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OFFICE OF THE CHIEF OF NAVAL OPERATIONS
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AND
HEADQUARTERS UNITED STATES MARINE CORPS
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IN REPLY REFER TO
OPNAVINST 6320.7A
MCO 6320.4
BUMED-M3B62
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OPNAV INSTRUCTION 6320.7A
MARINE CORPS ORDER 6320.4

From: Chief of Naval Operations
Commandant of the Marine Corps

Subj: HEALTH CARE QUALITY ASSURANCE POLICIES FOR OPERATING FORCES

Ref: (a) DOD 6025.13-R of 11 Jun 2004
(b) ASN(M&RA) Memorandum of 6 Jan 2006 (NOTAL)
(c) BUMEDINST 6010.13
(d) BUMEDINST 6320.66E
(e) OPNAVINST 6400.1C
(f) BUMEDINST 6320.67A
(g) BUMEDINST 6550.10A

Encl: (1) Definitions
(2) Terminology and Abbreviations
(3) Professional Qualifications
(4) Appeal Authority and Review Authorities
(5) Operational Forces Medical and Dentistry Occurrence Screens

1. Purpose. To establish policy, prescribe procedures and assign responsibilities regarding the quality assurance of health care provided to the operating forces.

2. Cancellation. OPNAVINST 6320.7 and Stock number 0579LD0529970.

3. Background

a. The Secretary of the Navy has policy oversight of the Clinical Quality Management Program within Department of the Navy (DON) per reference (a) and has assigned the Chief, Bureau of Medicine and Surgery (Chief, BUMED) as the DON corporate privileging authority per reference (b). As the corporate privileging authority Chief, BUMED has authority to establish Navy requirements for licensure, credentials review and clinical privileging of all the DON practitioners assigned to Navy and Marine Corps activities.

b. The Chief of Naval Operations and the Commandant of the Marine Corps are committed to providing the highest quality health care to our operating forces. This instruction requires a Quality Assurance Program of sufficient scope to identify and resolve problems so that patient care will continually improve. The elements of this program consist of establishing standards for the initial and periodic review of credentials, granting of privileges and monitoring of the quality of health care provided.

4. Applicability and Scope. The provisions of this instruction apply to all privileged and non-privileged health care providers assigned to the operating forces of the Navy and Marine Corps as identified in enclosure (1).

5. Terminology and Abbreviations. The terms and abbreviations used in this instruction are defined in enclosure (2).

6. Policy. It is Department of the Navy policy that all health care providers assigned to operational forces:

a. Participate in ongoing monitoring and evaluation to identify and resolve problems which impact directly or indirectly on patient care. The findings of this program will be used in the periodic credentials review or evaluation of all health care providers. Methodologies which may be utilized in implementing this program are found in references (c),(d),and (e).

b. Licensed independent health care practitioners are subject to credentials review. They shall be granted delineated clinical privileges by a designated Privileging Authority before providing care independently per reference (d).

c. Initiate an application requesting the broadest scope of privileges commensurate with their professional qualification and current competency. An inter-facility credentials transfer brief (ICTB) is required any time a practitioner needs to provide health care services at an entity not under the cognizance of their current Privileging Authority. The current Privileging Authority will forward an ICTB via Centralized Credentials Quality Assurance System (CCQAS) at the request of the gaining command.

d. Non-privileged health care providers shall be qualified to provide health care per specific Personal Qualification Standards, or guidance as provided in reference (e).

7. Responsibilities

a. Surgeon General shall:

(1) Establish program policy and oversee its implementation and coordination by designating the Command Surgeon, Commander U. S. Fleet Forces Command (CSCUSFFC), and the Medical Officer of the Marine Corps (TMO) as Privileging Authorities.

(2) Assist in developing the list of qualifications and standards for non-privileged health care providers.

(3) Provide guidance and advice as requested.

b. The Director, Navy Staff (DNS) will develop, in cooperation with Chief BUMED, the list of qualifications and standards for non-privileged health care providers.

c. The CSCUSFFC and TMO shall:

(1) Assume overall Quality Assurance (QA) program oversight and coordination.

