham USAHC.
 - (n) Risk Manager/Patient Safety Representative, Barquist USAHC.
 - (o) Chief, Nursing Education and Staff Development or representative.
- (2) *Non-voting members.*
- (a) Secretary to the DCCS (Recorder).
 - (b) Ad hoc participants (by invitation).
- c. *Functions and responsibilities.*
- (1) Educate and train the staff to a non-punitive “culture of safety” which accepts that humans make mistakes and focuses on openness and systems evaluation. Establish standards for, and the definitions of, the safety program and clearly define patient organizational role in compliance with national patient safety goals.
 - (2) Aggregate and analyze all reported clinical and non-clinical patient safety events.
 - (3) Identify actions necessary for organizational and system improvements, as appropriate.
 - (4) Perform proactive patient safety error reduction activities.
 - (5) Inform the MEDDAC of progress related to organizational risk assessments, proactive analyses, and root cause analysis action plan implementation and effectiveness, according to established timelines.
 - (6) The Patient Safety Committee’s minutes will be forwarded through the Performance Improvement and Utilization Management Committee to the Executive Committee.
 - (7) Recommendations associated with the Patient Safety Program will be considered and prioritized with other organizational system and process improvement actions by the Performance Improvement and Utilization Management Committee. Recommendations will be forwarded to the Executive Committee, as appropriate.
- d. *Office of record.* Office of the DCCS.
- e. *Frequency of meetings.* The Patient Safety Committee will meet monthly and/or at the call of the chair, with a minimum of 10 meetings per year.
- f. *References.*
- (1) JCAHO Manual.
 - (2) MEDCOM Reg 40-41 (The Patient Safety Program).
 - (3) Tap Root – The System for Root Cause Analysis, Problem Investigation, and Proactive Improvement, by Mark Paradies and Linda Unger.

3-11. Performance Improvement and Utilization Management Committee

- a. *Purpose.*
- (1) To review, evaluate, and provide guidance concerning all MEDDAC performance improvement and utilization management activities.

(2) To provide oversight to other committees (see paragraph (3), below, for a list of these committees) to design processes for systematic monitoring, analyzing, and improving patient care and outcomes.

(3) To provide a reporting mechanism for performance improvement activities, and for promoting staff involvement in continuous process improvement. This committee acts on the priorities of the organization to select high risk, high volume or problem prone processes to monitor. The components of quality improvement that fall under the scope of this committee are patient care evaluation, utilization management and credentials. The utilization management is designed to ensure health care services rendered are delivered in an appropriate setting, to optimize the quality and timeliness of health care, and cost effectiveness.

(4) The recommendations of this committee are referred directly to the Executive Committee and MEDDAC Commander.

b. *Composition.*

(1) *Voting membership.*

- (a) DCCS (Chairperson).
- (b) DCA.
- (c) DCN.
- (d) Performance Improvement/Risk Manager (Proponent).
- (e) Utilization Management Coordinator.
- (f) Chief, Department of Primary Care or Representative.
- (g) Chief, Department of Specialty Care or Representative.
- (h) Representative, Radiology Service.
- (i) Representative, Nursing Services.
- (j) Representative, Behavioral Health Care Service.
- (k) Representative, Preventive Medicine Service.
- (l) Representative, Laboratory Service.
- (m) Representative, Pharmacy Service.
- (n) Credentials Coordinator.
- (o) Safety Manager.
- (p) Patient Safety Manager.
- (q) Patient Representative.
- (r) Representative, Barquist USAHC.
- (s) Representative, Dunham USAHC.
- (t) Representative, Kirk USAHC.

(2) *Non-voting member.* Secretary to the DCCS (Recorder).

Note: Members may indicate representative or representative substitution for up to two sections mentioned.

c. *Functions and responsibilities.* Oversees the design, data collection, aggregation and analysis, and performance improvement of the processes that are designed to promote quality care. Facilitates linkage of these processes with the MEDDAC's Strategic Plan in order to optimize the impact of the MEDDAC's performance activities. This committee requires 60% attendance to constitute a quorum.

(1) Patient care evaluation. The activities throughout the organization are planned,

designed, measured and evaluated to ensure effectiveness of the patient care functions, which include the medical staff functions and infection control.

(2) Utilization management. Establishes processes for data elements and defines measurement collection that is in concert with metrics sent from the Lead Agent; evaluates activities to ensure access to care and appropriate allocation of resources by striving to provide quality patient care in a cost-effective manner.

(3) Risk management. Monitors risk management activities to ensure there is an effective risk management program which provides for accident and injury prevention and reduction of cost of claims and other financial losses. A generic report of risk management findings of Risk Management Committee will be reported to the Performance Improvement and Utilization Management Committee and the MEDDAC Commander.

(4) Credentials. Due to the risk management component of this committee, an operational link will be maintained with the Credentials Committee. Following each of its meetings, the Credentials Committee will submit a generic report of activities to the Performance Improvement and Utilization Management Committee.

(5) Review the activities of, act upon the recommendations of, and provide guidance to the following committees and performance improvement teams and their subordinate areas:

- (a) Clinical Investigation and Human Use Committee.
- (b) Infection Control Committee.
- (c) Medical Library Committee.
- (d) Medical Records Review and Information Management Committee.
- (e) Medical Staff Functions Committee.
- (f) Safety and Environment of Care Committee.
- (g) Administrative Performance Improvement Team.
- (h) Barquist Performance Improvement Team.
- (i) Behavioral Health Performance Improvement Team.
- (j) Department of Primary Care Performance Improvement Team.
- (k) Department of Specialty Care Performance Improvement Team.
- (l) Dunham USAHC Performance Improvement Team.
- (m) Kirk USAHC Performance Improvement Team.
- (n) Laboratory Performance Improvement Team.
- (o) Pharmacy Performance Improvement Team.
- (p) Preventive Medicine Performance Improvement Team.
- (q) Radiology Performance Improvement Team.

(6) Operational links will be maintained with the Credentials Committee and Safety and Environment of Care Committee.

(7) Make recommendations to the MEDDAC Commander concerning the MEDDAC's Performance Improvement Plan.

(8) When appropriate, refer issues to other committees for action.

d. *Office of record.* Office of the DCCS.

e. *Frequency of meetings.* The Performance Improvement and Utilization Management Committee will meet monthly, with a minimum of ten meetings required per year.

f. *References.*

- (1) AR 40-68 (Quality Assurance Administration).
- (2) JCAHO Manual.

3-12. Pharmacy and Therapeutics Committee

a. Purpose.

(1) *Advisory.* The committee recommends the adoption or assists in the formulation of broad professional policies regarding evaluation, selection procurement, distribution, use, safe practices, and other matters related to drugs and drug practices.

(2) *Educational.* The committee recommends or assists in the formulation of programs designed to meet the needs of the professional staff for complete, current knowledge on matters related to drugs and drug practices.

(3) Drug utilization.

(a) To assist the medical staff in monitoring and evaluating the quality and appropriateness of drug therapy within the MEDDAC to assure that drugs known to have significant risks are prescribed appropriately, safely, and effectively.

(b) To assure that results of effective drug usage evaluations are used in maintaining and evaluating the quality and appropriateness of patient care provided by all individuals with clinical privileges.

b. Composition.

(1) *Voting membership.*

(a) DCCS (Chairperson).

(b) DCN.

(f) Chief, Pharmacy Service (Proponent).

(f) Clinical Head Nurse, Department of Primary Care.

(c) Representative, Dunham USAHC.

(d) Representative, Kirk USAHC.

(e) Representative, Barquist USAHC.

(e) Representative, Behavioral Health Care Service.

(f) Representative, Department of Specialty Care.

(g) Representative, Pediatric Service.

(h) Representative, Red Team, Family Care Center.

(i) Representative, White Team, Family Care Center.

(j) Representative, Blue Team, Family Care Center.

(k) Clinical Pharmacist.

(2) *Non-voting membership.*

(a) Representative, Outcomes Management Initiative.

(b) Secretary to the Chief, Pharmacy Service (Recorder).

Note: Attendees may indicate representative or representative substitution for up to two sections mentioned.

c. Functions and responsibilities.

(1) Advise the MEDDAC Commander and the professional staff in all matters pertaining to the use of medications.

(2) Recommend prescribing policies and formulary modifications, considering pertinent guidelines of higher headquarters.

(3) Objectively evaluate usage data regarding therapeutic agents.

- (4) Prevent unnecessary duplication in stockage and use of the same basic therapeutic agent.
 - (5) Maintain formulary consistent with MEDDAC's scope of practice.
 - (6) Review Federal Supply Class 6505/6508 notices in the supply bulletin.
 - (7) Review and trend all reported adverse drug reactions.
 - (8) Evaluate drug usage as a criteria-based, ongoing, planned, and systematic process by monitoring and evaluating the prophylactic and therapeutic use of all classes of drugs.
 - (9) Assist in assuring that drugs are provided appropriately, safely, and effectively.
 - (10) For clinical issues, report the results of the monitoring and evaluation processes, to include results, conclusions and recommendations informally to the Medical Staff Functions Committee.
- d. *Office of record.* Office of the Chief, Pharmacy Service.
 - e. *Frequency of meetings.* The Pharmacy and Therapeutics Committee will meet bimonthly at the call of the chairperson, or more often as required.
 - f. *References.*
 - (1) AR 40-3 (Medical, Dental, and Veterinary Care).
 - (2) Aspen, Pharmacy Practice Management, Aspen Reference Group, 1999.
 - (3) JCAHO Manual.
 - (4) MEDDAC Memo 40-7 (Drug Utilization Evaluation Program).

3-13. Program Budget Advisory Committee

- a. *Purpose.* To make recommendations to the MEDDAC Commander concerning the allocation of financial resources.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) DCA (Chairperson).
 - (b) DCCS.
 - (c) DCN.
 - (d) Commander, Dunham USAHC.
 - (e) Commander, Kirk USAHC.
 - (f) Commander, Barquist USAHC.
 - (2) *Non-voting membership.*
 - (a) DCA, Dunham USAHC.
 - (b) DCA, Kirk USAHC.
 - (c) Chief, Business Division (Proponent) (Facilitator).
 - (d) Chief, Logistics Division.
 - (e) Chief, Human Resources Division.
 - (f) Chief, Patient Administration Division.
 - (g) Chief, Pharmacy Service.
 - (h) Chief, Preventive Medicine Service.
 - (i) Budget Officer, Budgeting & Execution Section, Resource Management Branch (RMB), Business Division (Recorder)
- c. *Functions and responsibilities.*
 - (1) Individually, all members (except the recorder) will individually serve as proponents for their respective programs and defend the adequate funding thereof.

(2) Collectively, the voting members will allocate resources in a manner that allows the MEDDAC to achieve the commander's objectives in the most efficient manner possible.

d. *Office of record.* Office of the Chief, Budgeting and Execution Section, RMB, Business Division.

e. *Frequency of meetings.* As defined by the MEDDAC's "Budgeting Cycle."

f. *Reference.* MEDCOM Reg 15-5 (Program Budget Advisory Committee).

3-14. Risk Management Committee

a. *Purpose.* To review all serious adverse events to ensure an effective risk management program which provides for accident and injury prevention and the reduction of the cost of claims and other financial losses. It encompasses not only reduction of financial loss to the government but reduction of risk to patients, visitors, family members, and MTF personnel.

b. *Composition.*

(1) *Voting membership.*

(a) Chief, Department of Primary Care (Chairperson).

(b) Chief, Pediatric Service (Alternate Chairperson).

(c) Performance Improvement/Risk Manager (Proponent)

(d) Assistant Chief, Department of Radiology.

(e) Chief, Anesthesia Service/Specialty Care representative.

(f) Chief, Behavioral Health Care Service.

(g) Chief, Nursing Administration.

(h) Clinical Head Nurse, Department of Primary Care.

(i) Credentials Coordinator.

(j) Patient Representative.

(k) Claims Judge Advocate.

(l) Safety Manager.

(m) Patient Safety Manager.

(n) Chief, Laboratory Service.

(o) Chief, Pharmacy Service.

(p) Risk Manager, Kirk USAHC.

(q) Risk Manager, Dunham USAHC.

(r) Risk Manager, Barquist USHAC.

(s) Other staff per direction of the chairperson.

(2) *Non-voting member.* Secretary to the DCCS (Recorder).

Note: Attendees may indicate representative or representative substitution for up to two sections mentioned.

c. *Functions and responsibilities.* The Risk Management Committee will—

(1) Comprehensively review and investigate all serious adverse events to include all mortalities, significant morbidity, potentially compensable events, potential or actual safety concerns, and unusual occurrences (those reported on DA Form 4106).

(2) Determine if standard of care is met or not met in all cases reviewed involving patient care.

(3) Review important single events and trends in the delivery of patient care services.

(4) Make recommendations concerning standards of care, policy changes and other necessary actions as indicated for effective risk management program.

(5) A monthly summary will be made through the Performance Improvement and Utilization Management Committee to the Executive Committee.

(6) Pertinent findings will be reported to the MEDDAC Commander, Credentials Committee, and or retained in a locked, confidential risk management file.

(7) All findings will be handled in accordance with AR 40-68 and protected in accordance with 10 USC 1102.

d. *Office of record.* Office of the DCCS.

e. *Frequency of meetings.* The Risk Management Committee will meet monthly and or at the call of the chair or committee members, with a minimum of ten meetings required per year.

f. *References.*

(1) AR 40-68 (Quality Assurance Administration).

