BUMED INSTRUCTION 6000.2F

From: Chief, Bureau of Medicine and Surgery

Subj: ACCREDITATION OF FIXED MEDICAL TREATMENT FACILITIES

Ref: (a) DoD Manual 6025.13, Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS) of 29 October 2013
(b) DoD Instruction 6025.13 of 17 February 2011
(c) BUMEDINST 6010.13
(d) Joint Commission Accreditation Manual for Hospitals, current edition
(e) Joint Commission Accreditation Manual for Ambulatory Care, current edition
(f) Joint Commission Accreditation Manual for Behavioral Health Care, current edition
(g) Joint Commission Accreditation Manual for Home Care, current edition
(h) ASD(HA) Policy Memo 15-006 of 12 Mar 2015

1. **Purpose.** To establish policy, publish procedures, and assign responsibility for the accreditation of Navy Medicine’s (NAVMED) medical treatment facilities (MTF). This instruction is a complete revision and should be reviewed in its entirety.

2. **Cancellation.** BUMEDINST 6000.2E.

3. **Scope.** Applies to all fixed MTFs and free-standing ambulatory clinics assigned under Budget Submitting Office 18.

4. **Policy.** Per references (a) through (c), all fixed inpatient Navy MTFs and free-standing ambulatory clinics must meet the standards of, and be accredited by, The Joint Commission under the applicable accreditation manual(s) per references (d) through (g), or through an accreditation source approved by the Assistant Secretary of Defense (Health Affairs) per references (a) and (h).

5. **Background.** The value of high quality health care to the Operating Forces and other beneficiaries of NAVMED cannot be overstated. References (a) through (c) 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, must maintain accreditation. NAVMED has determined The Joint Commission will be the accreditation source. Adherence to the applicable standards of references (d) through (g) is of critical importance. With cooperative and continuous effort, MTFs can achieve and maintain The Joint Commission accreditation. The Bureau of Medicine and Surgery (BUMED) Chief Medical Officer (BUMED-M5) evaluates actions taken to comply with The Joint Commission 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. Quality and Risk Management (BUMED-M51) will:

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

      (2) Aggregate annually The Joint Commission findings; and analyze and report trends to BUMED-M5 leadership.

      (3) Attend Navy Medical Inspector General and Chief, BUMED post survey brief.

   b. Navy Medical Inspector General must notify MTF leaders of an unannounced survey at established timeframes for DoD health care facilities. MTFs will also receive survey notification through their Joint Commission secure extranet site. MTFs will not receive advance notification for any ‘for cause’ unannounced surveys.

   c. NAVMED Regional Commanders must:

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

      (2) Provide a mock survey team to assess survey readiness and compliance with The Joint Commission standards, if requested by the MTF. At least one team member will be The Joint Commission trained fellow.

   d. MTF commanding officers and officers in charge must:

      (1) Maintain a current and accurate electronic application via The Joint Commission connect. Changes must be submitted to and approved by BUMED-M5 in writing. Any application information change(s), per references (d) through (g), must be approved in writing by The Joint Commission or through The Joint Commission connect within 30 calendar days after such a change is made. The MTF must also notify The Joint Commission in writing or in its electronic application if it opens or closes any units or services per the accreditation process chapter of references (d) through (g).

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

      (3) Establish an ongoing accreditation readiness team to maintain compliance with current Joint Commission standards.
(4) Provide training and support systems for key staff.

(5) Submit a full periodic performance review per references (d) through (g) via the Intracycle Monitoring Process and Focus Standards Assessment.

(6) Use The Joint Commission publication “Survey Activity Guide for Health Care Organizations” (current year) to assist with planning and organizing survey activities. The guide is located on The Joint Commission 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 section 1102 of Title 10, U.S. Code. 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, must be managed per SECNAV M-5210.1 of January 2012.

9. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and statutory authority using OPNAV 5215/40 Review of Instruction.

10. Information Management Control. The reports required in paragraphs 6a(2) and 6d(7) are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7k.

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Acting

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at: http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx.