



UNITED STATES MARINE CORPS
COMMAND ELEMENT
II MARINE EXPEDITIONARY FORCE
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II MEFO 6320.2D
HSS/059

03 AUG 2015

II MARINE EXPEDITIONARY FORCE ORDER 6320.2D

From: Commanding General
To: Distribution List

Subj: MEDICAL PERFORMANCE EVALUATION AND IMPROVEMENT PROGRAM

- Ref:
- (a) OPNAVINST 6320.7A/MCO 6320.4, "Health Care Quality Assurance Policies for Operating Forces," August 15, 2007
 - (b) BUMEDINST 6010.30, "Credentialing and Privileging Program," March 27, 2015
 - (c) BUMEDINST 6010.13, "Quality Assurance Program," August 19, 1991
 - (d) BUMEDINST 6320.67A CH-1, "Adverse Privileging Actions, Peer Review Panel Procedures, and Health Care Provider Reporting," September 12, 2001
 - (e) BUMEDINST 6550.12, "Guidelines for the Utilization of Physician Assistants," March 25, 1999
 - (f) OPNAVINST 6400.1C/MCO 6400.1, "Training, Certification, Supervision Program, and Employment of Independent Duty Hospital Corpsmen (IDCs)," August 15, 2007
 - (g) II MEFO 6550.1, "Policy and Guidance for Training and Certification of Hospital Corpsman (HM) Sick Call Screeners," February 17, 2011

Encl: (1) Medical Performance Evaluation and Improvement Program Publication

1. Situation. To provide policy and procedures for establishing a medical Performance Evaluation and Improvement (PE&I) Program for medical departments of II Marine Expeditionary Force (II MEF). The primary purpose of this program is to improve patient care.

2. Cancellation. II MEFO P6320.2C.

3. Mission. The PE&I program employs elements of traditional Quality Assurance, Risk Management and Utilization Management with PE&I to assess performance data in comparison to accepted standards of other organizations. It is the goal of each medical staff to provide the highest quality patient care consistent with available resources, in garrison and operational environments. References (a) through (d) direct the establishment of a PE&I program that consists of standards and procedures for evaluating and improving health services. Reference (e) outlines guidelines for the utilization of Physician Assistants. Reference (f) outlines training, certification, supervision program, and employment of Independent Duty Hospital Corpsmen. Reference (g) outlines policy and guidance for training and certification of Hospital Corpsman Sick Call Screeners.

4. Execution

a. Commander's Intent. Each Medical Officer is responsible for continuous identification and resolution of problems adversely affecting the

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quality of health care and medical readiness within their areas of supervision and for the continuous monitoring of the effectiveness of these efforts.

b. Concept of Operations. All medical personnel and sections within the II MEF shall consistently and aggressively deliver health care that is of the highest possible quality. For the Major Subordinate Commands (MSC) of II MEF, the MSC surgeons will assist their respective Commanding Generals, to ensure compliance with the requirements of this II MEF Order. Each Commanding General with assigned medical personnel shall be responsible for ensuring implementation and ongoing monitoring of the PE&I program. This publication provides specific guidance on implementing the II MEF Medical PE&I program.

5. Administration and Logistics. Each command is required to review and enforce the standards set forth within Enclosure (1) and this order.

6. Command and Signal

a. Command. This Order is applicable to all units with medical departments throughout II MEF. It has been significantly revised and requires review in its entirety.

b. Signal. This Order is effective on the date signed.


G. S. JOHNSTON
Chief of Staff

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MEDICAL PERFORMANCE EVALUATION AND IMPROVEMENT PROGRAM PUBLICATION

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CHAPTER 1: INTRODUCTION

1. Purpose. The purpose of this Publication is to promulgate policies, procedures, and technical instructions for the administration of the Medical Performance Evaluation and Improvement (PE&I) program of the II Marine Expeditionary Force (II MEF).

2. Design. This PE&I program is designed to ensure that all medical personnel within the II MEF provide health care of the highest quality. All health care providers will be held accountable to fulfill their ethical, legal, and professional responsibilities to ensure that the best possible medical care is delivered.

3. Procedure. The II MEF PE&I program will be carried out so that there will be:

a. Assurance of high quality health care through an aggressive, structured, and well-documented monitoring system.

b. Early identification of existing or potential problems in health care delivery.

c. Prompt solution to problems and implementation for improvement of process performance using focused evaluations.

d. Periodic reevaluation of previously identified problems to ensure that enacted solutions were effective.

e. Phased timelines established for every new performance improvement initiative, i.e. dates of implementation, 6-month post implementation review and decision/completion.

f. Reporting of all new and enacted performance initiatives to the II MEF Health Services Support (HSS) via quarterly PE&I minutes for lessons learned and sharing of best practices.