(2) JCAHO Manual.

3-15. Safety and Environment of Care Committee

a. *Purpose.* To serve as an action agent for the consolidated functions identified as the environment of care. Those functions include: safety, security, hazardous materials and waste, emergency preparedness, life safety, medical equipment, and utility systems. The committee will function by identifying, defining, and assessing problem areas and by recommending corrective measures for policy discrepancies where they may exist. From these recommendations, new or revised policies and procedures may be developed. Actions can then be initiated to improve the effectiveness of the MEDDAC Environment of Care Program and also to meet specific needs of individuals, groups, and activities, individually as well as collectively.

b. *Composition.*

(1) *Voting (standing) membership.*

(a) DCA (Chairperson).

(b) Chief, Logistics Division.

(c) Chief, Plans, Training, Mobilization, Security and Education (PTMS&E).

(d) Representative, Nursing Services.

(e) Environmental Science Officer.

(f) Representative, Medical Maintenance Branch.

(g) Performance Improvement/Risk Manager.

(h) Executive Housekeeper (Contractor).

(i) Facility Manager.

(j) Safety Manager (Proponent).

(k) Safety representative, Barquist USAHC.

(2) *Voting (ad hoc) membership.*

(a) Safety representative, Dunham USAHC.

(b) Safety representative, Kirk USAHC.

(c) Representative, DENTAC.

(d) representative, Fort Meade Branch Veterinary Services.

(e) Senior Medical NCO.

(3) *Non-voting member.* Secretary to the DCA (Recorder).

c. *Functions and responsibilities.*

(1) Collect information concerning safety deficiencies and opportunities for improvement in the environment.

(2) Review and evaluate programs for carrying out approved safety and occupational health (OH) policies and standards.

(3) Initiate programs, actions and taskings to ensure adherence to DA and DoD safety policies, and OH policies.

(4) Provide program assistance to commanders, including proposing policy and program objectives.

d. *Office of record.* Safety Office. Minutes of bimonthly meetings will be submitted in parallel to the Executive Committee, Performance Improvement and Utilization Management Committee, and Risk Management Committee.

e. *Frequency of meetings.* The Safety and Environment of Care Committee will meet every two months at the call of the chair, or more often if necessary.

f. *References.*

(1) AR 385-10 (The Army Safety Program).

(2) AR 385-40 (Accident Reporting and Records).

(3) JCAHO Manual.

3-16. Vaccination Immunization Program Oversight Committee

a. *Purpose.* To provide oversight for the development, management and implementation of the MEDDAC's AVIP. The committee oversees and ensures the evaluation of unusual occurrences and programmatic concerns that require resolution or forwarding.

b. *Composition.*

(1) *Voting (standing) membership.*

(a) DCCS (Chairperson).

(b) DCN.

(c) Deputy Commander for Allied Services (DCAS), Dunham USAHC.

(d) Chief Nurse, Kirk USAHC.

(e) Representative, Nursing Services, Barquist USAHC.

(f) Chief, Department of Primary Care or physician representative (Clinical consultant).

(g) Chief, Preventive Medicine Service (Proponent).

(h) Preventive Medicine representative, Kirk USAHC.

(i) Chief, Pharmacy Service or representative.

(j) Chief, Information Management Division or representative.

(k) Physician representative (allergist), Immunization/Allergy Clinic.

(l) Clinical Head Nurse, Immunization/Allergy Clinic.

(m) NCOIC, Immunization/Allergy Clinic.

(n) Force Health Protection Coordinator.

(2) *Voting (on-call) membership.*

(a) Chief, Logistics Division or representative.

(b) Nursing representative, Occupational Health Clinic.

- (c) MEDDAC Administrative Services Officer.
- (3) *Non-voting member.* Secretary to the Chief, Preventive Medicine Service (Recorder).
- c. *Functions and responsibilities.*
 - (1) Monitor and provide a systematic approach to plan, develop, execute, track and evaluate all aspects of the DoD-mandated AVIP for the MEDDAC.
 - (2) Provide guidelines to assure the MEDDAC's mission requirements are consistent with DoD regulatory directives.
 - (3) Provide unit commanders with guidance, communication and education emphasizing the importance of the AVIP in relation to biological warfare threat.
 - (4) Develop medical documentation, reporting and tracking methodology for vaccine adverse event reporting purposes.
 - (5) Provide procedures to ensure in-processing, out-processing, and mobilization and demobilization processing is implemented to ascertain status of anthrax immunizations and to support soldier readiness processing.
 - (6) Provide provisions of health education on a continuous basis.
- d. *Office of Record.* Office of the Chief, Preventive Medicine Service.
- e. *Frequency of meetings.* The AVIP Committee will meet quarterly at the call of the Chair, with a minimum of four meetings per year.
- f. *References.*
 - (1) AR 40-68, Quality Assurance Administration.
 - (2) MEDDAC Reg 40-26, Anthrax Vaccination Immunization Program.
 - (3) North Atlantic Regional Medical Command (NARMC) Base Plan 98-01.

Chapter 4

Kimbrough Ambulatory Care Center Committees

4-1. Administrative Performance Improvement Team

- a. *Purpose.* To actively participate and provide guidance in assessing and executing the performance improvement process defined in the Walter Reed Health Care System Performance Improvement Plan.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) DCA (Chairperson) (Proponent).
 - (b) Chief, Business Division or representative.
 - (c) Chief, Information Management Division.
 - (d) Chief, Logistics or representative.
 - (e) Chief, Human Resources Division or representative.
 - (f) Chief, Plans, Training, Mobilization and Security Division or representative.
 - (g) Chief, Patient Administration Division or representative.
 - (h) Commander, Medical Company.
 - (i) Representative, Barquist USAHC.
 - (2) *Non-voting membership.*
 - (1) Secretary to the DCA (Recorder).

- (2) Performance Improvement/Risk Manager (Technical advisor).
- c. *Functions and responsibilities.*
 - (1) Review, evaluate, and report Performance Improvement activities related to risk management, utilization management, customer service, identified processes, and patient care evaluation. Staff members within the department may also be called upon to participate in interdepartmental Performance Improvement teams.
 - (2) Summary of the above activities will be submitted to the MEDDAC Performance Improvement and Utilization Management Committee on a quarterly basis in approved minutes format.
 - (3) It is the recorder's responsibility to submit the completed minutes through the Performance Improvement/Risk Manager to the DCCS for review and approval not later than seven days prior to the Performance Improvement and Utilization Management Committee meeting.
- d. *Office of record.* Office of the Deputy Commander for Administration.
- e. *Frequency of meetings.* The Administrative Performance Improvement Team will meet at the call of the Chair, or at a minimum on a quarterly basis.
- f. *References.*
 - (1) AR 40-68 (Quality Assurance Administration).
 - (2) JCAHO Manual.

4-2. Advanced Practice Nurses Support Group

- a. *Purpose.* To monitor the quality of nursing care provided by nurses functioning in extended roles to include nurse practitioners, occupational health nurses and community health nurses.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) DCN (Proponent).
 - (b) Chief, Nursing Administration (Advisor).
 - (c) Chairperson (Assigned by the DCN).
 - (d) Chief, Primary Care Nursing.
 - (e) Adult nurse practitioners.
 - (f) Obstetric/gynecologic nurse practitioners.
 - (g) Pediatric nurse practitioners.
 - (h) Family nurse practitioners.
 - (i) Occupational health nurses.
 - (j) Community Health Nursing Section, representative.
 - (k) Any advanced practice nurse.
 - (l) Representative, Barquist USAHC.
 - (2) *Non-voting member.* Secretary to the DCN (Recorder).
- c. *Functions and responsibilities.*
 - (1) Review the care administered by nurses functioning in an expanded role.
 - (2) Serve as a forum to exchange ideas, information and resources among nurse practitioners.
 - (3) Serve as a support system for nurse practitioners regarding practice, continuing education and professional development.
 - (4) Provide interdisciplinary peer review.

- d. *Office of record.* Office of the DCN.
- e. *Frequency of meetings.* The Advanced Practice Nurse Support Group will meet quarterly.
- f. *References.*
 - (1) AR 40-48 (Nonphysician Health Care Providers).
 - (2) DA Pam 40-5 (Army Medical Department Standards of Nursing Practice).

4-3. Case Review Committee

a. *Purpose.* To coordinate medical, dental, legal, law enforcement and social services reporting, identification, investigation, treatment and command intervention on all reported cases of child abuse and neglect, spouse abuse, and elder abuse. Applies to all beneficiaries in the Kimbrough Ambulatory Care Center catchment area, excluding U.S. Army Reserve personnel performing inactive duty training.

b. *Composition.*

(1) *Voting membership.*

- (a) Chief, Social Work Section (Chairperson) (Proponent).
- (b) Two representatives, Family Care Center (one must represent pediatrics).
- (c) Installation Chaplain.
- (d) Representative, Criminal Investigation Division.
- (e) Clinical Commander, Substance Abuse Rehabilitation Clinic.
- (f) Provost Marshal.
- (g) Staff Judge Advocate.
- (h) Family Advocacy Program Manager.
- (i) Case Manager.

(2) *Consultants (non-voting), if needed.*

- (a) Representative, DENTAC.
- (b) Representative, Psychiatry and Psychology Section, Behavioral Health Care Service.
- (c) Representative, Community Health Nursing Section.
- (d) Child Development Services Coordinator.
- (e) Youth Services Commander.
- (f) Family Child Care coordinator.
- (g) School personnel.

c. Evaluate, report, manage, determine status, request agency support, transfer, consult, develop treatment plan and maintain files.

d. *Office of record.* Office of the Chief, Social Work Section. Minutes will be forwarded to the DCCS for review and to the MEDDAC Commander for approval.

e. *Frequency of meetings.* The Case Review Committee will meet twice a month at the call of the chairperson.

f. *Reference.* AR 608-18 (The Army Family Advocacy Program).

4-4. Childhood Lead Poisoning Prevention (CLPP) Committee

a. *Purpose.* To develop and implement a formalized plan for childhood lead poisoning by prevention, screening, surveillance and medical management of children identified with elevated blood lead levels.

- b. *Composition.*
 - (1) Chief, Preventive Medicine Service.
 - (2) Chief, Community Health Nursing Section (Chairperson) (Proponent).
 - (3) Chief, Laboratory Service.
 - (4) Representative, Red Team, Family Care Center.
 - (5) Representative, White Team, Family Care Center.
 - (6) Representative, Blue Team, Family Care Center.
 - (7) Pediatrician or pediatric representative.
 - (8) Environmental Science Officer or representative.
 - (9) Beneficiary Counseling and Assistance Coordinator.
 - (10) Staff community health nurse.
- c. *Functions and responsibilities.* The CLPP Committee will develop a formalized plan to—
 - (1) Implement a childhood lead screening program.
 - (2) Conduct clinically indicated screening.
 - (3) Ensure medical treatment of children who have elevated blood lead levels.
 - (4) Ensure environmental hazard identification and reduction or elimination of hazard source, education of individuals and or caretakers, appropriate repeat laboratory testing, report and refer (as required) to appropriate agencies.
 - (5) Provide representation on the Installation Lead Team.
 - (g) Evaluate program interventions and patient outcomes.
- d. *Office of record.* Office of the Chief, Community Health Nursing Section.
- e. *Frequency of meetings.* The CLPP Committee will meet quarterly at the call of the chair.
- f. *References.*
 - (1) AR 40-5, Preventive Medicine.
 - (2) DA Memorandum, OTSG, May 93, subject: Childhood Lead Poisoning Prevention.
 - (3) Health Affairs Memorandum, Assistant Secretary of Defense (HA), Jun 96, subject: Modification of Pediatric Blood Lead Screening Program.

4-5. Civilian Awards Board

- a. *Purpose.* To make recommendations for civilian awards to the MEDDAC Commander.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) DCA (President).
 - (b) DCCS or representative.
 - (c) DCN or representative.
 - (d) Senior Medical NCO.
 - (e) One base-level employee (grade 1 through 8).
 - (f) One mid-level employee (grade 9 through 12).
 - (g) One senior-level employee (grade 13 and above).
 - (h) Representative, Barquist USAHC (ad hoc).
 - (2) *Non-voting membership.* Awards Clerk, Human Resources Division (Recorder).
- c. *Functions and responsibilities.*
 - (1) The Civilian Awards Board will—
 - (a) Review award recommendations for civilian personnel.
 - (b) Recommend downgrading, upgrading, approval and disapproval of civilian

awards to the MEDDAC Commander.

(2) The president will conduct the meeting and submit recommendations to the MEDDAC Commander.

(3) The voting membership will review and vote on award nominations. Decisions will be based on simple majority of voting members. Members may send a designated representative to vote in their absence.

d. *Office of record.* Office of the Chief, Human Resources Division.

e. *Frequency of meetings.* Meetings will be convened at least monthly unless there are no recommendations to review. Minutes will be forwarded to the MEDDAC Commander for approval.

f. *References.*

(1) AR 672-20 (Incentive Awards).

(2) MEDDAC Pam 672-1 (Civilian Incentive Awards Program).

4-6. Civilian Resource Conservation Program Committee

a. *Purpose.* To assist the MEDDAC to reduce civilian personnel compensation costs. Committee members will work as a team to reduce the number of employees on the long term rolls, new lost time injury and illness cases, and the number of continuation of pay cases.

b. *Composition.*

(1) *Voting membership.*

(a) DCA (Chairperson) (Proponent).

(b) Chief, Occupational Health Clinic.

(c) Defense Civilian Pay System (DCPS) Technician, Resource Management Branch.

(d) Civilian Personnel Liaison, Human Resources Division.

(e) Safety Manager.

(f) Representative, Dunham USAHC.

(g) Representative, Kirk USAHC.

(h) Representative, Barquist USAHC.

(2) *Non-voting member.* Secretary to the DCA (Recorder).

c. *Functions and responsibilities.* The Civilian Resource Conservation Program Committee will—

(1) Monitor and report status of long term Federal Employment Compensation Act cases.

(2) Review new lost time injury and illness cases.

(3) Recommend suitable positions for employees able to return to work.

(4) Accommodate the needs of injured employees through the use of light duty or alternate work programs.

(5) Provide recommendations for training for supervisors and employees.

(6) Investigate and review all injury and illness cases.

(7) Analyze and process cases for proposed controversion.

d. *Office of record.* Office of the DCA. Minutes of the meetings will be submitted to the Executive Committee.

e. *Frequency of meetings.* The Civilian Resource Conservation Program Committee will meet quarterly or at the call of the chair.

f. *References.*

(1) AR 386-10 (The Army Safety Program).

(2) AR 385-40 (Accident Reporting and Records).

- (3) AR 690-800 (Insurance and Annuities), chapters 8 through 10.

4-7. Clinical Staff Meeting

a. *Purpose.* To function as the forum to disseminate information, provide education and discuss issues with clinical staff leaders.

b. *Composition.*

- (1) DCCS (Chairperson) (Proponent).
- (2) DCN.
- (3) Chief, Department of Primary Care.
- (4) Chief, Department of Radiology.
- (5) Chief, Department of Specialty Care.
- (6) Chief, Behavioral Health Care Service.
- (7) Chief, Laboratory Service.
- (8) Chief, Pediatric Service.
- (9) Chief, Pharmacy Service.
- (10) Chief, Optometry Clinic.
- (11) Chief, Physical Therapy Clinic.
- (12) Chief, Social Work Section.
- (13) Chief, Army Substance Abuse Program Clinic.
- (14) Chief, Red Team, Family Care Center.
- (15) Chief, White Team, Family Care Center.
- (16) Chief, Blue Team, Family Care Center.
- (17) Chaplain.
- (18) Clinical Administrator.
- (19) Credentials Coordinator.
- (20) Patient Representative.
- (21) Performance Improvement/Risk Manager.
- (22) Beneficiary Counseling and Assistance Coordinator.
- (23) Safety Manager.
- (24) All other clinicians (MC, AN, MS, SP) are encouraged to attend.

Notes:

1. Attendees may indicate representative or representative substitution for up to two sections mentioned.
2. As requested by the chairperson, chiefs of the administrative support services will attend to discuss issues with the clinical staff.

c. *Functions and responsibilities.*

- (1) Function as the interservice forum for discussing important issues regarding the clinical staff.
- (2) Provide support, instruction and education to the clinical staff regarding administrative support services.
- (3) Formal minutes are not required, but notes will be taken.
- (4) Provide the clinical officers with an opportunity to educate other staff members concerning their areas of expertise and to discuss overlapping disciplines.

- d. *Office of record.* Office of the DCCS.
- e. *Frequency of meetings.* The Clinical Staff Meeting is scheduled to meet weekly but will meet no less than monthly.
- f. *References.*
 - (1) AR 40-68 (Quality Assurance Administration).
 - (2) JCAHO Manual.

4-8. Department of Specialty Care Performance Improvement Team

a. To comprehensively review, evaluate and report on the quality of medical services within the Department of Specialty Care to include the following areas: general surgery, women's health, musculoskeletal (orthopedics, podiatry and physical therapy), urology, dermatology, cardiology, pulmonary, rheumatology, respiratory therapy, anesthesia, ENT and audiology, and operating rooms. The overall purpose is to identify opportunities to improve care, to implement appropriate actions to improve care, and to document these activities.

b. *Composition.*

(1) *Voting membership.*

- (a) Chief, Department of Specialty Care (Chairperson) (Proponent).
- (b) Chief, Musculoskeletal Center or representative.
- (c) Chief, Anesthesia Service or representative.
- (d) RN representative, Operating Room.
- (e) RN representative, Post-anesthesia Care Unit.
- (f) RN representative, Same Day Surgery.
- (g) RN representative, Department of Specialty Care.

(2) *Non-voting member.* Secretary to the Chief, Department of Specialty Care (Recorder).

c. *Functions and responsibilities.*

(1) Review, evaluate, and report Performance Improvement activities related to risk management, utilization management, customer service, identified processes, and patient care evaluation. Staff members within the department may also be called upon to participate in interdepartmental Performance Improvement teams.

(2) Review the following medical staff activities as they relate to the Department of Specialty Care: medical record review, surgical case and invasive procedure review, tissue review, and review of all tumor cases. Appropriate information is reported to Medical Staff Functions Committee.

(3) Summary of the above activities will be submitted to the MEDDAC Performance Improvement and Utilization Management Committee on a quarterly basis in approved minutes format.

(4) It is the recorder's responsibility to forward the completed minutes through the Performance Improvement Coordinator to the DCCS not later than seven days prior to the Performance Improvement and Utilization Management Committee meeting.

- d. *Office of record.* Office of the DCCS.
- e. *Frequency of meetings.* The Department of Specialty Care Performance Improvement Team will meet monthly at the call of the chair, or, at a minimum, on a quarterly basis.
- f. *References.*
 - (1) AR 40-68 (Quality Assurance Administration).
 - (2) JCAHO Manual.

4-9. Drug Utilization Evaluation (DUE) Committee

a. *Purpose.*

(1) To assist the medical staff in monitoring and evaluating the quality and appropriateness of drug therapy within the MEDDAC to ensure that drugs known to have significant risks are prescribed appropriately, safety and effectively.

(2) To ensure the results of effective drug usage evaluations are used to maintain and evaluate the quality and appropriateness of patient care provided by all staff with clinical privileges.

b. *Composition.*

(1) *Voting membership.*

(a) Chairperson (Medical officer appointed by the DCCS).

(b) Head Nurse, Department of Primary Care.

(c) Representative, Pharmacy Service (Proponent).

(d) Representative for the medical teams of the Family Care Center.

(2) *Non-voting membership.*

(a) Clinical Pharmacist.

(b) Representative, Risk Management.

(c) Secretary to the Chief, Pharmacy Service (Recorder).

c. *Functions and responsibilities.* The DUE Committee will—

(1) Evaluate drug usage as a criteria-based, ongoing, planned and systematic process by monitoring and evaluating the prophylactic and therapeutic use of all classes of drugs.

(2) Assist to ensure that drugs are provided appropriately, safety and effectively.

(3) For clinical issues, report the results of monitoring and evaluation processes, to include results, conclusions and recommendations—

(a) Formally to the Pharmacy and Therapeutics Committee, and

(b) Informally to the Medical Staff Functions Committee.

d. *Office of record.* Office of the Chief, Pharmacy Service.

e. *Frequency of meetings.* The DUE Committee will meet bimonthly at the call of the chair, or more often if required.

f. *References.*

(1) AR 40-3 (Medical, Dental, and Veterinary Care).

(2) Aspen, *Pharmacy Practice Management*, Aspen Reference Group, 1999.

(3) JCAHO Manual.

(4) MEDDAC Memo 40-7 (Drug Utilization Evaluation Program).

4-10. Emergency Management Planning (EMP) Committee

a. *Purpose.* To prescribe policies and procedures for preparing emergency management plans and reports for use during emergency situations. The emergency management plan describes how the organization will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care. (All accredited organizations must have an emergency preparedness program that provides for the safety and medical treatment of patients. Organization-wide emergency management plans reflect the scope and complexity of patient care offered and the resources available to the organizations. Organizations that do not have emergency services on-site or are not designated as disaster receiving stations are not required to participate in a community medical treatment network.)

b. *Composition.*

(1) *Voting membership.*

- (a) DCA (Chairperson).
- (b) DCCS.
- (c) DCN.
- (d) Chief, PTMS&E (Proponent).
- (e) Chief, Department of Primary Care.
- (f) Chief, Logistics Division.
- (g) Commander, Medical Company.
- (h) Chief, Ambulance Section.
- (i) Safety Manager.
- (j) Clinical Administrator.
- (k) MEDDAC Administrative Services Officer.
- (l) Senior Medical NCO.

(2) *Non-voting member.* Secretary to the Chief, PTMS&E (Recorder).

c. *Functions and responsibilities.*

(1) Plan and develop disaster drill scenarios that are pertinent and relevant to the types of possible situations the facility may face.

(2) Schedule the EMP to be executed semiannually, either in response to an emergency or in planned drills. Drills shall be conducted at least four months apart.

(3) Plan two mass casualty (MASCAL) drills per year to include an influx of simulated patients.

(4) Evaluate the effectiveness of the drill by conducting an after action review of the response.

(5) Ensure the appropriate functional area manager updates their corresponding annex of the EMP on an annual basis and provides the update to the Chief, PTMS&E.

d. *Office of record.* Office of the Chief, PTMS&E.

e. *Frequency of meetings.* The EMP Committee will meet at least monthly in preparation for the semiannual drill exercises. This will include the after action report after the exercise.

f. *References.*

- (1) MEDCOM Reg 525-4 (Emergency Preparedness).
- (2) MEDDAC Reg 500-1 (Emergency Management Plan).
- (3) JCAHO Manual.

4-11. Ethics Committee

a. *Purpose.*

(1) To represent the patient, relatives, or staff members in matters of medical ethics decisions.

(2) To provide guidance concerning advance directives, patient rights, and ethical issues between the professional staff and patients/families that may surface in the course of patient care.

b. *Composition.*

(1) *Voting membership.*

- (a) DCCS (Chairperson) (Proponent).
- (b) Chief, Department of Primary Care.
- (c) Physician representative, Family Care Center.

- (d) Physician representative, Pediatric Service.
- (e) Representative, Department of Specialty Care.
- (f) Representative, Behavioral Health Care Service.
- (g) Representative, DCN.
- (h) Staff Chaplain.
- (i) Performance Improvement/Risk Manager.
- (j) Patient Representative, or other patient advocate as needed.
- (k) Representative, Staff Judge Advocate, FGGM.
- (a) Representative, each subordinate USAHC (ad hoc).
- (2) *Non-voting member.* Secretary to the DCCS (Recorder).
- c. *Functions and responsibilities.*
 - (1) Aid the patient and family and the health care provider in making the most informed decision regarding ethical issues through a coordinated, multidisciplinary team.
 - (2) Recommend policy to the MEDDAC leadership; provide clarification and guidance concerning “Do Not Resuscitate” (DNR) orders, advanced directives, and individual rights.
 - (3) Minimize possible risk to patients and liability to the MEDDAC.
 - (4) Submit committee minutes to the Medical Staff Functions Committee. Annual status report if no monthly minutes. Patient-specific Ethics Committee recommendations will be documented by the patient’s physician in the patient’s record.
 - (5) Subordinate USAHCs may submit ethical issues to this committee. An ad hoc representative from the submitting USAHC will be designated to present the issue to the committee.
 - (6) Implement the Patient Rights and Organizational Ethics chapter in the JCAHO manual.
- d. *Office of Record.* Office of the DCCS.
- e. *Frequency of meetings.* The Ethics Committee will convene on quarterly at the call of the chair. All staff should notify the DCCS of ethical concerns to be considered by this committee.
- f. *References.*
 - (1) AR 40-68 (Quality Assurance Administration).
 - (2) JCAHO Manual.

4-12. Health Consumer Council

- a. *Purpose.*
 - (1) To provide a forum for the transmittal of information, suggestions, and expressed concerns of the local community about health services.
 - (2) To improve health education and information services.
 - (3) To provide a means of conveying concern regarding health entitlements and benefits, and changes thereto.
 - (4) To provide plans and recommendations for implementation of new or projected services to meet the needs of the healthcare beneficiary.
- b. *Composition.*
 - (1) *Standing membership.*
 - (a) MEDDAC Commander (Chairperson) (Proponent).
 - (b) Commander, DENTAC (Co-chairperson).
 - (c) DCA.
 - (d) DCCS.

- (e) DCN.
- (f) Chief, Fort Meade Branch Veterinary Services.
- (g) Chief, Preventive Medicine Service.
- (h) Chief, Pharmacy Service.
- (i) Chief, Patient Administration Division.
- (j) Chief, Managed Care Branch.
- (k) Clinical Administrator.
- (l) Senior Medical NCO.
- (m) Beneficiary Counseling and Assistance Coordinator.
- (n) Patient Representative.
- (o) Performance Improvement/Risk Manager.
- (p) Secretary to the MEDDAC Commander (Recorder).
- (2) *Invited guests.*
 - (1) Manager, Tricare Service Center.
 - (2) Representative, Army Community Service.
 - (3) Consumer representatives. (The majority of consumer representatives serving as members will be health care beneficiaries. Health care beneficiaries who serve as members will include active duty personnel, dependents of active duty personnel, retirees, dependents of retirees, and other MEDDAC representatives, as deemed appropriate by the chairperson.
- c. *Functions and responsibilities.* The Health Consumer Council will—
 - (1) Obtain information regarding the adequacy of care provided to health consumers by the facility.
 - (2) Improve the understanding of the Army Healthcare Delivery System.
 - (3) Provide an opportunity for health care beneficiaries to express their views and have those views considered in the decision-making process.
 - (4) Provide responses to consumer comments and recommendations.
- d. *Office of record.* Office of the MEDDAC Commander.
- e. *Frequency of meetings.* The Health Consumer Council will meet whenever necessary, but at least once per calendar quarter, at the call of the chairperson.
- f. *Reference.* AR 40-2 (Army Medical Treatment Facilities).

