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Declaration

I am Clinical Performance Improvement Officer, U.S. Army Medical Command (MEDCOM) Quality Management Division (QMD). I make the following declaration pursuant to 28 U.S.C. § 1746:

1. The U.S. Army MEDCOM QMD exercises broad oversight responsibility for implementation of the Army Medical Department (AMEDD) Clinical Quality Management Program (CQMP) as delegated by The Surgeon General of the Army (TSG). In pertinent part, the QMD provides corporate-level clinical quality management (CQM) guidance within the AMEDD to include policy on credentialing, performance-based privileging, outcomes management (OM), medical staff appointment, and accreditation processes. QMD administers the corporate AMEDD Patient Safety (PS) and Risk Management (RM) Programs that include but are not be limited to: risk assessment, risk avoidance, safety practices, incident monitoring/management, adverse privileging/practice actions, sentinel events (SEs), and malpractice claims. QMD also implements the administrative procedures related to reporting adverse privileging/practice actions to appropriate national, professional, and State licensure, certification, and registration agencies according to DOD guidance. These responsibilities are found in Army Regulation 40–68, Clinical Quality Management, dated 26 February 2004.

2. You have asked about an assertion made by a witness in an investigation that the State Board of Nursing says that nurses must be dismissed from their position for sleeping on the job.

3. A State Board of Nursing provides the licensing requirements to practice nursing in a particular state. Once a nurse is an Army employee, she or she will practice according to established clinical guidelines and standard operating procedures at a particular Military Treatment Facility (MTF) and Army policies. A State Board of Nursing does not dictate the actions of a federal agency regarding corrective or disciplinary actions. With regard to adverse actions and reporting to a state licensing board, TSG remains the sole authority for making decisions on whom and what to report, based on the information and the recommendation of the MTF Commander. If a local MTF takes an adverse practice action against a non-privileged provider, such as a nurse, it will be done in accordance with Army Regulation 40-68, and all documentation will be forwarded to this Headquarters, Quality Management Division. We would then review the documentation in accordance with AR 40-68 to determine if further action is warranted before making a recommendation to TSG.

4. In the cases you cite, no actions were forwarded for our review. A single instance of sleeping on duty would not warrant an adverse practice action and therefore would not be reported to a State Board of Nursing. Any decision regarding dismissal is a personnel action, which is outside the purview of Quality Management.

I declare under penalty of perjury that the foregoing is true and correct. Executed on 4 October 2011.

Clinical Performance Improvement Officer

TAB K

Army Regulation 40–68

Medical Services

Clinical Quality Management

Rapid Action Revision (RAR) Issue Date: 22 May 2009

Headquarters
Department of the Army
Washington, DC
26 February 2004

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TABL

SUMMARY of CHANGE

AR 40-68
Clinical Quality Management

This rapid action revision, dated 22 May 2009--

- Establishes specific responsibilities for credentialing functions by Army Reserve Clinical Credentialing Affairs, Human Resources Command-St.Louis, and Active Army units (para 1-4*h*).

- Replaces all content in chapter 2 with new guidance regarding the Executive Committee of the Medical Staff; medical staff bylaws; military treatment facility committees and functions; and departmental/service organization, structure, and leadership (chap 2).

- Eliminates the requirement to submit the annual military treatment facility Quality Management Program Summary Report to the U.S. Army Medical Command (previously covered in chap 2).

- Identifies the American Nurses Association Standards of Nursing Practice or other national professional organizations' standards as the source of practice expectations (para 3-3*b*(7)).

- Relocates information regarding confidentiality of quality assurance documents from paragraph 2-5 to chapter 3 (para 3-7).

- Requires veterinarians to maintain a current, active, valid, and unrestricted license to practice independently within their defined scope of practice (para 4-4*a*(1)).

- Specifies the educational preparation by an accredited institution for military and civilian registered nurses and licensed practical nurses and requires the National Council Licensure Examination- Registered Nurses/ Practical Nurses for the military Army Nurse Corps and 68WM6/M3 (para 4-6*c*).

- Restates the requirement for an unrestricted license (all Corps) and explains the process for limited waiver/exception (paras 4-6*g* and 4-7).

- Clarifies the licensure requirement for personal services versus non-personal services contract healthcare personnel (para 4-8*a*).

- Specifies the use of DA Forms 7653 and 7654 for competency verification of Army Nurses Corps personnel with skill identifier 8A (Critical Care) and M5 (Emergency Nursing) (para 5-1a(1)(b)).

- Requires currency of emergency life support training at all times (para 5-1*e*).

- Deletes the requirement for the advanced practice registered nurse, other than the non-personal services advanced practice registered nurse, to possess and maintain advanced practice licensure (para 7-4*b*(2)).

- Restates the collaborative interaction required between the certified registered nurse anesthetist and anesthesiologist or operating surgeon (para 7-4*e*(4)(a)-(c)).

- Authorizes selected prescription writing by occupational therapists (para 7-13*c*(2)(a)(6)).

- Updates professional credentials requirements for physician assistants (para 7-16*b*).

- Clarifies Category I and II privileges for physical therapists (para 7-17*c*).

- Provides 10 USC 1102 protection to all documents in the provider credential file and the provider activity file (paras 8-3*b*(2)(c) and 8-9*a*).

- Stipulates that the chairperson of the credentials committee will be a physician and that he/she will vote only in event of a tie (paras 8-5*b* and 8-5*c*(5).

- Indicates that the responsibility for credentials verification for contracted personnel will be specified in the contract (para 8-6*d*).

- Allows use of the American Board of Medical Specialties Web site to verify board certification (para 8-7*d*).

- Exempts providers outside the continental United States from the requirement of a current Drug Enforcement Agency certificate (para 8-7*k*).

- Directs that qualified healthcare providers obtain a National Provider Identifier (para 8-7*r*).

- Provides detailed information related to telemedicine procedures (para 9-2*c*(7)(a)).

- Directs the military treatment facility credentials office to maintain the provider credential file for any assigned provider not currently involved in clinical practice (para 9-6*b*).

- Provides new instruction for U.S. Army Reserve/Army National Guard deployment privileging (para 9-8*c*(4)(d)).

- Clarifies that peer review for an adverse privileging/practice action be performed by a panel (para 10-6*e*(2)(c)).

- Requires that a physician chair the adverse actions hearing board (para 10-8*a*) and that he/she will vote only in the event of a tie (para 10-8*g*).

- Eliminates the requirement for verbatim transcript of the adverse actions hearing board (para 10-8*e*(3)).

- States that the voluntary modification of privileges/practice as a result of a medical or behavioral condition is not an adverse privileging/practice action (para 11-4*c*).

- Revises the risk management content entirety and omits reference to the now disbanded Consultation Case Review Branch (paras 13-1 through 13-5).

- Specifies that any death/disability of a military member as a result of medical care will be treated as a potentially compensable event (para 13-5*b*).

- Revises the layout and contents of the competency assessment file (app C).

- Make additional rapid action revision changes (chaps 6, 7, 8, 9, 10, 11, 13,14, and apps E, F, G, H, I, J).

Headquarters
Department of the Army
Washington, DC
26 February 2004

*Army Regulation 40–68

Effective 26 March 2004

Medical Services

Clinical Quality Management

By Order of the Secretary of the Army:

GEORGE W. CASEY, JR.
General, United States Army
Chief of Staff

Official:

JOYCE E. MORROW
Administrative Assistant to the Secretary of the Army

History. This publication is a rapid action revision (RAR). This RAR is effective 29 June 2009. The portions affected by this RAR are listed in the summary of change.

Summary. This consolidated regulation prescribes policies, procedures, and responsibilities for the administration of the Clinical Quality Management Program. It includes DOD and statutory policies addressing medical services quality management requirements. In addition, it implements DOD 6025.13–R, DODD 6000.14, and other DOD guidance.

Applicability. This regulation applies to the Active Army, the Army National Guard of the United States, including periods when operating in an Army National Guard capacity, and U.S. Army Reserve. This document applies in both the table of distribution and allowances and table of organization and equipment environments. It applies to all personnel (Active Army, Army National Guard of the United States, the U.S. Army Reserve, civilian employees, contract personnel, and foreign national local hires) who work within medical department activities, medical centers, dental activities, and organizations for which the Army Medical Department is the responsible official. This publication is applicable during mobilization.

Proponent and exception authority. The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or a direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Army management control process. This regulation contains management control provisions and identifies key management controls that must be evaluated. (See appendix J.)

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from The Surgeon General (DASG–HSZ), 5109 Leesburg Pike, Falls Church, VA 22041–3258.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Office of The Surgeon General (DASG–HSZ), 5109 Leesburg Pike, Falls Church, VA 22041–3258.

Distribution. This publication is available in electronic media only and is intended for command levels B, C, D, and E for the Active Army; C, D, and E for the Army National Guard of the United States; and B, C, D, and E for the U. S. Army Reserve.

Contents (Listed by paragraph and page number)

*This regulation supersedes AR 40–68, dated 26 February 2004. This regulation supersedes Army Regulation 40–68, dated 20 December 1989, and Army Regulation 40–48, dated 7 November 2000. It rescinds DA Forms 5440–17–R, 5440–27–R, and 5441–27–R, dated June 1991; and DA Forms 5440–26–1–R, 5440–26–2–R 5441–17–R, 5441–26–1–R, 5441–26–2–R, and 5753–R, dated July 1989. (DA Forms 5440–26–3–R and 5441–26–3–R were rescinded in June 1995.) This edition publishes a rapid action revision.

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Figure List

Glossary

Chapter 1
Introduction

1–1. Purpose
This regulation establishes policies, procedures, and responsibilities for the administration of the Army Medical Department (AMEDD) Clinical Quality Management Program (CQMP).

1–2. References
Required and related publications and prescribed and referenced forms are listed in appendix A.

1–3. Explanation of abbreviations and terms
Abbreviations and special terms used in this regulation are explained in the glossary.

1–4. Responsibilities
a. The Surgeon General. The Surgeon General (TSG), as the senior medical officer in the Department of Army (DA), is/will—

(1) Responsible for the quality of health care delivered to all categories of beneficiaries.

(2) Establish CQMP policy to implement Department of Defense (DOD) 6025.13–R, other applicable DODD/ Department of Defense Instructions (DODIs), and current accrediting/regulatory guidance.

(3) Responsible for the quality of care provided in all military treatment facilities (MTFs) within the AMEDD. Serves as the governing body (GB) for health care facilities worldwide.

(4) The sole authority for reporting adverse privileging/practice actions and malpractice claims against providers to State and other regulatory agencies and to the National Practitioner Data Bank (NPDB).

(5) Delegate GB authority to MTF commanders, thus, making them responsible and accountable for the quality of health care provided in their treatment facilities.

b. Commander, United States Army Recruiting Command. The Commander, United States Army Recruiting Command (USAREC) is/will—

(1) Ensure adherence to requirements for selection, commissioning, and accession of health care professionals.

(2) Responsible for primary source verification (PSV) of licensure, or other authorizing documents for the AMEDD new accession, as well as collecting and forwarding these documents to the appropriate unit of assignment.

c. U.S. Army Medical Command (USAMEDCOM) Staff Judge Advocate. The U.S. Army Medical Command (USAMEDCOM) Staff Judge Advocate (SJA) will provide legal interpretation of and guidance related to the contents and application of this regulation.

d. USAMEDCOM Inspector General. The USAMEDCOM Inspector General (IG) will conduct independent assessments of the issues related to the quality of health care in the AMEDD.

e. USAMEDCOM Quality Management Division staff. The USAMEDCOM Quality Management Division (QMD) staff will—

(1) Exercise broad oversight responsibility for implementation of the AMEDD CQMP as delegated by TSG.

(2) Represent TSG as a member of various committees and working groups sponsored by the Office of the Assistant Secretary of Defense for Health Affairs (OASD/HA), Department of Defense (DOD), and other health care quality agencies.

(3) Provide corporate-level clinical quality management (CQM) guidance within the AMEDD to include policy on credentialing, performance-based privileging, outcomes management (OM), medical staff appointment, and accreditation processes.

(4) Provide corporate guidance, administrative and/or clinical advice, consultation, and education to define and/or clarify standards of care, practice, and policy.

(5) Administer the corporate AMEDD Patient Safety (PS) and Risk Management (RM) Programs that include but are not be limited to: risk assessment, risk avoidance, safety practices, incident monitoring/management, adverse privileging/practice actions, sentinel events (SEs), and malpractice claims.

(6) Provide policy guidance, consultation, monitoring, and review of SEs that occur within the AMEDD.

(7) Monitor trends in processes and outcomes of care and report the results to both internal and external sources, as appropriate.

(8) Collect aggregate AMEDD CQM data, as required by TSG, OASD/HA, or other agencies.

(9) Serve as the corporate repository for select CQMP data.

(10) Implement the administrative procedures related to reporting adverse privileging/practice actions to appropriate national, professional, and State licensure, certification, and registration agencies according to DOD guidance.

(11) Implement the administrative procedures related to reporting providers to the NPDB according to established DOD guidance.

(12) Maintain the AMEDD corporate contract with The Joint Commission (TJC), or other accrediting agency as approved by the OASD(HA), and provide guidance on the accreditation processes.

(13) Responsible for PSV of selected documents as well as collecting and forwarding to their gaining MTF (see chap 8) initial credentials documents for deferred medical officers entering active duty (AD).

f. Commanders of major subordinate commands. Commanders of major subordinate commands (except Veterinary Command), 18th Medical Command, and Command Surgeons of the Training and Doctrine Command, Forces Command, U.S. Army Reserve Command (USARC), and National Guard Bureau are/will—

(1) Responsible for administration of this regulation; the effectiveness of the CQM, Performance Improvement (PI), and RM Programs in their subordinate units; and for tables of distribution and allowances (TDA), table of organization and equipment (TOE), and modified TOE units under their command.

(2) Control the extent of patient care services in those TDA and TOE treatment facilities in their areas of responsibility.

(3) Employ qualified IG assets or subject matter experts as necessary to conduct local quality-of-care investigations.

(4) Ensure integration of the U.S. Army Reserve and Army National Guard of the United States (USAR/ARNG) provider/professional issues/actions into all aspects of the organization's CQMP.

(5) Regional Medical Command (RMC) commanders will provide input to and recommend modifications or corrections to the support plan as submitted by the TOE commander for field patient care exercises within the RMC command area (see para *i*(3) below), as required. The RMC commander may delegate approval authority to the director of health services (DHS).

g. MTF commanders. MTF commanders will—

(1) Meet the appropriate requirements related to health care quality management and quality assurance as delineated in current published regulations, statutes, accreditation standards, and DODDs/DODIs.

(2) Approve the award of medical and dental staff appointments for qualified providers (any discipline), clinical privileges, alterations in privileges, adverse privileging actions, and written notification of same, to all military, civilian, contract, and volunteer health care providers.

(3) Ensure that a comprehensive, integrated CQMP is established in compliance with this regulation.

(4) Appoint one or more personnel qualified by education, training, and experience to manage the CQMP components as addressed in this regulation.

(5) Ensure coordination of actions under appropriate regulations and the Uniform Code of Military Justice (UCMJ) when necessitated by findings under this regulation.

(6) Employ or request from the RMC/regional dental command (RDC) qualified subject matter experts as necessary to conduct local quality-of-care investigations.

(7) Designate a chairperson for the credentials committee/function.

(8) Designate membership of the committee/function tasked to provide support and oversight of impaired health care personnel (IHCP) (previously the Impaired Healthcare Provider Program).

(9) Ensure systematic credentials authentication and competency assessment for all health care personnel. This includes PSV of all licensure, certification, registration, and/or other authorizing documents required for practice prior to employment.

(10) Ensure that interactive collaboration is maintained with civilian agencies involved in external resource sharing agreements to communicate credentialing and privileging information.

(11) Ensure the organization is in continuous compliance with current TJC standards and other regulatory/accreditation requirements, as appropriate. For TJC purposes, the medical commander is the delegated authority to represent the GB at the local level.

(12) Ensure implementation of an integrated Patient Safety Program (PSP) throughout the organization.

(13) Provide opportunities for integration of USAR/ARNG TDA caretaker hospital health care personnel into all aspects of the facility-specific CQM processes/functions.

(14) Award appropriate practice privileges to USAR/ARNG providers upon the review of inter-facility credentials transfer briefs (ICTBs) and required privileging documentation from civilian health care organizations. Current competency in the duty area of concentration (AOC) and/or specialty skill must be ensured before granting or renewing privileges for USAR/ARNG providers who do not currently hold comparable privileges within their Reserve unit.

(15) As DHS, coordinate with the TOE commander for the provision of health care and services during training exercises.

(16) Ensure that an optimal professional relationship exists among all healthcare providers in the facility.

h. USAR and ARNG State Surgeons. For the USAR, Army Reserve Clinical Credentialing Affairs (ARCCA) performs the CQMP procedures noted below for providers in TPUs; HRC-St. Louis is responsible for these activities for IRR Soldiers; and, for IMA providers assigned to AA units, the AA medical/dental unit performs these functions. For the ARNG, State Surgeons are responsible for the administration of the policies contained in this regulation. The above named authorities are required to establish PI programs within their respective commands and will—

(1) Designate a CQMP manager.

