



Joint Task Force National Capital Region Medical DIRECTIVE

NUMBER 5003.02

APR 19 2013

J-3B

SUBJECT: Quality Work Group (QWG) Charter

References: See Enclosure 1

1. PURPOSE. This Directive, in accordance with (IAW) the authority in References (a) through (e), establishes the QWG in the National Capital Region (NCR). It will serve as the primary source of input from stakeholders to develop integrated solutions that enhance the quality of clinical care.

2. APPLICABILITY. This Directive applies to Joint Task Force National Capital Region Medical (JTF CapMed) Headquarters (HQ), Fort Belvoir Community Hospital (FBCH), Walter Reed National Military Medical Center (WRNMMC) [hereafter, FBCH and WRNMMC are referred to as Joint Medical Treatment Facilities (MTFs)], and the Joint Pathology Center (JPC).

3. MISSION. JTF CapMed QWG is chartered to foster consistent delivery of integrated world-class healthcare across the National Capital Region (NCR). This group will

a. Create a model to execute Clinical Quality Management (CQM) within joint military health care facilities IAW Reference (f).

b. Develop and execute a plan to transition from Service-specific to Joint clinical quality management as outlined in Reference (g).

c. Develop CQM public awareness materials, publications, documents, and similar products for NCR-wide distribution.

d. Assure required reports are provided to JTF CapMed in a timely fashion.

e. Identify and interpret trends in quality of health care and report to the appropriate implementation board.

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- f. Recommend policy to improve quality of health care.
- g. Identify and escalate issues and risks as deemed necessary
- h. Develop courses of action (COAs) to resolve issues and mitigate risks.
- i. Propose allocation of resources to enhance CQM in the NCR.
- j. Determine and promulgate best practices in CQM.
- k. Communicate recommendations from JTF CapMed to appropriate points of contact at Joint MTF and Center levels for implementation.

4. ORGANIZATION AND MANAGEMENT. The QWG is composed of representatives from JTF CapMed HQ, Joint MTFs, Component Commands, and subject matter experts (SMEs). The composition of the QWG membership is organized as follows:

a. Co-Chairpersons. Two Co-Chairpersons will be appointed by the Clinical Care and Quality Management Board (CCQMB) for a two year term of service. These candidates will be a practicing physician and a clinical nurse.

b. Recorder. As appointed by the Co-Chairpersons.

c. Voting Members. Voting members will delegate an alternate if unable to attend with prior approval by the QWG Co-Chairpersons.

- (1) FBCH, SME for Clinical Process Improvement
- (2) FBCH, SME for Credentials and Privileging
- (3) FBCH, SME for Patient Safety
- (4) FBCH, SME for Risk Management
- (5) FBCH Chief, Quality Management
- (6) JPC, SME for Quality Management in Laboratory Medicine
- (7) WRNMMC, SME for Clinical Process Improvement
- (8) WRNMMC, SME for Credentials and Privileging
- (9) WRNMMC, SME for Patient Safety
- (10) WRNMMC, SME for Risk Management

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- (11) WRNMMC Chief, Quality Management
- (12) JTF CapMed, Chief, Clinical Operations
- (13) JTF CapMed, Chief, Quality Management

d. Non-Voting Members:

- (1) Consultant, 79th Medical Wing, SME in U.S. Air Force CQM
- (2) Consultant, Navy Medicine, National Capital Area, SME in U.S. Navy CQM
- (3) Consultant, Northern Regional Medical Command, SME in U.S. Army CQM
- (4) *Ad hoc* members

e. The board will establish its own operating procedures, meeting schedule, and interim work products necessary for the completion of its mission. All members are expected to attend meetings established by the chairperson and be prepared for discussions and contribute accordingly. Members are expected to keep their respective leaders apprised of their progress, workings, and recommendations and will be responsible for any issues specific to the stakeholders they represent.

5. RESPONSIBILITIES. See Enclosure 2

6. RELATIONSHIPS. The QWG will report to the CCQMB.

7. AUTHORITIES

a. Tasking Authority. As specified in Enclosure 2, stakeholders identified in the membership section shall ensure membership and shall provide one alternate member. The QWG may vote to establish standing and *ad hoc* sub groups as deemed necessary.

b. Budgeting Authority. None.

8. ADMINISTRATION

a. Meeting Frequency. Meetings will be conducted monthly and on an *ad hoc* basis if deemed necessary by the Co-Chairpersons. The location will rotate between FBCH, WRNMMC, and JTF CapMed HQ.