(2) Incorporate the policy of this instruction into local QA and credentials review and privileging programs, with sufficient scope to ensure current clinical competence and provision of health care by all health care providers.

(3) Establish agreements with medical regional commanders (Navy Medicine East, Navy Medicine West, Navy Medicine National Capital Area) and Navy Medicine Support Command via letter or memorandum of understanding to obtain necessary support and assistance, as needed.

(4) Establish protocols for strike group and other operational commanders to effectively monitor and control medical care throughout the battle or exercise theatre.

8. Qualifications. Professional qualifications for health care providers assigned to operating forces are defined in enclosure (3).

9. Credentialing and Privileging Procedures

a. Initial and active staff privileges for privileged providers are granted by the CSCUSFFC or TMO (or their assigned delegate) for their respective forces. The Privileging Authority may rely on peer evaluations and recommendations regarding granting of privileges obtained from credentials committees or executive committees of the medical/nursing/dental staff in accordance with the following guidance:

(1) Credentials committees for operating forces units will normally be established by the Privileging Authority and will consist of privileged providers.

(2) Joint committees of collocated operating forces and Navy Medicine facilities may be authorized by the appropriate Privileging Authority.

b. Credentials files will be maintained and held by the credentials committee of the Privileging Authority established in accordance with above guidance.

c. Delineated privileges will be granted for a period of 1 year for initial privileges, and 2 years for active staff appointments with clinical privileges, and will be based on current clinical competence as monitored by the QA Program. Temporary privileges are relatively rare, time limited (not to exceed 30 days), and are granted only to fulfill urgent patient needs.

d. When competence is questioned, the credentials committee or the staff executive committee will review a provider's performance. If further professional assistance is required, the committee or Privileging Authority may request assistance of the nearest regional naval medical command.

e. Reference (f) establishes the procedures for the handling of allegations of impairment and/or misconduct involving privileged providers. The convening of a Peer Review Panel,

decisions on adverse privileging actions, and reporting requirements are also governed by reference (g). Any administrative actions involving non-privileged providers can be reviewed and appealed to the authorities listed in enclosure (4).

10. Personal Qualification Standards Review Process. The Privileging Authority or designee shall conduct a thorough evaluation of the current competency of all non-privileged health care providers assigned to the operating forces annually. This evaluation shall be a written report and will address Personal Qualification Standards, will utilize a quality assurance monitoring of care provided, and will be forwarded and maintained by the command surgeon of the unit to which the provider is assigned. A copy of this report will be placed in the non-privileged health care provider's file.

11. Quality Assurance Program

a. The program must be of sufficient scope to identify, resolve, and prevent problems which impact on the safe delivery of patient care. The findings and results of the QA Program shall be utilized in the periodic credentials review or evaluation of all health care providers assigned to the operating forces.

b. Documents and records created by the QA program are quality assurance documents under 10 U.S.C. 1102 and can only be released as authorized by statute. Questions concerning authorized release should be directed to appropriate medico-legal counsel.

c. A written evaluation of the QA Program shall be submitted yearly to the Privileging Authority appropriately to either CSCFFC or TMO. This report shall include actions taken to resolve and prevent future occurrence of identified problems which impact adversely on patient care.

d. The Privileging Authority shall ensure annually a sufficient number of consultative visits or inspections by a knowledgeable person or team from outside the operational unit. This team will review: compliance with this instruction and references (a) through (g); annual submission of QA data; maintenance of credentials and certification records of

providers; procedures for storage and record keeping of medical and clinical utilization. This will be accomplished by inspection of logs, records, minutes of occurrence screens reviewed and actions (written and electronic) for the purpose of assessing the care given. The team will be assembled from within operational forces resources if possible. If not, the regional medical commands will be asked to assist. Problems which are identified shall be documented and tracked by the Privileging Authority until they are resolved.

e. Ongoing monitoring of occurrence screens will occur as a result of periodic review by Group and Squadron Medical Officers as mandated by the Privileging Authority. This will consist of reviewing records (after each sick call visit, sick bay admission or randomly) against a list of adverse occurrences as provided in enclosure (5) and approved/modified by the designated Privileging Authority. This check may be performed by a screener/clerk or a provider. The occurrences are reviewed during consultative visits or inspections for accuracy and compliance. The results of this process will be included in the mandated regular reports sent to CSCFFC or TMO.

f. At all times, commanding officers and their respective surgeons have the ultimate accountability for the health and welfare of their personnel. When on extended deployment, the monitoring of the quality of health care rendered by independent, non-privileged healthcare providers must be continued in an effective manner per reference (e). Emphasis shall be placed upon evaluation of independent non-privileged health care providers patterns of health care, consultation, and referral (medical evacuation).

12. Report. Symbol OPNAV 6320-1 is assigned to the reporting requirements in paragraphs 10, 11c and 11d, and approved for reports control by SECNAV M-5214.1 Dec 2005.

R. S. KRAMLICH
Director, Marine Corps Staff

D. C. ARTHUR
Surgeon General of the Navy

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DEFINITIONS

1. Medical and dental treatment facilities within the operating forces are:

a. Medical and dental facilities ashore and afloat (to include sick bays aboard ship and Level 2 forward surgical units) which are not under Budget Submitting Office 18.

b. Medical and dental units of the Fleet Marine Forces.

c. Medical and dental units in support of Navy Expeditionary Combat Command.

2. Privileged Health Care Practitioners assigned to the operating forces are:

a. Physicians

b. Dentists

c. Nurse Anesthetists

d. Nurse Practitioners

e. Psychologists

f. Physical Therapists

g. Optometrists

h. Physician Assistants

3. Non-Privileged Health Care Providers are:

a. Independent Duty Diving Medical Technician (HM-8494)

b. Independent Duty Submarine Corpsmen (HM-8402)

c. Independent Duty Surface Warfare Corpsmen (HM-8425)

d. Independent Duty Fleet Marine Force Reconnaissance (HM-8403)

4. Military Sealift Command Medical Care Providers include all credentialed and non-credentialed staff assigned to the operating forces of Military Sealift Command (MSC). This instruction ensures the monitoring of the quality of health care provided by active duty, civil service, or a civilian contractor. The providers specifically include but are not limited to:

a. MSC Nurse - a civil service non-physician health care provider who may be either a licensed nurse, physician assistant, or retired independent duty corpsman (IDC). These health care providers will provide medical care at the level of care of an advanced independent duty hospital corpsman (HM 8425) with appropriate documentation papers from the United States Coast Guard.

b. Master/First Officer - performs as a health care provider when no MSC Nurse or Advanced Independent Duty Hospital Corpsman (HM-8425) is attached, in accordance with national and international maritime policy and tradition.

5. Commanding officer, for purpose of this instruction, is synonymous with ship's master and commander(s) of Military Sealift Command.

TERMINOLOGY AND ABBREVIATIONS

1. Clinical Privileging. The process whereby a health care practitioner is granted the permission and responsibility to independently provide specified medical or dental care within the scope of his or her licensure, certification, or registration. Clinical privileges define the scope and limits of practice for individual practitioners. Privilege categories include:

a. Regular Privileges. Core and supplemental privileges.

b. Temporary Privileges. Granted when time constraints do not allow a full credentials review. These privileges are time-limited and granted only to fulfill urgent patient care needs.

c. Supervised Scope of Practice. Used to identify the privileging status of non-licensed and non-certified providers who are not independent, and are placed under a Plan of Supervision.

2. Credentials. Documents that constitute evidence of qualifying education, training, licensure, certification, experience and expertise of health care providers.

3. Credentials Review. The application and screening process whereby health care providers have their credentials evaluated before being selected for the Department of the Navy (DON) service, employed by the DON, granted clinical privileges or assigned patient care responsibilities.

