



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON DC

MAR 21 2003

INTERIM POLICY MEMORANDUM

FROM: AF/SG

TO: All AFMS MAJCOMS, Medical Treatment Facilities (MTFs) and Air Reserve Component (ARC) Units

SUBJECT: Interim Policy on the Air Force Patient Safety Program (PSP)

References: (a) Sections 742 and 754 of the Floyd D. Spence National Defense Authorization Act for Fiscal Year 2001

(b) DoD Instruction 6025.17, Military Health System (MHS) Patient Safety Program (MHSPSP).

(c) DoD Patient Safety Handbook, latest edition.

(d) AFI 44-119, *Clinical Performance Improvement*

(e) AFI 90--901, *Operational Risk Management*

(f) AFPD 90-9, *Operational Risk Management*

(g) AFP 90-902, *Operational Risk Management (ORM) Guidelines and Tools*

(h) Section 1102 of title 10, United States Code

(i) DoD Directive 6040.37, Confidentiality of Medical Quality Assurance Records

(j) Joint Commission On Accreditation of Healthcare Organizations (JCAHO) Manuals applicable to Healthcare. Current Editions.

(k) JCAHO National Patient Safety Goals, www.jcaho.org.

1. Purpose. To establish Air Force Medical Service (AFMS) interim policy, assign responsibility, and prescribe procedures for complying with references (a) and (b). This interim policy augments references (c), (d), (e) and (f), in that it defines requirements and guides the use of patient safety (PS) tools specific to the AFMS. Compliance with this guidance and use of the DoD PS tools, reference (b), applies Operational Risk Management, references (d), (e), (f) and (g), in the medical environment for proactive risk assessment and review of actual and near miss events.

2. Background. Reference (b) establishes the broad parameters for monitoring and improving the health care provided to our beneficiaries. This process includes risk identification, risk reduction/avoidance, and risk management as a means to decrease the likelihood of harm to patients.

3. Applicability. This guidance applies to all healthcare delivery settings within the AFMS. All active duty, reserve, and guard personnel who provide or participate in the health care delivery system are responsible for supporting the PSP.

4. Policy. The goal of the PSP is to create a safer healthcare delivery system for patients, visitors, and staff and to minimize the negative consequences of injuries that do occur. PS focuses on establishing a health care system that minimizes the risk for error through proactive risk identification, risk reduction/avoidance, and risk management, building teamwork, effective communication, and problem solving skills. All of this is done in a non-punitive, interdisciplinary environment that promotes identification, reporting and analysis of events. The information reported through the PSP shall be used exclusively for improving health care systems and processes that impact on medical errors and PS. PSP information shall not be used for any adverse administrative, privileging or other personnel actions. All records and information of the PSP are

medical Quality Assurance (QA) records and are protected under 10 U.S.C. 1102 and DoD Directive 6040.37 [references (h) and (i)]. Except as specifically authorized by Instruction (JCAHO Sentinel Event reporting), PSP records or information shall not be disclosed unless authorized by references (h) and (i) and also either required by applicable authority or authorized by ASD (HA). All QA documents shall be designated as such using the wording recommended in reference (i).

5. Responsibilities

5.1. Air Force Surgeon General (HQ USAF/SG) shall:

5.1.1. Participate fully in the MHSPSP by promoting the objectives of the program, monitoring for inappropriate use of information generated, and providing recommendations to the ASD (HA) for program improvement, interpretation of DoD instruction(s) and implementation guidance to the field.

5.1.2. Serve as a member (or designate a representative) of the Patient Safety Council IAW DoD Instruct on 6025.17, *Military Health System (MHS) Patient Safety Program (PSP) (MHSPSP)*, (reference b).

5.1.3. Assign qualified staff to work in coordination with the DoD Patient Safety Center in support of the MHSPSP to ensure adequate representation and participation of the AFMS.

5.1.4. Promote and support DoD Healthcare Team Coordination Programs for the AFMS IAW reference (b). The AFMS focus for more effective communication and teamwork is a two-phased approach: Phase 1 - Medical Team Management (MTM) training for all personnel in all health care settings; and Phase 2 - Med Teams training for specified high-risk clinical areas.

5.2. Command Surgeon (HQ MAJCOM/SG, ARC HQ MAJCOM/SG) shall:

5.2.1. Oversee the AFMS PSP activities within the command (Reference AFI 38-202, *Air Force Management Headquarters and Headquarters Support Activities*, for information regarding policymaking, evaluating, resourcing, and tactical and strategic planning.)

