



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

BUMEDINST 6000.22  
BUMED-N10  
21 Jan 2026

**BUMED INSTRUCTION 6000.22**

From: Chief, Bureau of Medicine and Surgery

Subj: HIGH RELIABILITY ORGANIZATION IMPLEMENTATION

Ref: (a) 10 U.S.C.  
(b) 10 U.S.C.  
(c) BUMEDINST 5420.28  
(d) BUMEDINST 5220.5A  
(e) OPNAVINST 3500.37E  
(f) BUMEDINST 1410.1A  
(g) BUMEDINST 1412.1D  
(h) OPNAVINST 5450.215G  
(i) OPNAVINST 6320.7B/MCO 6320.4A  
(j) BUMEDHQINST 5430.9A (NOTAL)  
(k) DoD Instruction 6025.13 of 26 Jul 2023

1. Purpose. This Bureau of Medicine and Surgery (BUMED) instruction provides guidance, per section 8077 of reference (a), section 1073c of reference (b), and references (c) through (k), and describes the available resources to implement Navy Medicine's (NAVMED) High Reliability Organization (HRO) operating model. The roles, responsibilities, and methods described in this instruction will optimize safety and quality, improve efficiency, and reduce unwarranted variation and risk in clinical, business, and all other processes across NAVMED.

2. Scope and Applicability. This instruction applies to all NAVMED personnel.

3. Background

a. The Secretary of the Navy (SECNAV) has policy oversight of the HRO and clinical quality management programs within the Department of the Navy (DON). The Surgeon General of the Navy, when performing the duties of Chief, BUMED (BUMED-N00), serves as the principal advisor to the SECNAV on all health and medical matters of the Navy and Marine Corps, including policy development, per section 8077 of reference (a). The Chief of Naval Operations and the Commandant of the Marine Corps are committed to continuously improving the quality of medical and dental care provided to all DON personnel, regardless of assignment. HRO provides an organized structure for an integrated framework of programs to objectively define, measure, assure, and improve the quality of health care in any operational setting where NAVMED personnel deliver health care.

b. NAVMED has prioritized transformation into an HRO with an emphasis on mitigating error, achieving zero preventable harm, and improving overall safety and quality. With the adoption of high reliability, NAVMED has strived to embody the five key principles of HRO: deference to expertise; sensitivity to operations; preoccupation with failure; reluctance to simplify; and commitment to resiliency.

c. In preparation for future conflict with near-peer competitors, NAVMED will seek to operationalize the key tenets of HRO and the Chief of Naval Operations' Get Real, Get Better (GRGB) campaign by delivering expeditionary medicine systems, increasing Sailor and Marine deployability, providing quality healthcare and patient safety programs, and recruiting and retaining medical talent. The totality of NAVMED's HRO efforts will support the delivery of agile, scalable, trained, and certified medical units, as directed by the NAVMED Campaign Plan 2028.

d. NAVMED developed an HRO operating model in alignment with the three pillars of HRO: leadership engagement, culture of safety, and continuous process improvement. The model involved the establishment of HRO roles at each level of NAVMED, including echelons 2, 3, 4, and 5 commands, which collectively comprise the "HRO network." Echelon 2 HRO roles include Fleet and Fleet Marine Force (FMF) chief medical officers (CMO), chief nursing officers, and dental officers; echelon 3 HRO roles include regional CMOs, regional chief dental officers (CDO), regional chief nursing officers, or regional process improvement managers; echelon 4 roles include CMOs, CDOs, chief nursing officers, and other senior quality, safety, and process improvement personnel; echelon 5 HRO roles include officers in charge and other senior quality, safety, and process improvement personnel. These stakeholders contribute to the NAVMED HRO operating model by participating in established HRO governance bodies, including the NAVMED Wellness, Readiness, and Quality Cell and the NAVMED Operational Clinical Communities, which are further detailed in the HRO operating model accessible via a common access card enabled Web site, <https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/CMO%20CDO%20CQA%20Materials/BUMEDINST%206000%20Resources>.