(2) Establish a credentials committee/function and ensure systematic credentials verification and competency assessment for all health care professionals. This includes authentication of all licensure, certification, registration, and/or other authorizing documents required for practice.

(3) Establish and maintain provider credentials files (PCFs).

(4) Provide complete and current ICTBs for review by the serviced MTF.

(5) Award privileges (USAR medical unit commanders/ARNG State Surgeons) to assigned healthcare providers involved in delivering health care to eligible beneficiaries during unit-controlled inactive duty training (IDT) and annual training (AT) activities. Examples of these activities include physical examinations, immunizations, dental examinations, Soldier readiness processing, field exercises, and medical support missions. Clinical privileging for medical treatment provided during IDT is limited to acute and emergent care only. NOTE: USAR providers who perform IDT or AT at an AA MTF will be privileged by that MTF.

i. Commanders of TOE and modified TOE units. Commanders of TOE and modified TOE units will—

(1) During training exercises, establish an open dialogue for coordination of health care and services with the DHS for the area of operations.

(2) Propose a scope of service/practice for the unit to the DHS, specifying, as a minimum, the following elements:

(a) Types and ages of patients served.

(b) The appropriateness, clinical necessity, and timeliness of support services to be provided directly by the hospital or through referral contracts.

(c) The availability of necessary staff to provide care.

(d) The extent to which the level of care or service provided meets patients' needs.

(e) Practice based on recognized standards of medical care or clinical practice guidelines, where these are in use.

(f) The extent to which the facility will be operational and proposed staffing while operational.

(3) In coordination with the DHS, establish a plan that includes both the TOE unit's scope of services and the professional support and backup to be provided by the co-located TDA unit.

(4) Forward the plan in (3) above for approval to the RMC commander.

j. Other MTF personnel.

(1) *Deputy commander for clinical services (DCCS).* The DCCS is/will—

(a) A privileged physician holding an active appointment to the medical staff and designated as Chief of the Medical Staff.

(b) The principal executive staff advisor to the commander concerning matters of quality and scope of medical care and utilization of professional resources, medical policy, and planning.

(c) Responsible for and has oversight of the credentialing and privileging process.

(d) Act as liaison between assigned members of the medical staff and the commander and, as such, advocate on behalf of the medical staff and executive leadership.

(e) Chairperson of the executive committee of the medical staff (ECMS). (In the absence of the DCCS, this responsibility may be delegated by the MTF commander to another appropriately qualified individual.)

(f) Chairperson of the credentials committee/function or, with approval of the commander, this responsibility may be delegated.

(g) With the approval of the commander, delegate selected DCCS responsibilities to a physician with appropriate qualifications.

(h) Intervene on behalf of the commander to immediately hold in abeyance or suspend privileges when a provider's conduct threatens the health or safety of any patient, employee, or other individual until the matter is investigated and resolved according to the provisions outlined in this regulation. (See chap 9.)

(i) Orient all medical staff applicants concerning MTF bylaws governing patient care, medical staff responsibilities, professional ethics, continuing education requirements, privileging, adverse privileging actions, and due process proceedings.

(j) Responsible for ensuring organizational PI activities are in place and actively participates in these processes.

(k) Ensure that an ongoing, proactive program for identifying risks to PS and for reducing medical/health care errors is implemented according to DODI 6025.17 and USAMEDCOM guidance.

(l) Participate in the development and implementation of policies and procedures that guide and support the provision of services ensuring that such policies and procedures are integrated into the overall plan for patient care.

(m) Ensure an effective peer review program (see glossary) is in place for the organization's health care professionals.

(2) *Deputy commander for nursing (DCN) (or comparable title).* The DCN is/will—

(a) A licensed professional registered nurse.

(b) The principal executive staff advisor to the commander on matters concerning the scope of patient care services and clinical policy (specifically related to the provision of nursing care and services and nurse staffing standards), nursing policy, and the availability and utilization of nursing resources.

(c) Act as liaison between members of the nursing staff and the commander and, as such, advocate for the provision of quality nursing care, treatment, and services.

(d) Participate in the development, implementation, and integration into the organization's overall plan for patient care, policies and procedures that guide and support the provision of quality patient care services.

(e) A voting member of the ECMS (or comparably named committee).

(f) Ensure PI activities are in place in all arenas in which nursing care, treatment, or services are rendered and actively participate in these processes.

(g) A voting member of the MTF credentials committee with responsibility for review and concurrence with scope of practice and privileges for nursing personnel.

(h) Reduce or appropriately limit the scope of practice of any nursing staff member whose competence, quality of care, behavior/conduct threatens the health or safety of any patient, employee, or other individual until the matter is investigated and resolved according to the provisions outlined in this regulation. (See chap 9.)

(i) Support and actively engage in an ongoing, proactive program for identifying PS risks and for reducing nursing/healthcare errors according to DOD 6025.13–R and USAMEDCOM guidance.

(j) An active participant in the organization's RM program.

(k) Ensure the presence of an effective nursing peer review program (see glossary).

(l) Executive staff advisor to the commander for other non-nursing hospital personnel and services under his/her supervision and authority, with the associated quality management responsibilities as noted above.

(3) *Chief, department, service, or clinic and TOE command surgeons.* (References to departments and services include alternate organizational structures such as product line teams or multidisciplinary care teams in facilities with these alternative structures.) For clinical department/services/clinics with chiefs who are not physicians, also see paragraph 2–3. In his/her area of responsibility, or technical oversight, the chief/command surgeon is/will—

(a) Responsible for all clinically related activities.

(b) Perform ongoing surveillance of the clinical performance of individuals who are required to hold a license, certification, or registration for clinical practice.

(c) Responsible for ongoing functional CQM activities and their integration, as appropriate, into the organizational PI Program.

(d) Provide oversight of and participate in the peer review process.

(e) Recommend to the medical staff the clinical privileging criteria that are relevant to the care provided in the department/service/unit.

(f) Recommend privileges for each provider in the department/service/unit, as authorized.

(g) Make recommendation to the relevant hospital authority for needed patient care services not provided by the department/service/unit or the MTF.

(h) Integrate the services of the department/service/unit with the primary functions of the MTF.

(i) Coordinate and integrate inter/intradepartmental services.

(j) Participate in the development and implementation of policies and procedures that guide and support the provision of services. Ensure that such policies and procedures are integrated into the overall plan for patient care.

(k) Determine the qualifications and competencies of department/service/unit health care personnel.

(l) Establish objective, quantifiable methods to continually assess and improve the quality of care and service provided. Utilize ORYX™ data, or like data, as applicable.

(m) Maintain quality control programs, as appropriate, and ensure that PS issues are given high priority and addressed when department/service/unit-level processes, functions, or services are designed or redesigned.

(n) Provide and support orientation, in-service training, and continuing education of all personnel in the department/service/unit.

(o) Make recommendations for space and other resources required by the department/service/unit.

(p) Recommend a sufficient number of qualified and competent persons to provide care.

(q) Participate in outside source selection for needed services.

(4) *Privileged staff.* The privileged provider will—

(a) Acknowledge, in writing, at the time clinical privileges and medical staff appointment (if applicable) are awarded, the intent to abide by applicable bylaws.

(b) When appointed a member of the credentials committee/function, make recommendations on renewals, reevaluations, denials, or modifications of privileges of assigned providers.

(c) Ensure completion of organization and unit-based orientation, maintain current competency and ability to perform the privileges requested and/or according to the AOCs and additional skill identifiers (ASIs) awarded, accomplish required training, and ensure the currency of all documents and other information contained in his/her provider files.

(d) Participate in PI, quality control, and peer review processes.

(5) *All other organizational assigned personnel.* Personnel, other than privileged providers, will—

(a) Ensure completion of organization and unit-based orientation, maintain current competency and ability to perform the scope of practice of the assigned position, accomplish required training, and ensure the currency of all documents and other information contained in his/her competency assessment file (CAF).

(b) Participate in PI, quality control, and peer review processes, as applicable.

(c) Ensure knowledge of and responsibility for implementing all applicable organizational policies and procedures relevant to his/her job description and/or scope of practice.

(6) *CQM coordinator.* The CQM coordinator, or similarly titled individual (for example, PI coordinator), is tasked with overall responsibility for the organization's CQMP. The individual in this role may be expected to exercise broad oversight and to collaborate with various key staff to ensure the integration of the quality functions performed by the organization. This requires the incumbent to be an active member of the executive leadership team. He/she will—

(a) Ensure that organization-wide PI is a dynamic process based on ongoing identification of opportunities for change.

(b) Provide leadership and consultative services to departments and sections within the organization with regard to credentialing and privileging issues, accreditation requirements, CQM and QA regulatory compliance issues, PI, and RM/PS.

(c) Participate in the development of policies for the organization, giving special consideration to the integration of and collaboration between internal administrative and clinical policies.

(d) Participate in the identification of opportunities for PI, recommendation of solutions for facility issues and concerns, and implementation of plans and followup activities related to organizational PI.

(e) Serve as subject-matter expert in conjunction with patient administration and the servicing Staff Judge Advocate/ legal advisor in areas such as accreditation standards for health care documentation and the medical-legal aspects of health care practice.

(f) Direct the collection, analyses, and dissemination of PI data within the organization ensuring that basic statistical analyses and comparative processes are included.

(g) Facilitate organizational efforts to provide prevention, wellness, and specific medical condition-based management programs as well as other health management programs, as required, based on timely MTF data and identified beneficiary need.

(h) Ensure that facility-specific CQM and PI Program changes are identified and implemented as data analyses dictate.

(i) Keep organizational leadership informed of public policies, DOD and DA regulations and guidance, and legislative and health care trends that affect various CQM and other related health care initiatives.

(j) Facilitate the development and implementation of PI education and training sessions for the MTF staff at all levels.

(k) Oversee the preparation of intra- and inter-organizational PI reports that demonstrate evidence of collaborative, multi-service/departmental input.

(7) *Credentials manager.* The individual in this role will—

(a) Provide technical advice and direction to the MTF commander on issues related to health care provider credentialing and/or privileging processes.

(b) Serve as a subject matter expert to the MTF staff for appropriate credentialing and privileging procedures, guidelines, and mandates according to Army regulations (ARs), DODDs and/or DODIs, TJC standards, and other regulatory agency requirements. Maintain a resource library of such reference materials.

(c) Provide technical oversight and management of the process for verification of all licensure, certification, registration, and/or other authorizing documents required for practice.

Note. At the discretion of the MTF commander, responsibility for nonprivileged providers may be assigned to another individual(s).

(d) Provide technical oversight and management of all health care provider credentialing and privileging functions.

(e) Manage all privileging and medical staff appointment processes. Serve as a point of contact (POC) to privileged staff during initial application for medical staff appointment and for biennial re-appointments.

(f) Offer comprehensive guidance and support to providers during the initial and renewal privileging processes.

(g) Ensure peer and supervisory clinical performance review of health care providers who hold initial medical staff appointment and clinical privileges.

(h) Manage and update documents of evidence contained in the PCF relevant to education, experience, licensure/ certification/registration, and training to ensure accuracy and currency of information.

(i) Conduct NPDB and other relevant inquiries and PSV to authenticate credentials of staff members for initial award/biennial renewal of clinical privileges and for initial appointment/biennial re-appointment to the medical staff.

Note. Requirements also apply for biennial update of the PCF for USAR/ARNG practitioners who are not currently privileged.

(j) When licensure, certification, or registration is required as a condition of employment, ensure that the credentials of all general schedule (GS) civilian and contract health care providers have been primary source verified prior to initial employment.

(k) Establish and maintain the organization's Centralized Credentials and Quality Assurance System (CCQAS).

(l) Ensure the CCQAS database is current and complete.

(m) Research and respond as appropriate to inquiries regarding the status of medical staff membership.

(n) Maintain all PCFs according to this regulation.

(o) Prepare and forward PCFs and/or ICTBs for privileged providers to the gaining MTF within the specified time requirements. (See chap 8.)

(p) In collaboration with the ARCCA and ARNG unit credentials manager, maintain the PCFs and CCQAS input for privileged providers in those TDA caretaker hospitals for which the MTF is responsible.

(q) Ensure that ICTBs and mandatory attachments (see paras 8–10*c* (AA) and 8–11*b* (USAR/ARNG)) are integrated into the credentials committee/function review process for timely privileging of providers.

(r) Facilitate the review of all AA/USAR/ARNG and other Federal Service PCFs or ICTBs in compliance with this regulation.

(s) Forward all requests for adverse credentialing and privileging information on individuals previously assigned or employed as privileged Federal Service providers to the USAMEDCOM QMD for action.

(t) Ensure a process for communicating credentialing and privileging information to civilian agencies involved in external resource sharing agreements.

(8) *Chief, RM and/or PS.*

Note. This may be a single position with combined responsibilities or two separate positions with individually defined responsibilities. See chap 12 and 13 for additional information.

The person performing these duties will—

(a) Integrate and coordinate all RM/PS administrative and management activities within the medical/dental facility.

(b) Collaborate with executive leadership to develop compliance programs for all regulatory and accrediting requirements associated with RM and PS.

(c) Ensure that organizational RM/PS Programs are supported at all levels.

(d) Establish/maintain a dedicated program for avoiding adverse events or medical misadventures and improving PS.

(e) Collaborate with executive leadership and the MTF safety and occupational health manager (comparable title) (DODI 6055.1) to ensure a comprehensive safety program for all patients, employees, visitors, volunteers, and others.

(f) Recommend, develop, monitor, and evaluate plans and programs to decrease facility and Government liability and/or financial loss associated with medical misadventures, accidents, and other untoward events.

(g) Initiate actions and processes that will secure, preserve, and protect evidence related to an SE.

(h) Oversee the investigation of all SEs to ensure coordination of all data collection activities, completion of a thorough and credible root cause analysis (RCA), and reporting through appropriate channels. (See para 12–5 for more detailed information regarding SEs.)

(i) Inform and coordinate all activities associated with adverse events and SEs with the Center/Claims/Command Judge Advocate (CJA).

(j) Participate in structured organizational processes to identify potential risk, analyze trends, and implement PI initiatives to reduce risks.

(k) Collaborate with the patient representative/advocate and the MTF safety and occupational health manager to identify trends related to customer concerns, complaints, or incidents and to manage problems/risks appropriately.

(l) Present opportunities for improvement related to organizational risks (including recommended solutions, implementation plans, and followup activities) to the MTF executive committee for action in support of quality patient care.

(m) Provide consultative information and risk assessment/PS reports to the executive leadership, various committees or individuals, and all levels of staff on general and specific medical RM issues and events.

k. AMEDD Center and School course directors. AMEDD Center and School course directors for all academic programs under the auspices of the AMEDD Center and School will ensure that their program of instruction contains content relevant to current AMEDD CQM policy and processes, health care facility accreditation standards, and professional practice standards. Curriculum instruction will highlight each AMEDD member's responsibility to participate in organizational CQM activities.

Chapter 2
Medical Staff and Military Treatment Facility Committee Structure and Functions

2–1. General

The Joint Commission requires an organized, self-governing medical staff to provide direction and oversight of the quality of care, treatment, and services delivered by privileged providers. The organized medical staff--referred to in this publication as the ECMS, or equivalent title--is also responsible for evaluating the competency of privileged providers on an ongoing basis, delineating the scope of privileges that will be granted, ensuring a uniform standard of

S: (Suspense date)

PROVIDER'S OFFICE SYMBOL (640-10e) date

MEMORANDUM FOR Commander, MEDCEN, MEDDAC, or DENTAC and Address

SUBJECT: Receipt of Notification of Clinical Privileges and Medical Staff Status

I hereby acknowledge receipt of a copy of DA Form 5440A granting me clinical privileges (to include/but not to include admitting privileges) and (appointment to the medical staff). A listing of my approved clinical privileges (DA Form 5440-XX) (and plan of supervision) as addressed in the memorandum from the commander has also been provided. I understand that I am granted 10 duty days from receipt of this memorandum to appeal the commander's decision, should I disagree.

(Signature of Provider)

(Typed Name)
(Grade, Corps)

Figure 9–2. Sample format for provider memorandum acknowledging clinical privileges and staff appointment status

Chapter 10
Adverse Clinical Privileging/Practice Actions

10–1. General

This chapter describes the management of adverse privileging/practice actions for privileged providers and other professionals. The process has four steps: investigation, professional peer review, hearing, and appeal. The term, "provider" is used for individuals granted clinical privileges. In select instances, information contained in this chapter may also apply to the nonprivileged professional. In those instances, the term, "professional" will be used. (See chap 6 for adverse practice action and peer review information regarding nonprivileged personnel.)

10–2. Command responsibility

a. Action taken on the part of the commander against a provider's privileges (professional's scope of practice) may be warranted based on performance suspected or deemed not to be in the best interest of quality patient care. These actions include holding in abeyance, denying, suspending, restricting, reducing, or revoking clinical privileges/practice. The action taken may be immediate (summary) in the event of a critical incident or as a result of the credential committee's deliberation (routine) on information made available through CQM reporting channels.

b. The commander's prerogative to hold in abeyance, to deny, or to summarily suspend clinical privileges/practice is exercised when there is reasonable cause to doubt the individual's competence to practice or for any other cause affecting the safety of patients or others. Reasonable cause includes—

(1) A single incident of gross negligence.
(2) A pattern of inappropriate prescribing.
(3) A pattern of substandard care.