5.2.2. Promote and support DoD Healthcare Team Coordination Programs for the AFMS IAW reference (b) Support deployment of MTM. Assist the AF PS Office in the identification of MTFs for participation in Med Teams.

5.2.3. Designate an individual to serve as the PS Manager to direct the Command PSP per reference (b) and IAW this Interim Policy Memorandum.

5.3. Medical Wing Commander (MDW/CC), Medical Group Commander (MDG/CC), and Medical Squadron Commander (MDS/CC) shall:

5.3.1. Establish and implement a PSP consistent with DoD Instruction 6025.17, *Military Health System (MHS) Patient Safety Program (PSP) (MHSPSP)*, (reference b). The PSP with its emphasis on process and system design, is a primary component of the risk reduction and performance improvement efforts of the facility, and shall be integrated into organizational performance throughout the facility. The Patient Safety Manager (PSM) shall have direct access or report directly to the commander or deputy commander.

5.3.2. Designate an individual to serve as the PSM to direct the organizational PSP per reference (b), and IAW this Interim Policy Memorandum.

5.3.3. Ensure the PSP activities involve all of the organization's staff.

5.3.4. Ensure key staff (PSM, SGH, SGD, SGN, risk manager, etc.) attend DoD PS training, develop specialty knowledge in the principles and practices of PS, and guide the PS program within the organization. In addition, make sure all MTF personnel receive PSP training, are encouraged to report near misses, actual events, and sentinel events using the organization's reporting systems, and support program activities.

5.3.5. Provide guidance to staff in cases where a medical event resulted in an unanticipated outcome to a patient. A qualified healthcare provider shall inform the patient or applicable family member (if designated) of the facts related to the event IAW JCAHO patient rights standards.

5.3.6. Provide support and debriefing opportunities for staff involved in a medical event, ensuring a systems approach to event review.

5.3.7. Ensure all active duty, reserve, civilian and contract employees involved in the healthcare delivery process use the organization's reporting mechanisms to forward information regarding actual or potentially unsafe conditions or processes, support systems redesign resulting from safety issues, and assist fellow employees with maintaining safe practices.

5.3.8. Initiate a feedback system for staff involved in improving PS, recognizing their contributions and lessons learned as a result of their involvement.

5.3.9. Ensure the integration of DoD Healthcare Team Coordination Programs throughout the organization. Promote active engagement of staff in the deployment of MTM, beginning with high-risk areas. Following deployment of MTM in the MTF, identify high-risk areas that are ready for deployment of Med Teams.

5.4. PSM is responsible for all PS program elements and shall:

5.4.1. Plan, develop, implement, and coordinate PS functions in accordance with this guidance and references (a), (b), (i), (j), and (k).

5.4.2. Serve as a PSP resource and confer with all levels of personnel to develop and direct the program.

5.4.3. Conduct periodic appraisal of the adequacy of organization-wide PS activities/policies/ procedures to ensure program effectiveness. Provide MTF leadership with updates at least quarterly on the PS program through reports to the Executive Committee.

5.4.4. Collaborate with all other facility functions on items/issues related to PS. These functions include, but are not limited to, infection control, facility safety, medical logistics, medical equipment maintenance, information management, education and training and bioenvironmental engineering.

5.4.5. Monitor the reporting of events from all avenues; take appropriate action to provide consistency and accuracy; and consult with Risk and Credentials Managers as appropriate.

5.4.6. Collaborate with the Risk Manager in managing daily event reports (i.e., occurrence screens, incident reports, etc.) and any other written documents that may contain PS issues.

5.4.7. Collaborate with the performance improvement (PI) manager on the use of PI tools, e.g. flowcharting, statistical process control, etc., in PS activities.

5.4.8. Develop, coordinate, and present ongoing PS education in the form of new employee orientation, in-service training to all personnel, and one-on-one consultations as necessary. This education shall include elements of a PS culture, its relevance to their position, their personal role in ensuring PS as a high priority, and the organization's mechanism for reporting PS events. Ensure documentation of PS education.

5.4.9. Maintain expertise in proactive approaches to enhance and sustain PS by applying benchmark practices, developing creative approaches to reduce or avoid risk, and apply successful safety principles from other agencies.

5.4.10. Manage the integration of the DoD Healthcare Team Coordination Program into the organization. Actively engage in the deployment of MTM, beginning with the high-risk areas. After deployment of MTM, assist MAJCOMs in identifying high-risk areas ready for deployment of Med Teams. Communicate with leadership on deployment progress and make recommendations as necessary.

6. PSP Elements. The following are required elements of each organization's PS program.

6.1. Education of Staff. The organization shall establish a mechanism to educate all staff on the MHSPSP and local implementation of the PSP upon arrival to the organization and at least annually. Staff and patients shall be educated on the need to report all events affecting PS, which include near misses and actual events. In doing so, the organization's Commander shall establish a non-punitive culture focusing on improved communication and cooperation, systems and processes rather than individuals, and prevention rather than punishment.

6.2. Failure Mode and Effect Analysis (FMEA). The organization shall implement processes to reduce the risks of preventable medical events by conducting proactive risk assessment activities using FMEA, consistent with JCAHO policy. The organization shall complete at least one FMEA per year. Annual prospective planning for performance improvement activities shall include identification of the high risk process for FMEA.

6.3. Reporting and Analyzing Near misses and Actual Events.

6.3.1. The organization shall establish a mechanism for staff, patients, and patients' families to report near misses and actual events. The goal of reporting these events is to focus on systems and process issues that could have or did result in patient harm. Once these issues are identified, actions shall be taken to decrease the likelihood of human error caused by inadequate systems or processes which could lead to similar events in the future.

6.3.2. Upon receipt of event reports, the PSM classifies the event in the following categories:

6.3.2.1. Near miss. Any process variation or error that could have resulted in harm to a patient, a visitor, or staff, but through chance or timely intervention did not reach the individual. Such events are also referred to as "close calls".

6.3.2.2. Actual Event (previously termed adverse event). An occurrence or condition associated with a potentially preventable medical event that may or may not result in harm. Actual events may be due to acts of commission or omission. Events such as patient falls or improper administration of medications are also considered actual events even if there is no harm or

permanent effect on the patient. These events will be further categorized using the Safety Assessment Code Matrix as defined below.

6.3.2.3. Sentinel Event. As defined by JCAHO, sentinel events are unexpected occurrences resulting in death or serious physical or psychological injury or risk thereof. Once the organization identifies a sentinel event, it shall follow guidance in AFI 44-119 and local and MAJCOM policy for completion of the Root Cause Analysis (RCA) and reporting of the sentinel event within the Air Force and to JCAHO.

6.3.2.4. Safety Assessment Code (SAC). Using the SAC Matrix as defined in DoD Instruction 6025.17, reference (b), a SAC score is assigned by pairing the severity of harm to the patient as a result of the event with the actual or potential frequency of recurrence. This score determines the type and priority of review required.

6.3.3. Disclosure and Immediate Actions Following an Unexpected Occurrence Causing Unanticipated Outcomes. The following steps shall be taken:

6.3.3.1. The immediate needs of the patient shall be addressed to minimize injury.

6.3.3.2. Providers shall seek, time and circumstance permitting, advice of the patient advocate, risk manager, and the base staff judge advocate or regional medical law consultant prior to discussing the unanticipated outcome with the patient/family. Designate an attending provider most closely involved in the care of the patient to manage the discussion. Avoid designating personnel whose personalities or temperaments may detract from a meaningful dialogue. Advise providers that: (1) the discussion is provided as a matter of clinical policy and does not affect any rights or obligations in legal and administrative proceedings; and (2) the discussion may not include any information prohibited from disclosure under Title 10 U.S.C. 1102 [reference (h)].

6.3.3.3. Commander's designee will counsel the providers to: supply objective information on the facts known at the time of the discussion, avoid speculation about what may have happened, and discuss the patient's care and options for care. In addition, the provider shall be advised that: (1) disclosure is not meant to be a standard of care analysis, but a factual statement of outcome; (2) an expression of sorrow or concern for the patient/family does not equate to admission of negligence; and (3) the information gathered in a further investigation is protected under QA regulations and will not be available to the patient and family. The provider will document the communication with the patient/family in the medical record.

6.4. Analyzing Events.

6.4.1. Level of Analysis Required. Near misses and actual events with SAC scores of 1 require analysis for systems issues and action on those issues when identified. Events scoring a SAC 2 require more intensive review, e.g. quality assessment review or root cause analysis, but these reviews are only used for internal purposes. Events scored as SAC 3 require a RCA. In addition, organizations are encouraged to perform RCAs on other events that have a high likelihood of recurring and causing patient harm.

