BY ORDER OF SECRETARY OF THE AIR FORCE

AIR FORCE POLICY DIRECTIVE 44-1

1 SEPTEMBER 1999

Medical

MEDICAL OPERATIONS

OPR: AFMOA/SGOC (LtCol Arnyce R. Pock)

Certified by: AFMOA/SGO
(Maj Gen Earl W. Mabry II)

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This directive establishes the policies that the Air Force Medical Service (AFMS) will use to ensure that the highest standards of practice are applied to all aspects of healthcare rendered to eligible beneficiaries.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

This document represents a substantial revision of the previous Medical Operations Policy Directive, and incorporates key tenets of Population Based Healthcare, Evidence Based Medicine, and Enrollment Based Resourcing.

1. The AFMS will employ principles of Population Based Healthcare, Evidence Based Medicine, and Enrollment Based Resourcing to continually optimize mission readiness, customer satisfaction, and preventive versus interventive health care.

1.1. The AFMS will continually strive to ensure that its members are mentally and physically fit, so they can be persuasive in peace, decisive in war.

1.2. Graduate Medical Education (GME) will provide the academic foundation for military medical education, research, and leadership development.

1.3. Primary Care Managers (PCMs) will provide appropriate clinical and preventive healthcare to enrolled populations and will be supported by the establishment of regional Centers of Excellence and/or Specialized Treatment Services.

1.4. Clinical Performance Improvement activities remain a vital part of these efforts and will be supported by the use of objective measurements, such as those employed in the Air Force Performance Measurement Tool (AFPMT) and by the results of nationally recognized surveyors, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

2. This directive establishes the following responsibilities and authorities.

2.1. The Air Force Surgeon General (HQ USAF/SG) establishes all policies concerning medical operations.

2.2. The Air Force Medical Operations Agency (AFMOA), as an agent for the HQ USAF/SG, facilitates the execution of policy, procedures, and processes supporting medical operations.

2.2.1. The Clinical Quality Management Division (AFMOA/SGOC) assists with the formulation of plans, policies, and programs for the AFMS.

2.2.2. Major Command Surgeons enforce this policy, monitor performance, and forward required data to HQ USAF/SG. Command Surgeons in the Air National Guard and Air Force Reserve accomplish these responsibilities as they pertain to Air Reserve Component (ARC) personnel.

2.2.3. Medical treatment facility (MTF) commanders provide or arrange required health care services for active duty personnel and other eligible beneficiaries. Air Reserve Component medical unit commanders do not provide care, but arrange for care as applicable U.S. law and ARC policy allow.

3. This directive applies to all personnel who deliver and/or monitor health care services within the AFMS and/or the ARC.

4. See **Attachment 1** for a list of references pertaining to this policy directive.

5. See **Attachment 2** for measuring compliance with this policy.

F. WHITTEN PETERS
Acting Secretary of the Air Force

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Public Law 91-513, *Comprehensive Drug Abuse Prevention Control Act of 1970*,

October 27, 1970

Public Law 92-129, *Identification and Treatment of Drug and Alcohol Dependent Persons in the Armed Forces*, September 28, 1971

Public Law 92-255, *Drug Abuse Office and Treatment Act of 1972*, March 18, 1972

Public Law 93-579, *Privacy Act of 1974*, December 31, 1974

Public Law 99-660, *The Health Care Quality Improvement Act of 1986*, November 14, 1986

DoD Directive 1010.1, *Military Personnel Drug Abuse Test Program*, December 9, 1994

DoD Directive 1010.4, *Drug and Alcohol Abuse by DoD Personnel*, September 3, 1997

DoD Directive 6025.13, *Clinical Quality Management Program (CQMP) in the Military Health Services System (MHSS)*, July 20, 1995

DoD Directive 6025.14, *DoD Participation in the National Practitioner Data Bank*,

November 1, 1990

DoD Directive 6040.37, *Confidentiality of Medical Quality Assurance (QA) Records*,

July 9, 1996

DoD Directive 6465.3,*Organ and Tissue Donation*, March 16, 1995

DoDI 1402.5, *Criminal History Background Checks on Individuals in Child Care Services*, January 19, 1993

AFI 44-102, *Community Health Management*

AFI 44-103, *Medical Support for Mobile Medical Units/Remote Sites*

AFI 44-104, *Military and Civilian Consultant Programs and Medical Enlisted Career Field Manager Program*

AFI 44-105, *The Air Force Blood Program*

AFI 44-108, *Infection Control Program*

AFI 44-109, *Mental Health and Military Law*

AFI 44-110, *The Cancer Program*

AFJI 44-111, *Armed Forces Medical Examiner System*

AFI 44-112, *Air Force Blood Program Technical Memorandums*

AFJI 44-117, *Ophthalmic Services*

AFI 44-119, *Medical Service Clinical Quality Management*

AFI 44-120, *Drug Abuse Testing Program*

AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*

AFPAM 44-128, *Nutrition and the Athlete*

AFI 44-135, *Clinical Dietetics*

AFJI 44-141, *Nutritional Standards*

AFMAN 44-144, *Nutritional Medicine Management*

AFJMAN 44-151, *NATO Handbook on the Medical Aspects of NBC Defensive Operations*