CHAPTER 2: PE&I COMMITTEES

1. PE&I Committee. Medical Performance Evaluation and Improvement (PE&I) committees will be established within the II MEF. Each Major Subordinate Commands (MSCs), composited Marine Expeditionary Unit (MEU) while operating under the command of II MEF Commanding General, and II MEF Headquarters Group (II MHG) will also establish subordinate PE&I committees as outlined below. The II MHG committee will include representatives from all subordinate units to include Second Air Naval Gunfire Liaison Company (2D ANGLICO), 2D Radio Battalion, 8th Communication Battalion, 2D Law Enforcement Battalion, and 2D Intelligence Battalion.

a. Problems will be identified and solved at the lowest possible level. As required by this Order, PE&I information will be forwarded to the next higher echelon committee for review.

b. Attendance at PE&I committee meetings is mandatory. If a member is unable to attend, he/she should send a representative and inform the PE&I committee chairman.

2. II MEF PE&I Committee. By the nature of their positions or offices, the following are designated members of the II MEF PE&I Committee:

a. Chairman. The II MEF PE&I Coordinator.

b. Members

(1) II MEF Surgeon.

(2) MSC Surgeons (one from each MSC).

(3) II MHG Surgeon.

(4) MEU Surgeon (when MEU is activated and while operating under the command of the II MEF Commanding General).

(5) Operating Forces Medical Liaison Officer (OFMLO) from Naval Hospital, Camp Lejeune.

(6) Post Deployment Health Re-Assessment (PDHRA) Field Manager for II MEF.

(9) Medical Administrative Officer (when requested by the PE&I committee).

c. Responsibilities

(1) Hold quarterly PE&I committee meetings.

(2) Hold additional PE&I meetings as needed to address identified PE&I issues when they arise.

(3) Review II MEF medical activities to identify, assess, resolve, monitor and reassess problems common to all units.

(4) Address specific problems which should be studied and resolved.

(5) Submit committee minutes to the Privileging Authority via II MEF Surgeon for approval.

(6) Review and update if necessary the II MEF PE&I program at the end of each calendar year.

3. Subordinate Command's PE&I Committee. Each MSCs, and II MHG will establish a PE&I committee. Membership will be at the discretion of respective Surgeon/Senior Medical Department Representative (SMDR) and will include a representation of their individual medical departments.

a. Chairman. MSC/MSE PE&I Coordinator.

b. Members

(1) Respective MSC/MSE Surgeon or SMDR.

(2) Representatives from each subordinate unit that maintains sick call and health care provider coverage.

c. Responsibilities

(1) Hold quarterly PE&I committee meetings to discuss PE&I activities.

(2) Hold additional PE&I meetings as needed to address any identified PE&I issues as they arise.

(3) Ensure that peer, IDC and Non-IDC provider reviews are performed within each subordinate unit in accordance with chapter 4 of this publication.

(4) Review aid station medical activities to identify, assess, resolve, monitor and reassess problems per chapter 3 of this publication.

(5) Submit quarterly committee minutes to the II MEF PE&I committee.

4. PE&I Meeting Minutes

a. Subordinate PE&I committees will submit their minutes to the II MEF

PE&I chairman at least two weeks prior to the scheduled quarterly II MEF PE&I meeting. Use Appendix A as a guide.

b. Instructions for completing the various sections of Appendix A are as follows:

(1) Section 1. Self-explanatory.

(2) Section 2. Old business consists of PE&I issues brought up in prior minutes that were not previously resolved. Simply state the problem, what has been done to resolve it to date, and its current status, i.e. "Complete", "Action", or "Referred." Complete means that the problem has been resolved and need not be mentioned again. Action means that something must be done at the echelon that generated the minutes or at a lower echelon. Referred means that the problem needs input from the next higher echelon PE&I committee. Problems followed by "action", or "referred" need to appear on subsequent PE&I minutes until they are "complete." If there is no old business of a PE&I nature, simply state "None." Non-PE&I administrative issues should be addressed through other means.

(3) Section 3. New business consists of PE&I issues that have not been previously identified. Simply state the problem, what has been done to resolve it, and its current status. All new Occurrence Screens should be addressed in this section. Following each problem, in order to clarify its Disposition, enter status as: "Complete", "Action", or "Referred." If there is no new business of a PE&I nature, simply state "None." Non-PE&I administrative issues should be addressed through other means.

(4) Section 4. Fill in the blanks. Enter the number of charts reviewed for each Medical Officer, Physician Assistant (PA), and IDC each month, or why no peer/IDC review was performed (e.g. operational constraints). If there are any trends, describe them. Peer/IDC reviews must be done each month on all non-deployed Medical Officers, PA's and IDCs. Deployed Medical Officers, PAs and IDCs will also have their peer/IDC reviews done for each month deployed but may be delayed until they return due to operational tempo. Copies of completed Peer/IDC reviews will be provided to the appropriate PE&I committees for the record.

(5) Section 5. Fill in the blanks. List the Corpsmen on whom Non-IDC review was completed. Non-IDC reviews must be performed on each Corpsman who evaluated patients in sick call. Describe any significant trends and propose resolution plans for any negative trends.

(6) Section 6. Fill in the blanks. Enclose only the completed dissatisfaction. For patient surveys that raise PE&I issues, submit an Occurrence Screen (OS) if appropriate. Appendix B Patient Satisfaction Surveys should be available at all times in all medical facilities/aid stations. The PE&I committee will review these forms. A minimum of 10 forms should be distributed, gathered and reviewed from patients at each medical facility/aid station.

(7) Section 7. Fill in the blanks. All new Occurrence Screens should be discussed in details in section 3.

(8) Section 8. Fill in the blanks. Each unit must perform Specific MCE at least quarterly. Enclose Specific MCE report (Appendix C).

(9) Section 9. Self-explanatory.

c. The minutes of the PE&I committee meeting should have the following enclosures:

- (1) Any significant Patient Satisfaction Survey Forms (Appendix B).
- (2) Specific MCE Report (Appendix C).
- (3) All submitted OS (Appendix D).
- (4) Any significant Health Record Review Forms (Appendix G).

CHAPTER 3: SYSTEMATIC APPROACH TO QUALITY HEALTH CARE ASSESSMENT

1. Identification. Medical care evaluations, outpatient satisfaction surveys, patient complaints and other sources help identify events, occurrences, circumstances, complaints or problems which have a potential for unfavorable medical outcome or medico-legal risk. Once such a problem has been identified, it must be documented, evaluated and tracked using occurrence screen procedures.

2. Occurrence Screen (OS)

a. Potential adverse occurrences shall be identified, confirmed, analyzed, and resolved. Action shall be taken to prevent recurrences and follow-up mechanisms established which assure that adverse occurrences do not recur.

b. Particular emphasis shall be given to identification of clusters or patterns of health care events. When singular events are grouped together, they may represent an obvious deviation from quality of care. Such a grouping will allow early identification of apparent problems for which corrective action will be taken.

c. Occurrence Screening is a monitoring technique to assure review of medical care, which may represent potentially adverse occurrences.

d. An OS does not necessarily indicate that improper care has occurred. It is simply a method of evaluation and decision-making process concerning quality health care.

e. For any perceived deviation from standard of care, an OS (Appendix D) will be generated at the identifying unit level.

3. Occurrence Screen Process

a. When a sentinel PE&I event is identified, the identifying individual will complete the informational section and Section I of the OS (Appendix D).

(1) The first two digits of the problem identification number (PIN) will be the last two digits of the current calendar year. This will be followed by a dash. The next two digits will be the serial number of the occurrence for the unit. This will be followed by a dash. The final portion of the number will be the unit abbreviation. As an example, the 3d occurrence screen from the 8th Comm. in fiscal year 2009 would be assigned the number 09-03-8COMM. Once an occurrence number is assigned to an issue, it will become permanent, the number does not change if the OS is referred up or down the PE&I chain.

(2) The occurrence description should contain the events surrounding the occurrence, individual involved, and how the occurrence was identified (i.e. record review, patient complaint, direct observation, etc.).

b. The chairman of the subordinate PE&I committee acting as the unit Risk Manager (RM) will review each occurrence screen and assign initial interpretation and potential occurrence category.

(1) The RM will first determine whether the occurrence is the result of a health care provider's actions or is non-provider related.

(2) All provider-related OSs are initially recorded without any interpretation as to the validity of the occurrence. Initial recording will note the potential category of the occurrence.

(a) Category 1. A predictable occurrence within accepted standards of care.

(b) Category 2. An unpredictable occurrence within accepted standards of care.

(c) Category 3. An occurrence related to marginal deviation from accepted standards of care.

(d) Category 4. An occurrence related to a significant deviation from accepted standards of care.

(3) The RM will determine whether the issue merits referral to the II MEF PE&I committee for further investigation and/or action. All OS, referred or not, must be reported to the II MEF PE&I committee for discussion/information. Submit all OS as enclosure (2) of quarterly PE&I minutes.

(4) If an issue is referred, the II MEF PE&I committee will investigate the occurrence, determine the final occurrence category, make recommendations and take action. If action is implemented to resolve a problem, and reassessment is appropriate, specify a reassessment date (usually within 90 days after action) on the occurrence screen referral sheet. At each echelon to which an issue is referred, an Occurrence Screen Referral Sheet (Appendix E) will be completed by the echelon PE&I committee, and become part of the package.

4. Credentials/Certification File

a. All Medical Officers, Physician Assistants, and Nurse Practitioner's Individual Credential Files will be held by the Professional Affairs Coordinator of the designated credentialing body of II MEF per reference (b). Clinical Activity Files (CAF) will be held by the respective PE&I Chairman and IDC Provider Certification Files will be held by the unit IDC Program Managers.

b. The II MEF PE&I committee will ensure that all validated Category 3 and 4 events on privileged physicians and nurse practitioners are entered in

the providers' CAF. The II MEF PE&I committee shall review at least biannually all actions affecting privileged providers.

c. The PA Physician Supervisor will ensure that all Category 3 and 4 events on PAs are entered into the PA Certification Files which is held by the respective subordinate PE&I committee chairman. The supervising physician shall review at least quarterly all assigned PA certification files. This review should include all aspects as outlined in reference (e).

d. The IDC Physician Supervisor will ensure that all Category 3 and 4 events on IDCs are entered into the IDC Certification File which is held by the respective IDC Program Managers. The supervising physician shall review at least quarterly all assigned IDC certification files. This review should include all aspects as outlined in reference (f).

e. The unit PE&I Coordinator will ensure that all Category 3 and 4 events on Non-IDC providers are entered in the Individual Training Record (ITR). The supervising physician shall review at least biannually all supervised Non-IDC provider's ITRs.

f. OSs shall not be a permanent part of a credential file, certification file or ITR. Category 3 and 4 OSs may, however, be summarized as appropriate (i.e. defining trends) on the Performance Appraisal Report (PARS) for Medical Officers or Certification Appraisal Report (Appendix I) for non-privileged Health Care Providers (NPHCP). PARS should be submitted by the respective MSC Surgeon directly to the Privileging authority as prescribed in reference (b).

5. Implementation of Corrective Action. If during the OS process it is determined that corrective action is indicated, such actions may include:

- a. Educating the Staff.
- b. Educating the patients.
- c. Changing policies and systems.
- d. Counseling providers involved.
- e. Modification of privileges or level of supervision.
- f. Combination of any or all of the above.

6. Monitoring Issue Resolution

a. If an identified problem is of such a nature to require reassessment, the following should be taken into consideration when determining the scope time and frame of reassessment:

(1) The type and amount of change necessary to prevent recurrence.

(2) A reassessment date (usually within 90 days after action) which allows sufficient time for corrective action to have the maximum effect.

b. If reassessment indicates the problem has not been corrected, the initial assessment results shall be reviewed to determine whether:

(1) The site and nature of the issue were correctly determined.

(2) Identified corrective actions are appropriate.

(3) Authority and responsibility for implementing actions were specified clearly and correctly.

(4) Actions were indeed implemented.

(5) Time frames established for resolution and reevaluation are appropriate.

7. Tracking and Reporting of Issue Resolution

a. As a part of the required PE&I program, each Subordinate PE&I Coordinator shall maintain a PE&I Occurrence Screen Tracking Log (Appendix F), to ensure that problems, potential resolutions, responsible parties, time frames for resolution, etc., are logged and tracked. Information in this log shall be considered confidential and access shall be restricted.

b. In addition to each unit tracking their own OSs, the II MEF PE&I Coordinator will maintain a master tracking log of all II MEF OSs and ensure timely action if necessary.

8. Required PE&I Indicators. Some events are of such nature that their occurrences require that Occurrence Screens be initiated. These required PE&I indicators include:

a. All deaths.

b. Cardiopulmonary arrest and resuscitation regardless of outcome.

c. Incorrect provider interpretation and/or inadequate follow-up on abnormal results of X-rays, EKG's, or laboratory tests.

d. Procedures performed for which the provider has no credentials.

e. Medication errors (wrong patient, medication, frequency, dose, etc.).

f. Adverse reaction to medication/immunization as well as complications from intravenous administration.

- g. Failure to obtain and document proper informed consent for any invasive procedure.
- h. Unexpected post-procedural complications and/or unplanned readmission to the hospital for the same problem within 30 days after discharge.
- i. Three or more unplanned visits to sick call for the same complaints without resolution.
- j. Potentially or suspected inappropriate healthcare at any level.

CHAPTER 4: MEDICAL CARE EVALUATION (MCE)

1. Medical Care Evaluation. This is a method of comparing the health care provided with pre-determined criteria. At II MEF, it takes the form of a Generic MCE and/or Specific MCE.

2. Generic MCE. This implies a broad-based look and is a general assessment of the quality of care delivered. Generic MCE at II MEF includes Peer, IDC, and Non-IDC reviews. Each of these types of review is documented on the Health Record Review Form (Appendix G). Any significant Health Record Review may be submitted to the II MEF PE&I committee for further discussion as enclosure (3) to the quarterly minutes.

a. Peer Review

(1) Each unit's Medical Officer is responsible for the care he/she provides, as well as the care provided by others who practice under his/her supervision.

(2) Each month, utilizing the Health Record Review Form (Appendix G), every II MEF Medical Officer/Nurse Practitioner will have at least five records, (100% if less than five) of his/her patient encounters to be reviewed by another Medical Officer/Nurse Practitioner. All Medical Officers/Nurse Practitioners will submit this number of records for review by a peer designated by the cognizant MSC Surgeon. All entries should be reviewed for administrative completeness, but most importantly, for appropriateness of care. The sampling should include all available records in which the physician wrote a part of the entry, with the remainder being entries written by supervised Corpsmen. Forward these forms to the respective PE&I committee for review during quarterly PE&I meetings. Each deployed Medical Officer will also have peer review done for each month while deployed. If peer review was not done due to operational constraints, they will be completed upon return from deployment. Any discrepancies which affect the quality of patient care will be addressed immediately in accordance with Chapter 3 of this publication.

(3) All Health Record Review Forms will be kept in the providers local CAF for incorporation in the PARS in accordance with reference (b).

b. Physician Assistant Review

(1) Each month, the Physician Supervisor shall review at least ten records, (100% if less than ten) of Physician Assistant (PA) health record entries for appropriateness of care using Health Record Review Form (Appendix G).

(2) Following this review, the PA will be counseled on any deficiencies and the form filed in the PA Certification File.

(3) Any discrepancies which affect the quality of patient care will be addressed immediately in accordance with Chapter 3 of this publication.

c. Independent Duty Corpsman Review

(1) Each month, the Physician Supervisor shall review ten records, (100% if less than ten) of IDC health record entries for appropriateness of care using the Health Record Review Form (Appendix G).

(2) Following this review, the IDC will be counseled on any deficiencies and the form will be filed in the IDC Certification File.

(3) Any discrepancies which affect the quality of patient care will be addressed immediately in accordance with Chapter 3 of this publication.

d. Non-IDC Provider Review

(1) The assigned Medical Officer shall review 100% of Non-IDC provider's health record entries for appropriateness of care and format. The Medical Officer must co-sign each health record entry upon completion of this review (prior to the patient departing the aid station).

(2) Any deficiencies noted will be annotated in the member's Individual Training Record (ITR).

e. When the Physician Supervisor is not available due to TAD, deployment, or leave, etc.:

(1) The Medical Officer will arrange physician coverage to supervise the PA, IDC and Corpsmen. A memorandum detailing the temporary change in supervision will be generated. Respective MSC Surgeons will be notified of all assignments of cross-covering physicians for periods greater than 96 hours.

(2) In rare cases where physician coverage cannot be arranged, the PA or IDC in that order will be designated in writing as supervisor. Such circumstances will usually occur in remote field locations or shipboard operation. The designated PA or IDC will co-sign all Corpsman health record entries as outlined in paragraph 2d above. The physician supervisor upon return, will review ten health record entries (100% if less than ten) that the PA or IDC co-signed for appropriateness of care and format using the Health Record Review Form (Appendix G).

3. Specific MCE. This is a quarterly assessment process using established objective standards of care applied to a specific diagnosis, procedure or event.

a. Issues selected for clinically valid problem assessment should be those areas which historically have a high potential for problems, because they are either high-risks, high-volume, or both.

b. Units may establish own independent Specific MCE criteria. The written criteria to assess a problem should be designed to measure the minimal level of practice desired. They should be specific, measurable, relevant and attainable. One should never consider them to be final since values, scientific knowledge and practices changes. Revision and revalidation are a continuing process.

c. Each aid station may complete Specific MCE review and report the results in the quarterly PE&I Minutes. Each study requires a random sample of at least 10 charts from a pool of charts documenting the specific area of interest. For any topic where a significant discrepancy is noted, a second review shall be completed within 120 days from initial study.

d. Specific MCEs may also be utilized to evaluate specific providers in lieu of peer review as needed. Report topic and findings using Appendix C.

4. Unit Deployments. Deploying units (such as MAGTFs, composited MEUs, etc.) that are participating while they remain under operational control of the II MEF will:

a. Continue to conform to this Order to the extent possible given their operation conditions.

b. Ensure physician coverage to assist the IDC with cross-coverage of rear elements as necessary. If the unit has no available IDC, the cross-covering physician will accomplish Non-IDC provider review for the corpsmen manning the garrison aid station as outlined in paragraph 2d above, as well as for those providing medical coverage to the Marines and Sailors left behind. The respective MSC/E Surgeon will be informed of all assignments of cross-covering physicians for periods greater than 96 hours.