e. The NAVMED Operational Clinical Communities, both independently and at the direction of both BUMED Chief Medical Officer (BUMED-N01CMO) and the NAVMED Wellness, Readiness, and Quality Cell, produce work products and initiatives that operationalize HRO by improving Service member wellness, readiness, and quality of care. The NAVMED Operational Clinical Communities are comprised of groups of subject matter experts in various specialties, including, but not limited to: trauma, neuromusculoskeletal, operational medicine, psychological health, female force readiness, oral health, and pharmacy. The BUMED program manager serves as the program lead of their respective NAVMED Operational Clinical Community, functioning as the primary decisional authority for all NAVMED Operational Clinical Community activities, providing guidance on the development of NAVMED Operational Clinical Community work products and initiatives, and guiding work products and initiatives through existing governance processes. The NAVMED Operational Clinical

Community Chair, selected by the BUMED program manager, leads the day-to-day operations of the community and helps select NAVMED Operational Clinical Community membership for leadership positions and sub-communities in alignment with the NAVMED Operational Clinical Community BUMED program manager's goals for the community.

f. The NAVMED Wellness, Readiness, and Quality Cell is a synchronization body that operationalizes HRO principles to advance wellness, readiness, and quality across NAVMED. Chaired by BUMED-N01CMO, the body is comprised of a variety of NAVMED leaders, including representatives from Headquarters Marine Corps, U.S. Fleet Forces Command, U.S. Pacific Fleet, Marine Forces Command, Marine Forces Pacific, Naval Medical Forces Atlantic, Naval Medical Forces Pacific, Naval Medical Forces Development Command, Naval Special Warfare Command (NAVSPECWARCOM), the BUMED program manager and chair of each NAVMED Operational Clinical Community, and the Defense Health Agency (DHA) Liaison Officer (BUMED-N00ZLNO). During NAVMED Wellness, Readiness, and Quality Cell meetings, members review and provide feedback on the NAVMED Operational Clinical Community work products and initiatives based on their experiences and areas of responsibility. NAVMED Wellness, Readiness, and Quality Cell members also provide input on and support the socialization of finalized work products and initiatives to aid the NAVMED Operational Clinical Communities in reaching their intended audiences in an impactful manner. The processes governing the creation of NAVMED Operational Clinical Community work products and initiatives and the NAVMED Wellness, Readiness, and Quality Cell are further outlined in the NAVMED Wellness, Readiness, and Quality Cell Governance Overview accessible via a common access card enabled Web site,

<https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/CMO%20CDO%20CQA%20Materials/BUMEDINST%206000%20Resources>.

g. Per reference (a), section 8077 and reference (b), section 1073c, NAVMED leaders are aligning the HRO operating model to operational medicine requirements. NAVMED's renewed HRO efforts are designed to engage the Fleet, FMF, and NAVSPECWARCOM; redesign governance processes; and deliver standardized HRO tools and training.

#### 4. Action

##### a. BUMED-N01CMO:

(1) Provide expert advice and adjudicate guidance from NAVMED, Fleet, FMF, and NAVSPECWARCOM leadership through the NAVMED Wellness, Readiness, and Quality Cell and other related forums to align on HRO capabilities and improve safety, quality, and readiness across the Navy and Marine Corps.

(2) Lead HRO governance bodies, including the NAVMED Operational Clinical Communities and the NAVMED Wellness, Readiness, and Quality Cell, and serve as a representative on other related NAVMED governance bodies.

(3) Ensure all work products and initiatives developed by NAVMED Operational Clinical Communities are in alignment with NAVMED's priorities.

(4) Provide strategic guidance to NAVMED Operational Clinical Communities on routing procedures for all work products and initiatives that require funding, may become official NAVMED policy, or will require additional coordination outside of BUMED.

(5) Collaborate with BUMED program managers to brief NAVMED Operational Clinical Community work products and initiatives at appropriate NAVMED governance bodies (e.g., Maritime Planning Board).

(6) Liaise with BUMED program managers to communicate emergent requests from NAVMED leadership for NAVMED Operational Clinical Community support.

