



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

IN REPLY REFER TO  
BUMEDNOTE 6000  
BUMED-N5  
13 Jan 2023

BUMED NOTICE 6000

From: Chief, Bureau of Medicine and Surgery

Subj: HIGH RELIABILITY ORGANIZATION IMPLEMENTATION

Ref: (a) Public Law 114-328  
(b) Public Law 115-232  
(c) OPNAVINST 6320.7A/MCO 6320.4  
(d) OPNAVINST 5450.215E  
(e) OPNAVINST 3500.37D  
(f) BUMEDINST 5220.5A  
(g) DHA-Procedural Manual 6025.13 Clinical Quality Management in the Military Health System, Volume 1-7, Clinical Quality Improvement, 1 September 2019  
(h) DoD Instruction 6025.13 of 17 February 2011

1. Purpose. This Bureau of Medicine and Surgery (BUMED) notice provides guidance per references (a) through (h) 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 notice 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 notice applies to all budget submitting office (BSO) 18 activities.

3. Background

a. Since the military health system (MHS) review in 2014 and the Chief of Naval Operations high velocity learning line of effort in 2016, 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 additionally strived to embody its five key principles: deference to expertise, sensitivity to operations, preoccupation with failure, reluctance to simplify, and commitment to resiliency.

b. 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, and 4 commands, which collectively comprise the "HRO network." The echelon 3 command HRO roles may include the regional chief medical officers, regional dental officers,

regional chief nursing officers, chief quality advisors (CQA), or regional clinical process improvement (CPI) managers. Echelon 4 command roles may include chief medical officers, chief dental officers, chief nursing officers or other quality, safety, and CPI personnel as appropriate. These stakeholders multi-directionally communicate through established HRO governance bodies, including the HRO steering committee, the NAVMED Operational Quality & Safety Council (NMOQSC), and the NAVMED operational clinical communities (NMOCC), further detailed in the HRO operating model supplemental document accessible via a common access card enabled Web site,

<https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/CMO%20DO%20CQA%20Materials/HRO%20Operating%20Model.pptx?d=w37ab57d9e10c416f89b5dbcd543391f9>.

c. Per reference (a), National Defense Authorization Act for Fiscal Year 2017, sections 702 and 5137 and reference (b), National Defense Authorization Act for Fiscal Year 2019 section 712, NAVMED leaders are aligning the HRO operating model to operational medicine requirements. The Surgeon General of the Navy reiterated this effort as a priority in reference (c). NAVMED's renewed HRO efforts are designed to engage the fleet and Fleet Marine Force (FMF), redesign governance processes, and deliver standardized HRO tools and training. Descriptions of these HRO resources are further detailed in the HRO Resources supplemental document accessible via a common access card enabled Web site,

<https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/CMO%20DO%20CQA%20Materials/Navy%20Medicine%20HRO%20Resources.pptx?d=w036c385dc77843aa91b48fd24922829a>.

d. This notice serves as provisional guidance for the next 12 months. It will be replaced by an instruction to guide HRO practices across NAVMED.

#### 4. Action

a. Chief Quality Officer: Oversee the HRO programs for the NAVMED enterprise.

b. Director, Performance, Plans, and Analysis, and Chief Medical Officer (BUMED-N5):

(1) Provide expert advice and adjudicate guidance from NAVMED and fleet leadership through the NMOQSC and HRO steering committee on policy matters to align on HRO capabilities and improve safety, quality, and readiness across the Navy and Marine Corps.

(2) Lead HRO governance bodies, including the NMOCCs and NMOQSC, as detailed in the supplemental document referenced in subparagraph 3b of this notice and serve as a representative on other related NAVMED governance bodies.

(3) Collaborate with the Defense Health Agency (DHA) to ensure alignment with MHS HRO, quality, and safety efforts.

(4) Provide judgment in the evaluation and application of innovative HRO techniques to be applied enterprise-wide, to include those efforts recommended by the NMOCCs and endorsed by the HRO Steering Committee and the NMOQSC.

(5) Provide strategic vision and guidance to enable the enterprise-wide execution of continuous quality improvement and a zero-harm safety culture, while ensuring the NMOCCs initiatives align with the principles of high reliability and operational readiness.

(6) Drive robust process improvement capabilities in conjunction with both the portfolio management support office and the performance improvement office.

(7) Champion quality, performance, and patient-related outcome measures as it applies to the operational components in collaboration with DHA.

(8) Lead the organization, development, and execution of the supporting urgent response across global enterprise healthcare event response process in the instance of patient safety events, hazards, or near misses in operational settings.

