

## **Chapter 1 Introduction**

### **1-1. Purpose**

This regulation prescribes policies, procedures and responsibilities regarding the mechanisms by which the MEDDAC complies with the requirements of JCAHO concerning Governing Body and Medical Staff Bylaws.

### **1-2. References**

Required and related publications are listed in appendix A. Referenced forms are also listed in appendix A.

### **1-3. Explanation of abbreviations and terms**

Abbreviations used in this regulation are explained in the glossary.

## **Chapter 2 Responsibilities**

### **2-1. The Surgeon General/Commander, U.S. Army Medical Command (MEDCOM)**

The Surgeon General/Commander, MEDCOM, as senior medical officer within the Department of the Army, is ultimately responsible for the delivery of health care by the Army. The Surgeon General is selected by a board of senior officers appointed by the Secretary of the Army, nominated to his position by the President, and confirmed by the Senate in accordance with (IAW) the provisions of Title 10, United States Code. The Surgeon General's office performs the governing body functions for all elements of the Army Medical Department (AMEDD), worldwide.

### **2-2. The MEDDAC Commander**

a. The Surgeon General has designated the MEDDAC Commander as the individual responsible and accountable for delivery of healthcare and to designate the governing body at the local level.

b. As the local authority of the higher governing body, the MEDDAC Commander appoints staff members to positions required by Army regulations and other positions deemed necessary to effect the discharge of the governing body's responsibilities.

c. The MEDDAC Commander or, as appropriate, the Deputy Commander for Clinical Services (DCCS), Deputy Commander for Administration (DCA), Deputy Commander for Nursing (DCN), and subordinate clinic commanders and directors, also appoint staff members to committees required by Army regulations and any other committees deemed necessary to conduct the business of the MEDDAC and properly discharge the governing body's responsibilities.

### **2-3. The MEDDAC Executive Committee**

a. The MEDDAC Executive Committee constitutes the local governing body and includes the following membership:

- (1) MEDDAC Commander.
- (2) DCCS.
- (3) DCA.

- (4) DCN.
- (5) Senior Medical NCO.
- (6) Commander, Kirk U.S. Army Health Clinic (USAHC).
- (7) Commander, Dunham USAHC.
- (8) Director, Barquist USAHC.

b. This governing body provides the framework for planning, directing, coordinating, providing, and improving health care services that are responsive to community and patient needs and that improve patient health outcomes.

c. Subordinate clinics' Executive Committee minutes will be reviewed during meetings of the MEDDAC Executive Committee.

### **Chapter 3 Policies, and Procedures**

#### **3-1. Bylaws adopted from higher authority**

Certain laws, regulations, directives, instructions and policies of higher authority, as stated below, have been adopted as the bylaws of the MEDDAC Governing Body:

- a. Federal laws.
- b. Department of Defense (DoD) regulations, directives and instructions.
- c. Department of the Army (DA) regulations, directives and policies.
- d. MEDCOM regulations and policies.

#### **3-2. Bylaws delineated by MEDDAC publications**

Where permitted and necessary, the bylaws adopted from higher authority (see para 3-1 above) are further delineated within MEDDAC regulations, memorandums, policy statements, and standing operating procedures, as appropriate.

#### **3-3. Requirement for, amendment of, and assessment of the MEDDAC's Governing Body's bylaws**

a. As a Federal institution, the MEDDAC is required to comply with all applicable regulations and guidelines as published by DoD, the Assistant Secretary of Defense for Health Affairs, DA, and the Office of The Surgeon General /MEDCOM. These laws, regulations, directives, instructions, and policies serve as the adopted bylaws of the governing body.

b. Amendment of the bylaws is accomplished IAW with standard Army procedures outlined in the cited references. Users may suggest changes by submitting DA Form 2028 (Recommended Changes to Publications and Blank Forms). These suggestions are submitted through MEDCOM to the appropriate office of the proponent for that particular regulation, directive, or policy for final approval or disapproval.

c. This regulation further addresses the requirement for a local set of bylaws.

d. The MEDDAC Governing Body will assess its own performance each year. At the conclusion of the review, the results will be presented to the full governing body for its review. At a minimum, the evaluation will contain an assessment of the following areas:

- (1) Mission statement, vision and goals.
- (2) Current bylaws.

- (3) The role of the members.
  - (4) Committee structure.
  - (5) Governing body member participation and attendance.
  - (6) Determination of whether or not the MEDDAC met its mission.
- e. The results of the annual review will be maintained as a permanent record in the governing body (Executive Committee) minutes and be available for review.

## **Chapter 4**

### **Planning, and Budgeting**

#### **4-1. The AMEDD's Planning and Budgeting System**

Planning and budgeting for AMEDD facilities is governed by the Army's Planning, Programming, Budgeting, and Execution System. MEDCOM produces a strategic plan that is then used to produce strategic plans at all subordinate levels. In descending order, the MEDDAC is subordinate to MEDCOM, the North Atlantic Regional Medical Command, and the Walter Reed Health Care System.