4. Current Competence. Possessing adequate ability to perform the functions of a practitioner in a particular discipline as measured by meeting the following conditions:

a. Privileged to independently practice a specified scope of care within the past 2 years.

b. Authorized to practice a specified scope of care under a written plan of supervision within the past 2 years.

c. Completed formal graduate professional education in a specified clinical specialty within the past 2 years.

d. Actively pursued the practice of his/her discipline within the past 2 years by having encountered a sufficient number of clinical cases to represent a broad spectrum of the privileges requested.

e. Satisfactorily practiced the discipline as determined by the results of practitioner-specific data and information generated by organizational quality management activities.

5. Health Care Practitioners (Licensed Independent Practitioners). Licensed military (active duty and reserve) and the DON civilian providers (Federal civil service, foreign national hire, contract, or resource sharing agreement and clinical support agreement) are required by reference (a) to be granted delineated clinical privileges to independently diagnose, initiate, alter or terminate health care treatment regimens within the scope of their licensure. This includes physicians, dentists, marriage and family therapists, nurse practitioners, nurse midwives, nurse anesthetists, clinical psychologists, optometrists, clinical dieticians, podiatrists, clinical social workers, pharmacists, physical therapists, occupational therapists, audiologists, speech pathologists, and physician assistants (PAs). For the purposes of this instruction, individuals enrolled in training programs leading to qualification for clinical privileges and American Red Cross volunteers in any of these disciplines are also considered health care practitioners.

6. License. A grant of permission by an official agency of a State, the District of Columbia, a commonwealth, territory, or possession of the United States to provide health care within the scope of practice for a discipline. In the case of a physician, the physician's license must be an active, current license that is unrestricted and not subject to limitation in the scope of practice ordinarily granted to other physicians, for a similar specialty, by the jurisdiction that grants the license. This includes, in the case of health care furnished in a foreign country by any person who is not a national of the United States, a grant of permission by an official agency of that foreign country for that person to provide health care independently as a health care professional. Authorized licensing jurisdictions for health care personnel are specified in references (b) through (d). For the purpose of this instruction, "license" and "licensure" shall include certification and registration as appropriate for the provider type.

ABBREVIATIONS

ACGME	Accreditation Council for Graduate Medical Education
ACLS	Advanced Cardiac Life Support
ADA	American Dental Association
AMA	American Medical Association
AOA	American Osteopathic Association
APN	Advanced Practice Nurses
ATLS	Advanced Trauma Life Support
BCLS	Basic Cardiac Life Support
BUMED	Bureau of Medicine and Surgery
C4	Combat Casualty Care Course
CAPT	Commission on Accrediation in Physical Therapy
CCQAS	Centralized Credentials Quality Assurance System
CSCFFC	Command Surgeon, Commander Fleet Forces Command
DON	Department of the Navy
ECFMG	Educational Commission for Foreign Medical Graduates
FMGEMS	Foreign Medical Graduate Examination in Medical Sciences
GME	Graduate Medical Education
ICTB	Inter-facility Credentials Transfer Brief
IDC	Independent Duty Corpsman
MEF	Marine Expeditionary Force
MSC	Military Sealift Command

ABBREVIATIONS (continued)

NCCPA	National Committee of Certification of Physician Assistants
QA	Quality Assurance
PA	Physician Assistant
RC	Regional Commanders
TMO	The Medical Officer of the Marine Corps
PQS	Personal Qualification Standard

PROFESSIONAL QUALIFICATIONS

1. Physicians

a. Graduation from a medical school in the United States, Canada, or Puerto Rico approved by the Liaison Committee on Medical Education of the American Medical Association (AMA) or graduation from a college of osteopathy approved by the American Osteopathic Association (AOA). Graduates of medical schools other than those listed above must have passed either the Foreign Medical Graduate Examination in Medical Sciences (FMGEMS) or the Educational Commission for Foreign Medical Graduates (ECFMG) or have completed Fifth Pathway.

b. Completion of a GME-1 program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the AOA.

c. Completion of at least one year at a Navy Medicine facility if Graduate Medical Education (GME) post graduate year 1 was obtained elsewhere; or

d. Completion of six months active duty after completion of GME-1 training to include completion of training at Officer Indoctrination School, the Naval Undersea Medical Institute, the Naval Aerospace Medical Institute flight surgeon course, or the Surface Warfare Medicine Institute general medical officer's course.

e. Certification in Advanced Cardiac Life Support (ACLS) and completion of Combat Casualty Care Course (C4) with Advanced Trauma Life Support (ATLS) certification are required (or equivalent).