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b. Decision-Making Methodology. The QWG will develop COAs for clinical issues that impact CQM within the NCR. Recommended COAs are discussed in meetings and will be summarized by the Co-Chair(s), to be submitted along with a consensus recommendation. Consensus will be determined by a majority vote of the identified voting members.

(1) The Co-Chairpersons are voting members and will share one vote. Members are entitled to one vote each. Consultant members are not voting members.

(2) A vote from each voting member will be required before recommendations are finalized. Alternates sent "on behalf of" will be considered the same as the voting member.

(3) If decision making is needed on an *ad hoc* basis, e-mail voting will be conducted to assist and facilitate the decision-making process. A minimum of 5 working days will be allowed to allow members to register their vote by e-mail.

c. Status Reporting. The Co-Chairpersons will report to CCQMB on a quarterly basis and as needed or required by the Chair of the CCQMB.

d. Problem/Issue Escalation and Resolution Processes. Standing subgroups will provide updates at each meeting. The QWG will forward issues requiring JTF CapMed attention to the CCQMB.

e. Board Status. The QWG is a standing workgroup and will continue to meet and deliberate unless otherwise directed by the CCQMB.

f. Closure and Work Group Self-Assessment. Working Group members may provide feedback on team processes, status, and progress to the Co-Chair(s) at any time.


g. Quorum. The QWG will achieve a quorum when 51% of the voting membership are present.

9. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the JTF CapMed Website at: www.capmed.mil.

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10. EFFECTIVE DATE. This Directive:

- a. Is effective upon publishing to the JTF CapMed Website; and
- b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with JTF CapMed Instruction 5025.01 (Reference (h)). If not, it will expire effective 10 years from the publication date.


STEPHEN L. JONES
Major General, U. S. Army
Acting Commander

Enclosures

1. References
2. Responsibilities

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ENCLOSURE 1

REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Authorities for Joint Task Force National Capital Region Medical (JTF CapMed)," February 7, 2012
- (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) JTF CapMed TASKORD 121003.01, "Establishment of Clinical Quality Management Working Group," October 5, 2012
- (f) DoD Instruction 6025.13 "Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)," February 17, 2011
- (g) JTF CapMed Manual 6025.01, "Clinical Quality Management" March 29, 2012 as amended
- (h) JTF CapMed Instruction 5025.01, "Formats and Procedures for the Development and Publication of Issuances," March 5, 2012

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ENCLOSURE 2

RESPONSIBILITIES

1. CO-CHAIRS. The Co-Chairs will:

- a. Forward an agenda to each voting member no later than 3 working days prior to each scheduled meeting. The agenda may be incorporated into the meeting minute's format.
- b. Forward a clearly written summary of the proceedings of the previous meeting to each voting member no later than 3 working days prior to each scheduled meeting.
- c. Appoint individuals and form *ad hoc* work groups to accomplish tasks consistently with the QWG mission.
- d. Appoint an alternate recorder in the absence of the recorder.
- e. Facilitate the team and provide regular updates to stakeholders as requested.
- f. Elevate issues and recommendations to the CCQMB.
- g. Facilitate the team and provide regular updates to stakeholders as requested.
- h. Elevate issues and recommendations to the CCQMB.

2. RECORDER. The Recorder will:

- a. Prepare an agenda at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 1.a. above.
- b. Prepare a clearly written summary of the proceedings of the previous meeting at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 1.b. above.

3. MEMBERS. The Members will:

- a. Attend meetings established by the Co-Chairpersons, be prepared for discussions that ensue, and contribute accordingly.
- b. Speak with the authority of their commander or director.
- c. Keep their commanders, component leaders, and constituencies apprised of team progress, workings, and recommendations, and be responsible for any Service-specific issues being addressed.

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- d. Prepare their respective component leader for participation in the QWG by discussing salient issues.

- e. Act as subject matter experts where appropriate.

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GLOSSARYABBREVIATIONS AND ACRONYMS

CCQMB	Clinical Care and Quality Management Board
COA(s)	course(s) of action
CQM	Clinical Quality Management
FBCH	Fort Belvoir Community Hospital
IAW	in accordance with
JPC	Joint Pathology Center
JTF CapMed	Joint Task Force National Capital Region Medical
MTF(s)	Medical Treatment Facility/Facilities
NCR	National Capital Region
QWG	Quality Work Group
SME(s)	subject matter expert(s)
WRNMMC	Walter Reed National Military Medical Center