4-13. Laboratory Performance Improvement Team

- a. *Purpose.* To comprehensively review, evaluate and report on the quality of patient services within the Laboratory Service. The overall purpose is to identify opportunities to improve care, to implement appropriate actions to improve care, and to document these activities.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) Chief, Laboratory Service (Chairperson) (Proponent).
 - (b) NCOIC, Laboratory Service.
 - (c) Chemistry Section Leader.
 - (d) Hematology Section Leader.
 - (e) Microbiology Section Leader.
 - (f) Urinalysis Section Leader.
 - (g) Supply Clerk.

(2) *Non-voting member.* Secretary to the Chief, Laboratory Service (Recorder)

c. *Functions and responsibilities.*

(1) Review, evaluate, and report Performance Improvement activities related to risk management, utilization management, customer service, identified processes, and patient care evaluation. Staff members within the department may also be called upon to participate in inter-departmental Performance Improvement teams.

(2) Summary of the above activities will be submitted to the MEDDAC Performance Improvement and Utilization Management Committee on a quarterly basis in approved minutes format.

(3) It is the recorder's responsibility to submit the completed minutes through the Performance Improvement Coordinator to the DCCS not later than seven days prior to the Performance Improvement and Utilization Management Committee meeting.

d. *Office of record.* Office of the DCCS.

e. *Frequency of meetings.* The Laboratory Performance Improvement Team generally meets monthly at the call of the chair, but not less than quarterly.

f. *References.*

(1) AR 40-68 (Quality Assurance Administration).

(2) JCAHO Manual.

4-14. Medical Information Security Readiness Team (MISRT)

a. *Purpose.* To continue the efforts initiated by the Health Insurance Portability and Accountability Act (HIPAA) Implementation Team to ensure KACC is compliant with the HIPAA law and DoD 6025.18-R (DoD Health Information Privacy Regulation), and to comply with the MEDCOM HIPAA Implementation Guide.

b. *Composition.*

(1) *Voting membership.*

(a) HIPAA Privacy Officer (Chairperson).

(b) Chief, Department of Primary Care or representative.

(c) Nurse educator (appointed by the DCN).

(d) MEDDAC Administrative Services Officer.

(e) Security Officer for HIPAA Compliance (appointed by Chief, IMD).

(f) NCO, PTMS&E.

(g) Chief, Transaction and Code Section, PAD, or representative.

(h) Secretary to the Chief, PAD (Recorder).

(2) *Non-voting membership.* As invited by the chairperson.

c. *Functions and responsibilities.* The MISRT will—

(1) Establish policies and procedures to protect patient confidentiality, and maintain integrity and security during the collection, aggregation, analysis, storage and distribution of protected health information.

(2) Enforce the rights of patients with respect to privacy of health information.

(3) Establish and implement parameters to monitor and improve compliance with health information privacy standards in the design of KACC's HIPAA compliance program.

(4) Provide training to the workforce and business associates as needed.

(5) Work closely with the Risk Manager regarding reports of HIPAA violation.

(6) Recommend disciplinary action for HIPAA violations to the MEDDAC commander.

- d. *Office of record.* Office of the HIPAA Privacy Officer.
- e. *Frequency of meetings.* The MISRT will meet monthly. Ad hoc meetings will be called by the chairperson to respond quickly to allegations of HIPAA violation if the MISRT is not scheduled to meet within five work days of the date the allegation was received by the HIPAA Privacy Officer. The MISRT will be accountable to the MEDDAC Executive Committee.
- f. *References.*
 - (1) AR 25-11 (Record Communications and the Privacy Communications System).
 - (2) AR 25-55 (The Department of the Army Freedom of Information Act Program).
 - (3) AR 40-66 (Medical Record Administration and Health Care Documentation).
 - (4) AR 40-68 (Quality Assurance Administration).
 - (5) AR 40-400 (Patient Administration).
 - (6) AR 340-21 (The Army Privacy Program).
 - (7) AR 608-75 (The Exceptional Family Member Program).
 - (8) DoD 6025.18-R (DoD Health Information Privacy Regulation).

4-15. Medical Library Committee

- a. *Purpose.* To ensure the Medical Library meets the JCAHO and MEDCOM standards for knowledge-based information, patient care, education, research and the needs of the MEDDAC and DENTAC staffs.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) DCCS (Chairperson).
 - (b) DCA.
 - (c) DCN.
 - (d) Chairperson, Health Education and Promotion Committee.
 - (e) Chief, Pediatric Service or representative.
 - (f) Chief, Department of Primary Care or physician representative.
 - (g) Chief, Preventive Medicine Service or representative.
 - (h) Chief, Department of Specialty Care or representative.
 - (i) Chief, Behavioral Health Care Service or representative.
 - (j) DENTAC representative.
 - (2) *Non-voting membership.*
 - (a) Clinical Administrator (Medical Library Officer).
 - (b) Medical Librarian (Recorder).
- c. *Functions and responsibilities.* The Medical Library Committee will—
 - (1) Serve as liaison between the Medical Library and the medical and allied staffs.
 - (2) Evaluate the effectiveness of the library in meeting the informational, educational and research needs of its users.
 - (3) Review requests for new texts, software and new and renewal journals and make recommendations for purchase.
 - (4) Assess the development of library programs and services in support of the Army Medical Department (AMEDD) that are customer-oriented, demand-driven, and knowledge-based.
 - (5) Review the results of the triennial Needs Assessment Survey.
 - (6) Review the results of the triennial inventory.
 - (7) Review the annual Management Report (DA Form 7397-R), which summarizes data

from the previous fiscal year.

- (8) Review library policy and procedures biannually.
- d. *Office of record.* Medical Library.
- e. *Frequency of meetings.* The Medical Library Committee will meet at the call of the chairperson, as often as required, but not less than twice annually. The committee will report to Performance Improvement and Utilization Management Committee.
- f. *References.*
 - (1) AR 40-3 (Medical, Dental, and Veterinary Care), chapter 7, Medical Libraries.
 - (2) JCAHO Manual.

4-16. Pharmacy Performance Improvement Team

a. Purpose. To comprehensively review, evaluate and report on the quality of patient services within the Pharmacy Service. The overall purpose is to identify opportunities to improve care, to implement appropriate actions to improve care, and to document these activities.

- b. *Composition.*
 - (1) *Voting membership.*
 - (a) Chief, Pharmacy Service, Chairperson (Proponent).
 - (b) NCOIC, Pharmacy Service.
 - (c) NCOIC, Outpatient Pharmacy.
 - (d) Clinical Pharmacist.
 - (e) Representative, Pharmacy Supply.
 - (2) *Non-voting members.*
 - (a) Pharmacy staff, except those stated in paragraph (1), above.
 - (b) Clinical Pharmacist, Outcomes Management Initiative.
 - (c) Secretary to the Chief, Pharmacy Service (Recorder).
- c. *Functions and responsibilities.*
 - (1) Review, evaluate, and report performance improvement activities related to utilization management, customer service, identified processes and patient care evaluation. Staff members within the service may also be called upon to participate in interdepartmental performance improvement teams.
 - (2) Summary of the above activities will be submitted to the MEDDAC Performance Improvement and Utilization Management Committee on a quarterly basis in approved minutes format.
 - (3) It is the recorder's responsibility to submit the completed through the Performance Improvement Coordinator to the DCCS not later than seven days prior to the Performance Improvement and Utilization Management Committee meeting.
- d. *Office of record.* Office of the DCCS.
- e. *Frequency of meetings.* The Pharmacy Performance Improvement Team generally meets monthly at the call of the chair but will meet not less than quarterly.
- f. *References.*
 - (1) AR 40-68 (Quality Assurance Administration).
 - (2) Aspen, Pharmacy Practice Management, Aspen Reference Group, 1999.
 - (3) JCAHO Manual.

4-17. Preventive Medicine Performance Improvement Team

a. *Purpose.* To comprehensively review, evaluate and report on the quality of medical services within the Preventive Medicine Service to include the following areas: community health, occupational health, industrial hygiene and environmental health. The overall purpose is to identify opportunities to improve care and to document these activities.

b. *Composition.*

(1) *Voting membership.*

(a) Chief, Preventive Medicine Service, Chairperson (Proponent).

(b) Chief, Occupational Health Clinic.

(c) Chief, Community Health Nursing Section.

(d) Chief, Industrial Hygiene Section.

(e) Chief, Environmental Health Section.

(f) Community Health Nursing Performance Improvement Coordinator.

(g) Infection Control Practitioner.

(h) NCOIC, Preventive Medicine Service or representative.

(2) *Non-voting member.* Secretary to the Chief, Preventive Medicine Service (Recorder).

c. *Functions and responsibilities.*

(1) Review, evaluate, and report performance improvement activities related to risk management, utilization management, customer service, identified processes, peer review, and patient care evaluation. Staff members within the department may also be called upon to participate in interdepartmental performance improvement teams.

(2) Summary of the above activities will be submitted to the MEDDAC Performance Improvement and Utilization Management Committee on a quarterly basis in approved minutes format.

(3) It is the recorder's responsibility to submit the completed through the Performance Improvement Coordinator to the DCCS not later than seven days prior to the Performance Improvement and Utilization Management Committee meeting.

d. *Office of record.* Office of the DCCS.

e. *Frequency of meetings.* The Preventive Medicine Performance Improvement Team generally meets monthly at the call of the chair but will meet not less than quarterly.

f. *References.*

(1) AR 40-68 (Quality Assurance Administration).

(2) JCAHO Manual.

4-18. Primary Care Services Performance Improvement Team

a. *Purpose.* To comprehensively review, evaluate and report on the quality of primary care medical services within the Department of Primary Care, to include the following, with the overall purpose of identifying opportunities to improve care, to implement appropriate actions to improve care, and to document these activities.

(1) The Family Care Center's Red, White and Blue teams.

(2) Pediatric Service.

(3) Ambulance Section.

(4) Optometry Clinic.

b. *Composition.*

(1) *Voting membership.*

- (a) Chief, Department of Primary Care (Chairperson) (Proponent).
- (b) Chief or representative, Red Team, Family Care Center.
- (c) Chief or representative, White Team, Family Care Center (to include the Physical Exam Clinic).
- (d) Chief or representative, Blue Team, Family Care Center.
- (e) Chief or representative, Pediatric Service.
- (f) Chief or representative, Optometry Clinic.
- (g) Chief or representative, After Hours Clinic.
- (h) Chief or representative, Telephone Triage.
- (i) NCOIC or representative, Immunization/Allergy Clinic.
- (j) Representative, DCN.
- (k) Clinical Head Nurse, Department of Primary Care.
- (2) *Non-voting membership.*
 - (a) Performance Improvement Coordinator (consultant).
 - (b) Utilization Management Coordinator (ad hoc consultant).
 - (c) Representative, Pharmacy Service (ad hoc consultant).
 - (d) Secretary to the Chief, Department of Primary Care (Recorder).

c. *Functions and responsibilities.*

(1) Review, evaluate and report performance improvement activities related to risk management, utilization management, customer service, identified processes, and patient care evaluation. Staff members may be called upon to participate in interdepartmental performance improvement teams.

(2) Review the following medical staff activities as they relate to the primary care services: medical record review and invasive procedure review. Appropriate information will be reported to the Medical Records Review Committee and the Medical Staff Functions Committee.

(3) Summary of the above activities will be submitted to the MEDDAC Performance Improvement Committee on a quarterly basis in approved minutes format.

(4) It is the recorder's responsibility to submit the completed through the Performance Improvement Coordinator to the DCCS not later than seven days prior to the Performance Improvement and Utilization Management Committee meeting.

d. *Office of record.* Office of the DCCS.

e. *Frequency of meetings.* The Primary Care Services Performance Improvement Team will meet at the call of the chair, with a minimum of one meeting per calendar quarter.

f. *References.*

- (1) AR 40-68 (Quality Assurance Administration).
- (2) JCAHO Manual.

4-19. Rabies Advisory Board

a. To provide general policy and recommendations for the prevention, control and treatment of rabies among Army, Air Force, Navy and Marine Corps personnel, federal civilian employees, personnel of other uniformed services, and their dependents serving, traveling or attending activities in the Fort Meade area.

b. *Composition.*

(1) *Voting membership.*

- (a) Chief, Preventive Medicine Service (President) (Proponent).