2. Dentists

a. Graduation from a dental school approved by the Commission on Accreditation of Dental and Auxiliary Educational Programs of the American Dental Association (ADA) or the Commission on Dental Accreditation of Canada of the Canadian Dental Association.

b. Completion of at least one year of assignment in a Navy Medicine facility.

c. Basic Cardiac Life Support (BCLS) or equivalent certification.

d. Attendance at Casualty Treatment Training course within the past 5 years.

e. ACLS, ATLS, or C4 completion are desirable, but not required.

3. Advance Practice Nurses (APN)

a. Graduation from a master's or doctoral degree program which prepares an individual in nurse anesthesia, nurse-midwifery or as a nurse practitioner and is approved by an organization authorized by the Department of Education to accredit schools of nursing.

b. Graduation from a clinical master's degree program in nursing and satisfactory completion of a formal post-graduate certificate program in the desired specialty granting graduate level academic credit. These programs are most commonly referred to as post-master's certificate programs.

c. As educational systems evolve, some universities are not granting degrees specifically titled "nursing." Where these programs are not so titled, the relevant specialty leader will review and evaluate course content.

d. Nurses who graduated from an approved practitioner certificate program, or received a graduate degree in a nursing or related specialty, and currently hold privileges in these advanced practice specialties are considered to have met the educational requirement.

4. Clinical Psychology. A doctoral degree in clinical or counseling psychology (or an acceptable equivalent) from an accredited university or professional school, a 1-year clinical internship, and a current State license in psychology.

5. Doctor of Optometry. An optometry degree and a State license.

6. Physical Therapy. Graduate of a physical therapy program accredited by the Commission on Accreditation in Physical Therapy (CAPT) and a current State license as a physical therapist.

7. Physician Assistants. Successful completion of a training program for PAs recognized by BUMED and certification by the National Committee of Certification of Physician Assistants (NCCPAs).

8. Non-privileged Health Care Providers

a. There will be an analogous system with a listing of required competencies (knowledge and skills) which lead to specified duties and responsibilities. These competencies will consist of Personal Qualification Standards (PQS) which will establish criteria for assignment and will be the standards against which supervision and evaluation shall be accomplished at least annually.

b. Questions of competency can be evaluated in the same manner as for physicians, dentists, Physician Assistants and Nurse Practitioners.

APPEAL AND REVIEW AUTHORITIES

1. For all ships and ashore Naval elements:

   a. Appeal Authority - Type Commanders

   b. Reviews Authority - CNO 093

2. For the Marine Corps:

   a. Appeal Authority - MEF Commander

   b. Review Authority

      (1) Commandant of the Marine Corps

      (2) CNO 093

OPERATIONAL FORCES MEDICAL AND DENTISTRY OCCURRENCE SCREENS

MEDICAL OCCURRENCE SCREENING LIST

1. All Deaths

2. Cardiac/respiratory arrest, regardless of outcome

3. Readmission to sick bay for the same problem

4. Three or more sick call visits for same complaint without resolution

5. Unplanned return to surgery

6. Significant drug reaction

7. Error in medication, transfusion, treatment, or procedure

8. IV therapy complications

9. Postoperative wound infection/wound-related problems

10. Injury to patient

11. Incomplete medical record entries

12. Inadequate follow-up on abnormal lab/X-ray results

DENTAL OCCURRENCE SCREENING LIST

1. Death

2. Unanticipated hospital admission

3. Unanticipated loss of a tooth

4. Postoperative infections

5. Treatment failures

6. Drug reactions

7. Medication errors

8. Four or more dental sick call visits for same unresolved complaint

9. Unplanned return to surgery

10. Injury to patient

11. Incomplete dental record entries

12. Inadequate follow-up on abnormal lab/X-ray results