(4) An act of incompetence or negligence causing death or serious bodily injury.

(5) Abuse of legal or illegal drugs or diagnosis of alcohol dependence. (See chap 11.)

(6) Documented alcohol or other drug impairment and the individual refuses/fails rehabilitation or a psychiatric disorder that is not responsive to treatment.

(7) Significant unprofessional conduct.

c. The specific intent of all those involved in any adverse action against a provider's privileges (adverse practice action for the professional) should be—

(1) To protect the safety and well-being of all patients for whom healthcare is provided.

(2) To safeguard the quality and efficiency of care delivered within the AMEDD.

(3) To protect the rights of the individual(s) in question (afford due process).

(4) To ensure timely resolution of the issues related to provider/professional performance.

(5) To separate the professional actions and considerations from any associated administrative or legal considerations.

(6) To allow timely reporting of individuals to professional regulatory agencies, if required.

d. When an MTF closes, careful attention will be given to the disposition of adverse privileging/practice action information. Records will not be destroyed. The credentials manager at the closing facility will forward all files, reports, and adverse privileging/practice actions information (archived and active) to the RMC/RDC. The RMC/RDC assumes responsibility for the resolution of any pending adverse action cases (privileging/practice or administrative) and the maintenance of all records, files, and reports.

10–3. Consultation and coordination regarding adverse privileging/practice actions

a. With legal counsel. Prior to proceeding with any adverse privileging/practice action addressed in this chapter, coordination should occur with the servicing SJA. This includes actions of abeyance, summary suspension of clinical privileges, investigations/inquiries, removal of the provider/professional from patient care, and any letters of notification. SJA coordination will help ensure that appropriate due process and legal rights are afforded from the outset of any action that may be taken. Prompt coordination with the local SJA is also encouraged to help ensure that the legal guidance regarding the action(s) underway is followed throughout.

b. With the RMC/RDC and others.

(1) *All categories of employees.* The RMC/RDC will be notified early in the adverse privileging/practice action process for guidance on procedures and to discuss a plan of action. As the primary POC for subordinate units on policies and procedures related to an adverse privileging/practice action, the RMC/RDC is responsible for oversight of the process. For providers/professionals assigned to MTFs within the region, the RMC/RDC will conduct the appeal of the commander's decision regarding an adverse privileging/practice action unless the MTF is a MEDCEN. For MEDCEN and RMC/RDC staff, the USAMEDCOM/USADENCOM will provide oversight and will conduct the appeal.

(2) *Civil service (GS) employees.* Consultation with the appropriate CPOC/CPAC employee relations specialist should occur prior to any adverse privileging/practice action (nonprivileged professional) being considered related to civil service employees. This consultation will help ensure that all established GS civilian employee guidelines are met.

(3) *Contract employees.* If an adverse privileging/practice action is being considered on a contract employee, the contract officer must be contacted before proceeding according to the provisions of the contract in place.

c. All adverse privileging/practice actions will be reviewed by the USAMEDCOM, Office of the SJA for legal sufficiency prior to final action by TSG.

10–4. Appropriate use of adverse privileging/practice actions

a. Adverse privileging/practice actions addressed in this chapter and any related administrative or legal actions must be handled separately. MTF and RMC/RDC commanders must ensure that, when appropriate, adverse privileging/practice action is taken and that the associated procedures are managed in a timely manner.

b. An adverse privileging/practice action is considered appropriate when there is evidence of incompetence, unprofessional conduct, or impairment and the provider/professional refuses to voluntarily modify or relinquish his/her privileges/scope of practice. For example, evidence may include deficits in medical knowledge, expertise, or judgment (competence); unprofessional, unethical, or criminal conduct (serious misdemeanor or felony) (conduct); or mental health disorders or alcohol/drug impairment (condition) that reduce or prevent the individual from safely executing his/her responsibilities in providing healthcare.

c. If an acute or chronic medical problem, mental health condition, or alcohol/drug impairment interferes with the provider's/professional's performance of clinical duties, the individual will submit a request to appropriately modify his/her privileges or scope of practice. This is considered an administrative action **not an adverse privileging/practice action**. The request with supporting evidence/information and the appropriate DA Form 5440 reflecting the modified privileges will be submitted according to local privileging procedures. The DA Forms 5441 and 5374 will be processed in the same manner as any other request for change of clinical privileges. See chapter 11 for further information regarding privileging actions and impairments.

d. Actions that do not meet these stated criteria may warrant authorized administrative or legal attention and action, as appropriate.

e. If warranted, adverse privileging/practice action must be taken regardless of the individual's affiliation with the organization (for example, contracted employee, volunteer) or duty status within the MTF.

f. Severing the employment relationship (to include PCS, separation, or retirement) in lieu of taking the adverse privileging/practice action that is indicated is not appropriate.

g. In situations involving illegal activity (for example, narcotics pilfering, physical/sexual abuse of a patient, and so forth) the CJA will be notified and an adverse privileging/practice action initiated as soon as possible following initiation of the Criminal Investigation Division (CID) investigation. Concurrent action by the CID and the MTF will facilitate timely notification to outside agencies of those individuals for whom such notice is warranted. No reporting to regulatory agencies by the USAMEDCOM will occur until final resolution of the CID investigation and all relevant information concerning the incident is available to TSG.

10–5. Other considerations related to adverse privileging/practice actions

a. Individuals providing implicating information. The AMEDD will make all reasonable efforts to protect the identity of persons who offer information that may result in an adverse privileging/practice action against another provider or professional. For example, the name of the individual providing information will be protected unless the due process rights of the provider/professional who is the subject of the action require disclosure or if disclosure is deemed appropriate pursuant to a request under the FOIA. No disciplinary action, punishment, or any form of retaliatory action will be taken against a person who submits information concerning a provider/professional unless it is later determined that the information was false and the person providing the information acted maliciously.

b. Allegations involving providers/professionals separated from service. Any allegations of substandard performance or misconduct reported to have occurred prior to an individual's separation from Federal service must be investigated, even though the individual in question is no longer on AD or employed by the Federal Government. The responsibility for investigating these situations, which may result in a provider/professional adverse privileging/practice action, will remain with the MTF in which the alleged substandard performance or misconduct occurred, with assistance as necessary from the RMC/RDC. The MTF will notify the provider/professional of the allegations under review and will afford the individual the opportunity to supply information on his/her behalf. If the MTF is no longer operational, the RMC/RDC will assume these responsibilities.

c. Allegations involving the MTF commander. When information arises on a privileged commander's clinical performance, conduct, or condition that may bear on his/her suitability for professional practice, the DCCS (or dental equivalent) will notify the RMC/RDC who, in turn, will notify the Commander, USAMEDCOM, ATTN: MCHO–CL–Q, 2050 Worth Road, Fort Sam Houston, TX 78234–6010 or Commander, USADENCOM, ATTN: MCDS, 2050 Worth Road, Fort Sam Houston, TX 78234–6004. The RMC/RDC is responsible for any adverse privileging/practice actions involving its subordinate MTF commanders except MEDCEN commanders. The USAMEDCOM QMD or USADENCOM is responsible for any adverse privileging/practice action involving RMC/RDC or MEDCEN commanders.

d. Use of time lines. Time lines will be specified both in calendar days for actions required of the command and in duty days (that is, actual working days) for the individual involved when corresponding actions are required of the provider/professional. The time lines are established to allow the individual in question adequate time to prepare for and sufficiently participate in the proceedings and to facilitate timely resolution of the adverse privileging/practice action. While it is important that the time limits reflected in this regulation are met, no rights will accrue to the benefit of an affected provider/professional, in an otherwise proper action, based solely on the organization's failure to meet such time limits.

e. Withdrawal of permission to engage in off-duty employment.

(1) The commander (or designee) must withdraw any permission for the military provider/professional to engage in clinically related off-duty civilian employment until the privilege/practice action under review is resolved. The commander must also notify any MTF (or civilian treatment facility) where the individual (military or civilian) is employed of a summary suspension of clinical privileges/practice. Coordination with the CJA is encouraged to ensure the Privacy Act rights of the provider/professional are not violated in the notification of off-duty employers. (See AR 40–1, para 1–8, for guidance regarding off-duty civilian employment.)

(2) Notification in response to abeyance of privileges/practice is at the commander's discretion.

(3) The commander must revoke permission for off-duty health-care-related employment if an individual has been indicted or titled for any of the acts of unprofessional conduct listed in appendix I.

(4) The contractor will be notified for contract employees.

(5) Any new application for off-duty employment submitted during an adverse privileging/practice action review will not be approved until the privileges/practice duties of the individual have been restored.

f. Information to State and other regulatory agencies. Every effort must be made at the local level, and by appropriate USAMEDCOM QMD staff, to assist in the investigation of the incident(s) by State boards or other

regulatory agencies. Information made available to licensing/regulatory bodies will be provided only by the USAMEDCOM QMD.

10–6. Invoking an adverse privileging/practice action

When a provider's conduct, condition, or performance requires action to protect the health or safety of patients, his/her clinical privileges/practice will be placed in abeyance or suspended while a thorough and impartial investigation is conducted. The fact-finding period allows time to gather and carefully evaluate additional information regarding the situation prior to initiation of an adverse privileging/practice action, if deemed appropriate.

a. Abeyance.

(1) An abeyance is not an adverse privileging/practice action. However, the individual is formally placed "on notice" that scrutiny of his/her practice has begun which may result in an adverse privileging action or other administrative action. The commander, DCCS, or department chief may take this action against a provider/professional.

(2) An abeyance action is taken by the appropriate authority when an evaluation of performance appears warranted, but information is insufficient to suspend privileges/practice or the potential hazard to patients or patient care is not well defined. In any case, prudence dictates that the individual not be permitted to render patient care. During the period of abeyance the provider is assigned to nonclinical duties until the investigation is complete. DD Form 2499 will be initiated and forwarded (for informational purposes only) to the USAMEDCOM QMD, with copy furnished to the RMC or other higher headquarters, as appropriate.

(3) An abeyance is valid for 15 calendar days and may be extended by the commander, if required, provided the total period of abeyance does not exceed 30 calendar days. On the 31st day, if the abeyance is not closed, the action automatically becomes a summary suspension of clinical privileges/practice. This is a temporary action. Once the case is closed, all documentation associated with an unfounded abeyance action will be destroyed.

(4) An abeyance that is not resolved when the individual terminates his/her relationship with the MTF (that is, resigns his/her position or is released from AD) automatically becomes a suspension of privileges. This is considered a final action and the suspension of the provider's privileges/practice will be reported as outlined in chapter 14.

b. Suspension. There are two types of suspension associated with clinical privileges: summary suspension (a temporary action) and suspension (a final privileging action).

(1) Summary suspension of clinical privileges/practice is a temporary removal of privileges (full or partial) that is used to limit a provider's/professional's practice while the investigation and due process procedures are conducted or while performance reevaluation, targeted training, or rehabilitation is completed.

(a) As noted in paragraph *a*(3), above, a summary suspension is automatically imposed following 30 calendar days of abeyance, if the fact-finding procedures and related actions have not been completed. Every effort must be made to conclude the investigation in a timely manner in order to reinstate the individual's privileges/practice, if warranted, or to proceed with other appropriate interventions or an adverse privileging/practice action.

(b) In cases where the individual's misconduct, professional incompetence, or negligence is obvious and this poses a clear and evident threat to the safety of patients or the well-being of others, instead of an abeyance, a summary suspension of clinical privileges/practice should be the initial course of action.

(2) The commander will invoke the summary suspension of clinical privileges/practice. This immediately details the individual in question to nonclinical duties. Specific instructions to the provider/professional related to his/her duty will be included in the commander's written notification of suspension. A summary suspension of privileges/practice will last only as long as needed for other definitive adverse privileging/practice action (that is, restriction, reduction, suspension, denial, or revocation) to be taken. While these actions, if longer than 30 days in duration, are reportable to the NPDB (see para 14–3*b*), summary suspension of clinical privileges within the DOD is not reported to the NPDB. DD Form 2499 will be initiated (informational purposes) and forwarded to the Commander, USAMEDCOM (MCHO–CL–Q), 2050 Worth Road, Fort Sam Houston, TX 78234–6010, with copy furnished to the RMC or other higher headquarters, as appropriate. At the conclusion of the period of summary suspension, if the case is unsubstantiated or unfounded, all documentation associated with this action will be destroyed. No information concerning this incident will be entered into the PCF.

(3) A suspension of privileges (final determination) is an adverse privileging action and, therefore, must be identified as such. Suspensions must be disclosed when applying for future privileges, licensure/certification/registration, or malpractice insurance. The suspension must be disclosed even if subsequent action results in reinstatement. Explanation of the reasons for the suspension and its final outcome may be offered by the provider/professional at the time of disclosure.

c. Notification procedures.

(1) Privileged provider or professional.

(a) The individual will be notified in writing within 14 calendar days that his/her clinical privileges/practice have been placed in abeyance/summary suspension. The memorandum (see fig 10–1)—delivered in person or by certified return receipt requested mail—will state the basis for the abeyance/summary suspension, the duration of the action, that a QA investigation will be conducted, and that the results of the process will be reviewed by the credentials committee.

(b) If only a portion of the provider's clinical privileges or professional's scope of practice are being placed in abeyance/summary suspension, the notification letter must state this.

(c) In addition, the notification must state that an abeyance not resolved within 30 calendar days will become a summary suspension.

(d) The notification letter should also explain the implications of leaving military service or Federal employment while a privilege/practice action is underway. (See para *a*(4), above.) The provider will acknowledge receipt of this notification by signed memorandum. (See fig 10–2.) If the provider refuses to sign the memorandum, a responsible official may indicate "refused to sign" where the signature would normally appear.

(2) RMC/RDC and USAMEDCOM/USADENCOM notification.

(a) The MTF commander will notify the USAMEDCOM and the next higher headquarters when a provider's privileges/professional scope of practice have been either placed in abeyance or summarily suspended. Notification utilizing DD Form 2499 will be made within 3 working days.

(b) Other available information regarding any egregious situation of a sensitive or a potentially notorious nature, any incident of gross negligence, and any act of incompetence or negligence causing death or serious bodily injury (an SE), or allegations thereof, will be transmitted electronically to the Commander, USAMEDCOM (MCHO–CL–Q), 2050 Worth Road, Fort Sam Houston, TX 78234–6010, with copy furnished to the RMC or other higher headquarters, as appropriate.

(c) The USAMEDCOM QMD is responsible for relaying information to TSG, as appropriate. Followup documentation on DD Form 2499 will be according to the requirements of paragraph 10–14.

d. The CQM QA investigation.

(1) In cases of abeyance or summary suspension of clinical privileges/practice, there will be an immediate and rigorous investigation to collect the relevant facts and information. Every effort must be made to ensure a thorough, fair, honest, and unbiased review of the matter(s) under investigation.

(a) The MTF commander (designee) will appoint an officer (a disinterested third party), pursuant to the authority of this regulation, to conduct the investigation and to report the results to the credentials committee or for nonprivileged individuals to the department/service chief.

(b) The investigating officer may testify at any hearing conducted following the investigation and may be required to provide clarifying information or respond to questions from the credentials committee, as appropriate. However, if the individual is a member of the credentials committee, he/she is disqualified from any formal committee vote on this matter.

(c) To ensure a comprehensive, independent review of the event, the MTF commander may request that a provider/professional with the appropriate specialty background and credentials be made available from the next higher headquarters, or from another Service, to conduct the investigation.

(d) To maximize the objectivity of the process, a recognized, unaffiliated civilian specialist may be requested, if practical, to actively participate in the investigation.

(2) The investigation may include voluntary consultation with the individual in question, review of any relevant documents, or discussions with other individuals having knowledge of the situation.

(a) When the investigation is complete, the report submitted by the investigating officer will present the factual findings with appropriate justification or details and may include the investigating officer's conclusions or recommendations.

(b) In select circumstances, the commander need not wait until the conclusion of the investigation to return the provider to clinical duties. If the early phases of the investigation clearly indicate the absence of substandard performance or other problems, the credentials committee should meet, review the preliminary details of the investigation, and advise the commander of such without delay. In situations where provider misconduct or malfeasance may be apparent or suspected, the commander will be notified immediately. Other action (for example, Article 32 or AR 15–6 investigation) on the part of the commander may be appropriate. The servicing Judge Advocate shall be consulted.

Note. For nonprivileged professionals, information regarding the CQM QA investigation is returned to the department/service chief. The credentials committee is involved in direct management of privileged providers only. See chapter 6 for information regarding nonprivileged professional peer review mechanisms.

e. Credentials committee action.

(1) At the conclusion of the investigation, the credentials committee will review and carefully consider the investigative officer's report. The report, along with other information collected, is the basis of the peer review that may be warranted and subsequent recommendations to the commander for adverse privileging action against the provider.