#### **4-2. Strategic planning**

The MEDDAC's planning process reflects the local governing body's emphasis on collaborative efforts to develop the framework for planning, directing, coordinating, providing, and improving health care services. The MEDDAC's Governing Body directs and approves the strategic plan IAW the mission, vision, and values of the MEDDAC. The governing body uses the strategic plan to emphasize specific operational goals and objectives for accomplishment IAW the MEDDAC's mission, vision, values and identified patient care needs.

#### **4-3. Budgeting**

a. Budgeting within MEDCOM is based on historical workload and population supported. The MEDDAC's budget funds are based on the number of authorized beneficiaries in the Fort Meade catchment area. The budget is received from MEDCOM through the North Atlantic Regional Medical Command.

b. Funds are distributed based on projected workload and assigned missions. There are five major funding programs within the facility's total budget--

(1) *Civilian pay*. Civilian pay is centrally managed by Resource Management Branch (RMB) based on an approved Table of Distribution and Allowances for civilian personnel. Military pay is centrally controlled by DA.

(2) *Supply funds*. Supply funds, which include pharmacy, are allocated at the beginning of the fiscal year (FY) to the major clinical departments and administrative divisions by RMB (with the approval of the command group) based on projected workload. Actual workload and expenditure of funds are monitored monthly and adjustments are made appropriately.

(3) *Contract funds*. Contract funds are allocated based on established contracts and managed on a day-to-day basis by contract officer representatives.

(4) *Equipment funds*. Equipment funds are allocated by the Program and Budget Advisory Committee, which makes recommendations to the MEDDAC Commander for approval.

(5) *Temporary duty (TDY) funds*. Available TDY funds are distributed to the DCA,

DCCS, DCN and Senior Medical NCO at the beginning of each FY. These limited funds are distributed based on assigned missions and continuing education requirements.

c. The status of resource management is tracked monthly and formally reported to the governing body not less than quarterly. The governing body is responsible for prioritizing personnel, space, and fiscal resources. It provides a forum for a discussion of those issues and allocation of resources.

## **Chapter 5**

### **Selection and Assignment of Members of the Medical Staff; and Establishment of Civil Service Positions, Contractual Relationships with Practitioners, and Appointment of Medical Consultants**

#### **5-1. Selection and assignment of medical staff members**

The selection and assignment process is governed by AR 601-132 and AR 600-8-24. However, the medical facility's commander is typically consulted prior to the assignment of key staff members and has some latitude in the utilization of the officers who are assigned to the facility.

#### **5-2. Establishment of civil service positions, contractual relationships with practitioners, and appointment of medical consultants**

Based on the needs of the medical facility and budgetary constraints, the MEDDAC Commander may establish civil service positions, contractual relationships with practitioners or appoint individuals as consultants. The appointment of individuals to these positions is based on individual qualifications.

## **Chapter 6**

### **Medical Staff Bylaws**

#### **6-1. Organization of the medical staff**

MEDCOM Reg 10-1, provides policy and guidance for the organization and functions of AMEDD facilities in the continental United States. Formal lines of authority and communications are clearly defined, as well as the various functions that are expected to be fulfilled by the members of the medical facility staff. This regulation identifies the various clinical departments and services, and the responsibilities of each.

#### **6-2. The executive committee of the medical staff**

As specified in AR 40-68, the facility Medical Staff Functions Committee (MSFC) serves as the executive committee of the medical staff. This committee is chaired by the DCCS and includes the department and separate service chiefs of the clinical staff. The committee meets monthly to monitor and evaluate the quality and appropriateness of patient care and clinical performance, such as clinical practice guidelines and outcome measures. The MSFC makes any necessary recommendations to the MEDDAC Executive Committee.

### **6-3. Performance assessment and improvement activities**

AR 40-68 specifies the authority and responsibilities of each level of the organization with respect to quality assessment and improvement processes. Specific duties, responsibilities and procedures for accomplishing these functions are defined in Walter Reed Healthcare System Regulation 40-66. The committee membership, organization, responsibilities and reporting mechanisms required to assess and improve the quality of care are defined in MEDDAC Reg 15-1.

### **6-4. Medical staff privileges**

a. AR 40-68 and MEDDAC Reg 40-20 specify the authority and responsibilities of each level of the organization for the initial granting, periodic renewal, modification, and removal of medical staff privileges. AR 40-48 provides additional guidelines on privileging and supervision of nonphysician health care providers.

b. All health care provider privileges are granted by the MEDDAC Commander, based upon the recommendations of the Credentials Committee. The Credentials Committee consists of the members specified in AR 40-68 and MEDDAC Reg 15-1, and is charged with the duty of reviewing the education, training and experience of each applicant for medical staff privileges. The committee also reviews the practice patterns, performance and continuing medical education of practitioners when they are due for renewal of their privileges.

c. Newly assigned active duty health care practitioners present their professional credentials to the committee, IAW established policies, immediately upon their arrival in the MEDDAC. Non-military health care practitioner privileges are presented to the committee, IAW established policies, prior to employment or any other type of official relationship.

d. Once clinical privileges have been granted, practitioners may not exceed the scope of their privileges, except in the case of an emergency, as specified in AR 40-68. Should a practitioner's conduct require action to protect the health or safety of any patient, future patient, employee or others in this facility, all or part of the practitioners clinical privileges can be restricted, suspended or revoked, under the provisions of AR 40-68.

e. Clinical privileges will be in effect for a period not to exceed 24 months from the date granted, at which time they will be reviewed, if appropriate.