(9) Emphasize the need for operational medicine-focused initiatives, led by the NMOCCs, to further support HRO maturity within the fleet and FMF.

(10) Ensure the appropriate personnel are involved in the support of NAVMED HRO initiatives to support adoption once they have been routed through governance channels and approved, as detailed in the supplemental document referenced in subparagraph 3b of this notice.

(11) Liaise with the BUMED N-codes on HRO-related efforts.

(12) Support the slating and selection process for HRO milestone positions.

(13) Maintain existing HRO resources, per the supplemental document referenced in subparagraph 3c of this notice, and develop new HRO resources to advance HRO maturity.

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

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

c. Director, HRO (BUMED-N51)

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

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

d. Director, Improvement Sciences (BUMED-N57): Oversees performance improvement operations in accordance with the responsibilities of the role outlined in reference (f).

e. HRO Steering Committee

(1) Oversee design and execution of NAVMED HRO strategy and operating model to provide the resources, forums, and guidance in support of HRO implementation.

(2) Serve as the central node for coordination, communications, and reporting HRO efforts across BSO-18, the fleet, and the FMF. Chaired by the BUMED Chief Medical Officer, with members from across NAVMED.

(3) Meets on a monthly basis to discuss HRO priorities.

f. Echelon 3 HRO Network Stakeholders:

(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 and FMF counterparts, as needed.

(3) Identify champions to lead HRO efforts at the deckplate.

(4) Liaise with BUMED to advocate for echelon 4 command challenges, and facilitate sharing of lessons learned and best practices.

(5) Support dissemination of relevant information from DHA to echelon 4 commands.

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

(7) Participate in NMOQSC and other HRO forums, as detailed in the supplemental document referenced in subparagraph 3b of this notice, to ensure regular communications with BUMED-N5 and relevant HRO stakeholders.

(8) Disseminate information to echelon 4 command stakeholders originating from the NMOQSC, NMOCCs, or other relevant sources, when applicable.

(9) Lead the regional quality collaborative meetings for operational and echelon 4 stakeholders to maintain awareness of performance improvement initiatives with potential enterprise-wide implications, and elevate them to BUMED HRO governance bodies as needed.

(10) Engage with BUMED-N5 to ensure unity and transparency, and deliver standardized resources and messaging to echelon 4 command HRO network members, including those detailed in the supplemental document referenced in subparagraph 3c of this notice.

(11) Utilize HRO resources, per the supplemental document referenced in subparagraph 3c of this notice to advance HRO maturity.

g. Echelon 4 Command HRO Network Stakeholders:

(1) Provide leadership for HRO 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 NMOQSC guidance and NAVMED Leadership priorities to ensure standardization for planning and execution.

(3) May volunteer to participate in the NMOCCs and MHS clinical communities.

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

(5) 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.

(6) Liaise regularly with BUMED-N5 and echelon 3 HRO network stakeholders to ensure alignment and support of safety and quality improvement initiatives and foster collaboration.

(7) Use the relevant HRO forums and governance bodies to connect with other HRO leaders, inclusive of the fleet and FMF, and share challenges, lessons learned, and best practices from their Navy Medicine Readiness and Training Command (NAVMEDREADTRNCMD) or Navy Medicine Readiness and Training Unit (NAVMEDREADTRNUNIT), some of which may be routed to the NMOCCs, per supplemental document referenced in subparagraph 3b of this notice.

(8) Collaborate with counterparts in the fleet and FMF, when applicable, to support HRO implementation, safety and quality efforts, and process improvement initiatives.

(9) Promote broad awareness and use of the resources detailed in the supplemental document referenced in subparagraph 3c of this notice across their NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT.

h. Additional HRO Network Stakeholders:

(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 NMOCCs and MHS clinical communities.

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

(5) May volunteer to be a champion in leading HRO efforts at the NAVMED-READTRNCMD or NAVMEDREADTRNUNIT to emphasize the importance of a high reliability culture.

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

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

(8) Discuss lessons learned, best practices, patient safety concerns, and other challenges with relevant echelon 4 command HRO network members, which may be elevated to BUMED HRO governance bodies as required, per supplemental document referenced in subparagraph 3b of this notice.

(9) Utilize HRO resources, per the supplemental document referenced in subparagraph 3c of this notice, to advance HRO maturity.

(10) May volunteer to support or lead safety, process improvement, and quality efforts at echelon 3 commands, in collaboration with echelon 3 command HRO network members.

5. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, 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>.

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b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.



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Releasability and distribution:

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