(2) After reviewing the CQM QA investigation report and/or other pertinent information, the credentials committee chairperson may recommend to the commander that—

(a) No further action be taken (that is, the evidence available did not warrant a privileging action) and the provider's clinical privileges in abeyance be fully reinstated.

(b) The provider's clinical privileges currently held in abeyance be summarily suspended pending a formal peer review.

(c) A peer review panel be convened to evaluate the available information and to determine if the SOC was met. This function may be conducted under the auspices of the credentials committee or other committee as is customary for the organization and according to local policy. The appropriate authority, according to local policy, will ensure that the provider receives written notification of the forthcoming peer review (see fig 10–3) and is advised of his/her rights to due process.

(d) Other actions (administrative, personnel, civil, or criminal) be taken.

f. The privileged provider peer review process. (See chap 6 for peer review information pertinent to nonprivileged professionals.)

(1) *The intent.* When a provider's privileges have been summarily suspended (or otherwise adversely affected), a peer review panel (internal or external) will be conducted to evaluate the provider's performance, conduct, or condition to determine the extent of the problem(s) and to make recommendations through the credentials committee to the commander.

(a) To avoid the possibility of bias, those individuals who are involved in the peer review (for SOC determination or evaluation of the provider's conduct, condition, or competence) should not participate as voting members for subsequent credentials or RM committee actions involving the named provider.

(b) The professional review by a committee of the provider's peers must focus on how the action under review impacts the provider's ability to practice clinically.

(c) The provider in question does not have the right to be present during the proceedings; however, he/she shall have the opportunity to provide a written statement regarding the events under review, to appear before the committee and make a verbal statement, to clarify issues in the case as needed, to ask questions, and to respond to questions from the committee.

(d) The provider is encouraged to consult with legal counsel at any step in an adverse privileging action; however, the peer review is not a legal proceeding.

(2) *Provider notification of a scheduled peer review.* The individual in question will acknowledge receipt of notification of forthcoming peer review, using a format similar to the memorandum acknowledging notification of abeyance/summary action. (See fig 10–2.) The written notification to the provider, within 14 calendar days of the decision to conduct the peer review, will contain—

(a) The date, time, and location of the peer review.

(b) A statement of the alleged facts, events, conduct, or omissions subject to review. To maintain the confidentiality of any patients who may be associated with the evaluation of the individual's conduct or performance, the patient's hospital admission number or initials will be used.

(c) His/her rights regarding participation in the peer review proceedings, as noted in paragraph (1)(*c*), above.

(d) A POC (name, address, telephone, and facsimile numbers) to receive any written correspondence or provider-supplied information.

(e) Reference to the MTF peer review policy for additional guidance.

(3) *Peer review panel composition.* The provider peer review panel must be comprised of an odd number of members, except as noted in paragraph (4) below.

(a) One person will be designated as the chairperson/facilitator.

(b) The members will be of similar background, whenever possible, and in the same professional discipline/specialty as the provider in question. Panel members may be brought in from other MTFs to meet this requirement (that is, to conduct an internal peer review) or the case file and all supporting documentation may be forwarded to another MTF (military or civilian) for an external peer review to be performed. Local policy will stipulate the circumstances under which an external peer review is required. The peer review panel may also be convened by audio/video-teleconference if there are insufficient qualified providers in a given location to perform this function.

(c) Except in cases of an unfounded or unsubstantiated abeyance action or summary suspension of a provider's privileges, the credentials manager will maintain an administrative file containing the peer review documentation associated with an adverse privileging action for possible future reference. The Army Records Information Management System (ARIMS) retention schedule at https://www.arims.army.mil/specifies the period of time this record may be kept at the MTF. Documents retained in this file may include: list of references used; list of documents reviewed; list of personnel interviewed; inventory of documents reviewed and returned; a confidentiality statement to be signed by each of the panel participants; or the commander's letter of appointment to the peer review for each member. All documentation associated with an unfounded abeyance action or summary suspension will be destroyed.

(4) *Impartiality of the peer review participants.* This review process is a function of the provider's peers. Personnel participating in this process must be able to impartially review the case and render an objective decision at the conclusion of deliberation. The following individuals should not be voting participants in the peer review of the provider in question:

(a) The individual's direct supervisor.

(b) Providers for whom the individual is the supervisor, to include immediate or senior rater for OERs or endorsing official for civilian performance appraisals.

(c) The individual who suspended the provider's privileges or who recommended administrative or legal action against the provider in this case or previous cases.

(d) Any person who investigated the case.

(e) Any person whose testimony plays a significant part in the case.

(f) Any member who is participating, or has participated, in other administrative proceedings (courts-martial board or administrative review board) involving the provider in question.

(g) Any member who is reviewing, or has reviewed, the provider's actions under consideration by the credentials committee.

(h) The credentials/RM committee chairperson.

(5) *Recommendations regarding clinical privileges.* The conclusions reached should be readily supported by rationale that specifically addresses the issues for which the peer review was conducted. Minority opinions and views of the peer review panel will be considered and appropriately entered into the record of the panel's activities. If additional information is required, the case may be referred back for further action to the individual(s) who conducted the inquiry. The peer review panel considers the information from the CQM QA investigation and any other relevant facts and makes recommendations to the credentials committee regarding the provider's clinical privileges. One of the following recommendations may be made:

(a) Reinstatement. The return of privileges to the original privilege state. Reinstatement may include provisions for provider M&E with stipulations as to the nature and duration of the M&E. This is not an adverse privileging action; it is not reportable to regulatory agencies, and no hearing or appeal is offered. If M&E exceeds 30 days, this is deemed a conditional reinstatement of privileges and will be reported by the USAMEDCOM QMD to the appropriate State/ regulatory agencies.

(b) Suspension. The temporary removal of all or a portion of a provider's privileges resulting from incompetence, negligence, or unprofessional conduct. (See para *b*(3), above.)

(c) Restriction. A temporary or permanent limit placed on all or a portion of the provider's clinical privileges. The provider may be required to obtain concurrence before providing all or some specified healthcare procedures within the scope of his/her license, certification, or registration. The restriction may require some type of supervision.

(d) Reduction. The permanent removal of a portion of the provider's clinical privileges. The reduction of privileges may be based on misconduct, physical impairment, or other factors limiting a provider's capability.

(e) Revocation. The permanent removal of all clinical privileges and termination of the provider's patient care duties. In most cases, this action will be followed by administrative procedures to terminate the individual's DOD services. This action can only be taken after the provider has been afforded hearing rights. (See para 10–7.) Prior to the hearing, the MTF may decide/notify/refer to this only as an intent to revoke clinical privileges/practice.

(f) Denial. Refusal of a request for privileges due to substandard performance, professional misconduct, or impairment. This may occur at the time of initial application for privileges or when renewal of privileges is requested.

(6) *Credentials committee recommendations to the commander.* Within 7 calendar days of completing the peer review process, the panel's recommendation(s), along with the case evidence, will be forwarded to the credentials committee. Following any additional review of the facts of the case, the credentials committee will include its recommendation(s), which may or may not coincide with those of the peer review panel, and the entire case file with recommendations is forwarded to the commander.

(7) *Action by the commander.*

(a) The commander has 14 calendar days from receipt of the recommendation(s) to review and to decide what privileging action to take based on the facts provided. The commander is not bound by the recommendations of the credentials committee or the peer review panel.

(b) The commander will provide written notification to the provider of the privileging action to be taken and the justification for this action addressing all specified allegations (see fig 10–4). If the provider is a contractor, a copy of the notification is forwarded to the responsible contracting office, and a letter documenting these actions is provided to the contractor at the address of record.

(c) If the proposed action is to deny, suspend, restrict, reduce, or revoke the provider's privileges, the commander must advise the provider in writing of his/her hearing and appeal rights. The commander must address in the notice to the provider the specific allegations that constitute grounds for the hearing and will include relevant dates and copies of patient records that are pertinent to the hearing.

(d) For providers whose privileges have been restricted to the extent that they are no longer performing the full range of normal duties in their specialty practice, follow-on administrative action may be required.

1. The MTF commander may consider separation from service in a less-than-fully privileged status (military) or take appropriate action through the civil service system or the employee's contracting agency for failure to maintain conditions of employment (civilian/contract).

2. If the provider is to be retained on AD, appropriate personnel or administrative action will be taken to change his/her AOC or SI and discontinue specialty pay. The MTF commander will make his/her recommendation through the RMC, through the Commander, USAMEDCOM (MCHO–CL–Q), 2050 Worth Road, Fort Sam Houston, TX 78234–6010 to HRC (TAPC–OPH) appropriate career branch), 200 Stovall Street, Alexandria, VA 22322–0417. The

DTF commander will make his/her recommendations through the RDC, through Commander, USADENCOM (MCDS), 2050 Worth Road, Fort Sam Houston, TX 78234–6004 through the Commander, USAMEDCOM (MCHO–CL–Q), 2050 Worth Road, Fort Sam Houston, TX 78234–6010 to HRC (TAPC–OPH) appropriate career branch), 200 Stovall Street, Alexandria, VA 22322–0417. See paragraph 10–16*e* for guidance regarding USAR/ARNG personnel.

g. Other credentials committee actions.

(1) In the case of suspected drug or alcohol involvement, a member of the impaired healthcare personnel committee (IHCPC) will be appointed to the ad hoc group that will conduct the peer review. (See chap 11.)

(2) The credentials committee will ensure that peer review findings are considered when provider-specific credentialing and privileging decisions are rendered and, as appropriate, in the organization's PI processes. Summary peer review conclusions will be tracked over time and any PI actions based on these conclusions will be monitored for effectiveness.

(3) The credentials committee is responsible for executive oversight and analysis of aggregate data related to all adverse privileging/scope of practice actions within the organization. Privileged provider data are contained in credentials committee minutes. For the nonprivileged healthcare professional, a copy of the CQM QA investigation, peer review activity, and the subsequent recommendations for action provided to the commander, will be forwarded by the appropriate department chief to the credentials committee.

10–7. Provider hearing rights

a. Written notice of hearing rights. Notification of the commander's decision for action against a provider's privileges will be delivered to the provider, either in person or by certified return receipt requested mail (see fig 10–4). The notification will be made as soon as is practical but in no case later than 14 calendar days after the recommendations are made by the credentials committee to the commander. The same written notification requirement and time line exist when the CQM QA investigation suggests reasonable cause. When the commander's proposed action is to deny, suspend, restrict, reduce, or revoke the provider's privileges, the following requirements apply.

(1) The written notice to the provider will specify the deficiencies substantiated by the peer review process, the proposed adverse privileging action to be taken by the commander, and the right of the provider to request and to be present at a formal hearing.

(2) By signed memorandum, the provider acknowledges his/her receipt of this notification. (See fig 10–5.) Should the provider refuse to acknowledge receipt of written notice, a memorandum for record to make note of the refusal will be prepared.

b. Provider participation. If the provider wishes to request a hearing, he/she will have 10 duty days, from date of receipt of the notification of recommended adverse privileging action, to respond in writing to the credentials committee chairperson.

(1) Prior to the hearing, the provider will have access to all information that will be presented for consideration at the hearing.

(2) The provider may voluntarily waive his/her right to a hearing. This decision is final and not subject to appeal.

(3) If the provider waives his/her right to a hearing, recommendations from the credentials committee (and peer review panel if this review was conducted) will be forwarded to the MTF commander for review and decision. A copy of the commander's decision regarding the adverse privileging action and the provider's notice of said action will be filed in the PCF.

(4) Waiver of hearing and appeal rights will result in a report to the NPDB according to paragraph 14–3*b*.

(5) Failure on the part of the provider to request a hearing, or failure to appear at the scheduled hearing (absent good cause), constitutes waiver of hearing and appeal rights. At the request of the provider, the commander will determine the existence of good cause.

(6) If the provider is unable to appear in person at the hearing due to unusual or urgent circumstances, alternate means of obtaining his/her personal participation will be offered (for example, written deposition, telephone conference call).

10–8. Hearing board procedures

a. The DCCS (or other physician designated by the commander) will chair the hearing board. Members of the hearing board shall be individuals who were not involved in the peer review of the provider in question.

(1) The hearing is administrative in nature. Therefore, the rules of evidence prescribed for trials by courts-martial or for proceedings in a court of law are not applicable. For further guidance, see AR 15–6, paragraph 3–6. If criminal misconduct is suspected, the president of the board will seek the advice of the servicing judge advocate before proceeding.

(2) The committee will be fully informed of the facts to allow an intelligent, reasonable, good faith judgment. The committee may question witnesses and examine documents, as necessary, to collect pertinent information.

(3) For procedural guidance on how to conduct the hearing, AR 15–6 may be consulted, but its provisions are not mandatory.

b. The chairperson of the hearing board will advise the provider in writing (fig 10–6), delivered in person, with

provider receipt acknowledged by signed memorandum (fig 10–7), or by certified return receipt requested mail, of the following:

(1) The adverse privileging action under consideration that is the grounds for the hearing; any specific dates, facts; and all pertinent documents applicable to the case.

(2) The time and location of the hearing. The hearing should convene within 10 duty days (not less than 5 days but not more than 10 days) from the provider's receipt of the hearing notification unless extended for good cause by the hearing board chairperson. For USAR/ARNG providers, the hearing will be convened within 30 calendar days of provider notification.

(3) The names of the witnesses who will be called to testify at the hearing.

(4) His/her right to be present, to submit evidence, to question witnesses called, and to call witnesses on his/her behalf. The provider should be advised that he/she is responsible for arranging the presence of his/her witnesses and that failure of such witnesses to appear will not constitute a procedural error or basis for delay of the proceedings.

(5) The right to consult legal counsel. Providers whose personnel status entitles them to receive legal assistance may contact their servicing office of the SJA for legal advice if desired. Legal representation in this matter is not an entitlement but may be provided subject to resource limitations as determined by the supervisory judge advocate in the office of the SJA or Trial Defense Service. Providers may obtain advice or representation from civilian counsel at no expense to the Government. To determine if a provider is eligible to receive legal assistance, consult AR 27–3.

c. The provider is encouraged to consult with legal counsel or any other representative. Civilian counsel obtained by the provider will be at no expense to the Government. Such representatives may attend the hearing but their participation is limited to advising the provider only. They will not be permitted to ask questions, respond to questions on behalf of the provider, call or question witnesses, or seek to or enter material into the record.

d. During a hearing involving a civilian provider, the exclusive representative of the appropriate bargaining unit (union or contract agency) has the right to be present, if requested by the provider, under the following conditions:

(1) When a civilian provider as a member of the bargaining unit is the subject of the proceedings or a requested witness.

(2) When the civilian provider reasonably believes that the investigation could lead to disciplinary action. Unless specifically required by the collective bargaining agreement, there is no requirement to advise the employee that the representative could be present under these circumstances.

(a) If the civilian provider requests the presence of the exclusive representative, a reasonable amount of time will be allowed for this to be accomplished. The servicing CPOC/CPAC, as appropriate, and labor union counselor will be consulted before denying such a request.

(b) The role of the exclusive representative is not wholly passive, although he/she will not be permitted to make the proceedings adversarial.

(c) Subject to the discretion of the hearing board chairperson, the exclusive representative may be permitted to explain the employee's position in this matter (if the employee agrees) or to persuade the employee to cooperate in the proceedings.

e. The hearing board will review all the material presented, including that submitted by the provider. The chairperson will arrange for the orderly presentation of information and will rule on any objections made by the provider.

(1) If criminal misconduct, including dereliction of duty, is known or suspected, the chairperson of the hearing board will advise the provider of his/her rights, using DA Form 3881 (Rights Warning Procedure/Waiver Certificate). (See AR 190–30 for instructions on the use of this form.)

(2) If an investigating officer was designated (see para 10–6*d*(1)), he/she may be called before the hearing committee to answer questions or to provide additional information. However, the investigating officer will not participate in the hearing board deliberations and he/she may not vote.

(3) The hearing will be documented in summarized minutes that reflect all the salient details of the proceedings. The hearing is considered a QA activity covered by 10 USC 1102 and, as such, no recording devices, other than that used by the designated recorder to prepare the record, will be permitted in the hearing room.

f. Following the presentation of all evidence and relevant information, the provider being examined will be excused, and the hearing board will determine its findings and recommendations.

Note. Each of the board's findings must be supported by a preponderance of the evidence. Each finding must be supported by a greater weight of evidence than supports a contrary conclusion, that is, evidence which, considering all evidence presented, points to a particular conclusion as being more credible and probable than any other conclusion.

Recommendations may include, but are not limited to—

(1) Reinstatement of privileges.

(2) Identification of specific provider deficiencies that require improvement and the establishment of requirements such as consultation with other providers or specialists related to patient care management. (The board should not make recommendations involving the reassignment of a provider.)

(3) Suspension, reduction, or restriction of clinical privileges for a specified length of time. The hearing board may recommend that a provider be released from AD or Federal employment.

(4) Revocation of clinical privileges.