5. Pharmacy and Therapeutics Review

a. Pharmacy and Therapeutics (P&T) review is an important, internal element of the PE&I program and is based upon the rationale that a patient's response to medication influences the patient's interpretation of the quality of care provided. Adverse reactions and interactions between medications have profound effect on the patients' medical condition.

b. P&T review is a medical staff function, which will be performed concurrently with Peer/IDC/Non-IDC provider review on an ongoing basis.

c. When P&T issues arise, the II MEF PE&I committee will act as the P&T committee. The II MEF Surgeon will appoint the II MEF Representative and liaison with Naval Hospital Camp Lejeune P&T committee as needed. Liaison with other hospital pharmacies that are geographically remote (i.e. Cherry Point and Beaufort, SC) will be done by the cognizant MSC PE&I committee chairman.

CHAPTER 5: HEALTH CARE PROVIDER PRIVILEGING/CERTIFICATION

1. Purpose. To ensure medical officers and other allied health specialists possess credentials for privileging and Non-Physician Health Care Providers (NPHCP) possess appropriate certifications in order to deliver quality health care to II MEF personnel.
2. Applicability. All Navy personnel within the II MEF responsible for determining, starting, or altering a regimen of medical treatment provided to a patient, either on a routine or occasional basis, will be considered health care providers and will be privileged or certified in accordance with reference (b).
3. Credentials Committee. The II MEF PE&I Committee will serve as the II MEF Credentials Committee when required by the privileging authority.
4. Credentialing and Privileging of Health Care Providers
 - a. Doctors of Medicine or Osteopathy and Other Allied Health Specialist will be credentialed in accordance with reference (b).
 - b. The privileging authority for II MEF is the MARFORCOM Surgeon.
 - c. Individual Credentials File (ICF) will be maintained in the MARFORCOM Credentials Office and the Clinical Activity File (CAF) will be maintained by the chairman of the respective subordinate command's PE&I committee.
 - d. Recommendations for privileging will be forwarded to MARFORCOM by the respective MSC credentials committee upon endorsement by the II MEF Surgeon. Privileges when granted are good for 2 years. Deploying health care providers whose privileges will expire during deployment must have a new PAR submitted along with a request for renewal of privileges prior to deployment.
 - e. Adverse credential actions will be handled in accordance with references (d) and forwarded to Marine Forces Command Health Service Support as appropriate.
5. Credentialing and Privileging of Physician Assistants (PA)
 - a. PAs will be certified and utilized in accordance with reference (e).
 - b. Privileges when granted are good for 2 years. Deploying PAs whose privileges will expire during deployment must have a new PAR submitted along with a request for renewal of privileges prior to deployment.
6. Certification of Independent Duty Corpsman (IDC). IDCs will be certified and utilized in accordance with reference (f).

7. Certification of Non-IDC Providers

a. Each corpsman that provides medical care as described in paragraph 1 will be certified utilizing the Non-IDC Certification Form (Appendix H).

b. Training and certification will be completed in accordance with reference (g).

c. Every corpsman, whether certified or not, will have a Certification Appraisal Report (Appendix I) completed by the supervising medical officer every two years, or upon transfer from the unit.

APPENDIX A

PE&I MEETING MINUTES FORMAT

Unit Letterhead

SSIC
ORIG CODE
DATE

From: PE&I Coordinator, Unit
To: II MEF PE&I Chairman

Subj: PE&I COMMITTEE MEETING MINUTES FOR THE _____ QTR OF CY_____.

Ref: (a) II MEFO 6320.2D

Encl: (1) Specific Medical Care Evaluation Report
(2) Occurrence Screen
(3) Monthly Health Record Review Form (When required)
(4) Outpatient Survey Form (When required)

1. This PE&I meeting was held on (date). The meeting was chaired by _____ . Attendees are listed below.

POSITION	NAME	STATUS
CHAIRMAN		
SURGEON		
SURGEON		
PI COORDINATOR		
PI COORDINATOR		
PI COORDINATOR		
SICKCALL SUPERVISOR		
SICKCALL SUPERVISOR		
SICKCALL SUPERVISOR		

A - ABSENT 1 - EXCUSED 3 - TAD
P - PRESENT 2 - DEPLOYED 4 - LEAVE

2. Old Business. (If there is no old business state "none.")

3. New Business. (If there is no new business state "none.")

4. Peer/IDC review for this quarter was performed as indicated below. Any significant Health Record Review Forms are submitted as enclosure (3).

NAME	UNIT	MONTH	MONTH	MONTH

ENTRY UNDER MONTH SHOULD BE TOTAL NUMBER OF CHARTS REVIEWED OR REASON WHY NO PEER REVIEW WAS PERFORMED (e.g. DID NOT SEE PATIENTS).

Subj: PE&I COMMITTEE MEETING MINUTES FOR THE _____ QTR OF CY _____.

5. Non-Privileged Health Care Provider Review was performed as indicated below. Completed evaluations are on file in the individuals' training records. (Describe any trends noted.)