6.4.2. RCA. Organizations shall use the format specified by the Military Health System Patient Safety Program (MHSPSP) guidance [reference (b)] when performing a RCA.

6.4.2.1. The RCA and action plan shall include written findings regarding the underlying systems and processes involved in the event, including the identification of actual and potential problems in those systems and processes, and recommendations for corrective actions.

6.4.2.2. The RCA and action plan shall be completed within 45 days of the date on which the PSM becomes aware of the event.

6.4.2.3. The RCA team shall brief the Senior Medical Commander upon completion of the RCA and obtain written approval for the RCA and action items at that time.

6.4.2.4. The organization shall establish a mechanism to track completion and sustainment of action items identified as a result of RCAs and analysis of near miss and actual events not requiring an RCA.

6.4.2.5. A copy of RCAs performed on SAC 3 events shall be forwarded to the DoD Patient Safety Center.

6.4.3. Aggregate Reviews. Near miss and actual events that do not require an individual RCA shall undergo aggregate analysis to determine contributing factors most common among the events, and actions to reduce or avoid future risk from these factors.

6.4.4. The organization shall complete a monthly summary of near miss and actual events using the format specified by the MHSPSP guidance and forward it directly to the DoD Patient Safety Center. The organization's Executive Council/Board of Directors will also receive a copy of this monthly summary, including lessons learned and actions taken as a result of event analysis. The MTF shall send a courtesy copy of the monthly summary report to the MAJCOM upon request. The summary reports shall be used to discern lessons learned and improvement opportunities to support the organizations.

6.4.5. Annual Evaluation. The organization shall complete an annual evaluation of the PS program and shall provide the evaluation to the Executive Council/Board of Directors for review. This report may be combined with the annual performance improvement summary, also required by JCAHO. At a minimum, the report shall include education and training on PS, analysis of data collection, lessons learned and opportunities to improve identified as a result from PS activities, initiatives taken to improve care, and results of these improvements.

6.5. Healthcare Team Coordination. Working toward a culture of safety through improved communication and teamwork, organizations will deploy the DoD Healthcare Team Coordination Program. The AF sequenced approach to team training serves two purposes: first, establish a culture of effective team communication and collaboration among all personnel in the organization with MTM; and second, build on MTM concepts and practices for high-risk areas through Med Teams.

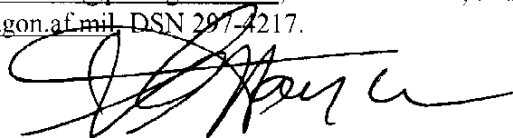
6.5.1. MTM. MTM is medical team training based on crew resource management principles and teaches foundational elements for effective organizations, obstacles to communication, and tools to employ for successful communication and teamwork. MTM is applicable to all personnel within an organization, and training shall be provided to interdisciplinary teams so all disciplines train together in a team environment. Deployment shall begin in the high-risk areas of the emergency services, surgical services, intensive care units, and labor and delivery. After rollout to these areas, MTM shall be deployed to all other areas within the organization.

6.5.2. Med Teams. Med Teams is based on the principles of Army helicopter crew resource management and is geared to high risk areas, such as emergency department, surgical suites, and labor and delivery. As with MTM, Med Teams training is also approached from an interdisciplinary team perspective and requires training and participation of all members of the respective teams. AF MTF participation shall be worked in coordination with the MAJCOM and MTFs.

6.6 Intentional Unsafe Acts. Investigation of and actions required for intentional unsafe acts, criminal acts, and impairment due to drugs or alcohol are not within the primary authority or responsibility of the PSP. If, in the course of PSP activities, information about intentional unsafe acts is revealed, the original report shall be referred to appropriate command authority. When an event appears to be both an adverse event and intentional unsafe act, primary authority and responsibility are outside the PSP. The PSP will proceed with a review of systems and processes implicated in the actual or potential intentional unsafe act, but will defer to the separate investigation and consideration with respect to any matter of culpability of any person involved in the act.

7. Effective Date. This interim policy shall take effect immediately and remains in effect until publication of the updated AFI 44-119, which is under revision.

8. Points of contact are: Lt Col Beth Kohsin, beth.kohsin@pentagon.af.mil, DSN 297-4270; and, Lt Col Cynthia Landrum-Tsu, cynthia.landrum-tsu@pentagon.af.mil, DSN 297-4217.



GEORGE PEACH TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General