(5) To reconvene the hearing, after appropriate notice to the provider, to consider additional relevant evidence.

g. Decision of the hearing board is by majority vote. The chairperson of the board will vote only in the event of a tie. Members of the hearing board will cast a vote either "yes" or "no." No abstentions are permitted. Voting will be by secret ballot.

h. The hearing board must be aware of the gravity of its responsibilities and the need to clearly document its findings and recommendations. Specifically identified incidents or situations will support general statements by the board. Copies of pertinent medical/dental records or specific case histories, to substantiate the findings of the board, will be included in the record of the proceedings. These, and any other attachments, will be tabbed as exhibits to the record.

i. Selected members of the credentials committee may serve as the hearing board, or the entire credentials committee may perform this function, as determined locally. Any credentials committee member, who has acted as investigating officer or member of the peer review panel, should recuse themselves from any subsequent proceedings in which a vote is required. A privileged provider from the same discipline as the provider in question should be a voting member of the hearing board.

j. The hearing will be closed to the public; however, the provider may request that observers be permitted. The chairperson will normally grant the request but may limit the number of observers and may exclude anyone who is disruptive.

k. The hearing board may obtain advice concerning legal questions from the servicing SJA office. The provider should be advised of any legal questions as they arise and the answers that were provided by legal counsel.

10–9. Action on hearing recommendations

a. The record of the hearing—including findings and recommendations—will be reviewed by the ECMS prior to being forwarded to the MTF commander.

(1) The hearing board record—to include findings and recommendations—shall be available for review by all qualified members of the ECMS prior to the case file being forwarded to the commander.

(2) All qualified members of the ECMS (excluding any hearing board members or any member that acted as the investigation officer) may either concur by endorsement with the recommendations or submit separate recommendations.

(3) If a member of the ECMS is absent (for example, through TDY or illness) when the hearing board report is forwarded, such absence will be noted and the case forwarded to the commander without action by the absent member.

b. The servicing SJA (or DA civilian attorney) will review the record, including credentials committee/peer review panel findings and recommendations and any input from the provider in question, for legal sufficiency prior to action by the commander.

c. The commander will review the hearing record (including credentials committee/peer review panel findings and recommendations and any input from the provider in question) and make a decision regarding the provider's privileges.

(1) The findings and recommendations contained in the hearing record are advisory only and not binding on the commander.

(2) Written notice of the commander's decision, with the date of delivery annotated on it, will be furnished to the provider either in person or by certified return receipt requested mail. The signed receipt acknowledges the provider's receipt of the commander's decision. If the decision includes denial, suspension, restriction, reduction, or revocation of the individual's privileges, the notice should advise the provider of his/her right of appeal. The notice should also advise the provider that, upon request, he/she will be provided a copy of the hearing record.

(3) A copy of this notice will be placed in the individual's PCF. The appropriate department, service, or clinic chiefs will also be advised of the decision.

10–10. The appeals process

a. When the MTF commander decides to suspend, restrict, reduce, revoke, or deny clinical privileges, the provider will be granted 10 duty days (extendable in writing by the commander for good cause) to submit a request for reconsideration to the MTF commander.

(1) If the provider does not request reconsideration, the adverse privileging action and all information pertaining to the case will be submitted to the USAMEDCOM QMD, with copy furnished to the next higher headquarters, for reporting to the NPDB. (See chap 14.)

(2) If the provider elects to appeal the commander's decision, he/she will submit a formal request for reconsideration that identifies the errors of fact or procedure that form the basis of the request. The burden is on the provider to specify the grounds for reconsideration/appeal.

b. The MTF commander is granted 14 calendar days to consider the request. If he/she denies the request in whole or in part, the action will automatically be endorsed to TSG as an appeal. TSG is the final appellate authority for denying, suspending, restricting, reducing, or revoking clinical privileges.

c. The written appeal and all information pertaining to the case will be submitted through the appropriate RMC/

RDC commander using certified return receipt requested mail. The RMC/RDC commander will review the packet to ensure that all necessary information is included prior to forwarding the case to the appropriate staff office that will conduct the appeal.

d. The USAMEDCOM QMD will convene the appeals board for those appeals involving MEDCEN/RMC/RDC providers or commanders; the RMC/RDC is responsible for any adverse privileging action appeal from its subordinate MTFs. In either case, the appeals board will convene as soon as possible following receipt of all materials related to the adverse privileging action.

e. The appeals board will consist of a minimum of three privileged providers, one of whom will serve as the chairperson. The chairperson of the appeals board is a voting member. This may be the DCCS at the RMC level (comparable RDC position), or the Director, QMD at the USAMEDCOM level or other senior officer as deemed appropriate. It is recommended that at least one member be of the same discipline and specialty as the provider whose appeal is being considered.

(1) If the provider is a dentist with no medical facility privileges, the appeals board will consist of three dental officers.

(2) If the dentist has medical facility privileges and these privileges are subject to review, the committee will include one privileged physician and two dental officers. Ideally, one of these DC officers shall hold medical facility privileges. If action is being considered against a dental officer with hospital privileges, yet the action involves only the provider's dental privileges, the composition of the appeals board will be as described in paragraph (1) above. The dental provider will be afforded the same opportunity to submit written input for consideration by the appeals board.

f. The appeals board will review all information furnished by the provider, as well as the hearing record, and all findings and recommendations, in light of the provider's alleged basis for appeal. After considering the information and evaluating the merit of the appellant's appeal, the appeals board will advise the commander (USAMEDCOM/ USADENCOM or RMC/RDC) of its findings and recommendations for disposition, and whether it finds substantial evidence to support the MTF commander's adverse privileging action. For RMC-level appeals, the findings and recommendations of the board will be endorsed by the RMC commander and all documents considered by the board will be forwarded by certified return receipt requested mail to the USAMEDCOM for review and approval by the appellate authority (TSG). The findings and recommendations of the appeals board are advisory in nature and do not bind the appellate authority. TSG is the sole authority responsible for provider notification of the final decision associated with an appeal. To remove any potential conflict, no other parties will have input into the final decision by the appellate authority. There will be no deviation from this regulation in the review process.

g. The appellate authority will notify the provider by certified return receipt requested mail, as soon as possible, following adjournment of the appeals board, of the decision concerning the appeal. The RMC or MTF commander, as appropriate, will also be notified in writing. The appellate authority will provide clear guidance as to what actions the MTF is expected to take regarding the future utilization of the provider.

h. Only adverse privileging actions may be appealed under these procedures. Denial of a request for privileges for reasons unrelated to the abilities, qualifications, health, or skills of the provider is not considered an adverse privileging action.

i. Administrative action to separate the provider as a result of an adverse privileging action under paragraph 10–12 will be deferred pending appeal resolution. Providers who voluntarily separate prior to resolution of their appeal will be informed in writing that the process will be completed as though they were still on AD or employed in a civilian capacity. Special considerations, such as extensions of time for appeal, will not be granted.

10–11. Civilian training

If subsequent to an adverse privileging action the provider is not separated from Federal service and he/she seeks remedial training at a civilian institution, that institution will be notified of the adverse privileging action. Any remedial training must be approved by the MTF commander.

10–12. Separation from Federal service

a. An AMEDD provider's loss of license or clinical privileges, or a professional's loss of license, is the basis for separation from military or civilian service. (See AR 600–8–24 and AR 135–175 (for officers) or AR 635–200 and AR 135–178 (for enlisted).) When the clinical privileges of a military or civilian provider are denied, suspended, restricted, reduced, or revoked, a local command administrative review will be held to determine whether personnel action to separate the provider from Federal service should be initiated.

(1) For a provider/professional who separates from Federal service (military or civilian) in a less-than-fully-privileged status or with less-than-full scope of practice, information relative to the adverse privileging/practice action will be reported. Only TSG is authorized to report AMEDD healthcare personnel to the appropriate professional regulating authorities. The provider/professional will be informed of the consequences of leaving Federal service in a less-than-fully-privileged status/full scope of practice (that is, that a report will be filed with the NPDB, the Federation of State Medical Boards, State licensing board, and other regulatory agencies).

(2) For a provider/professional with a service obligation, consideration must then be given to branch transfer or reclassification action or, as an exception to policy, elimination from the Service.

b. The facility that initiated the adverse privileging/practice action will be responsible for finalizing all details associated with the action. This includes followup administrative procedures for a provider/professional who has been detailed to another facility for evaluation and found unfit for duty. In this instance, the individual will also be advised of his/her rights of due process.

10–13. Separation of a criminally charged provider

In accordance with AR 600–8–2, flags will be submitted when an unfavorable action or investigation (formal or informal) is started against a Soldier by military or civilian authorities. Soldiers will not automatically be held beyond their expiration term of service (ETS), expiration of service agreement (ESA), or mandatory release date (MRD) pending completion of an investigation or privilege/licensing action, even if they are flagged. All investigations or privilege/licensing actions must be completed prior to ETS/ESA/MRD, or authority must be obtained from the General Court-Martial Convening Authority or Headquarters, Department of the Army (HQDA) to extend the ETS/ESA/MRD. In accordance with AR 600–8–24, paragraph 1–16, an officer under investigation or pending court-martial will not be separated without HQDA approval. In the case of civilian personnel, the management employee relations specialist at the servicing CPAC should be contacted for guidance.

10–14. Reporting adverse privileging/practice action activities

a. The DD Form 2499 is used to report actions taken against a provider's privileges or the licensed/certified/registered professional's scope of practice.

(1) At the conclusion of the adverse privileging/practice action proceedings, documentation supporting the DD Form 2499 to include credentials committee minutes, hearing board record of proceedings, results of investigation, appeal response letter, and any other pertinent information will be forwarded, if the MTF has not already done so, with the DD Form 2499 to the USAMEDCOM/USADENCOM. A copy of these documents will also be furnished by the MTF to the next higher headquarters.

(2) The MTF commander will sign and date the DD Form 2499 in the bottom right hand corner of the "remarks section," (block 12) below any annotations contained in this section of the form.

(3) The date the DD Form 2499 is mailed to the USAMEDCOM will be annotated in the top right corner of the form.

b. The following activities will be reported through the chain of command, as indicated:

(1) *CQM QA investigations.* Provider/professional CQM QA investigations being conducted will be reported to the next higher headquarters (for informational purposes) within 7 calendar days of initiation. Appropriate documentation (that is, DD Form 2499 and other supporting materials) will follow, as stipulated below, if the evidence from the investigation supports an adverse privileging/practice action.

(2) *Clinical privileges/practice actions.* When the commander suspends, restricts, reduces, revokes, or denies (for other than facility-specific reasons) a provider's privileges or a professional's practice, or the individual voluntarily surrenders all privileges/practice while under investigation or to avoid investigation, a DD Form 2499 will be submitted within 7 calendar days following the action.

(a) MTF commanders will forward the DD Form 2499 to Commander, USAMEDCOM, ATTN: MCHO–CL–Q, 2050 Worth Road, Fort Sam Houston, TX 78234–6010, with copy furnished to the next higher headquarters.

(b) DTF commanders will forward the DD Form 2499 through the Commander, USADENCOM, ATTN: MCDS, 2050 Worth Road, Fort Sam Houston, TX 78234–6004, with copy furnished to the next higher headquarters. USADENCOM subsequently forwards the report to USAMEDCOM (MCHO–CL–Q).

(c) The RMCs and RDCs are responsible for administrative review to ensure completeness of the DD Form 2499 and all enclosures and other guidance as appropriate.

(d) Copies of all supporting documentation related to the adverse privileging/practice action will accompany the DD Form 2499.

(3) *Status reports.* Provider/professional status changes, using DD Form 2499, will be reported to the USAMEDCOM (MCHO–CL–Q)/USADENCOM (MCDS) with copy furnished to the next higher headquarters. Reports will be submitted every 30 days until final action has been completed and so indicated on the final DD Form 2499.

(4) *Reinstatement of clinical privileges/practice.* When the MTF commander approves total or partial restoration of clinical privileges/practice that had previously been removed, DD Form 2499 will be submitted to USAMEDCOM (MCHO–CL–Q), with copy furnished to the next higher headquarters.

(5) *Administrative or judicial action affecting privileges/practice.* If an individual is the subject of an administrative or judicial action (for example, a court-martial), a DD Form 2499 will be submitted reflecting the modified status of the individual's privileges.

c. In the event of a suspension, restriction, reduction, revocation, or denial of clinical privileges for a military provider with permission to engage in remunerative professional employment at a civilian medical/dental healthcare institution, the civilian employer will be notified of adverse privileging actions, as they occur, by the MTF commander.

The same requirement to report applies to nonmilitary providers working at civilian facilities. This is the only exception to TSG as the information-releasing authority.

10–15. Reportable acts of unprofessional conduct

a. Healthcare providers who are involved in any of the unprofessional acts/activities listed in appendix I, or similarly unprofessional actions, will be evaluated by the credentials committee (by the peer review panel and department/service chief for nonprivileged) and appropriate adverse privileging or practice recommendations will be made to the commander. Although the credentials committee is not a criminal investigative body, it can and will consider all evidence from such investigations in its deliberations. Whenever a reportable activity is identified, a DD Form 2499 will be submitted (see para 10–14*b*), noting any adverse privileging/practice actions that have been taken.

b. An unprofessional act is deemed to have "occurred" when the individual is indicted or titled for an offense (if applicable) or after completion of applicable investigative proceedings and command action. The commander will notify any civilian facilities in which the individual is engaged in off-duty health-care-related employment of the aforementioned. (See para 10–5*e*.)

c. A DD Form 2499 will be submitted on privileged providers and other nonprivileged healthcare personnel, whether licensed or pending licensure, who are convicted, plead guilty, plead nolo contendere, receive a discharge in lieu of courts-martial, receive a discharge in lieu of criminal investigation, or a less than honorable discharge for unprofessional conduct. Reporting will occur within 7 days of the date that formal charges were filed or the date of discharge, whichever comes first.

10–16. USAR/ARNG provider/professional adverse privileging/practice actions

a. USAR/ARNG providers/professionals are subject to denial, suspension, restriction, reduction, or revocation of clinical privileges/practice according to paragraph 10–4*b*.

b. If a military agency initiated the adverse privileging/practice action, that agency will forward the DD Form 2499 to Commander, USAMEDCOM, ATTN: MCHO–CL–Q, 2050 Worth Road, Fort Sam Houston, TX 78234–6010 or Commander, USADENCOM, ATTN: MCDS, 2050 Worth Road, Fort Sam Houston, TX 78234–6004, with copy furnished to the RMC or next higher headquarters, as appropriate. The USAMEDCOM will notify the appropriate regulatory authorities, medical commands, and the major Army commands to which the individual is assigned. Initiation of adverse privileging/practice actions will be based on individual unit assignment/attachment and type of training as follows—

(1) For all USAR/ARNG members performing duty (regardless of type) in an MTF, the commander of that facility will initiate the actions.

(2) For Active Guard Reserve members not assigned to a TPU, the actions will be initiated by the commander of the unit to which they are assigned or attached. Other Active Guard Reserve members are covered by the provisions of subparagraph (6) or (7) below.

(3) For IMA members, the commander of the unit to which they are assigned will initiate the actions.

(4) For IRR members not attached to a unit and assigned to the HRC (not performing duty), the HRC commander will initiate the actions.

(5) For IRR members attached to or performing duty at a TPU, if the individual is in a medical unit, the actions will be initiated by the unit commander. If the individual is not in a medical unit, the next higher medical command or the command having medical authority will initiate the actions.

(6) For ARNG members assigned to a medical unit, the unit commander will initiate the action. If the individual is not assigned to a medical unit, the State Surgeon or next higher command having a medical authority will initiate the action.

(7) For USAR members assigned or attached to a medical TPU, the unit commander will initiate the actions. If the individual is not assigned to a medical TPU, the next higher command having medical authority will initiate the actions.

c. For purposes of initiating adverse privileging/practice actions, processing appeals, and other appropriate followup action, if the next level of command is not a medical unit (or is a medical unit without sufficient medical assets assigned to convene the required committees), the higher commander having a medical authority will direct the appropriate assets from within his/her command to provide the necessary support.

d. When the USAMEDCOM is notified by a regulatory authority, to include the Federation of State Medical Boards or other sources, that an action was taken against an USAR/ARNG member, the USAMEDCOM (MCHO–CL–Q) will automatically notify the individual's unit of assignment/attachment. Additionally, the National Guard Bureau, USARC, and/or HRC will be notified of adverse privileging/practice information relevant to their assigned personnel. Information from the regulatory authorities will be provided to the appropriate commands for review and action according to chapter 14 of this regulation and/or AR 135–175, if appropriate.

e. A USAR/ARNG provider/professional will be considered for reclassification, branch transfer, or separation if an adverse privileging/practice action was taken which resulted in a permanent restriction or revocation of clinical

privileges/scope of practice. USAR/ARNG commanders will review such assigned members and recommend disposition according to appropriate regulations, dependent upon the nature and merit of each case.

f. Hearing rights and the appeals process will be as described in paragraphs 10–8 and 10–10. TSG is the final appeal authority.

(HEALTH CARE FACILITY Letterhead)

OFFICE SYMBOL (640-10e) (Date)

MEMORANDUM FOR (Name, Grade, and Address of Provider/ Professional)

SUBJECT: Notice of Abeyance (Summary Suspension) of Clinical Privileges/Practice

1. Effective immediately (all) (a portion) of your clinical privileges/practice at (include facility name and location) have been (placed in abeyance) (summarily suspended). This action is being taken as a result of (state the specific/alleged deficiencies involved, and the scope of the action being taken. Include the specific privileges/scope of practice that are/is effected and what is expected of the provider/professional in terms of his/her clinical duties and responsibilities).