UNIT NAME	UNIT NAME	UNIT NAME	UNIT NAME
CORPSMAN NAME	CORPSMAN NAME	CORPSMAN NAME	CORPSMAN NAME
CORPSMAN NAME	CORPSMAN NAME	CORPSMAN NAME	CORPSMAN NAME
CORPSMAN NAME	CORPSMAN NAME	CORPSMAN NAME	CORPSMAN NAME
CORPSMAN NAME	CORPSMAN NAME	CORPSMAN NAME	CORPSMAN NAME

6. ____ # ____ Patient Survey Forms were submitted to the Aid Station(s) for this period and ____ # ____ of these are considered significant and are included as enclosure (4). (Discuss any trends/problems identified. If there are PE&I issues identified, they should be discussed in the new business section.)

7. ____ # ____ Occurrence Screens were submitted for this period, and are included as enclosure (2). (These are generated only when a problem develops, and should be discussed in detail in the new business section.)

8. The Specific MCE topic for this quarter was _____. See enclosure (1) for details.

9. Patient volume for each aid station for each month is indicated below.

UNIT	MONTH	MONTH	MONTH
	# Patients seen	# Patients seen	# Patients seen
	# Patients seen	# Patients seen	# Patients seen
	# Patients seen	# Patients seen	# Patients seen
	# Patients seen	# Patients seen	# Patients seen

Signature
PE&I Coordinator

APPENDIX B

PATIENT SATISFACTION SURVEY

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<u>INITIAL IMPRESSION</u>			
1. Were you able to check into sickcall in a timely manner?	_____	_____	_____
2. Were personnel in the check-in area courteous and caring?	_____	_____	_____
3. If the wait to be seen by medical personnel was longer than 30 minutes, were you provided an explanation?	_____	_____	_____
<u>TREATMENT AREA</u>			
1. Were Medical Spaces clean and well maintained?	_____	_____	_____
2. Was the waiting time to see your health care provider reasonable?	_____	_____	_____
3. Were personnel in the treatment area friendly and caring?	_____	_____	_____
4. Was seating available in the waiting area?	_____	_____	_____
<u>HEALTH CARE PROVIDER</u>			
1. Did you feel your provider listened to your problem(s)?	_____	_____	_____
2. Did the health care provider take the time to explain your condition and/or treatment?	_____	_____	_____
3. a. Was your chief complaint or problem taken care of?	_____	_____	_____
b. If not, was an explanation provided?	_____	_____	_____
4. Were you given adequate privacy during your exam?	_____	_____	_____
<u>OVERALL IMPRESSION</u>			
Are you satisfied with the care that you received at this clinic?	_____	_____	_____
<u>Comments/Suggestions</u>			

UNIT: _____ Name (optional): _____

Rank: _____ Circle one: male / female

If there are any further questions, the phone number to reach me is: _____

APPENDIX C

SPECIFIC MEDICAL CARE EVALUATION REPORT (MCE)

1. Unit: _____.

2. Topic Reviewed: _____.

3. Period Covered: _____.

4. Total Charts Reviewed: _____.

5. If single provider review, state provider's Name and Rank:

_____.

6. Summary of Results:

7. Actions/Recommendations:

Medical Officer Signature

Date

Copy to:
II MEF PE&I Coordinator

APPENDIX D

OCCURRENCE SCREEN (OS)

Date of Actual Occurrence _____

Date Occurrence Screen Initiated _____

Problem Identification Number (PIN) _____

Patient's Name _____ EDIPI _____

Provider _____ Unit _____

Echelon at which Occurrence Screen Initiated: (Circle One)

MEU MSC OTHER (Specify) _____

Position of Individual Reporting Occurrence: (Circle One)

PE&I COMMITTEE CHAIRMAN PE&I COORDINATOR OTHER (Specify) _____

SECTION I

OCCURRENCE DESCRIPTION: (To Be Completed By Person Reporting Occurrence)

Name of Individual Reporting Occurrence _____

SECTION II

INITIAL INTERPRETATION: (Circle one, and explain)

Non-Provider Related///Provider Related _____

CATEGORY: (Circle one) I II III IV

Is Referral Indicated? YES NO

PE&I Committee Chairman/Coordinator Signature _____

Copy to:
II MEF PE&I Committee

APPENDIX E

OCCURRENCE SCREEN REFERRAL SHEET

PIN _____

PE&I COMMITTEE FINDINGS

Issues/Contributing Factors:

Conclusions: (Circle one, and explain)

Non-Provider Related///Provider Related _____

CATEGORY: (Circle one) I II III IV

Recommendations:

Actions:

Reassessment date, if indicated _____

Is Further Referral Indicated? YES NO

If Yes, Referred To: (Circle one) II MEF MARFORCOM

PE&I Committee Chairman Signature _____ Date _____

APPENDIX F

OCCURRENCE SCREEN (OS) TRACKING LOG

UNIT: _____

1 PIN	2 OS DATE	3 PROBLEM/ ISSUE	4 OS CATEGORY	5 RECOMMENDED SOLUTION	6 ACTION	7 ACTION PERSON	8 ACTION DATE	9 REASSESS DATE

1 - Problem Identification Number: The first two digits of the problem identification number (PIN) will be the last two digits of the current calendar year. This will be followed by a dash. The next two digits will be the serial number of the occurrence for the unit. This will be followed a dash. The final portion of the number will be the unit abbreviation. As an example, the 3rd occurrence screen for 1/2 in fiscal year 2009 would be assigned the number 09-03-1/2. Once an occurrence number is assigned to an issue, it will become permanent - the number does not change if the occurrence screen is referred up the PE&I chain.