AFJH 44-152, *Joint Blood Program Handbook*

AFI 44-153, *Critical Incident Stress Management*

AFI 44-154, *Suicide Prevention Education and Community Training*

AFPAM 44-155, *Implementing Put Prevention into Practice*

Attachment 2

MEASURING COMPLIANCE WITH POLICY

A2.1. The Clinical Quality Management Division of the Air Force Medical Operations Agency (AFMOA/SGOC) will evaluate and report four key performance indicators: The number of malpractice claims filed, Joint Commission on Accreditation of Healthcare Organization (JCAHO) survey scores, Health Services Inspection (HSI) scores, and the number of suicides and nonfatal, self-injurious events occurring among active duty individuals. AFMOA/SGOC routinely reviews malpractice claims as directed by Department of Defense Directive 6025.14, DoD Participation in the National Practitioner Data Bank, November 1, 1990. This data is collected via the DD Form 2526, Case Abstract for Malpractice Claims or electronically through the Centralized Credentials Quality Assurance System (CCQAS). AFMOA/SGOC receives JCAHO survey results directly from the JCAHO; results of HSI evaluations are received from the Air Force Inspection Agency (AFIA). Data pertaining to active duty suicides and the incidence of nonfatal, self-injurious events is obtained from the Suicide Event Surveillance System that is maintained by the Force Health Protection and Surveillance Branch of Brooks Air Force Base, Texas.

A2.1.1. As an indicator of the quality of care rendered to eligible beneficiaries, as well as overall customer satisfaction, AFMOA/SGOC will track the number of malpractice claims filed against the Air Force Medical Service. Data will be recorded on a quarterly basis and displayed in an aggregate format. The goal is a continued downward trend, toward zero claims (Figure A.2.1.).

A2.1.2. AFMOA/SGOC will also track the percentage of Air Force Medical Treatment Facilities (MTFs) which achieve a JCAHO score which meets and/or exceeds the existing national average. Data will be reported on a quarterly basis and will distinguish between hospitals and clinics. Achieving and/or exceeding a specified JCAHO score will help to ensure that Air Force MTFs achieve and maintain a quality standard comparable to civilian facilities. (Figure A.2.2.).

A2.1.3. AFMOA/SGOC will track the percentage of Air Force MTFs which achieve and/or exceed an established Health Services Inspection (HSI) score. The goal is to achieve no less than a Satisfactory range score with an increasing trend toward 100 percent (Figure A.2.3.).

A2.1.4. Suicide and nonfatal, self-injurious events negatively impact the overall health and military medical readiness of the active duty force. AFMOA/SGOC will track this data on a quarterly basis; with a goal of achieving a continuous downward trend toward zero events per quarter (Figure A.2.4.).

Figure A2.1. Sample Metric Pertaining to Malpractice Claims (Notional Data)

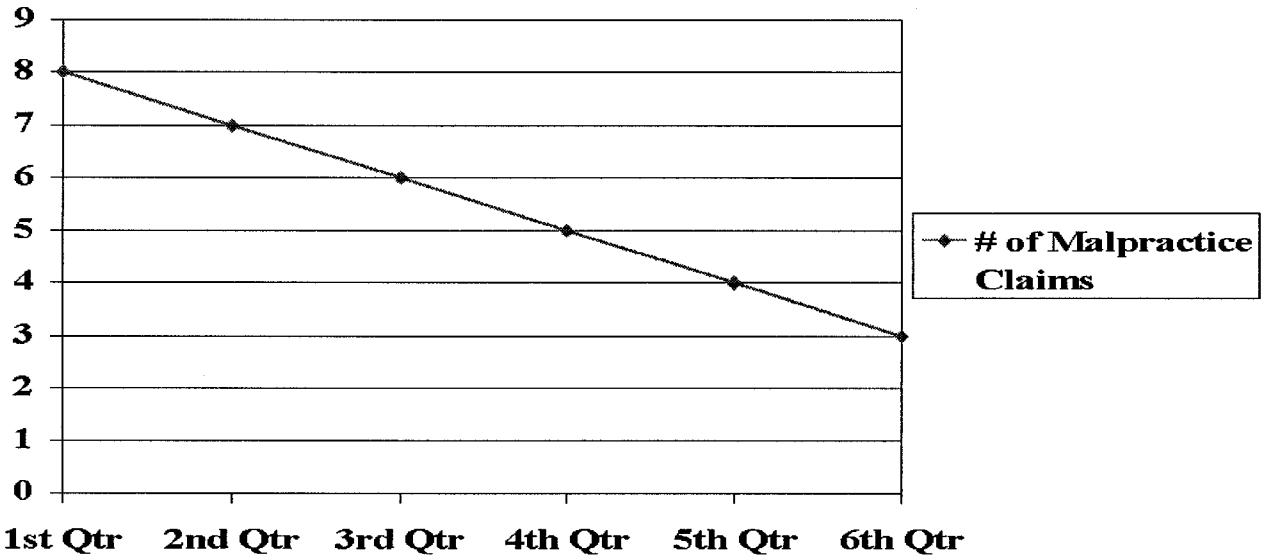

Figure A2.2. Sample Metric Pertaining to JCAHO Compliance (Notional Data)