2. The period of (abeyance is for a period of (specify number) days (may not exceed 30) (summary suspension is indefinite, pending conclusion of due process proceedings, as appropriate, associated with this action). Action related to your clinical privileges/practice and staff appointment, if warranted, will be initiated by the credentials committee at its meeting scheduled for (date). Every effort will be made to conclude the proceedings related to this matter in a timely manner.

3. An abeyance that is not closed within 30 days will automatically become a summary suspension of clinical privileges. Summary suspension will be in effect while due process proceedings are underway. Summary suspension in the DoD is not reportable.

4. You are hereby notified that a clinical quality management (CQM) quality assurance (QA) investigation will be conducted concerning the allegations specified above in paragraph 1. If, based on this investigation, there is substantial cause to proceed, a peer review under the auspices of the credentials committee (other committee) will be conducted to collect the necessary facts bearing on this matter. Should a peer review be warranted, you will receive written notification of such and instructions as to your rights and responsibilities related to the peer review process as detailed in AR 40-68, chapter 10.

5. Should you elect to terminate your (military) (Federal) service prior to resolution of these matters, your (abeyance) (summary suspension) will become a suspension of privileges/practice. This is considered a final action and a report to the NPDB and/or other State or regulatory agencies will be filed.

Figure 10–1 (PAGE 1). Sample format for memorandum notifying provider of an abeyance or summary suspension

FOR THE COMMANDER (if authorized):

(Signature)

(Typed Name)
(Grade, Corps)
Chairperson, Credentials Committee

Figure 10–1 (PAGE 2). Sample format for memorandum notifying provider of an abeyance or summary suspension—Continued

PROVIDER'S OFFICE SYMBOL (640-10e) (Date)

MEMORANDUM FOR: (Commander, Health Care Facility and Address, ATTN: Chairperson, Credentials Committee)

SUBJECT: Receipt of Notice of Abeyance (Summary Suspension) of Clinical Privileges/Practice

Receipt acknowledged. I understand that a CQM QA investigation will ensue and a peer review of my performance, conduct, or condition may be required. I also understand that I will be notified in writing should a peer review be scheduled so that I may attend and participate, as required.

(Signature of individual)

(Typed Name)
(Grade, Corps)

Figure 10–2. Sample format for provider memorandum acknowledging notification of abeyance/summary suspension

(HEALTH CARE FACILITY Letterhead)

OFFICE SYMBOL (640-10e) (Date)

MEMORANDUM FOR: (Name, Grade, and Address of Provider)

SUBJECT: Provider/Professional Notification of Peer Review

1. This is to inform you that on (date), the (credentials committee) (a credentials hearing board or other committee) will conduct a peer review to evaluate your performance, conduct, or condition that was the subject of a recent CQM QA investigation. This committee will review the nature of the circumstances surrounding the events in question, determine the validity of any allegations, and make recommendation to the commander, as appropriate. The peer review may adversely affect your clinical privileges/practice. Your staff appointment, as appropriate, may likewise be affected.

2. The allegations to be reviewed are (state the nature of the allegations constituting the grounds for the peer review in sufficient detail. Include the date, identity, and location of the record(s) of all activities or the cases that are involved in the allegations, so that the individual will be fully apprised of the matters to be considered during the peer review.)

3. The peer review will be conducted at (hour) on (date) at (location) (within 14 calendar days of notice to individual). While you do not have the right to be present during the proceedings, you may present a written statement regarding the events under review. In addition, you may be required to appear before the peer review panel to make a verbal statement, to clarify issues as needed, to ask questions, and to respond to questions of the panel.

4. You are encouraged to seek legal counsel at any step in the adverse privileging/practice action process. However, the peer review is not a legal proceeding, and a lawyer is not permitted to actively participate during the peer review. (As a civilian employee, you may be entitled to bargaining unit representation.)

5. A point of contact for you as you prepare for the peer review process is (state POC name, address, telephone, and facsimile numbers). He/she is available to assist you and to accept any forthcoming written correspondence from third party sources or any additional information that you may wish to provide.

6. Should you have any questions, or need further guidance, you may access AR 40-68, Clinical Quality Management, in the (office of the Credentials Manager) (other location). (Note any other local references that may be useful to the provider.)

Figure 10–3 (PAGE 1). Sample format for memorandum notifying provider/professional of a forthcoming peer review

7. Based on the CQM QA investigation, the peer review results, and the (credentials committee) (other committee) recommendations, the commander will determine what adverse action, if any, against your clinical privileges/practice is warranted. You will receive separate notification from the commander of proposed action against your clinical privileges (and staff appointment)/ practice.

FOR THE COMMANDER (if authorized):

(Signature)

(Typed Name)
(Grade, Corps)
Chairperson, Credentials Committee

Figure 10–3 (PAGE 2). Sample format for memorandum notifying provider/professional of a forthcoming peer review—Continued

(HEALTH CARE FACILITY Letterhead)

S: (Suspense date)

OFFICE SYMBOL (640-10e) (Date)

MEMORANDUM FOR (Name, Grade, and Address of Individual)

SUBJECT: Notice of Proposed Adverse Clinical Privileging/ Practice Action by the Commander

1. You are hereby notified of my decision to (state adverse privileging/practice action proposed) your clinical privileges/practice at (FACILITY: State name and location). Effective (date) your clinical privileges/practice will be (state limitation) for improper (state specifically the performance, conduct, behavior under review and the rationale for the action addressing all allegations). The period of this adverse privileging/practice action is to be (indefinite) (temporary, for a period of (state number of days), from (date) to (date)).

2. My decision is based upon recommendations from the (credentials/other committee) that met (date) to review all the facts and evidence pertinent to the CQM QA investigation and peer review that were conducted. As a result, (must specify what privileges/practice are affected and what is expected as far as the provider's clinical duties and responsibilities).

3. In addition to this proposed adverse action related to your clinical privileges, your staff appointment to this facility (will) (will not) be affected. (Note proposed change to appointment status, as appropriate.)

4. You are advised that you have the right, upon request, to have the credentials hearing board conduct a hearing to review this action concerning your privileges. The hearing procedures and your hearing rights are detailed in AR 40-68, chapter 10.

5. In order for this hearing to be conducted, you must make a written request for such to the chairperson of the credentials committee within 10 duty days from the date you receive this notice. If you fail to make the request within that time frame, or if you fail to appear at the scheduled hearing, you waive your right to the hearing and also waive your right to appeal to higher medical or dental authority.

Figure 10–4 (PAGE 1). Sample format for memorandum notifying provider of a proposed adverse privileging/practice action

(Signature of Commander)
(Typed Name)
(Grade, Corps)
Commander

Figure 10–4 (PAGE 2). Sample format for memorandum notifying provider of a proposed adverse privileging/practice action—Continued

OFFICE SYMBOL (640-10e) (Date)

MEMORANDUM FOR (Commander, Health Care Facility and Address, ATTN: Chairperson, Credentials Committee)

SUBJECT: Receipt of Notice of Proposed Adverse Clinical Privileging/Practice Action by the Commander

Receipt acknowledged. The memorandum notifying me of the commander's proposed adverse action against my clinical privileges (and staff appointment)/practice is dated (date), and I received it on (date). I understand that I have 10 duty days to request a hearing, if I elect to do so, according to AR 40-68. Further, I understand that should I elect not to request a hearing, or if I fail to appear at the scheduled hearing, I waive my right to appeal to a higher medical or dental authority.

(Signature of individual)

(Typed Name)
(Grade, Corps)

Figure 10–5. Sample format for provider memorandum acknowledging notification of proposed adverse privileging/practice action

(HEALTH CARE FACILITY Letterhead)

S: (Suspense date)

OFFICE SYMBOL (640-10e) (Date)

MEMORANDUM FOR (Name, Grade, and Address of Individual)

SUBJECT: Provider/ Professional Notification of Credentials Committee/Other Committee Hearing

1. (The credentials committee) (a credentials hearing/other committee) will conduct a hearing, at your request, concerning allegations that may adversely affect your clinical privileges/practice. Your staff appointment, as appropriate, may likewise be affected.

2. The allegations to be reviewed are (state the nature of the allegations constituting the grounds for the hearing in sufficient detail. Include the date, identity, and location of the record of activities or the cases that are involved in the allegations, so that the provider/professional will be fully appraised of the matters under investigation.)

3. The committee will hold the hearing at (hour) on (date) at (location). You have the right to be present, to present evidence and call witnesses in your behalf, to cross-examine witnesses called by the committee, to consult legal counsel, and to be advised by legal counsel at the hearing. It is your responsibility to arrange for the presence of any witnesses you desire. You may contact the Office of the Staff Judge Advocate for legal advice. Legal representation in this matter is not an entitlement, but may be provided subject to resource limitations as determined by the appropriate supervisory Judge Advocate. You may retain a civilian attorney at your own expense.

a. Failure to appear at the hearing will constitute a waiver of the rights listed here and your right to appeal.

b. Upon your written request, the time and place of the hearing may be changed by the chairperson of the hearing board before the indicated suspense date, if your request is based on good cause.

c. The hearing board will call the following witnesses: (list of witnesses, if any.)

4. Any closed (not pending reconsideration or appeal) adverse clinical privileging/practice action will be reported to the NPDB and to other State or regulatory agencies, as appropriate.

Figure 10–6 (PAGE 1). Sample format for memorandum notifying provider/professional of credentials/other board hearing

FOR THE COMMANDER (if authorized):

(Signature)

(Typed Name)
(Grade, Corps)
Chairperson, Credentials Committee

Figure 10–6 (PAGE 2). Sample format for memorandum notifying provider/professional of credentials/other board hearing—Continued

PROVIDER'S OFFICE SYMBOL(640-10e) (Date)

MEMORANDUM FOR (Commander, MEDDAC, MEDCEN, or DENTAC and Address, ATTN: Chairperson, Credentials Committee)

SUBJECT: Receipt of Notification of Credentials/Other Committee Hearing

I hereby acknowledge receipt of the subject memorandum, Notification of a Credentials/Other Committee hearing. The memorandum is dated (date) and I received it on (date).

(Signature of individual)

(Typed Name)
(Grade, Corps)

Figure 10–7. Sample format for provider memorandum acknowledging notification of credentials/other board hearing

(HEALTH CARE FACILITY Letterhead)

S: (Suspense date)

OFFICE SYMBOL (640-10e) (Date)

MEMORANDUM FOR: (Name, Grade, and Address of Individual)

SUBJECT: Provider/Professional Notification of Hearing Board Results

1. You are hereby notified that the hearing board has concluded its activities related to the proposed adverse action against your clinical privileges/practice. A copy of the hearing board findings and recommendations is attached. A copy of the hearing transcript is available to you, upon request.

2. You are granted 10 duty days following receipt of the hearing board findings and recommendations to submit a written statement of corrections, additions, or other matters that you wish to present for my consideration related to the hearing. You must clearly and convincingly specify the grounds for reconsideration.

3. If my final decision is to deny your request, in whole or in part, the action will be endorsed to The Surgeon General (TSG) as an appeal. TSG is the final appellate authority for adverse action against your clinical privileges/practice.

(Signature of Commander)

Encls as

(Typed Name)
(Grade, Corps)
Commander

Figure 10–8. Sample format for memorandum notifying provider of hearing board findings/recommendations

PROVIDER'S OFFICE SYMBOL (640-10e) (Date)

MEMORANDUM FOR (Commander, Health Care Facility and Address, ATTN: Chairperson, Credentials Committee)

SUBJECT: Receipt of Notice of Hearing Board Results

Receipt acknowledged. The memorandum notifying me of the hearing board's actions/recommendations is dated (date), and I received it on (date). I understand that I have 10 duty days in which to submit a written statement to the commander of corrections, additions, or other matters for his/her reconsideration in this matter.

(Signature of provider)

(Typed Name)
(Grade, Corps)

Figure 10–9. Sample format for provider memorandum acknowledging receipt of hearing board findings/recommendations

Chapter 11
Managing Military Treatment Facility Personnel with Impairments

11–1. General

Health status—to include the physical and emotional well-being of individuals providing care and other services to patients—is an important consideration in the ongoing assessment of professional competence and performance. This chapter establishes policies and procedures for health-focused assessment and support activities provided by the MTF for its assigned personnel. The following guidance applies to MTF employees—both military and civilian (GS and personal services contract)—or employees who function in an administrative or ancillary services support capacity.

11–2. The Impaired Healthcare Personnel Program

a. Each facility will establish an Impaired healthcare Personnel Program (IHCPP), or comparably titled program, to address the multidisciplinary needs of its military and civilian healthcare personnel with physical limitations, emotional or psychiatric conditions, or alcohol/other drug abuse problems/dependency. These limitations or conditions result in social or occupational dysfunction of the individual in question or place the patient or others at risk. The program will meet all the provisions of AR 600–85. (See DA Pam 600–85 for additional instruction and procedural guidance.) Medical and dental facilities that are co-located are encouraged to develop a single program that includes all eligible MTF participants.

b. The IHCPP is designed to provide support, assistance, and rehabilitation to those healthcare personnel who suffer from a condition that negatively influences, or has the potential to negatively influence, optimal performance. For purposes of this chapter, the term, "impairment" applies to the manifestations of emotional or psychological conditions and alcohol or other drug use/abuse problems/dependency. Physical limitations are considered impairments when the individual's physical condition places the safety of patients or others in jeopardy. These medical problems may be associated with alcohol or other drug use/abuse, a co-existing emotional/psychological disorder, or there may be physical conditions that the individual is unwilling to acknowledge or for which treatment is refused.

c. The objectives of the IHCPP are to—

(1) Promote the well-being of healthcare personnel through education and minimize factors that contribute to impairment associated with alcohol and other drug use/abuse.

physician reviewer. In cases where there is consensus for reporting among lower level reviews (MTF, clinical expert, or other agency as designated by OASD(HA)), the SRP will render the final SOC determination. The report to the NPDB, in this instance, is made at the direction of the SRP.

(f) In cases for which there is disagreement for reporting among lower level reviews, the SRP will document its SOC determination and recommendation to TSG for provider reporting to the NPDB, as appropriate. The case will be evaluated by the USAMEDCOM SJA for legal sufficiency to support a report to the NPDB or other regulatory agencies. All relevant case documents are then forwarded for final review and decision by TSG.

13–7. Management of medical/dental records

Complete and accurate medical records are the best defense in the event of patient care-related litigation. Medical records management is a critical factor in loss prevention and medical malpractice claims resolution.

a. In all situations identified as PCEs or malpractice/disability claims, original medical/dental records will not be released directly to the beneficiary or his/her authorized representative. The CJA or USARCS, as appropriate, may release copies of the records. This does not apply to cases in which the claim is being filed with an individual or agency outside the U.S. Government. (See AR 40–66 for additional medical/dental records management information.)

b. Original records and/or other documents will not be released unless requested by a U.S. Government attorney defending the U. S. in a malpractice lawsuit. The records/documents will be released only per AR 340–21, AR 25–55, and AR 27–20. Any request for medical/dental records must be in writing and must specify the treatment dates and the names of the MTFs involved. Release of medical/dental records is limited to records defined in AR 40–66.

c. Other records, reports, and any specimens maintained by MTF departments, services, and clinics (for example, x-rays, wet tissue, paraffin blocks, microscopic slides, surgical and autopsy specimens, tumor and death reports, and fetal monitoring strips) will be released only upon request by the Litigation Division of the Office of the Judge Advocate General (OTJAG) or USARCS. Granting of requests for records by the beneficiary or his/her representative will be at the discretion of the CJA or USARCS.

d. When medical/dental records are required by another healthcare facility for beneficiary treatment purposes, copies or appropriate extracts will be furnished. The United States Army Legal Services Agency, Litigation Division (JALS–LTT), 901 North Stuart Street, Ballston Suite 400, Arlington, VA 22203–1821 will be consulted prior to the disposition of these records to the National Personnel Records Center, USARCS, or Litigation Division.

e. Special handling will be provided to medical/dental records involved in litigation or adjudication to ensure accuracy and correlation of evidential documentation. There will be strict adherence to the following practices.

(1) Prior to any action (for example, photocopy; release to local CJA; transmittal to Litigation Division, OTJAG; or response to subpoena), the original medical/dental record will be reviewed for completeness by PAD or the DENTAC and assembled as prescribed in AR 40–66.

(2) Medical/dental records involved in litigation or adjudication require special safeguarding by PAD or by the DTF commander. If practical, they will be maintained separately from other medical/dental records. For accountability purposes, portions of records (for example, reports of special examination) that may be in another location will be cross-referenced by an annotation in the basic record (for example, on SF 600 as prescribed in AR 40–66).

(3) PAD is the only location in the MTF (dental commanders will designate who has responsibility for this function) where an authenticated photocopy of a medical/dental record will be made for purposes cited in this regulation. There will be a legible photocopy page to correspond to every original page in the medical/dental record. All pages of the medical/dental record will be numbered consecutively prior to photocopying.