(7) Provide strategic vision and guidance to enable the enterprise-wide execution of continuous quality improvement and to approach a zero preventable harm culture, while ensuring NAVMED Operational Clinical Community initiatives align with the principles of HRO and strategic imperatives of GRGB.

(8) Share Navy Medicine's approach for implementing HRO and clinical quality management initiatives with the DHA through appropriate collaboration forums.

(9) Collaborate with the Office of the Corps Chiefs (BUMED-N01C) and BUMED-N00ZLNO to select and appoint NAVMED representatives to the DHA Clinical Communities.

(10) Drive robust process improvement capabilities in conjunction with Improvement Sciences (BUMED-N57), which consists of the portfolio management support office, the project management office, the knowledge management office, and the performance improvement office.

(11) Support the organization and execution of Quality Medical Assist Visits to identify, prioritize, and disseminate quality, safety, and readiness related initiatives across NAVMED.

(12) Lead the organization, development, and execution of the supporting urgent response across Global Enterprise process in the instance of designated patient safety events in operational settings.

(13) Provide opportunities for the NAVMED Operational Clinical Communities to collaborate with Fleet, FMF, and NAVSPECWARCOM representatives in the development of operationally focused work products and initiatives.

(14) Ensure the appropriate personnel are involved in the support of NAVMED HRO initiatives to support adoption as they are routed for approval through governance channels, as detailed in reference (c).

(15) Liaise with the BUMED N-Codes and other stakeholders on HRO-related efforts.

(16) Engage with cross functional teams within the Fleet Health Integration Panel and Health Services Operational Advisory Group on HRO-related efforts.

(17) Support BUMED-N01C in the slating and selection process for HRO milestone positions (e.g., CMOs, operational surgeons, chief nursing officers, CDOs, directors for administration, and officers in charge).

(18) Maintain existing HRO resources and develop new HRO resources to advance HRO maturity.

(19) Engage with echelon 3 HRO network members to ensure collaboration and deliver standardized resources and messaging to echelons 4 and 5 HRO network members.

(20) Support implementation of the NAVMED Lessons Learned Program.

b. Chief Nursing Officer (BUMED-N10B):

(1) Exercise oversight and coordination of nursing quality for operational forces across the Navy.

(2) Assist BUMED-N01CMO in providing oversight of the HRO Network and ensuring continuous alignment with NAVMED's priorities.

(3) Assist in subparagraphs 4a(1) through 4a(20) of this instruction and responsibilities of BUMED-N01CMO.

c. Director, Office of High Reliability and Clinical Quality Management (BUMED-N10G):

(1) Oversee BUMED HRO, risk management, and clinical quality management policy, directives, and publications.

(2) Provide oversight for the application and requirements of Navy quality and risk management programs related to HRO.

(3) Represent NAVMED on the DHA Ready Reliable Care Advisory Council and the Clinical Community Advisory Council.

d. BUMED-N57: Advises on performance improvement operations per the responsibilities of the role outlined in reference (d).

e. NAVMED Operational Clinical Community BUMED Program Manager:

- (1) Set strategic direction and define measures of success for NAVMED Operational Clinical Community activities to ensure work products and initiatives are in alignment with Navy Medicine's priorities.
- (2) Oversee the NAVMED Operational Clinical Community Chair in managing the development of work products and initiatives, delegation of those products and initiatives to appropriate sub-communities and selecting NAVMED Operational Clinical Community membership from a representative group of echelons and commands.
- (3) Provide final review and approval of work products and initiatives completed by the NAVMED Operational Clinical Communities for further routing (e.g., to BUMED-N01CMO, NAVMED Wellness, Readiness, and Quality Cell, Fleet Health Integration Panel, Health Services Operational Advisory Group, specialty leaders) or dissemination, as appropriate.
- (4) Leverage the NAVMED Operational Clinical Communities to support the mission of the corresponding BUMED program office by overseeing the creation of work products and initiatives and serving as a liaison to key BUMED stakeholders.
- (5) Work with BUMED-N01CMO to brief work products and initiatives to the NAVMED Wellness, Readiness, and Quality Cell and NAVMED governance bodies to ensure work products and initiatives reach their intended destination and are socialized appropriately.
- (6) In conjunction with BUMED-N01CMO, engage with the Fleet Health Integration Panel and Health Services Operational Advisory Group on NAVMED Operational Clinical Communities work products and initiatives relating to the Fleet, FMF, and NAVSPECWARCOM.
- (7) Proactively leverage DHA counterparts (e.g., DHA Clinical Communities) for additional engagement on work products and initiatives with potential tri-service impact.
- (8) In conjunction with the NAVMED Operational Clinical Community Chair and appropriate sub-communities, lead responses to requests for information or support submitted by operational representatives to the NAVMED Operational Clinical Communities shared mailbox ([usn.ncr.bumedfchva.mbx.navy-clinical-communities@health.mil](mailto:usn.ncr.bumedfchva.mbx.navy-clinical-communities@health.mil)).
- (9) Collaborate with the NAVMED Operational Clinical Communities Chair to represent the NAVMED Operational Clinical Communities at the NAVMED Wellness, Readiness, and Quality Cell and other NAVMED governance bodies, as appropriate.

