

NOT FOR PUBLICATION UNTIL RELEASED BY
THE HOUSE ARMED SERVICES COMMITTEE

STATEMENT OF

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SURGEON GENERAL OF THE NAVY

BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

HOUSE ARMED SERVICES COMMITTEE

SUBJECT:

**PATIENT SAFETY AND QUALITY OF CARE
IN THE MILITARY HEALTH SYSTEM**

MARCH 30, 2022

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Chairwoman Speier, Ranking Member Gallagher, distinguished members of the Subcommittee, I am pleased to be with you today, along with my Military Health System colleagues, to discuss patient safety and quality of care. Collectively, we have no higher priority than protecting the health of those entrusted to our care. On behalf of our mission-ready One Navy Medicine team, please know that we are grateful for the support you provide us, as well as the trust and confidence you place in us.

Navy Medicine priorities are direct, clear and relevant: Well-trained **People**, working as medical experts on optimized **Platforms**, demonstrating high reliability **Performance** as highly cohesive teams that project medical **Power** in support of Naval Superiority. These priorities guide our deliberate planning efforts, resources allocation decisions and strategic program investments. Consistent with our Chief of Naval Operations' emphasis on Get Real, Get Better, I continue to reinforce that rigorous self-assessment, rapid cycle feedback, and high velocity learning remain important components of our efforts to objectively evaluate our journey to becoming a High Reliability Organization.

Navy Medicine performance is ultimately measured by those we serve – the Naval Forces. As part of our solemn obligation to these Sailors, Marines, and their families, we are continuing our strong commitment to High Reliability in Navy Medicine. The concept of a High Reliability Organization (HRO) originated in high-risk Navy environments, such as submarines, aircraft carriers, and diving operations, to enable teams to avoid the detrimental impacts of mistakes. High Reliability is particularly applicable within military health care because the three HRO pillars – leadership engagement, continuous process improvement, and a culture of safety – directly translate to better outcomes and fewer life-threatening errors.

For Navy Medicine, High Reliability represents a commitment to safety, quality, resiliency, and operational success wherever Naval Forces operate. The goal remains: build a system of capabilities that optimizes the One Navy Medicine team to proactively communicate, anticipate, identify, resolve and share to solve problems that threaten warfighter readiness and survivability. I want to emphasize that the study of lessons learned is necessary, but not sufficient; those that are value-added must be quickly applied. The work conducted in our project “Operational Safety Diagnostic and Event Optimizations in Operational Settings” led me to issue a Directive-type Memorandum to drive an increased focus on High Reliability in operational health care settings. My goal was to translate all that we learn in our military treatment facilities (MTFs) to the often austere and challenging operational settings our teams face as they support the Fleet and the Fleet Marine Force.

We continue to implement these principles and practices within the Fleet and Fleet Marine Force, as well as leverage our ongoing collaboration with Defense Health Agency (DHA) to build a strong HRO foundation within the MTFs. This collaboration is particularly evident in our clinical communities: Female Force Readiness; Psychological Health, Oral Health, Neuromusculoskeletal; Operational Medicine; and, Trauma. Our work in these areas promotes a culture of safety and operational health and uses metrics and data analysis to develop products designed to improve outcomes, reduce variability, and advance patient safety and quality through process improvement.

I want to emphasize that the MTFs remain important readiness training platforms. They provide the clinical workload to help build the knowledge, skills and abilities (KSAs) of our providers. This DHA supporting role is particularly impactful given the many deployments of our Navy Medicine teams from MTFs for crisis responses in support of Defense Support of Civil

Authorities missions as well as global operational contingency operations. Our personnel directly benefit from having access to complex and challenging medical and surgical cases at either MTFs or through our civilian partnerships.