(4) When medical/dental records are released to the CJA or to USARCS, PAD or the DTF commander (designee) will append the appropriate staff signature/initial verification list to the record.

(5) Copies of all correspondence concerning the case will be appended to the record. Copies of this same correspondence will also be maintained by the CJA.

Chapter 14
Reporting and Releasing Adverse Privileging/Practice or Malpractice Information

14–1. General

A variety of national agencies and clearinghouses exist to which the AMEDD must report information such as malpractice payments, licensure disciplinary actions, adverse clinical privileging actions, and unfavorable actions affecting professional society membership. Adverse professional peer review actions taken against any healthcare personnel must be reported. In addition, State regulatory agencies responsible for licensure, certification, or registration require notification of the following: substantiated unprofessional conduct or behavior (see app I), any actions taken to restrict or otherwise constrain the professional privileges/scope of practice of healthcare personnel, and malpractice settlements on behalf of healthcare personnel.

14–2. Military treatment facility responsibilities for providing information

a. Requests for routine information. MTFs often receive requests for information involving an application for employment and/or clinical privileges at a civilian facility by currently or previously assigned providers/professionals. The MTF may reply to non-DOD requests for information from a provider's/professional's records only if the individual in question has authorized disclosure of said information to the requesting civilian agency/institution by signed and dated release according to AR 25–55 and AR 340–21. If the MTF no longer has information on file regarding a provider or professional who has retired/separated from military service, the request and the individual's authorization for release of information may be forwarded to Commander, AHRC–St. Louis (Human Resources Command) (AHRC–RSA–Q), 1 Reserve Way, St. Louis, MO 63132–5200.

b. Requests for adverse privileging/practice action or malpractice history information. Requests to the MTF from outside agencies for release of adverse privileging information, including queries from GPHE programs or malpractice history information, will be forwarded directly to the Commander, USAMEDCOM (MCHO–CL–Q), 2050 Worth Road, Fort Sam Houston, TX 78234–6010 for response. Individuals who are the subject of any information released under this regulation are entitled to a copy of that same information. The provider/professional must authorize—in writing—the release of adverse privileging/practice action information or malpractice history by the QMD to prospective employers or insurers.

14–3. The Surgeon General responsibilities in reportable actions

The Surgeon General is the sole reporting authority to the NPDB, State regulatory authorities, the Federation of State Medical Boards, and/or other appropriate central clearinghouses. TSG is responsible for reporting malpractice history information and adverse privileging actions, unprofessional conduct or behavior, and any legal charges for which the provider/professional is found guilty, pleads guilty, pleads nolo contendere, or requests discharge from the military in lieu of courts-martial. TSG will not report to professional regulatory agencies, or to any other agencies, adverse privileging actions, malpractice payments, or any civilian court actions involving a USAR/ARNG provider's behavior or conduct which occurs during other than his/her military duty. MTF documentation in support of reports to the NPDB, State regulatory agencies, the Federation of State Medical Boards, or other bodies will be forwarded directly to Commander, USAMEDCOM (MCHO–CL–Q), 2050 Worth Road, Fort Sam Houston, TX 78234–6010.

a. Malpractice claims reported to the NPDB.

(1) PL 99–660 (The Healthcare Quality Improvement Act of 1986) provides for reporting to the NPDB malpractice claims resulting in monetary settlements and certain professional review actions. Healthcare providers/professionals will be reported whether licensed or pending licensure. Protection is ensured (10 USC 1102) for those submitting information to a professional review body, the NPDB, or other regulatory agency unless such information is false and the person providing the information had knowledge that it was false.

(2) In a malpractice case, the following criteria will be used by the USAMEDCOM QMD SRP to support a recommendation to TSG to report the provider in question to the NPDB or to the Defense Practitioner Data Bank (DPDB) for events involving personal injury or death of a military member as a result of medical care.

Note. The DPDB is composed of the various data/reports released to DOD via the CCQAS risk management module.

(a) The provider/professional or trainee deviated from the SOC in the act of commission or omission.

(b) Monetary payment was made and the provider/professional or trainee was responsible for an act of commission or omission that was the cause of a harm that gave rise to payment.

(c) In instances involving a healthcare trainee, his/her act(s) of omission or commission were not reasonably foreseeable by the supervisor, or the trainee acted outside his/her established scope of practice.

(d) In instances involving a healthcare trainee, the supervising provider failed to meet reasonable standards of supervision.

(3) The SRP recommendation to TSG, based on a majority vote, and any supporting comments, including the recommendations of the clinical expert participants, will be prepared by the USAMEDCOM QMD. The USAMEDCOM SJA will be consulted for legal sufficiency before NPDB or DPDB reporting.

(4) The individual will be provided written notification that a report was, or was not, submitted to the NPDB or DPDB.

(5) The reporting of healthcare personnel (privileged or non-privileged) is an administrative process; therefore, full due process procedures are not applicable.

(6) A copy of the NPDB report will be—

(a) Forwarded to all States of known provider/professional licensure.

(b) Maintained on file by the USAMEDCOM QMD.

(c) Forwarded by certified return receipt requested mail to the individual involved.

b. Adverse privileging/practice actions reported to the NPDB or to State regulatory agencies.

(1) Privileged providers/professionals will be reported to the NPDB or to a State regulatory agency within 30 calendar days of approval when any of the following occur—

(a) Clinical privileges have been denied due to lack of qualifications, or a restriction, reduction, suspension or

revocation for substandard performance, impairment with refusal to seek treatment, or unprofessional conduct has occurred. Any adverse privileging action longer than 30 days in duration will be reported. However, a report to the NPDB will not occur until the individual's appeal, if requested, is completed.

(b) The provider/professional voluntarily surrenders his/her clinical privileges or voluntarily requests a limitation of scope of practice while under investigation for issues of competence or conduct.

(c) The provider/professional with an adverse privileging action in effect or limited scope of practice elects to separate from military service, retire, or terminate his/her employment (GS or contract) or volunteer service rather than to contest the adverse privileging/practice action.

(d) The provider with suspended privileges or the professional with a limited scope of practice who is enrolled in rehabilitation for alcohol or other substance abuse fails to satisfactorily complete the program, or electively leaves Federal service prior to completing the rehabilitation program. (This does not preclude reporting to other professional regulating authorities as noted in para c below.) Any adverse privileging/practice action taken against the provider/professional in rehabilitation for professional incompetence, patient endangerment, or unprofessional conduct will be reported.

(2) A copy of the NPDB report of an adverse privileging/practice action will be forwarded to—

(a) States of known provider/professional licensure.

(b) The individual involved at his/her last known address.

(3) Maintenance of the NPDB report of adverse privileging/practice action will be as follows:

(a) A copy of the report to the NPDB will be included in the PCF or, for the nonprivileged individual, in the confidential counseling file maintained by the first line supervisor.

(b) Copies of DD Forms 2499 and 2526 associated with the NPDB report will also be included in the PCF or the nonprivileged individual's confidential counseling file.

c. Administrative actions reported to State regulatory agencies. In addition to reporting adverse privileging/practice actions noted above, administrative actions may be reported by TSG to State regulatory agencies. A privileged provider/professional will be reported if he/she—

(1) Is separated under any administrative discharge authority.

(2) Is separated/removed from medical care responsibilities, following appropriate due process procedures, for physical or mental limitations that affect his/her ability to provide quality patient care.

(3) Has a medical condition that affects his/her ability to render safe patient care (includes individuals who voluntarily limit their practice for medical reasons).

(4) Is found guilty, pleads guilty or nolo contendere, separates from the Service in lieu of further administrative or legal action, or separates following a voluntary written confession or admission of any of the reportable acts of misconduct listed in appendix I or similar unprofessional actions.

(5) Commits any other act, not otherwise covered by the provisions of this regulation, which is reportable according to State licensing statutes or regulations.

14–4. The Healthcare Integrity and Protection Data Bank

The Health Insurance Portability and Accountability Act of 1996 established the HIPDB as a fraud and abuse data collection program for the reporting and disclosure of certain final unfavorable actions taken against healthcare providers, suppliers, or practitioners. The AMEDD is required to report to the HIPDB a broad range of "adverse privileging/practice actions" affecting DOD healthcare personnel, as well as members of the civilian provider community involved in TRICARE.

a. Reporting responsibility. Health Affairs Memorandum, DOD Participation in the HIPDB, 31 October 2000, outlines the following reporting responsibilities by TSG and other Federal agencies.

(1) TSG is responsible for reporting to the HIPDB adverse privileging/practice or administrative actions taken against healthcare providers, suppliers, or practitioners providing healthcare services to AD members or any other MHS beneficiaries in MTFs or as part of any military unit. Clinical privileging actions against physicians and dentists are excluded from this reporting requirement. These actions are reportable to the NPDB as noted in paragraph 14–3*b*. The following will be reported to the HIPDB:

(a) Adverse privileging/practice actions. Adverse privileging/practice actions against healthcare practitioners other than physicians and dentists.

(b) UCMJ actions. Adverse convictions under the UCMJ as approved by the courts-martial convening authority (or final nonjudicial punishment under the UCMJ) of a healthcare provider, supplier, or practitioner in a case in which the acts or omissions of the member convicted were related to the delivery of a healthcare item or service.

(c) Other adjudicated actions or decisions. The following actions are reportable if they are against a healthcare provider, supplier, or practitioner based on acts or omissions that affect the payment, provision, or delivery of a healthcare item or service:

1. Adverse personnel actions affecting military members. Any administrative action resulting in separation, reduction in grade, involuntary military occupational specialty classification, or other administrative action.

2. Adverse civilian personnel actions. Any adverse personnel action under Chapter 75 or Title 5, USC.

3. Contract termination for default. A contract termination for default taken by an MTF or medical command against a personal services or non-personal services contractor.

(2) Reports to the HIPDB by TSG will also be forwarded to the Department of Legal Medicine of the AFIP.

(3) Designated debarring officials of the military departments and the Defense Logistics Agency are required to report to the HIPDB any contract debarments or suspensions arising from any DOD healthcare program contracts with any healthcare provider, supplier, or practitioner.

b. Methods and procedures for HIPDB reports. In filing reports with the HIPDB, the methods and procedures will be according to those described on Web site: www.bhpr.hrsa.gov/dqa.

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS

For use of this form, see AR 15-6; the proponent agency is OTJAG.

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

SECTION I - APPOINTMENT

Appointed by Commanding Officer, Womack Army Medical Center (WAMC), Fort Bragg, NC 28310
(Appointing authority)

on 9 August 2011 *(Date)* *(Attach inclosure 1. Letter of appointment or summary of oral appointment data.) (See para. 3-15, AR 15-6.)*

SECTION II - SESSIONS

The *(investigation) (board)* commenced at WAMC, FT Bragg, NC 28310 *(Place)* at 0800 *(Time)*

on 9 August 2011 *(Date)* *(If a formal board met for more than one session, check here ☐. Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.)* The following persons *(members, respondents, counsel)* were present: *(After each name, indicate capacity; e.g., President, Recorder, Member, Legal Advisor.)*

The following persons *(members, respondents, counsel)* were absent. *(Include brief explanation of each absence.) (See paras. 5-2 and 5-6a, AR 15-6.)*

The *(investigating officer) (board)* finished gathering/hearing evidence at 1600 *(Time)* on 16 August 2011 *(Date)*

and completed findings and recommendations at 1600 *(Time)* on 18 August 2011 *(Date)*

SECTION III - CHECKLIST FOR PROCEEDINGS

	A. COMPLETE IN ALL CASES	YES	NO[1]	NA[2]
1	Inclosures *(para. 3-15, AR 15-6)*			
	Are the following inclosed and numbered consecutively with Roman numerals *(Attached in order listed)*			
	a. The letter of appointment or a summary of oral appointment data?	X		
	b. Copy of notice to respondent, if any? *(See item 9, below)*			X
	c. Other correspondence with respondent or counsel, if any?			X
	d. All other written communications to or from the appointing authority?			X
	e. Privacy Act Statements *(Certificate, if statement provided orally)*?	X		
	f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered *(e.g., absence of material witnesses)*?			X
	g. Information as to sessions of a formal board not included on page 1 of this report?			X
	h. Any other significant papers *(other than evidence)* relating to administrative aspects of the investigation or board?			X

FOOTNOTES [1] *Explain all negative answers on an attached sheet.*
[2] *Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.*

		YES	NO [1]	NA [2]
2	Exhibits *(para 3-16, AR 15-6)*			
	a. Are all items offered *(whether or not received)* or considered as evidence individually numbered or lettered as exhibits and attached to this report?	X		
	b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	X		
	c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	X		
	d. Are copies, descriptions, or depictions *(if substituted for real or documentary evidence)* properly authenticated and is the location of the original evidence indicated?	X		
	e. Are descriptions or diagrams included of locations visited by the investigating officer or board *(para 3-6b, AR 15-6)*?			X
	f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?	X		
	g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit *(para 3-16d, AR 15-6)*?			X
3	Was a quorum present when the board voted on findings and recommendations *(paras 4-1 and 5-2b, AR 15-6)*?			X
B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS *(Chapter 5, AR 15-6)*				
4	At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment *(para 5-3b, AR 15-6)*?			
5	Was a quorum present at every session of the board *(para 5-2b, AR 15-6)*?			
6	Was each absence of any member properly excused *(para 5-2a, AR 15-6)*?			
7	Were members, witnesses, reporter, and interpreter sworn, if required *(para 3-1, AR 15-6)*?			
8	If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence *(para 5-2d, AR 15-6)*?			
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED *(Section II, Chapter 5, AR 15-6)*				
9	Notice to respondents *(para 5-5, AR 15-6)*:			
	a. Is the method and date of delivery to the respondent indicated on each letter of notification?			
	b. Was the date of delivery at least five working days prior to the first session of the board?			
	c. Does each letter of notification indicate —			
	(1) the date, hour, and place of the first session of the board concerning that respondent?			
	(2) the matter to be investigated, including specific allegations against the respondent, if any?			
	(3) the respondent's rights with regard to counsel?			
	(4) the name and address of each witness expected to be called by the recorder?			
	(5) the respondent's rights to be present, present evidence, and call witnesses?			
	d. Was the respondent provided a copy of all unclassified documents in the case file?			
	e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?			
10	If any respondent was designated after the proceedings began *(or otherwise was absent during part of the proceedings)*:			
	a. Was he properly notified *(para 5-5, AR 15-6)*?			
	b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel *(para 5-4c, AR 15-6)*?			
11	Counsel *(para 5-6, AR 15-6)*:			
	a. Was each respondent represented by counsel?			
	Name and business address of counsel:			
	(If counsel is a lawyer, check here ☐ *)*			
	b. Was respondent's counsel present at all open sessions of the board relating to that respondent?			
	c. If military counsel was requested but not made available, is a copy *(or, if oral, a summary)* of the request and the action taken on it included in the report *(para 5-6b, AR 15-6)*?			
12	If the respondent challenged the legal advisor or any voting member for lack of impartiality *(para 5-7, AR 15-6)*:			
	a. Was the challenge properly denied and by the appropriate officer?			
	b. Did each member successfully challenged cease to participate in the proceedings?			
13	Was the respondent given an opportunity to: *(para 5-8a, AR 15-6)*			
	a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?			
	b. Examine and object to the introduction of real and documentary evidence, including written statements?			
	c. Object to the testimony of witnesses and cross-examine witnesses other than his own?			
	d. Call witnesses and otherwise introduce evidence?			
	e. Testify as a witness?			
	f. Make or have his counsel make a final statement or argument *(para 5-9, AR 15-6)*?			
14	If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses *(para 5-8b, AR 15-6)*?			
15	Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it *(para 5-11, AR 15-6)*?			

FOOTNOTES 1/ *Explain all negative answers on an attached sheet.*
2/ *Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.*

SECTION IV - FINDINGS *(para 3-10, AR 15-6)*

The *(investigating officer)* ~~*(board)*~~, having carefully considered the evidence, finds:

See "MEMORANDUM FOR Commander, Womack Army Medical Center, Fort Bragg, NC 28310; SUBJECT: AR 15-6 Investigation - Alleged Patient Safety Issue Related to Nurses Sleeping on Duty" attached.

SECTION V - RECOMMENDATIONS *(para 3-11, AR 15-6)*

In view of the above findings, the *(investigating officer)* ~~*(board)*~~ recommends:

See "MEMORANDUM FOR Commander, Womack Army Medical Center, Fort Bragg, NC 28310; SUBJECT: AR 15-6 Investigation - Alleged Patient Safety Issue Related to Nurses Sleeping on Duty" attached.

SECTION VI - AUTHENTICATION *(para 3-17, AR 15-6)*

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. *(If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)*

Investigating Officer

(Recorder)

(Member)

(Member)

(Member)

(Member)

SECTION VII - MINORITY REPORT *(para 3-13, AR 15-6)*

To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board.

(In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

(Member)

(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY *(para 2-3, AR 15-6)*

he findings and recommendations of the *(investigating officer)* ~~*(board)*~~ are ~~*(approved) (disapproved)*~~ *(approved with following exceptions/ substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)*

Concur to all provided by the IO with one exception in Para. 4. Recommendations. Nursing supervisors (including Evening and Nights Supervisors) will be made aware of the result of misconduct cases on a "need to know" basis as much as the Law, Regulations, Policies, and Privacy will allow.

