



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH, VA 22042

IN REPLY REFER TO  
BUMEDINST 6000.2E  
BUMED-M3  
16 Jul 2012

BUMED INSTRUCTION 6000.2E

From: Chief, Bureau of Medicine and Surgery

Subj: ACCREDITATION OF FIXED MEDICAL TREATMENT FACILITIES

Ref: (a) DoD Directive 6025.13-R of June 11, 2004  
(b) BUMEDINST 6010.13  
(c) Joint Commission Accreditation Manual for Hospitals, current edition  
(d) Joint Commission Accreditation Manual for Ambulatory Care, current edition  
(e) Joint Commission Accreditation Manual for Behavioral Health Care, current edition  
(f) Joint Commission Accreditation Manual for Home Care, current edition  
(g) SECNAV Manual 5210.1 of Nov 2007

1. Purpose. To establish policy, publish procedures, and assign responsibility for the accreditation of Navy Medicine's (NAVMED) medical treatment facilities (MTFs). This instruction is a complete revision and must be read in its entirety.
2. Cancellation. BUMEDINST 6000.2D; NAVMED 6000/1 (5-77), Joint Commission Survey Recommendation Implementation Status Report; and Med 6000-10.
3. Scope. Applies to all fixed MTFs and free-standing ambulatory clinics assigned under Budget Submitting Office (BSO) 18.
4. Policy. Per references (a) and (b), all fixed inpatient and ambulatory Navy MTFs must meet the standards of, and be accredited by, The Joint Commission (TJC). Procedures and requirements pertaining to the accreditation process are found in references (c) through (f).
5. Background. The value of high quality health care to the Operating Forces and other beneficiaries of NAVMED cannot be overstated. References (a) and (b) require that all fixed MTFs and free-standing ambulatory clinics, including those providing care to Department of Defense (DoD) beneficiaries under various managed care support contracts, shall maintain accreditation. NAVMED has determined TJC will be our accreditation source. Adherence to the applicable standards of references (c) through (f) is of critical importance. With cooperative and continuous effort, MTFs can achieve and maintain TJC accreditation. The Bureau of Medicine and Surgery (BUMED) Quality Lead for Clinical Operations (BUMED-M3B21) evaluates actions taken to comply with TJC survey reports and makes recommendations as appropriate. This program will continue to be closely monitored within BUMED to ensure the highest standard of quality and patient safety.

6. Action

a. M3 Clinical Operations/Quality and Risk Management will:

(1) Centrally fund all costs related to TJC accreditation activities. MTFs are not to seek independent accreditation unless authorized by higher authority.

(2) Aggregate annual TJC findings, analyze, and report trends to M3 leadership.

(3) Attend Navy Medical Inspector General and Surgeon General post survey brief.

b. Navy Medical Inspector General will notify MTF leaders of an unannounced survey at established timeframes for DoD Health Care Facilities. MTFs will also receive survey notification through their secure TJC extranet site. MTFs will not receive advance notification for any 'for cause' unannounced surveys.

c. NAVMED Region commanders will:

(1) Ensure each MTF maintains TJC survey readiness. Readiness may be determined through participation in the Periodic Performance Review/Intracycle Monitoring process in conjunction with TJC, phone consultation, or onsite visits.

(2) If requested by the MTF, NAVMED Region commanders will provide a mock survey team to assess survey readiness, and compliance with TJC standards. At least one team member will be a TJC trained fellow.

d. MTF commanders, commanding officers, and officers in charge will:

(1) Maintain a current and accurate TJC application. Any application information change(s), as delineated in references (c) through (f), must be reported in writing to TJC within 30 calendar days. Changes will also be reported to BUMED-M3B21 via e-mail.

(2) Maintain a current and accurate TJC electronic statement of conditions. If any plan for improvement to correct identified deficiencies cannot be achieved within the established timeframes, notification to TJC is required.

(3) Establish an ongoing accreditation readiness team to maintain compliance with current TJC standards.

(4) Provide training and support systems for key staff.

(5) Submit a Full Periodic Performance Review (PPR) in per references (c) through (f). Transition to the Intracycle Monitoring Process and Focus Standards Assessment (FSA) will be required in January 2013.

(6) Use TJC publication 'Survey Activity Guide for Health Care Organizations' (current year) to assist with planning and organizing survey activities. The guide is located on TJC secure extranet site.

(7) Immediately upon receipt of the final accreditation survey findings report, MTFs will commence action to correct identified requirement(s) for improvement if applicable. The accreditation decision becomes official following submission and acceptance of its evidence of standards compliance report within the required timeframes.

7. Quality Assurance Program. The accreditation process is part of the Quality Assurance program; therefore the survey, its contents and its results are all protected from disclosure under 10 U.S.C. § 1102. Any release of the results must be per the statute and the applicable DoD implementing regulations.

8. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per reference (g).



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