Smart, empowered leaders make a difference. We established a network of HRO leaders at our Navy Medicine Readiness and Training Commands (which are collocated with MTFs) and Navy and Marine Corps operational commands. Our Chief Medical Officers (CMOs), Chief Nursing Officers (CNOs), Chief Dental Officers (CDOs), Chief Quality Assistants (CQAs) and Senior Enlisted Leaders are driving change and building the culture necessary for HRO. In addition, I assigned a senior physician Flag Officer to serve as the Navy Medicine Chief Quality Officer. The Navy Fleet Health Integration Panel, the Marine Corps Health Services Operational Advisory Group, and Navy Medicine meet monthly during the Operational Quality and Safety Council to discuss health care safety, quality, and high reliability; identify opportunities for improvement; and take appropriate action. Their work is clearly evident in the whole of One Navy Medicine response to the COVID-19 pandemic. This was led by our Navy Medicine HRO network to rapidly assimilate and disseminate relevant clinical and scientific information and best practices throughout the enterprise. Correspondingly, we are improving analytics to link data and help improve risk identification, real-time decision-making and active surveillance at all levels. Again, building on our commitment to ensure our service members receive the safest and highest quality of care possible.

I am encouraged with the robust implementation of Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) in the Fleet, as well as increased participation in basic and advanced HRO training in place at our Navy Medicine Quality and Safety Leadership Academy. The Academy is a six-month education program which provides our health care

leaders with training and expertise to uphold readiness, safety and quality priorities across all Navy care environments and platforms.

I also believe the continued deployment of MHS GENESIS remains an important component of HRO. This single, integrated electronic health record supports our beneficiaries through the continuum of care. Importantly, the expansion of the Joint Health Information Exchange capability can improve patient safety by affording our providers greater access to health care data from the Department of Veterans Affairs medical facilities and civilian health care systems. I am encouraged with the progress we have made in the rollout of MHS GENESIS, including using our seasoned subject matter experts to support site implementations as well as rapidly applying lessons learned at successive deployment sites.

The most important asset in Navy Medicine is our people, and quite frankly, they represent our competitive advantage. The One Navy Medicine Team is comprised of talented, dedicated and diverse health care professionals who serve around the world to support our Navy and Marine Corps forces and their families. Robust training and education is a force multiplier and foundational to preparing Navy Medicine personnel for their primary mission of increasing the survivability of Sailors and Marines. Our programs — from the Hospital Corpsman Basic course for our newest Sailors to Graduate Health Education for our highly skilled clinicians — provide the One Navy Medical Team with the top tier training. Our priority is to have ready and confident personnel, with the knowledge, skills and abilities gained by experience and high velocity learning.

Accordingly, we appropriately hold our providers accountable for the care they provide. Our processes are fair, thorough, rigorous and in compliance with both applicable Department of Defense, Department of Navy, and Bureau of Medicine and Surgery instructions. Whether they

occur in the Fleet or MTF, patient safety events are reported in the Joint Patient Safety Reporting system. If the event meets DoD reportable event criteria, then a comprehensive systematic analysis, such as a root cause analysis, is required. This analysis is used to thoroughly evaluate patient safety concerns and improve quality of care. If professional competency is questioned, an individual provider may be temporarily removed from clinical practice through a summary suspension of clinical privileges while a quality assurance investigation (QAI) is initiated to examine alleged deficits in medical knowledge, expertise or judgment. Summary suspension of clinical privileges lasting longer than 30 calendar days is a reportable action to the National Practitioner Data Bank. The credentials committee or medical executive committee will review the completed QAI and make recommendations on clinical privileges.

Our process in taking an action that adversely affects a provider's clinical practice is similar to the civilian sector in that we meet the rigorous due process standards for professional review actions as required by the Healthcare Quality Improvement Action of 1986. Adverse clinical actions that result in restriction, reduction, revocation or denial of clinical privileges are reported to the National Practitioner Data Bank and one's state of licensure. Such actions are also recorded in the clinician's DoD credentials file in the Joint Centralized Credentials Quality Assurance System.

In summary, all of us in military medicine are committed to providing Ready, Reliable Care to our service members and families. Quality of care and patient safety are foundational to these efforts. I believe MHS reform has provided us – both the DHA and the Services - an important opportunity to build an integrated system of readiness and health. While we recognize that we still have work to do, I see tremendous potential for MHS to be a national model for health care High Reliability and integration.

Again, thank you for the trust you place in us in caring for those who go in harm's way.