f. NAVMED Operational Clinical Community Chair:

(1) Guide NAVMED Operational Clinical Community work products and initiatives throughout all phases of development in alignment with the BUMED program manager's strategic vision and the guidance outlined NAVMED Wellness, Readiness, and Quality Cell Governance Overview, which is accessible via a common access card enabled Web site, <https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/CMO%20CDC%20CQA%20Materials/BUMEDINST%206000%20Resources>.

(2) Validate work product and initiative alignment to Navy Medicine's priorities and the NAVMED Operational Clinical Community's strategic goals with the BUMED program manager prior to delegating ownership of work products and initiatives to appropriate sub-communities.

(3) Address feedback from BUMED program manager and BUMED-N01CMO as work products and initiatives are routed through NAVMED governance bodies.

(4) Represent the NAVMED Operational Clinical Community at the NAVMED Wellness, Readiness, and Quality Cell.

(5) Select personnel for NAVMED Operational Clinical Community membership and ensure the NAVMED Operational Clinical Community includes representation from various echelons, commands, specialties, and stakeholder groups.

g. Echelon 3 CMOs, CDOs, chief nursing officers, and process improvement managers:

(1) Oversee performance improvement, analytics, quality, risk, and patient safety in their region.

(2) Collaborate on quality, safety, performance improvement, and HRO capabilities with respective Fleet, FMF, and NAVSPECWARCOM counterparts, as needed.

(3) In coordination with echelons 4 and 5 leadership, identify champions to lead HRO and GRGB efforts at the deckplate.

(4) Liaise with BUMED to advocate for echelons 4 and 5 command quality and safety challenges and facilitate sharing of lessons learned and best practices.

(5) Participate in HRO, quality, and safety-related training and education opportunities, as appropriate (e.g., NAVMED Quality and Safety Leadership Academy).

(6) Support dissemination of relevant information from DHA to echelons 4 and 5 commands.

(7) Engage with DHA counterparts to ensure alignment with network-level HRO quality and safety efforts, as well as to minimize duplication of efforts.

(8) Participate in the NAVMED Wellness, Readiness, and Quality Cell, NAVMED Operational Clinical Communities, and other HRO forums to ensure regular communications with BUMED-N01CMO and relevant HRO stakeholders.

(9) Submit requests for information or support from the NAVMED Operational Clinical Communities to the NAVMED Operational Clinical Communities shared mailbox ([usn.ncr.bumedfchva.mbx.navy-clinical-communities@health.mil](mailto:usn.ncr.bumedfchva.mbx.navy-clinical-communities@health.mil)), along with a thorough description of the request, the associated timeline, and associated points of contact.

(10) Disseminate information to echelons 4 and 5 command stakeholders originating from the NAVMED Wellness, Readiness, and Quality Cell, NAVMED Operational Clinical Communities, or other relevant sources, when applicable.