- (b) Chief, Department of Primary Care.
- (c) Chief, Fort Meade Branch Veterinary Services.
- (d) NCOIC, Immunization/Allergy Clinic.
- (e) Nursing representative, Immunization/Allergy Clinic.
- (f) Nursing representative, Community Health Nursing Section.
- (2) *Non-voting member.* Secretary to the Chief, Preventive Medicine Service (Recorder).
- c. *Functions and responsibilities.* The Rabies Advisory Board will—
 - (1) Establish local operating procedures for—
 - (a) Animal identification and quarantine.
 - (b) Testing of animal specimens and rabies virus.
 - (c) Reporting procedures.
 - (d) Clinical management of animal bites and antibiotic therapy.
 - (e) Administration of pre- and post-exposure prophylaxis with the Human Diploid Cell Vaccine (HDVC) and Rabies Immune Globulin (RIG).
 - (2) Review and evaluate the management and processing of animal bite cases at the MEDDAC.
- d. *Office of record.* Office of the Chief, Preventive Medicine Service.
- e. *Frequency of meetings.* The Rabies Advisory Board will meet quarterly and at the call of the president. The physician representative, Pediatric Clinic, is on call for recommendations regarding rabies post-exposure prophylaxis but is not required to attend the quarterly meetings.
- f. *References.*
 - (1) AR 40-5 (Preventive Medicine).
 - (2) MEDDAC Reg 40-1 (Animal Bite/Scratch Case Management and Rabies Prevention).

4-20. Radiology Performance Improvement Team

- a. *Purpose.* To comprehensively review, evaluate and report on the quality of patient services within the Department of Radiology. The overall purpose is to identify opportunities to improve care, to implement appropriate actions to improve care, and to document these activities.
- b. *Composition.*
 - (a) Chief, Department of Radiology (Chairperson) (Proponent).
 - (b) Supervisory Radiology Tech (Recorder).
 - (c) Staff Radiologists.
 - (d) NCOIC, Department of Radiology.
- c. *Functions and responsibilities.*
 - (1) Review, evaluate, and report performance improvement activities related to risk management, utilization management, customer service, identified processes, and patient care evaluation. Staff members within the department may also be called upon to participate in interdepartmental Performance Improvement teams.
 - (2) Review the following medical staff activities as they relate to the Department of Radiology: invasive procedure review. Appropriate information is reported to Medical Staff Functions Committee.
 - (3) Summary of the above activities will be submitted to the MEDDAC Performance Improvement and Utilization Management Committee on a quarterly basis in approved minutes format.
 - (4) It is the recorder's responsibility to submit the completed through the Performance

Improvement Coordinator to the DCCS not later than seven days prior to the Performance Improvement and Utilization Management Committee meeting.

- d. *Office of record.* Office of the DCCS.
- e. *Frequency of meetings.* The Radiology Performance Improvement Team will meet monthly at the call of the chair, or at a minimum on a quarterly basis.
- f. *References.*
 - (1) AR 40-68 (Quality Assurance Administration).
 - (2) JCAHO Manual.

4-21. Space Utilization Committee

- a. To make recommendations directly to the Executive Committee and the MEDDAC Commander concerning the distribution of space throughout Kimbrough Ambulatory Care Center.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) DCA (Chairperson).
 - (b) DCCS.
 - (c) DCN.
 - (d) Chief, Logistics Division (Proponent).
 - (2) *Non-voting membership.*
 - (a) Facility Manager or representative.
 - (b) Secretary to the Chief, Logistics Division (Recorder).
- c. *Functions and responsibilities.* The committee will continually assess distribution of space within MEDDAC facilities at Fort Meade to ensure that space is allocated logically and efficiently in accordance with actual needs.
- d. *Office of record.* Office of the Chief, Logistics Division.
- e. *Frequency of meetings.* The Space Utilization Committee will meet as required, at the call of the chairperson.
- f. *References.* None.

Chapter 5

Kirk USAHC Committees

5-1. Civilian Incentive Awards Committee

- a. *Purpose.* To consider and recommend approval of civilian incentive awards.
- b. *Composition.*
 - (1) Voting membership.
 - (a) DCA (Chairperson) (Proponent).
 - (b) DCCS.
 - (c) DCN.
 - (d) Detachment Commander.
 - (e) Chief Medical NCO.
 - (f) Detachment Sergeant.
 - (g) Chief, Industrial Hygiene Section, Edgewood Area.
 - (h) Supervisory Occupational Health Nurse.

- (i) Resource Manager.
- (2) *Non-voting member.* Personnel Clerk (Recorder).
- c. *Functions and responsibilities.* Reviews recommendations for civilian awards and makes recommendations for approval and disapproval to the commander.
- d. *Office of record.* Office of the DCA.
- e. *Frequency of meetings.* The committee will meet at the call of the chairperson.
- f. *References.*
 - (1) Aberdeen Proving Ground (APG) Regulation 672-3 (Incentive Awards).
 - (2) AR 672-20 (Incentive Awards).

5-2. Executive Committee

- a. *Purpose.* To provide a continuing evaluation of the operations and services provided to ensure compliance with regulations and directives.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) Commander (Chairperson) (Proponent).
 - (b) DCA.
 - (c) DCCS.
 - (d) DCN.
 - (e) Chief, Preventive Medicine and Wellness.
 - (c) Chief Medical NCO.
 - (2) *Non-voting member.* Secretary to the Commander.
- c. *Functions and responsibilities.*
 - (1) Receives, acts upon, and coordinates recommendations of the medical staff and administrative committees concerned with patient care, including monitoring the implementation of the Commander's decisions.
 - (2) Evaluates the efficiency with which each committee is discharging its prescribed functions.
 - (3) Keeps the staff informed of new policies.
 - (4) Reviews, evaluates, directs actions to be taken, and approves all committee minutes of the standing committees of Kirk USAHC (KUSAHC), determining which committee minutes are to be reviewed at each regularly scheduled or special meeting.
- d. *Office of record.* Office of the Commander. All committee minutes concerned with patient care will be attached as enclosures to the minutes of the Executive Committee. These reports to be attached refer only to the formal minutes and do not include attachments or enclosures thereto.
- e. *Frequency of meetings.* The Executive Committee will meet monthly at the call of the chair, or more often at the chair's discretion.
- f. *References.* None.

5-3. Family Advocacy Case Review Committee

- a. *Purpose.* To monitor the investigations, evaluations and follow up treatment of all allegations of child and spouse maltreatment at APG. Fifty percent of voting members must be present to constitute a quorum. This paragraph serves only as an outline of the operation of this committee. A more detailed policy is contained in KUSAHC Policy Memorandum Number 69.

b. *Composition.*

(1) *Voting membership.*

- (a) Chief, Community Mental Health Service (Chairperson) (Proponent).
- (b) DCCS (Alternate Chairperson).
- (c) Pediatrician (Alternate member.)
- (d) Case Managers, Family Advocacy Program, Kirk USAHC
(Primary or alternate members).
- (e) Family Advocacy Program Manager, Army Community Service (ACS)
(Primary member).
- (f) Provost Marshal (Primary member).
- (g) Representative, Investigative Services Division, DLES, USAGAPG
(Primary or alternate member).
- (h) Garrison Chaplain (Primary member).
- (i) Representative, CID, APG Res. Agency, 3d Military Police Group
(Primary or alternate member).
- (j) Civil Law Attorney, US Army Test and Evaluation Command (USATECOM)
(Primary or alternate member).
- (k) Clinical Commander, Alcohol and Drug Abuse Prevention and Control Program
(ADAPCP) KUSAHC (Primary member).

(2) *Non-voting member.* Social Services Assistant, Family Advocacy Program,
Community Mental Health Service (Recorder).

c. *Functions and responsibilities.*

- (1) Review findings on all allegations of child and spouse maltreatment.
- (2) Complete and forward an initial DA Form 2486 (Case Management Incident Report)
on all child maltreatment cases.
- (3) Evaluate alleged child and spouse maltreatment cases.
- (4) Determine disposition of specific cases.
- (5) Develop local policies and procedures for intervening in cases of maltreatment by
persons not related to the maltreated child (such as babysitters and neighbors). In such cases, referral
to appropriate military or civilian authorities may be necessary.
- (6) Coordinate and use available military and civilian resources to treat children and
families referred to the MTF.
- (7) Identify conditions that lead to child abuse and neglect and those that hinder reporting,
treatment, and arranging for the care of maltreated children and recommend corrective action to
ACS or the Human Resources Council.

d. *Office of record.* Office of the Chief, Community Mental Health Service.

e. *Frequency of meetings.* The Family Advocacy Case Review Committee will meet
biweekly, with the first week of the month reviewing child cases and the third week reviewing
spouse cases.

f. *References.*

- (1) AR 608-18 (The Army Family Advocacy Program).
- (2) KUSAHC Policy Memorandum No. 69 (Family Advocacy Case Review Committee
(FACRC)).

5-4. Health Consumer Council

a. *Purpose.*

(1) The Health Consumer Council is the forum for community input to the Commander, KUSAHC and the clinic's policy process.

(2) The Health Consumer Council will be used to explain changes in policy, advise the community of projected changes in services, develop methods of delivering care to better meet the needs of the patient population, and to discuss any other topics that may be of mutual concern to the patients, the community and the clinic.

b. *Composition.*

(1) *Members.*

- (a) Commander, KUSAHC (Chairperson) (Proponent).
- (b) Commander, APG Dental Clinic Command.
- (c) DCA.
- (d) DCCS.
- (e) DCN.
- (f) Chief, Preventive Medicine and Wellness.
- (g) Chief Medical NCO.
- (h) Chief, Tricare Liaison Office/Coordinated Care.
- (i) Chief, Pharmacy Service.
- (j) Patient Assistance Officer.
- (k) Representative, USATECOM.
- (l) Representative, U.S. Army Ordnance Center and School (USAOC&S).
- (m) Representative, U.S. Army Center for Health Promotion and Preventive
Medicine.
- (n) Representative, U.S. Army Medical Research Institute of Chemical Defense.
- (o) Representative, U.S. Army Technical Escort Unit.
- (p) Representative, Headquarters Support Troops, U.S. Army Garrison (USAG),
APG
- (q) Representative, NCO Academy, USAOC&S.
- (r) Commander of Community and Family Activities, USAG, APG.
- (s) Representative, 203d Military Intelligence Battalion.
- (t) Representative, Chemical and Biological Defense Command.
- (u) Representative, Aberdeen Test Center.

(2) *Advisors.*

- (a) Representative, APG Officers Wives Club.
- (b) Retiree Council.
- (c) Society of Military Widows.

Note: The names and duty phone numbers of the council members will be posted conspicuously in KUSAHC Edgewood Area Health Clinic, troop medical clinics, and other places on the installation that are frequented by health care consumers.

c. *Functions and responsibilities.* The Health Consumer Council will—

(1) Obtain information regarding the adequacy of care provided to health consumers by the facility.

- (2) Improve the understanding of the Army Healthcare Delivery System.
- (3) Provide an opportunity for health care beneficiaries to express their views and have those views considered in the decision-making process.
- (4) Provide responses to consumer comments and recommendations.
- d. *Office of record.* Office of the Commander. A copy of the council minutes will be forwarded to MEDDAC Commander not later than ten working days after the meeting.
- e. *Frequency of meetings.* The Health Consumer Council will meet quarterly at the call of the chair.
- f. *References.*
 - (1) AR 40-2 (Army Medical Treatment Facilities General Administration), chapter 14, with HSC Supplement 1.

5-5. Information Management Guidance Council

- a. *Purpose.* The Information Management Guidance Council plans, programs, and executes information mission area requirements, and focuses on both the short and long term information management objectives of KUSAHC. Information management includes visual information, records management, medical library services, automation, printing and publications, and telecommunications (that is, telephones, pagers, cell phones, and voice mail).
- b. *Composition.*
 - (1) DCA (Chairperson).
 - (2) DCCS.
 - (3) DCN.
 - (4) Information Management Officer (IMO) (Proponent) (Recorder).
 - (5) Resource Management Officer.
 - (6) Facilities Management Officer.
 - (7) Chief, Preventive Medicine Service.
 - (8) Chief, Logistics Branch.
 - (9) Chief, Community Mental Health Service.
 - (10) Chief, Pharmacy Service.
 - (11) Chief, Clinical Support Branch.
 - (12) Chief, Patient Administration Branch.
 - (13) Chief, Industrial Hygiene.
 - (14) Chief Medical NCO.
- c. *Functions and responsibilities.*
 - (1) Determines the information management (IM) goals for KUSAHC.
 - (2) Reviews all IM and information technology (IT) requirements for suitability, ensuring these requirements are part of the organization's overall goals and eliminates any that do not. Realigns and updates IM and IT requirements as necessary.
 - (3) Prioritizes IM and IT requirements and approves submission to higher headquarters. This includes all regular, Capital Expense Equipment Program and year-end IM and IT purchases.
 - (4) Once funding is received, approves any deviation from the initial IM and or IT requirement listings.
 - (5) Discusses any and all IM and IT issues such as telecommunications, top-driven systems, such as the Composite Health Care System. The IMO keeps the council abreast of KUSAHC's standing with these issues.

- d. *Office of record.* Office of the IMO.
- e. *Frequency of meetings.* The Information Management Guidance Council will meet at the call of the chair. Target meeting dates will be established monthly.
- f. *Reference.* DA Pam 25-2 (Information Mission Area Planning Process).