Commanding Officer

Commanding Officer 26 SEP 11

N

DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
FORT BRAGG, NORTH CAROLINA 28310

REPLY TO
ATTENTION OF:

MCXC-DPM

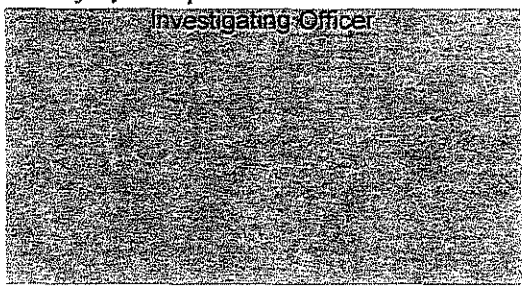
18 August 2011

MEMORANDUM FOR Commander, Womack Army Medical Center, Fort Bragg, NC 28310

SUBJECT: Executive Summary AR 15-6 Investigation concerning alleged patient safety issue related to nurses sleeping on duty.

1. FINDINGS. In summary this investigation determined that when WAMC management officials (nursing supervisors) became aware of a staff member sleeping on duty, senior nursing leaders [redacted] Deputy Commander and [redacted] Chief, Department of Nursing [redacted] Chief, Department of Nursing instructed subordinate nursing supervisors to inform their staffs that sleeping on duty was a safety issue and unacceptable behavior. In each incident, nursing supervisors at all levels took appropriate action in accordance with AR 690-700 chapter 751, the bargaining unit agreement, in consultation with LABOR MER and with procedures for processing of adverse actions. No incident resulted in patient injury and the acts of management in NICU, PACU or other inpatient wards do not constitute a danger to public health or safety.

2. RECOMMENDATIONS. This investigator believes a major reason for this investigation is that after an incident was reported at morning report not all were aware of final disposition or actions taken. It is this investigators' recommendation that all nursing supervisors (to include nursing evening night supervisors) should get a final report on disposition of all "misconduct" cases if permissible according to bargaining unit agreement. For each event nursing supervisors did take appropriate actions. Actions taken were to correct those who slept on duty, prevent recurrence and prevent occurrence in the rest of the care team. Penalties varied and were based on input from Nursing Evening Night Supervisor, other witnesses, as well as input from WAMC LABOR MER. Penalties were applied to these bargaining unit employees in accordance with the bargaining unit agreement. In all cases supervisors took action to correct for the incident and educated the remainder of their staff that sleeping on duty was not going to be tolerated. In no case did management fail to act to correct the problems or prevent recurrence. This investigation also found that in no case did the incident result in injury of a patient.

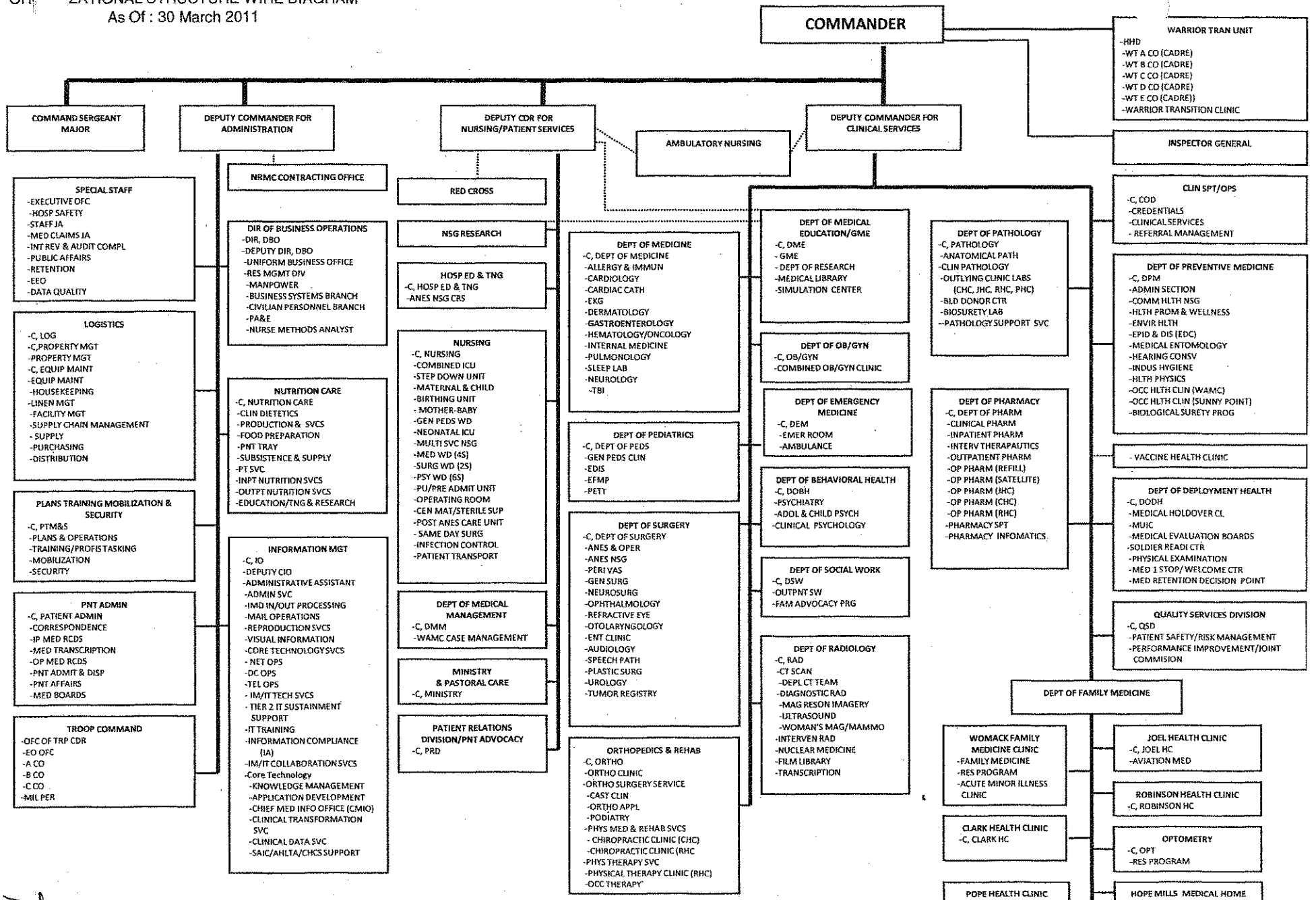


TAB N

WOMACK ARMY MEDICAL CENTER

ORGANIZATIONAL STRUCTURE WIRE DIAGRAM

As Of : 30 March 2011

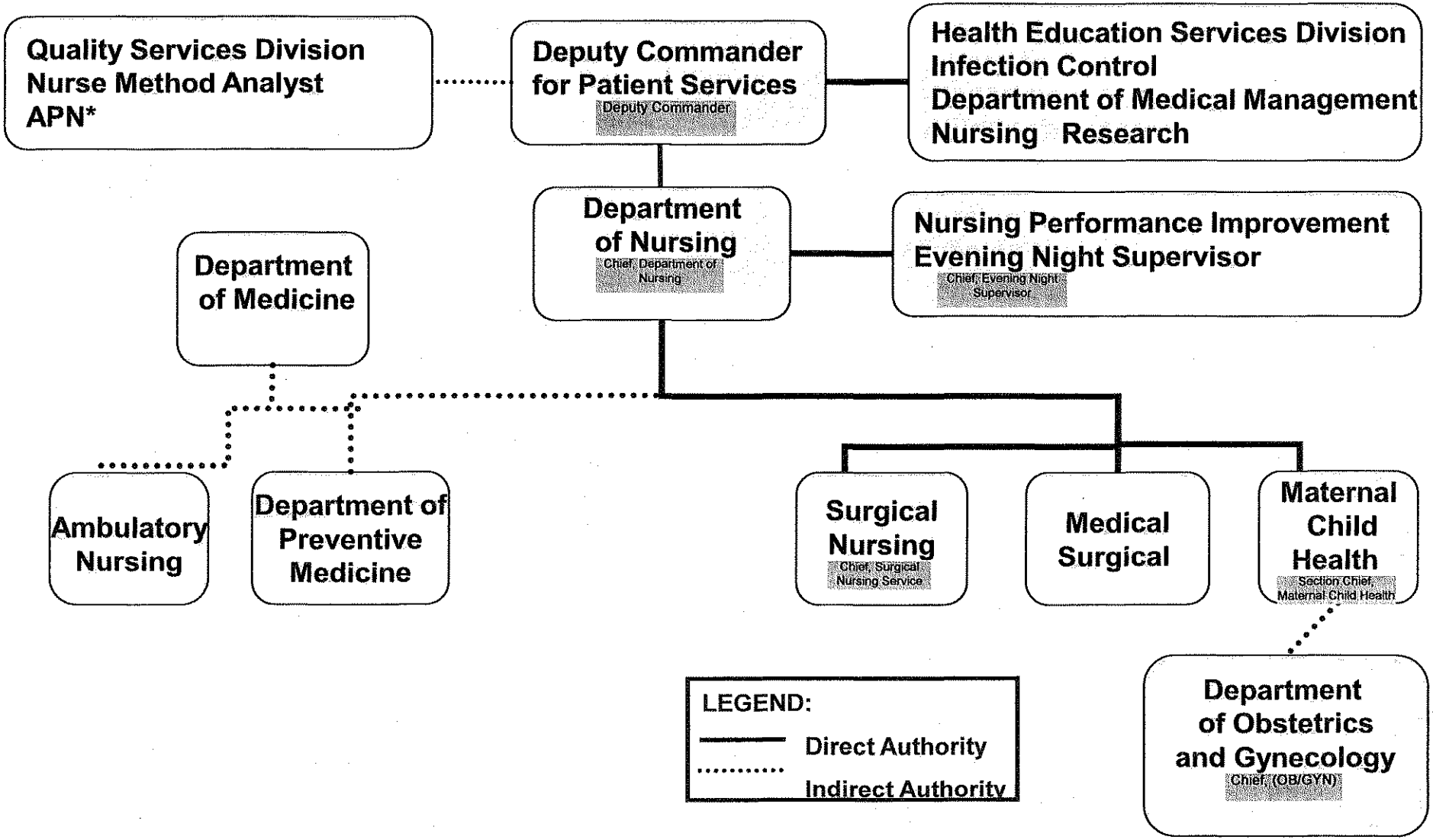


10-1 Org Chart

DBO, MANPOWER

Womack Army Medical Center

Nursing Executive Authority

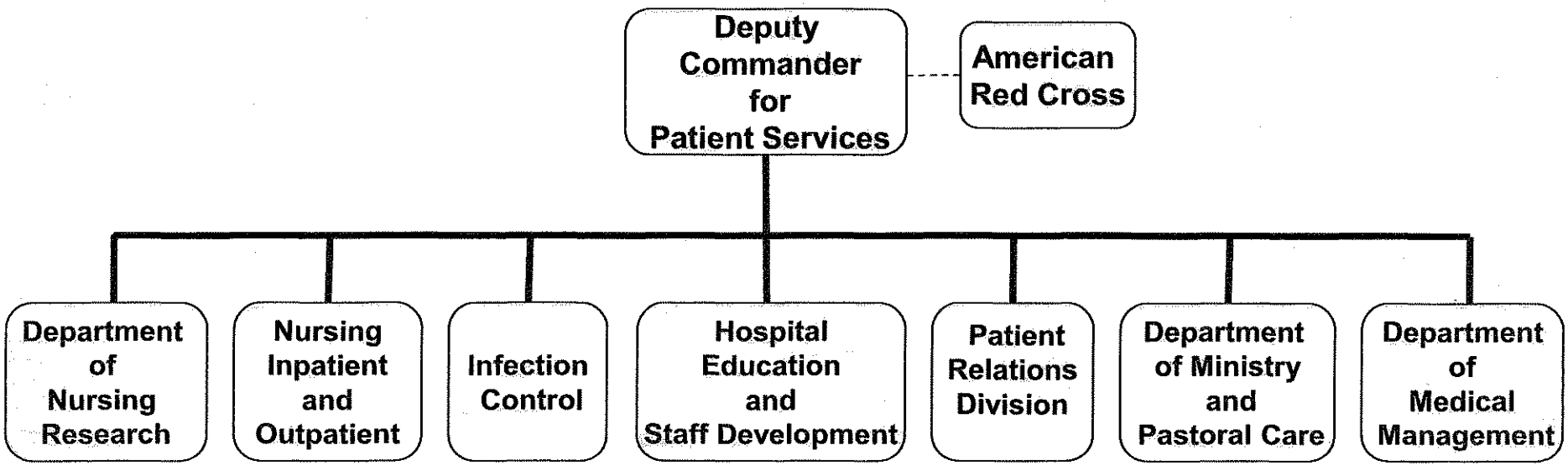


* APN include: Nurse Midwife, NP, CRNA, CNS

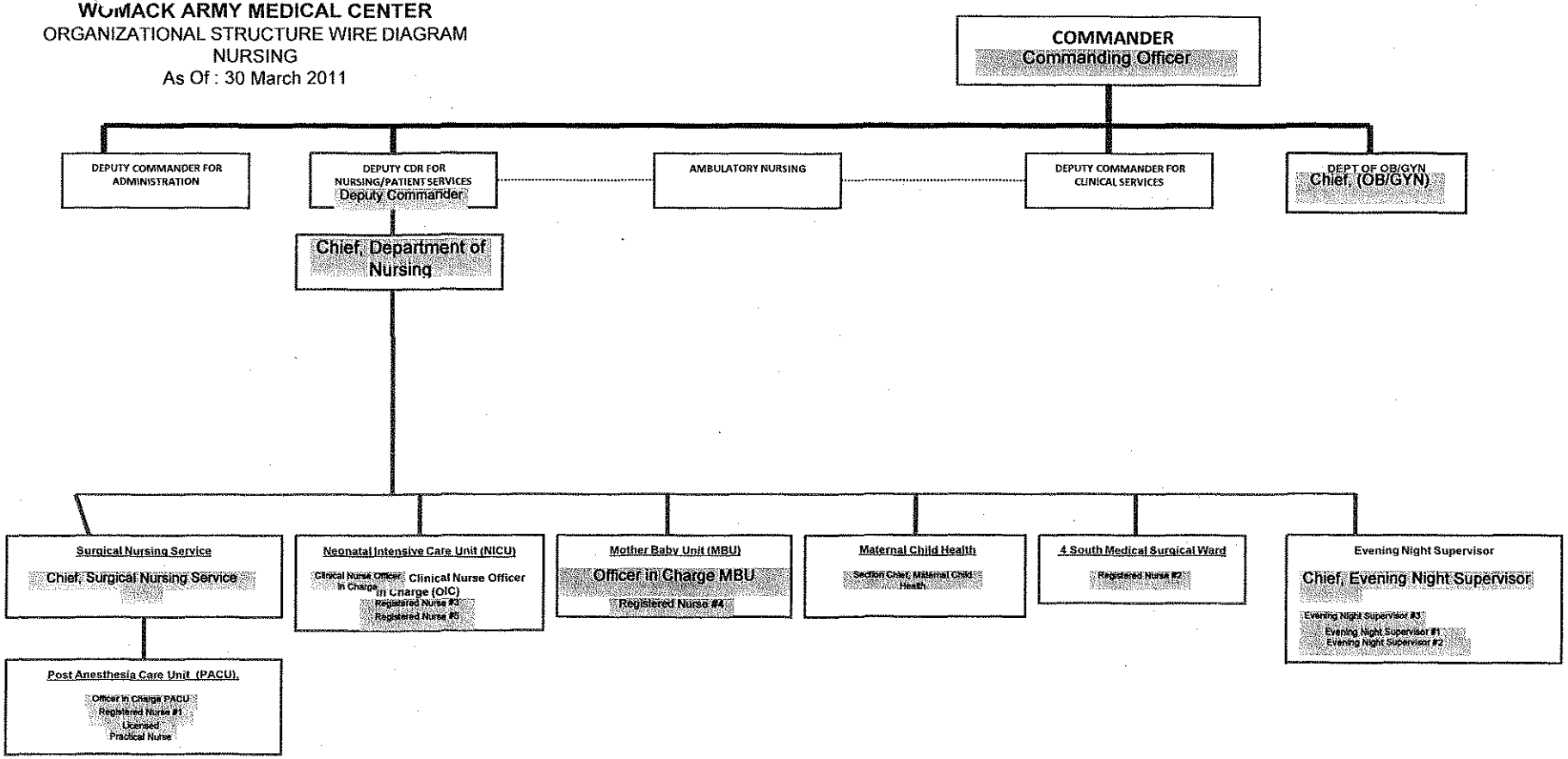
Dignity and Respect

Deputy Commander for Patient Services

Oversight



WOMACK ARMY MEDICAL CENTER
ORGANIZATIONAL STRUCTURE WIRE DIAGRAM
NURSING
As Of : 30 March 2011



Tab P

Witness Listing for Army Report --DI-11-2808—***copy only in unredacted Army Report version***

TAB P