(11) Engage with BUMED-N01CMO to deliver standardized resources and messaging to echelons 4 and 5 HRO network members.

h. Echelon 4 CMOs, CDOs, Chief Nursing Officers, and other Senior Quality, Safety, and Process Improvement Personnel:

(1) Provide leadership for HRO and GRGB initiatives and champion all staff participation in fostering a culture of high reliability.

(2) Identify, plan, execute, and oversee safety, process improvement, and quality efforts at echelon 4 commands in alignment with NAVMED Wellness, Readiness, and Quality Cell guidance and NAVMED Leadership priorities to ensure standardization for planning and execution.

(3) May volunteer to participate in the NAVMED Operational Clinical Communities and DHA clinical communities.

(4) Support HRO efforts and consider applying for HRO-related milestone billets, if eligible.

(5) Participate in HRO, quality, and safety-related training and education opportunities, as mandated by current BUMED policy (e.g., NAVMED Quality and Safety Leadership Academy).

(6) May volunteer to be a champion in leading HRO efforts at echelon 4 to emphasize the importance of an HRO culture to foster zero patient harm.

(7) Liaise regularly with BUMED-N01CMO, BUMED-N57, and echelon 3 HRO network stakeholders to ensure alignment and support of safety and quality improvement initiatives.

(8) Use the relevant HRO forums and governance bodies (e.g. NAVMED Wellness, Readiness, and Quality Cell, Maritime Planning Board, Commander's Update Brief) to connect with other HRO leaders, inclusive of the Fleet, FMF, and NAVSPECWARCOM, and share challenges, lessons learned, and best practices from their Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) or Navy Medicine Readiness and Training Units (NAVMEDREADTRNUNIT).

(9) Collaborate with counterparts in the Fleet, FMF, and NAVSPECWARCOM to support HRO and GRGB implementation, safety and quality efforts, and process improvement initiatives.

(10) Submit requests for information or support from the NAVMED Operational Clinical Communities to the NAVMED Operational Clinical Communities shared mailbox ([usn.ncr.bumedfchva.mbx.navy-clinical-communities@health.mil](mailto:usn.ncr.bumedfchva.mbx.navy-clinical-communities@health.mil)), along with a thorough description of the request, the associated timeline, and any additional points of contact.

(11) Promote broad awareness and use of HRO resources across their NAVMEDREADTRNCMDs or NAVMEDREADTRNUNITs.

i. Echelon 5 Officers in Charge and Other Senior Quality, Safety, and Process Improvement Personnel:

(1) Consider safety and quality in all daily activities and proactively plan for mishap response and prevention.

(2) Recognize and address risks by proactively anticipating and identifying potential problems.

(3) May volunteer to participate in NAVMED Operational Clinical Communities and DHA clinical communities.

(4) Consider applying for HRO-related milestone billets, if eligible.

(5) Participate in HRO, quality, and safety-related training and education opportunities, as appropriate (e.g., NAVMED Quality and Safety Leadership Academy).

(6) May volunteer to be a champion in leading HRO and GRGB efforts at the NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT to emphasize the importance of a high reliability culture.

(7) Report and investigate personal and team mishaps to understand specific reasons for process failures.

(8) Design safer processes by learning from mistakes and implementing best practices.

(9) Discuss lessons learned, best practices, patient safety concerns, and other challenges with relevant echelons 3 and 4 HRO network members, which may be elevated to BUMED HRO governance bodies as required, per the HRO Operating Model.

(10) Utilize HRO resources to advance HRO maturity.

(11) Submit requests for information or support from the NAVMED Operational Clinical Communities to the NAVMED Operational Clinical Communities shared mailbox ([usn.ncr.bumedfchva.mbx.navy-clinical-communities@health.mil](mailto:usn.ncr.bumedfchva.mbx.navy-clinical-communities@health.mil)), along with a thorough description of the request, the associated timeline, and any additional points of contact.

(12) May volunteer to support or lead safety, process improvement, and quality efforts in collaboration with echelons 3 and 4 HRO network members.

## 5. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

6. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N10 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of War, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST

BUMEDINST 6000.22  
21 Jan 2026

5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

A handwritten signature consisting of a stylized 'D', a '2', and a '1'.

D. K. VIA

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>