2 - Date the occurrence screen was initiated.

3 - Problem or issue identified in the occurrence screen.

4 - Occurrence screen category: I, II, III, or IV.

5 - Recommendations for solution to identified problem or issue.

6 - Actions to be taken to implement recommended solution.

7 - Person responsible for initiating actions.

8 - Date actions to be initiated.

9 - Date to reassess if solution is having desired effect.

APPENDIX G

HEALTH RECORD REVIEW FORM

HEALTH CARE PROVIDER REVIEWED: _____

CHARTS REVIEWED BY: _____

PERIOD COVERED: _____

TYPE OF REVIEW: PEER _____ IDC _____ Non-IDC _____ OTHER _____

(+) Adequate/Appropriate (-) Inadequate/Inappropriate (0) Not Applicable

ADMINISTRATIVE

[illegible]

CLINICAL

[illegible]

Comments: (Any (-) response should be discussed in this section by SSN, as well as any trends noted)

Any Corrective Action Required/Taken:

Reviewer's Signature: _____ Date: _____

Reviewee's Signature: _____ Date: _____

APPENDIX H

HM PROVIDER (NON-IDC) CERTIFICATION FORM

I Rank First Name Last Name Unit have read Chapter 5 of II MEF Order 6320.2D and understand its provisions. I have read and understand the limitations imposed by chapter 5 paragraph 7 of the order and I am familiar with those conditions which require referral to a Medical Officer or Independent Duty Corpsman (IDC).

I request certification to assume unaccompanied sick call duties. I understand that if my medical judgment is called into question, for patient safety this certification may be summarily withdrawn by the Medical Officer or unit commanding officer.

Corpsman Signature

Date

Witness Signature

Date

MEDICAL OFFICER: The above named corpsman has performed accompanied sickcall duties for a sufficient period to allow for evaluation of his/her sickcall knowledge and abilities. I do/do not recommend certification for unaccompanied sickcall duties.

Medical Officer Signature

Date

CERTIFYING OFFICER: In accordance with II MEF Order 6320.2C, the above named corpsman's request for certification to perform sick call duties is approved/disapproved. If approved, this certification will expire two years from the date below, or upon transfer from this unit.

Commanding Officer Signature

Date

APPENDIX I

CERTIFICATION APPRAISAL REPORT FOR NON-PRIVILEGED HEALTH CARE PROVIDERS
(HM SICKCALL SCREENERS)

Provider Information:

Name _____ Rank _____ EDIPI _____

NEC _____ Unit _____ Period Covered _____

Duties during this period _____

Evaluator Information:

Name _____ Rank _____ EDIPI _____

Title _____ Unit _____

Purpose of Evaluation: _____ Transfer _____ Separation _____ Biannual

_____ Adverse Action _____ Other (Specify): _____

TO BE COMPLETED BY EVALUATOR: The following evaluation is based on demonstrated performance as compared to that reasonably expected of a NPHCP with an equivalent level of training, experience and background. Mark the appropriate box for each item.

		1	2	3	4	N/A
a.	Basic Professional Knowledge					
b.	Competence and Skill					
c.	Professional Judgment					
d.	Ethical Conduct					
e.	Timely and Accurate Medical Record Keeping					
f.	Participation in Continuing Medical Education					
g.	Patient Relations					
h.	Ability to Work With Others					

1-UNACCEPTABLE

2-FAIR

3-GOOD

4-SUPERIOR

N/A-NOT APPLICABLE

To your knowledge has the Non-Privileged Health Care Provider:
(Please amplify any "Yes" response in the comments section).

		YES	NO	N/A
a.	Had Certification been Limited, Revoked or Suspended?			
b.	Been the Subject of a JAGMAN Investigation?			
c.	Contributed to an Adverse Patient Outcome Due to Improper Treatment?			
d.	Required Counseling or Additional Training or Supervision for Unprofessional Performance?			
e.	Failed to Obtain Necessary Consultation?			
f.	Experienced Difficulties With Supervision?			
g.	Been the Subject of Disciplinary Action for Professional Conduct Violations?			

COMMENTS:

IDC/HM Screener Signature

Date

Evaluator Signature

Date