5-6. Military Awards Board

- a. *Purpose.* To consider recommendations for awards for military personnel assigned or attached to KUSAHC.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) DCA (Chairperson) (Proponent).
 - (b) DCCS.
 - (c) DCN.
 - (d) Detachment Commander.
 - (e) Chief Medical NCO.
 - (f) Detachment Sergeant.
 - (g) Chief, Pharmacy Service.
 - (h) Senior Physician Assistant.
 - (2) *Non-voting member.*
Personnel/Admin Sergeant (Recorder).
- c. *Functions and responsibilities.*
 - (1) To ensure that eligible and deserving military personnel are nominated for appropriate awards.
 - (2) To make appropriate recommendations to the commander for final approval.
 - (3) To forward approved recommendations for Legion of Merit and the Meritorious Service Medal to NARMC for consideration.
 - (4) To ensure that appropriate Permanent Order numbers are obtained and presentations are made at appropriate ceremonies.
- d. *Office of record.* Office of the DCA.
- e. *Frequency of meetings.* The Military Awards Board will meet at the call of the chair.
- f. *Reference.* AR 600-8-22 (Military Awards), with MEDCOM Supplement 1.

5-7. Performance Improvement and Utilization Management Committee

- a. *Purpose.*
 - (1) Reviews, evaluates and provides guidance concerning all KUSAHC performance improvement and utilization management activities. This committee oversees the performance improvement teams in designing processes well and systematically monitoring, analyzing and improving patient care and outcomes.
 - (2) Provides a reporting mechanism for performance improvement activities, and promotes staff involvement in continuous process improvement.
 - (3) Acts on the priorities of the organization to select high risk, high volume or problem prone processes to monitor.
 - (4) The two components of quality improvement that fall under the scope of this committee are patient care evaluation and utilization management. The utilization management component is designed to ensure health care services rendered are delivered in an appropriate setting,

and that quality and timeliness of care and cost effectiveness are optimized.

(5) The recommendations of this committee are referred directly to the KUSAHC Executive Committee and MEDDAC Performance Improvement and Utilization Management Committee.

(6) This committee requires 60% attendance to constitute a quorum.

b. *Composition.*

- (1) DCCS (Chairperson) (Proponent).
- (2) DCN.
- (3) DCA.
- (4) Performance Improvement/Risk Manager (Recorder).
- (5) Chief, Primary Care Clinics.
- (6) Chief, Surgery Clinic.
- (7) Representative, Laboratory Service.
- (8) Representative, Radiology Service.
- (9) Representative, Community Mental Health Service.
- (10) Representative, Preventive Medicine Service.
- (11) Representative, Pharmacy Service.
- (12) Representative, Managed Care Branch.
- (13) Representative, Emergency Medical Services.
- (14) Representative, Logistics Branch.
- (15) Representative, Physical Therapy Clinic.
- (16) Patient Representative.

c. *Functions and responsibilities.* This committee oversees the design, data collection, aggregation and analysis, and performance improvement of the planned processes that are designed to promote quality care. Facilitates processes to measure linkage of these processes with the MEDDAC's Strategic Plan and optimizes the impact of the MEDDAC's performance activities.

(1) Patient care evaluation. The activities throughout the organization are planned, designed, measured and evaluated to ensure effectiveness of the patient care functions which include the medical staff functions and infection control.

(2) Risk management. Monitoring of risk management activities to ensure there is an effective risk management program which provides for accident and injury prevention and reduction of cost of claims and other financial losses. A generic report of risk management findings will be reported to the Performance Improvement and Utilization Management Committee by the Performance Improvement/Risk Manager.

(3) Operational links will be maintained with the MEDDAC Credentials Committee and the KUSAHC Safety Committee.

(4) This committee will make recommendations directly to the commander.

(5) As deemed appropriate, this committee may refer issues to other committees or performance improvement teams for action.

d. *Office of record.* Office of the DCCS.

e. *Frequency of meetings.* The Performance Improvement and Utilization Management Committee will meet every two months.

f. *References.*

- (1) AR 40-68 (Quality Assurance Administration).
- (2) JCAHO Manual.

5-8. Risk Management Committee

a. *Purpose.*

(1) The Risk Management Committee—

(a) Reviews clinical and administrative activities within the organization and undertakes to identify, investigate and reduce the risk of loss within KUSAHC.

(b) Identifies problems and issues that have the potential for causing patient injury, incidents or malpractice lawsuits.

(c) Ensures an effective risk management program which encompasses not only reduction of financial loss to the government but also reduction of risk to patients, visitors and MTF personnel.

(2) This committee requires a 60% attendance to constitute a quorum.

b. *Composition.*

(1) *Standing membership.*

(a) Risk Manager (Chairperson) (Proponent).

(b) DCN.

(c) Chief, Surgery Clinic.

(d) Chief, Pharmacy Service.

(e) Chief, Primary Care Clinics.

(f) Claims Judge Advocate.

(2) *On-call membership.*

(a) Chief, Laboratory Service.

(b) Chief, Radiology Service.

(c) Chief, Pediatric Clinic.

(d) Other staff per direction of the chair.

Note: Members may designate other personnel to represent them.

c. *Functions and responsibilities.* The Risk Management Committee will—

(1) Comprehensively review and investigate all adverse events to include all mortalities, significant morbidity, potentially compensable events, potential or actual safety concerns, near misses, sentinel events and unusual occurrences (those reported on DA Form 4106).

(2) Determine if standards of care and practice are being met or not met in all cases reviewed involving patient care.

(3) Review important single events and trends in the delivery of patient care services.

(4) Collect, analyze and disseminate data to develop a proactive risk management program to reduce risk within the organization.

(5) Make recommendations concerning standards of care, policy changes, and other necessary actions as indicated for effective risk management program.

(6) On a monthly basis, send a summary of its activities through the Performance Improvement and Utilization Management Committee to the Executive Committee.

(7) Report pertinent findings to the commander and the Credentials Committee and or retain them in a locked, confidential risk management file.

(8) All findings will be handled in accordance with AR 40-68 and protected in accordance with 10 USC 1102.

d. *Office of record.* Office of the DCCS.

e. *Frequency of meetings.* The Risk Management Committee will meet every two months or more frequently if called by the chair.

f. *References.*

- (1) AR 40-68 (Quality Assurance Administration).
- (2) JCAHO Manual.

5-9. Safety Committee

a. *Purpose.* The Safety Committee monitors the safety program at KUSAHC; i.e., both the APG and Edgewood Area locations.

b. *Composition.*

- (1) DCA (Chairperson).
- (2) DCN or representative.
- (3) Safety Officer/Utilities Management (Proponent).
- (4) Chief, Logistics Branch or representative.
- (5) Chief, Preventive Medicine Service or representative
- (6) Chief, Laboratory Service or representative.
- (7) Chief, Radiology or Representative.
- (8) Chief, Biomedical Maintenance or representative.
- (9) Chief, Infection Control or representative.
- (10) Clinical Safety NCO.
- (11) Fire Marshal.
- (12) Representative, Risk Management/Assessment.
- (13) Representative, Industrial Hygiene.
- (14) Representative, Edgewood Area Troop Medical Clinic.
- (15) Representative, Security Management.
- (16) Representative, Housekeeping.
- (17) Representative, Occupational Health Clinic (Optional).

c. *Functions and responsibilities.* The Safety Committee will monitor the seven environments of care issues, review accident reports, and develop policies and procedures for improving safety and accident prevention and provide recommendations to the commander.

d. *Office of record.* Office of the DCA.

e. *Frequency of meetings.* The Safety Committee will meet bimonthly or more frequently, as deemed appropriate by the chair.

f. *References.*

- (1) AR 385-10 (The Army Safety Program).
- (2) KUSAHC Policy Memorandum Number 30 (Physical Security and Crime Prevention Procedures).
- (3) KUSAHC Policy Memorandum Number 33 (Emergency Preparedness Management Plan).
- (4) KUSAHC Policy Memorandum Number 49 (Safety Management).
- (5) KUSAHC Policy Memorandum Number 56 (Fire Control and Prevention).
- (6) KUSAHC Policy Memorandum Number 50 (Hazard Communication Program).
- (7) KUSAHC Policy Memorandum Number 51 (Hazardous Waste Management).
- (8) KUSAHC Policy Memorandum Number 52 (Industrial and Solid Waste Management).
- (9) KUSAHC Policy Memorandum Number 53 (Utility/Facilities Management).

Chapter 6 Dunham USAHC Committees

6-1. Administrative Staff Meeting

- a. *Purpose.* To function as the forum to disseminate information, provide education, and discuss issues with all administrative staff leaders.
- b. *Membership.*
 - (1) DCA (Chairperson) (Proponent).
 - (2) Chief, Logistics Branch.
 - (3) Chief, Information Management Branch.
 - (4) Chief, Business Office.
 - (5) Commander, Medical Detachment.
 - (6) Adjutant.
- c. *Functions and responsibilities.*
 - (1) Function as the forum for discussing important issues regarding the administrative operations of the Clinic.
 - (2) Provide support, instruction, and education to the administrative staff regarding administrative support services.
 - (3) Formal minutes are not required, but notes will be taken.
 - (4) Provide the administrative staff leaders with the opportunity to educate other staff members concerning their areas of expertise and to discuss overlapping disciplines.
- d. *Office of record.* Office of the DCA.
- e. *Frequency of meetings.* The Administrative Staff Meeting is scheduled to meet weekly, but will meet no less than monthly.
- f. *References.*
 - (1) AR 40-68 (Quality Assurance Administration).
 - (2) JCAHO Manual.

6-2. Allied Services Staff Meeting

- a. *Purpose.* To function as the forum to disseminate information, provide education, and discuss issues with all allied services staff leaders.
- b. *Membership.*
 - (1) DCAS (Chairperson) (Proponent).
 - (2) Chief, Laboratory Service.
 - (3) Chief, Radiology Service.
 - (4) Chief, Nursing Services.
 - (5) Chief, Occupational Health.
 - (6) Representative, Letterkenny USAHC.
 - (7) Representative, Defense Distribution Center (DDC) USAHC.
- c. *Functions and responsibilities.*
 - (1) Function as the interservice forum for discussing important issues regarding the allied services staff.
 - (2) Provide support, instruction, and education to the allied services staff regarding administrative and clinical support services.
 - (3) Formal minutes are not required, but notes will be taken.

(4) Provide allied services staff members with the opportunity to educate other staff members concerning their areas of expertise and to discuss overlapping issues.

d. *Office of record.* Office of the DCAS.

e. *Frequency of meetings.* The Allied Services Staff Meeting will meet monthly.

f. *References.*

(1) AR 40-68 (Quality Assurance Administration).

(2) JCAHO Manual.

6-3. Civilian Awards Board

a. *Purpose.* To provide the commander with recommendations on the functioning of Dunham USAHC's Civilian Awards Program.

b. *Membership.*

(1) *Voting membership.*

(a) DCA (Chairperson) (Proponent).

(b) DCCS.

(c) DCAS.

(d) Four GS-3 through GS-5 employees and comparable Wage Grade employees.

(e) Two GS-6 through GS-8 employees.

(f) Two GS-9 through GS-14 (one from Letterkenny USAHC and one from DDC

USAHC).

(2) *Non-voting membership.*

(a) Chief, Business Office (Resource Advisor).

(b) Clinic Personnel Liaison Assistant (Recorder).

c. *Functions and responsibilities.*

(1) The Civilian Awards Board will—

(a) At the beginning of each fiscal year, provide the deputy commanders with an awards funding target based on the number of civilian personnel assigned. (The funding goal for the Civilian Awards Program in total currently equals approximately one percent of the annual civilian base payroll; however, actual funding may vary based on the availability of funds.)

(b) Establish incentive awards goals and objectives that are consistent with those of the MEDDAC, MEDCOM, and Department of the Army.

(c) Evaluate the effectiveness of the Civilian Awards Program, including analysis of results and trends, and provide feedback to section supervisors.

(2) The chairperson will preside over the meeting and submit recommendations to the commander.

(3) The recorder will circulate nominations for awards to the membership in advance of board meetings.

(4) Voting membership will review and vote on award nominations. Decisions will be based on simple majority. Members may send a designated representatives to vote in their absence.

d. *Office of record.* Business Office.

e. *Frequency of meetings.* Meetings will be convened at least quarterly unless there are no recommendations to review.

f. *Reference.* AR 672-20 (Incentive Awards).

6-4. Clinical Services Staff Meeting

- a. *Purpose.* To function as the forum to disseminate information, provide education and discuss issues with clinical staff leaders.
- b. *Membership.*
 - (1) DCCS (Chairperson) (Proponent).
 - (2) All medical providers.
- c. *Functions and responsibilities.*
 - (1) Function as the interservice forum for discussing important issues regarding the clinical staff.
 - (2) Provide support, instruction, and education to the clinical staff regarding administrative support services.
 - (3) Formal minutes are not required, but notes will be taken.
 - (4) Provide the clinical officers with an opportunity to educate other staff members concerning their areas of expertise and to discuss overlapping disciplines.
- d. *Office of record.* Office of the DCCS.
- e. *Frequency of meetings.* The Clinical Staff Meeting is scheduled to meet weekly, but will meet no less than monthly.
- f. *References.*
 - (1) AR 40-68 (Quality Assurance Administration)
 - (2) JCAHO Manual.

6-5. Combined Staff Meeting

- a. *Purpose.* To function as the forum to disseminate information, provide education, and discuss issues with all clinic staff leaders.
- b. *Membership.*
 - (1) Commander (Chairperson)(Proponent).
 - (2) Senior Enlisted Advisor.
 - (3) DCA.
 - (4) DCAS.
 - (5) Chief, Nursing Services.
 - (6) Chief, Occupational Health.
 - (7) Chief, Radiology Service.
 - (8) Chief, Laboratory Service.
 - (9) Representative, Letterkenny USAHC.
 - (10) Representative, DDC USAHC.
 - (11) Adjutant.
 - (12) Commander, Medical Detachment.
 - (13) Detachment Sergeant.
 - (14) Chief, Business Office.
 - (15) Chief, Logistics Branch.
 - (16) Chief, Information Management Branch.
 - (17) DCCS.
 - (18) Chief, Primary Care Service.
 - (19) Chief, Optometry Service.
 - (20) Chief, Social Work Service.

- (21) Chief, Army Substance Abuse Program.
- (22) Chief, Pharmacy Service.
- (23) Representative, Fort Indiantown Gap USAHC.
- c. *Functions and responsibilities.*
 - (1) Function as the forum for discussing important issues regarding the clinic staff.
 - (2) Provide support, instruction, and education to the clinic staff regarding clinic services.
 - (3) Formal minutes are not required.
 - (4) Provide the clinic staff leaders with the opportunity to educate other staff members concerning their areas of expertise and to discuss overlapping disciplines.
- d. *Office of record.* Office of the Commander.
- e. *Frequency of meetings.* The Combined Staff Meeting is scheduled to meet weekly, but will meet no less than monthly.
- f. *References.*
 - (1) AR 40-68 (Quality Assurance Administration).
 - (2) JCAHO Manual.

6-6. Emergency Preparedness Planning (EPP) Committee

- a. *Purpose.* To prescribe policies and procedures for preparing emergency preparedness plans and reports for use during emergency situations. The emergency preparedness plan describes how the organization will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care.
- b. *Membership.*
 - (1) DCA (Chairperson).
 - (2) DCAS.
 - (3) DCCS.
 - (4) NCOIC, Allied Services.
 - (5) Senior Medical NCO.
 - (6) Detachment Sergeant.
 - (7) Chief, Logistics Branch (Proponent).
 - (8) Commander, Medical Detachment.
- c. *Functions and responsibilities.*
 - (1) Plan and develop disaster drill scenarios that are pertinent and relevant to the types of possible situations the facility may face.
 - (2) Schedule the EPP to be executed semiannually, either in response to an emergency or in planned drills. Drills shall be conducted at least four months apart.
 - (3) Plan one mass casualty drill per year to include an influx of simulated patients.
 - (4) Evaluate the effectiveness of the drill by conducting an after action review of the response.
 - (5) Ensure the functional area managers update their annexes of the EPP on an annual basis, providing the updates to the Chief, Logistics Branch.
- d. *Office of record.* Office of the Commander, Medical Detachment.
- e. *Frequency of meetings.* The EPP Committee will meet quarterly and on an ad hoc basis when necessary.
- f. *References.*
 - (1) JCAHO Manual.

- (2) MEDCOM Reg 525-4 (Emergency Preparedness).
- (3) MEDDAC Regulation 500-1 (Emergency Management Plan).

6-7. Executive Committee

a. *Purpose.*

(1) To evaluate recommendations and make decisions regarding clinic operations and to monitor implementation of the clinic commander's and MEDDAC commander's decisions.

(2) To ensure the clinic is in compliance with JCAHO accreditation standards and that the entire staff is aware of those standards.

b. *Membership.*

(1) Commander (Chairperson) (Proponent).

(2) DCA.

(3) DCAS.

(4) DCCS.

(5) Chief, Business Office .

(6) Senior Enlisted Advisor.

(7) Adjutant (Recorder).

c. *Functions and responsibilities.* The Executive Committee will—

(1) Receive, act upon and coordinate recommendations from the medical, nursing, and administrative support staffs that are concerned with patient care. The committee will monitor implementation of the commander's decisions regarding same.

(2) Ensure that the facility is in compliance with JCAHO accreditation standards, and that the staff is kept abreast of the accreditation program and informed of the accreditation status of the facility.

(3) Assist the commander to continuously improve the quality of patient care services within available resources. Perform the review function of subordinate committee minutes (that is, the Performance Improvement (PI)/Patient Safety, PBAC, EPP, Safety and Environment of Care, and Tricare committees).

(4) Review the work of the PI/Patient Safety Committee, provide guidance and feed-back, and allocate resources as indicated.

d. *Office of record.* Office of the Commander.

e. *Frequency of meetings.* The Executive Committee will meet monthly, with a minimum of 10 meetings required per year.

f. *References.*

(1) AR 40-68 (Quality Assurance Administration).

(2) JCAHO Manual.

6-8. Family Advocacy Case Review Committee

a. *Purpose.* To coordinate medical, dental, legal, law enforcement and social services reporting, identification, investigation, treatment, and command intervention on all reported cases of child abuse and neglect, spouse abuse, and elder abuse. Applies to all beneficiaries in Dunham USAHC's catchment area, excluding U.S. Army Reserve personnel performing inactive duty training.

b. *Membership.*

(1) *Voting membership.*

- (a) Chief, Social Work Section (Chairperson/Proponent).
 - (b) Pediatrician or physician representative.
 - (c) Carlisle Barracks (CBKS) Installation Chaplain.
 - (d) Representative, CBKS Criminal Investigation Division.
 - (e) Clinical Director, Army Substance Abuse Program Clinic.
 - (f) CBKS Provost Marshal.
 - (g) CBKS Staff Judge Advocate.
 - (h) CBKS Family Advocacy Program Manager (FAPM).
 - (i) DDSP, FAPM.
 - (j) CBKS Case Manager.
- (2) *Consultants (non-voting), if needed.*
- (a) Representative, Dental Command.
 - (b) Command representative.
 - (c) Director, County Children and Youth Services.
 - (d) CBKS Child Development Services Coordinator.
 - (e) Director, CBKS Youth Services.
 - (f) School personnel.

c. *Functions and Responsibilities.* Evaluate, report, manage, determine status, request agency support, transfer, consult, develop treatment plan, and maintain files.

d. *Office of Record.* Social Work Section. Minutes will be forwarded to the commander for approval.

e. *Frequency of Meetings.* The Family Advocacy Case Review Committee will meet monthly at the call of the chairperson.

f. *Reference.* AR 608-18 (The Army Family Advocacy Program).

6-9. Health Care Consumer Council

a. *Purpose.*

(1) The Health Care Consumer Council is the forum for community input to the Commander, Dunham USAHC and the clinic's policy process.

(2) The Health Care Consumer Council will be used to explain changes in policy, advise the community of projected changes in services, develop methods of delivering care to better meet the needs of the patient population, and to discuss any other topics that may be of mutual concern to the patients, the community, and the clinic.

b. *Membership.*

- (1) Clinic Commander (Chairperson) (Proponent).
- (2) Representative, U.S. Army Garrison. CBKS.
- (3) Representative, U.S. Army War College.
- (4) Soldier representative.
- (5) Retiree representative.
- (6) DCA (on-call).
- (7) DCCS (on-call).
- (8) DCAS (on-call).
- (9) Appointments representative (on-call).
- (10) Pharmacy representative (on-call).
- (11) Tricare representative (on-call).

- c. *Functions and responsibilities.* The Health Care Consumer Council will—
 - (1) Obtain information regarding the adequacy of care provided to health care consumers by the MTF.
 - (2) Improve the understanding of the Army health care delivery system.
 - (3) Provide an opportunity for health care beneficiaries to express their views and have those views considered in the decision-making process.
 - (4) Provide responses to consumer comments and recommendations.
- d. *Office of record.* Office of the Commander.
- e. *Frequency of meetings.* The Health Care Consumer Council will meet quarterly at the call of the chair.
- f. *Reference.* AR 40-2 (Army Medical Treatment Facilities General Administration), chapter 14, with MEDCOM Supplement 1.

6-10. NCO and Soldier of the Month Boards

- a. *Purpose.* To select an NCO of the Month and a Soldier of the Month for Dunham USAHC.
- b. *Membership.* Both boards are comprised of the following membership:
 - (1) Senior Medical NCO.
 - (2) Detachment Sergeant (President) (Proponent).
 - (3) Four clinic NCOs.
- c. *Functions and responsibilities.* Select an NCO of the Month and Soldier of the Month based upon recommendations to the boards, individual military personnel records, and appearance and personal interviews before the boards.
- d. *Office of record.* Office of the Detachment Sergeant.
- e. *Frequency of meetings.* The NCO of the Month Board and Soldier of the Month Board will meet monthly at the call of the president.
- f. *References.*
 - (1) MEDCOM Reg 672-3 (United States Army Medical Command Noncommissioned Officer and Soldier of the Year Program).
 - (2) MEDDAC/DENTAC/VS Reg 672-1 (United States Army Medical Department Activity, Fort George G. Meade, Noncommissioned Officer and Soldier of the Quarter and Year Program).

6-11. Performance Improvement and Patient Safety Committee

- a. *Purpose.*
 - (1) To review, evaluate, and provide guidance concerning all clinic performance improvement and patient safety activities. This committee provide oversight for the process improvement teams in designing processes and systematically monitoring, analyzing, and improving patient care and outcomes.
 - (2) To provide a reporting mechanism for performance improvement activities and to promote staff involvement in continuous process improvement.
 - (3) The committee acts on the priorities of the organization to select high risk, high volume, or problem prone processes to monitor. The recommendations of the committee are referred directly to the Executive Committee and the commander.
- b. *Membership.*
 - (1) DCAS (Chairperson)(Proponent).

- (2) DCCS.
- (3) DCA.
- (4) Chief, Nursing Services.
- (5) Chief, Pharmacy Service.
- (6) Chief, Laboratory Service.
- (7) Chief, Radiology Service.
- (8) Chief, Information Management Branch.
- (9) Representative, Social Work Section.
- (10) Safety Manager.
- (11) Representative, Patient Affairs.
- (12) Chief, Clinical Operations Branch.
- (13) Infection Control Nurse.
- (14) Representative, Letterkenny USAHC.
- (15) Representative, DDC USAHC.
- (16) Representative, Fort Indiantown Gap USAHC.
- (17) Adjutant Representative (Recorder).

c. *Functions and Responsibilities.* This committee—

(1) Oversees the design, data collection, aggregation and analysis, and performance improvement of the planned processes that are designed to promote quality care.

(2) Facilitates processes to measure linkage of these processes with the MEDDAC Strategic Plan and optimizing the impact of the MEDDAC performance activities.

(a) *Patient care evaluation.* The activities throughout the organization are planned, designed, measured and evaluated to ensure effectiveness of the following patient care functions: Medical records review, patient satisfaction, patient safety, and infection control.

(b) *Utilization management.* Establishes processes for data elements and defines measurement collection that is in concert with metrics sent forth with the Region 1 Lead Agent. Evaluates activities to ensure access to care and appropriate allocation of resources by striving to provide quality patient care in a cost-effective manner.

(3) Make recommendations to the commander regarding Dunham's Performance Improvement Plan.

(4) When necessary, refer issues to other committees for action.

(5) Formal minutes will be taken. An issue tracking log is required.

d. *Office of record.* Office of the DCAS.

e. *Frequency of meetings.* The Performance Improvement and Patient Safety Committee will meet monthly, with a minimum of 10 meetings required per year.

f. *References.*

(1) AR 40-68 (Quality Assurance Administration).

(2) JCAHO Manual.

6-12. Program Budget Advisory Committee

a. *Purpose.* To make recommendations to the commander concerning allocation of resources.

b. *Membership.*

(1) *Voting membership.*

(a) DCA (Chairperson).

- (b) DCCS.
- (c) DCAS.
- (2) *Non-voting membership.*
 - (a) Chief, Business Office (Facilitator).
 - (b) Chief, Logistics Branch.
 - (c) Chief, Pharmacy Service.
 - (d) Representative, Letterkenny USAHC.
 - (e) Representative, DDC USAHC.
 - (f) Representative, Fort Indiantown Gap USAHC.
 - (g) Chief, Optometry Service.
 - (h) Chief, Radiology Service.
 - (i) Chief, Social Work Section.
 - (j) Chief, Primary Care Service
 - (k) Chief, Nursing Services.
 - (l) Chief, Clinical Operations Branch.
 - (m) Chief, Laboratory Service.
 - (n) Chief, Information Management Branch.
 - (o) Chief, Materiel and Facilities Section.
 - (p) Budget Technician (Recorder).

c. *Functions and responsibilities.* Allocate resources in a manner that allows the clinic to achieve the commander's objectives in the most resource-efficient manner possible.

d. *Office of record.* Business Office.

e. *Frequency of meetings.* Quarterly.

f. *Reference.* MEDCOM Reg 15-5 (Program Budget Advisory Committee).

6-13. Safety and Environment of Care Committee

a. *Purpose.* To serve as an action agent for the consolidated functions identified as the environment of care. Those functions include: safety, security, hazardous materials and waste, emergency preparedness, life safety, medical equipment, and utility systems. The committee will function by identifying, defining, and assessing problem areas and by recommending corrective measures for policy discrepancies where they may exist. From these recommendations, new or revised policies and procedures may be developed. Actions can then be initiated to improve the effectiveness of the Clinic's Environment of Care Program and also to meet specific needs of individuals, groups and activities, individually as well as collectively.

b. *Membership.*

- (1) DCA (Chairperson).
- (2) DCAS.
- (3) DCCS.
- (4) Chief, Logistics Branch/Safety Manager (Proponent).
- (5) Facility Manager.
- (6) Commander, Medical Detachment.
- (7) Detachment Sergeant.
- (8) Representative, Property Section and Medical Maintenance.
- (9) Chief, Occupational Health.
- (10) Security/EPP Officer.