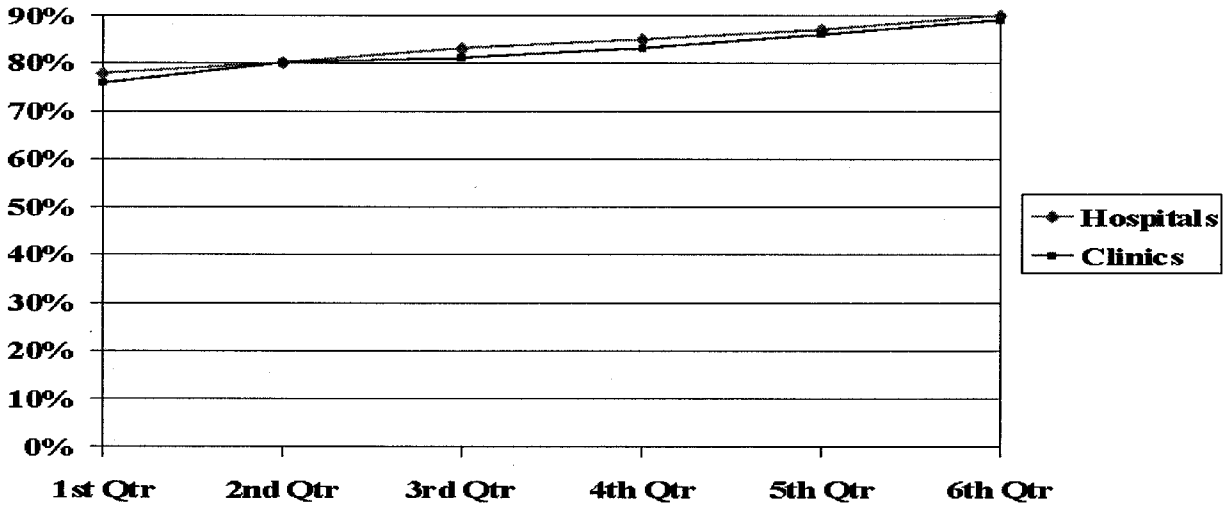

Figure A2.3. Sample Metric Pertaining to Composite HSI Scores (Notional Data)

Percentage of Air Force MTFs Achieving a Notional HSI Score of 88% or Better

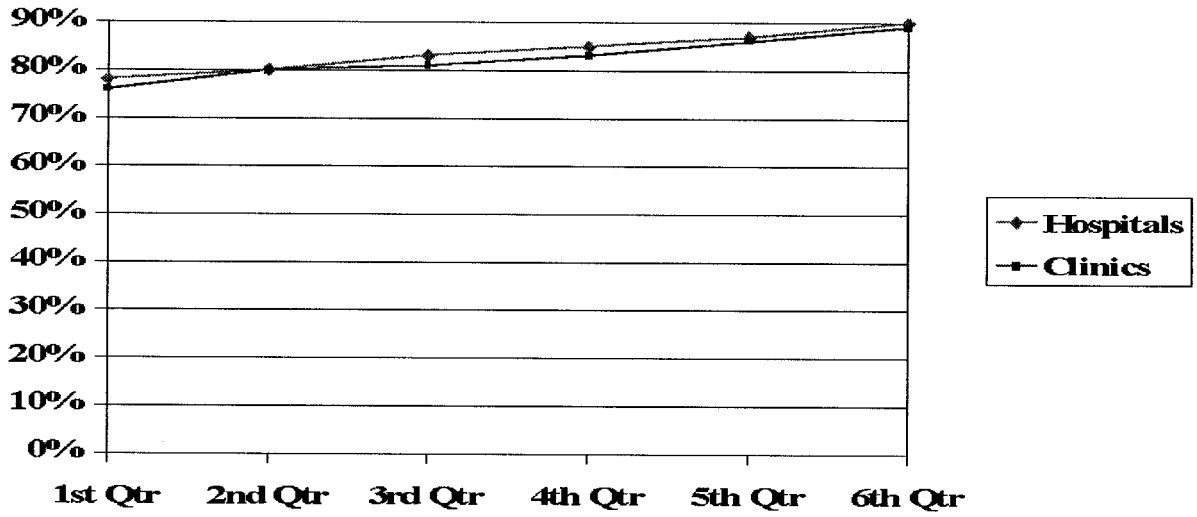

Figure A2.4. Sample Metric Pertaining to Suicide and Nonfatal, Self-Injurious Events Among Active Duty Air Force Personnel (Notional Data)

Incidence of Suicide and Nonfatal, Self-Injurious Events Among Active Duty Personnel