### **6-5. Continuing Medical Education (CME) and Continuing Education Unit (CEU) training**

CME and CEU training is offered on a programmed basis by the MEDDAC's various medical treatment facilities (MTFs). Attendance is recorded and retained by the MTF providing the training. Other CME and CEU are provided to the clinical staff on an as-needed basis.

### **6-6. Confidentiality of medical information**

DA and MEDDAC policy regarding confidentiality of medical information is that the confidentiality of medical information will be maintained for all patients to the maximum extent possible. Medical information will not be divulged except as required for the delivery of health care, performance of other official duties, such as determining the quality of health care in the Command or conducting medical research. The authority for access to medical information and specific procedures for releasing medical information are specified in DoD 5400.7-R, DoD 6025.18-R, AR 40-66, AR 25-55, AR 40-68, and AR 340-21.

**6-7. Conflict of interest**

Requirements concerning conflict of interest and other standards of conduct applying to active duty Army members and other government employees or contracted health care providers are specified in DoD Directive 5500.7, DoD 5500.7-R, and MEDCOM Reg 600-3. In general, these directives provide that members of the AMEDD, and civilian and contract employees may not suggest to anyone authorized to receive health care services at Army expense that they should receive health services from the member when he is not on duty or from a civilian associated in practice with the member. In addition, active duty members of the Army and full-time civilian employees may not be reimbursed for health care provided to anyone authorized health care from any federal program, even while they are engaged in off-duty employment.

**6-8. Conflict resolution**

The resolution of conflict among leaders and individuals in the clinic is resolved in accordance with AR 600-20. Simply stated, every military organization has a chain of command which has inherent decision authority. The committee structure of the MEDDAC and the rules and regulations governing civilian personnel grievances also provide avenues of conflict resolution.

## **Appendix A References**

The publications listed below in sections I and II will be made available to practitioners at the time of initial application for medical staff privileges. In addition, the publications are available for review at any time in the Office of the Adjutant.

### **Section I Required Publications**

#### **AR 25-55**

The Department of the Army Freedom of Information Act Program. (Cited in para 6-6.)

#### **AR 40-48**

Nonphysician Health Care Providers

#### **AR 40-66**

Medical Record Administration. (Cited in para 6-6.)

#### **AR 40-68**

Quality Assurance Administration. (Cited in paras 6-2, 6-3, 6-4 and 6-6.)

#### **AR 340-21**

The Army Privacy Program. (Cited in para 6-6.)

#### **DoD 5500.7-R**

Joint Ethics Regulation (JER). (Cited in para 6-7.)

#### **DoD Directive 5500.7**

Standards of Conduct. (Cited in para 6-7.)

#### **DoD 6025.18-R**

DoD Health Information Privacy. (Cited in para 6-6.)

#### **MEDCOM Reg 10-1**

Organizations and Functions Policy. (Cited in para 6-1.)

#### **MEDDAC Reg 15-1**

Boards, Committees, Councils, Meetings, and Teams. (Cited in para 6-3.)

#### **MEDDAC Reg 40-20**

Credentialing, Privileging, and Competency of Healthcare Practitioners. (Cited in para 6-4.)

#### **WRHCS Reg 40-68**

Performance Improvement/Risk Management Plan. (Cited in para 6-3.)

### **Section II Related publications**

A related publication is merely an additional source of information. The user does not have to read it to understand this publication.

#### **AR 600-8-24**

Officer Transfers and Discharges

#### **AR 600-20**

Army Command Policy and Procedures

#### **AR 601-132**

Army Medical Department Officer Procurement

#### **MEDCOM Reg 600-3**

Off-Duty Employment

### **Section III Prescribed Forms**

This section contains no entries.

### **Section IV Referenced Forms**

#### **DA Form 2028**

Recommended Changes to Publications and Blank Forms

## Glossary

### Section I

#### Abbreviations

#### AMEDD

Army Medical Department

#### CEU

continuing education unit

#### CME

continuing medical education

#### DA

Department of the Army

#### DCA

Deputy Commander for Administration

#### DCCS

Deputy Commander for Clinical Services

#### DCN

Deputy Commander for Nursing

#### DoD

Department of Defense

#### FY

fiscal year

#### IAW

in accordance with

#### JCAHO

Joint Commission on Accreditation of Healthcare Organizations

#### JER

Joint Ethics Regulation

#### KACC

Kimbrough Ambulatory Care Center

#### MEDDAC

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

#### MEDCOM

U.S. Army Medical Command

#### MSFC

Medical Staff Functions Committee

#### MTF

medical treatment facility

#### OTSG

Office of The Surgeon General

#### RMB

Resource Management Branch

#### TDY

temporary duty

#### USAHC

United States Army Health Clinic

### Section II

#### Terms

This section contains no entries.