- (11) Infection Control Nurse.
- (12) Hazardous Communication NCO.
- (13) Representative Letterkenny USAHC.
- (14) Representative DDC USAHC.
- (15) Representative Fort Indiantown Gap USAHC.
- (16) Adjutant Representative (Recorder).

c. *Functions and responsibilities.*

(1) Collect information concerning deficiencies and opportunities for improvement in the work environment.

(2) Review and evaluate programs to implement approved safety and occupational health policies and standards.

(3) Initiate programs, actions and taskings to ensure adherence to DA and DoD safety and occupational health policies.

d. *Office of record.* Chief, Logistics Branch.

e. *Frequency of meetings.* The Safety and Environment of Care Committee will meet bimonthly at the call of the chair, or more often if necessary.

f. *References.*

- (1) AR 385-10 (The Army Safety Program).
- (2) AR 385-40 (Accident Reporting and Records).
- (3) JCAHO Manual.

6-14. Senior Medical NCO Meeting

a. *Purpose.* To function as the forum to disseminate information, provide education, and discuss issues with all clinic non-commissioned officers.

b. *Membership.*

- (1) Senior Medical NCO (Chairperson).
- (2) Detachment Sergeant.
- (3) All other clinic NCOs.

c. *Functions and Responsibilities.*

- (1) Function as the forum for discussing important issues regarding the enlisted staff.
- (2) Provide support, instruction, and education to the NCO staff.
- (3) Formal minutes are not required, but notes will be taken.

d. *Office of Record.* Office of the Senior Medical NCO.

e. *Frequency of Meetings.* The Senior Medical NCO Meeting will meet weekly.

f. *References.*

- (1) AR 400-68 (Quality Assurance Administration).
- (2) JCAHO Manual.

6-15. Tricare Committee

a. *Purpose.* To function as the forum to disseminate information, provide education and discuss issues concerning the implementation and administration of Tricare.

b. *Membership.*

- (1) DCA (Chairperson/Proponent).
- (2) DCCS.
- (3) DCAS.

- (4) Representative, Sierra Military Health Services.
- (5) Chief, Business Office.
- (6) Chief, Information Management Branch.
- (7) COTR.
- (8) Chief, Clinical Operations Branch.
- (9) NCOIC, Clinical Services.
- (10) Health Benefits Advisor.
- (11) Representative, Letterkenny USAHC.
- (12) Representative, DDC USAHC.
- (13) Representative, Fort Indiantown Gap USAHC.
- c. *Functions and responsibilities.*
 - (1) Function as the forum for discussing important issues regarding Tricare implementation.
 - (2) Formal minutes and an issues tracking log are required.
- d. *Office of record.* Office of the Chief, Clinical Operations Branch.
- e. *Frequency of meetings.* The Tricare Meeting will meet monthly.
- f. *References.*
 - (1) JCAHO Manual.
 - (2) Tricare contract.

Chapter 7

Barquist USAHC Committees

7-1. Executive Committee

- a. *Purpose.* To provide continuing evaluation of the operations and services provided and to ensure compliance with regulations and directives.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) Commander (Chairperson) (Proponent).
 - (b) Administrator.
 - (c) Head Nurse.
 - (d) Supervisory Occupational Health Nurse.
 - (e) Supervisor, Patient Administration Division.
 - (f) Supervisor, Army Substance Abuse Program Clinic.
 - (g) NCOIC, Barquist USAHC.
 - (2) *Nonvoting member.* Secretary to the Commander (Recorder).
- c. *Functions and responsibilities.*
 - (1) Receives, acts upon and coordinates recommendations of the medical staff and administrative committees concerned with patient care, including monitoring the implementation of the Commander's decisions.
 - (2) Evaluates the efficiency with which each committee is discharging its prescribed functions.
 - (3) Keeps the staff informed of new policies.
 - (4) Reviews, evaluates, directs actions to be taken, and approves all committee minutes

of the standing committees of Barquist USAHC, determining which committee minutes will be reviewed at each regularly scheduled or special meeting.

d. *Frequency of meetings.* The Executive Committee will meet the first Tuesday of every month or at the discretion of the commander.

e. *Office of Record.* Office of the Commander.

f. *References.*

(1) AR 40-68 (Quality Assurance Administration).

(2) JCAHO Manual.

7-2. Health Care Advisory Council

a. *Purpose.* The Health Care Advisory Council is the forum for community input to the Commander and Barquist USAHC's policy process. The Council will be used to explain changes in policy, advise the community of projected changes in services, develop methods of delivering care to better meet the needs of the patient population, and any other topics which may be of mutual concern to the patients and clinic.

b. *Composition.*

(1) Commander (Chairperson) (Proponent).

(2) Administrator.

(3) Supervisor Patient Administration Division.

(4) NCOIC, Barquist USAHC.

(5) Tricare Service Center Manager.

(6) Representative, U.S. Army Garrison, U.S. Army Security Force and Site R

(7) Representative, Armed Forces Medical Intelligence Center.

(8) Representative, U.S. Army Medical Research and Materiel Command.

(9) Representative, U.S. Army Medical Information Systems and Services Agency.

(10) Representative, U.S. Army Medical Materiel Agency.

(11) Representative, 1110th U.S. Army Signal Battalion.

(12) Representative, Joint Readiness Clinical Advisory Board.

(13) Representative, Fort Detrick Dental Clinic Command.

(14) Representative, U.S. Army Medical Research Institute of Infectious Diseases.

(15) Representative, 1108th U.S. Army Signal Brigade.

(16) Representative, U. S. Army Medical Materiel Development Activity.

(17) Representative, A Company, 1st SATCOM Battalion.

(18) Representative, 520th Theater Medical Laboratory.

(19) Representative, 6th Medical Logistics Management Center.

(20) Representative, Air Force Medical Logistics Office.

(21) Representative, B Company, 4th Light Armored Reconnaissance Battalion.

(22) Representative, Naval Medical Logistics Command.

(23) Representative, Joint Medical Logistics Functional Development Center.

(24) Advisor, Retiree Council.

c. *Functions and responsibilities.* The Health Care Advisory Council will—

(1) Obtain information regarding the adequacy of care provided to health consumers by the facility.

(2) Improve the understanding of the Army Healthcare Delivery System.

(3) Provide an opportunity for health care beneficiaries to express their views and have

those views considered in the decision-making process.

- (4) Provide responses to consumer comments and recommendations.
- d. *Frequency of meetings.* The Health Care Advisory Council will meet quarterly.
- e. *Office of record.* Office of the Commander.
- f. *Reference.* AR 40-2 (Army Medical Treatment Facilities General Administration), chapter 14, with HSC Supplement 1.

7-3. Medical Staff Functions Committee

- a. *Purpose.* The Medical Staff Functions Committee is a mechanism to inform the health care providers of policies and guidelines and to elicit input regarding clinic operations.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) Commander (Chairperson) (Proponent).
 - (b) Clinic health care providers.
 - (2) *Non-voting member.* Secretary to Clinic Commander (Recorder).
- c. *Functions and responsibilities.*
 - (1) Discuss issues and concerns of Barquist USAHC's health care providers.
 - (2) Conduct medical literature review and discussion.
 - (3) Diffusion of policies and guidelines, such as clinical practices and JCAHO.
- d. *Frequency of meetings.* The Medical Staff Functions Committee will meet at 1530 on the fourth Thursday of each month.
- e. *Office of record.* Office of the Commander.
- f. *References.*
 - (1) AR 40-68 (Quality Assurance Administration).
 - (2) JCAHO Manual.

7-4. Performance Improvement and Risk Management Committee

- a. *Purpose.* To provide a mechanism for the evaluation of medical care through peer review, medical audit and utilization review, to attain quality assurance in accordance with AR 40-68 and 40-407. This committee analyzes and reviews issues and incidents related to injury prevention and the reduction of the cost of claims and other financial losses.
- b. *Composition.*
 - (1) *Voting membership.*
 - (a) Commander (Chairperson) (Proponent).
 - (b) Head Nurse.
 - (c) Clinic health care providers.
 - (2) *Non-voting member.* Secretary to Commander (Recorder).
- c. *Functions and responsibilities.*
 - (1) To ensure the practice of a comprehensive quality improvement program in accordance with AR 40-68.
 - (2) To ensure peer review (that is, the evaluation by practicing health care providers of the quality and efficiency of services ordered or performed by other practicing providers accomplished on a continuing basis).
 - (3) To ensure that the quality improvement process is an educational one with no disciplinary or punitive motives.

(4) To accomplish the functions of medical care evaluation, medical audit, clinical care improvements, utilization review, and infection control. The minutes will reflect the accomplishment of these functions at each committee meeting.

(5) To develop standards for the evaluation of the quality of care rendered and the utilization of resources provided.

(6) To conduct medical audits as an evaluation of the quality of medical care as disclosed in medical records reviews.

(7) Evaluation of the management of health care resources and services ordered and provided.

(8) Conduct recurring reviews and periodic studies of those items outlined in AR 40-68.

(9) Conduct medical records reviews.

(10) To ensure the practice of a comprehensive risk management program in accordance with AR 40-68.

(11) To ensure that all serious adverse events, whether or not they are compensable, are promptly investigated.

(12) To establish a system that identifies all adverse events in which a patient suffers any unintended or unexpected negative results during patient care.

d. *Frequency of meetings.* The Performance Improvement and Risk Management Committee will meet at 1530 on the first Thursday of each month.

e. *Office of record.* Office of the Commander.

f. *References.*

(1) AR 40-68 (Quality Assurance Administration).

(2) AR 40-407 (Nursing Records and Reports).

(3) JCAHO Manual.

Glossary

Section I

Abbreviations

ACS

Army Community Service

ADAPCP

Alcohol and Drug Abuse
Prevention and Control
Program

AMEDD

Army Medical Department

AN

Army Nurse Corps

APG

Aberdeen Proving Ground

AR

Army regulation

AVIP

Anthrax Vaccination
Immunization Program

CID

Criminal Investigation
Division

CLPP

child lead poisoning
prevention

DA

Department of the Army

DCA

Deputy Commander for
Administration

DCAS

Deputy Commander for
Allied Services

DCCS

Deputy Commander for
Clinical Services

DCN

Deputy Commander for
Nursing

DCPS

Defense Civilian Pay System

DENTAC

U.S. Army Dental Activity,
Fort George G. Meade

DoD

Department of Defense

EMP

Emergency Management Plan

ENT

ears, nose, throat

FGGM

Fort George G. Meade

1SG

first sergeant

GS

General Schedule

HA

Health Affairs

HSC

U.S. Army Health Services
Command (Now MEDCOM.)

IM

information management

IMO

information management
officer

IRB

Investigation Review Board

IT

information technology

JCAHO

Joint Commission on
Accreditation of Healthcare
Organizations

KUSAHC

Kirk U.S. Army Health Clinic

MC

Medical Corps

MEDCOM

U.S. Army Medical
Command

MEDDAC

U.S. Army Medical
Department Activity, Fort
George G. Meade

MSC

Medical Service Corps

MSG

master sergeant

NARMC
North Atlantic Regional
Medical Command

NCO
noncommissioned officer

OH
occupational health

OTSG
Office of The Surgeon
General

PAF
provider activity file

PCF
provider credential file

PMAIO
plan, measure, assess,
improvement, outcome

PTMS&E
Plans, Training, Mobilization,
Security and Education
Division

RMB
Resource Management
Branch

RN
registered nurse

SFC
sergeant first class

SP
Medical Specialist Corps

TB MED
Technical Bulletin Medical

USAG
U.S. Army Garrison

USAHC
U.S. Army health clinic

USAOC&S
U.S. Army Ordnance Center
& School

USATECOM
U.S. Army Test and
Evaluation Command

VS
Fort Meade Branch
Veterinary Services

WRAMC
Walter Reed Army Medical
Center

Section II **Terms**

Board
A body of persons, either
military or civilian, or both,
appointed to act as a fact
finding agency or as an
advisory body to the
appointing authority. A board
may be authorized either to
recommend or to take final
action on such matters as may
be placed before it.

Committee
a. An interdisciplinary group
convened to conduct defined
business of documented
review, approval, and
recommendations regarding
the facility's activities. Com-
mittee chairpersons have

tasking authority from the
MEDDAC Commander to
conduct committee business,
require a quorum to conduct
official business, and decide
issues by majority vote. Com-
mittees normally report activi-
ties and recommendations to
the Executive Committee.

b. Within this regulation, the
word "committee" is used to
collectively refer to all
boards, councils, meetings
and teams.

Council

A group which is intended to
be representative of a defined
constituency. Councils have
no tasking authority, but may
consider issues for discussion,
deliberation, and advice.
Councils are most often used
to gather information or set
priorities on the basis of
consensus of participants.
Recommendations are
normally submitted to the
commander.

Meeting

Various groups will have
requirements to meet for the
purpose of information
sharing, coordination, and
discussion. These meetings
generally do not have preset
agendum, nor are minutes
required for submission to the
executive committee. Only
those which meet with
predictable regularity are
included in this regulation.

Team

A group which is organized to work together on specific functions. Teams are

generally selected for their expertise rather than position for the specific purpose of developing action plans

which address those functions for which they were organized.