



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
JBSA FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 13-023
17 APR 2013

MCFA

Expires 17 April 2015

MEMORANDUM FOR

Commanders, MEDCOM Regional Medical Commands
Directors, OTSG/MEDCOM OneStaff

SUBJECT: Use of Non-category 5XXXX Facilities for Healthcare

1. References:

- a. DoD 6010.13-M, Medical Expense and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities Manual.
- b. AR 40-68, Medical Services, Quality Management, RAR 22 May 2009.
- c. AR 420-1, Army Facilities Management, 12 February 2008, (RAR Mar 2012).
- d. Department of the Army Pamphlet 415-28, Guide to Army Real Property Category Codes, 11 April 2006.
- e. The Joint Commission Accreditation Manual, latest edition.

2. Purpose: To establish a MEDCOM policy for healthcare delivery in non-category 5XXXX facilities. Per the DoDI 6010.13-M, military Medical Treatment Facilities (MTFs) use the Tri-service standardized managerial cost accounting system for all Defense Health Programs (DHP) fixed facilities. The DA PAM 415-28 list the category 5XXXX facilities in which the US Army Medical Command operates, sustains, and programs for replacement through the Military Construction (MILCON) program defined in AR 420-1. In today's environment, direct healthcare is often being performed in non-category 5XXXX facilities, including gymnasiums, schools, pools, barracks, Company and HQ buildings, and Warrior Transitions Units/Barracks (WTUs/WTBs) to fulfill an emerging healthcare mission and to meet the needs of the patients. Healthcare providers are treating patients for a variety of conditions including behavioral health, physical therapy, and primary care visits within non-category 5XXXX facilities and some are capturing the workload data in MEPRS.

MCFA

SUBJECT: Use of Non-category 5XXXX Facilities for Healthcare

3. Background:

a. MEDCOM receives DHP funding to operate the MTFs including staffing, supplies and facility operations. MEDCOM utilizes The Joint Commission (TJC) to accredit its MTFs. As part of TJC accreditation, the Environment of Care (EOC) and Life Safety (LS) standards apply to the MTFs and ancillary facilities. Although TJC does not accredit business occupancies (free standing medical and dental clinics), TJC Tracer methodology does allow TJC surveyors to visit any location where a patient received treatment.

b. The non-category 5XXXX facilities are not funded or operated by the MTF and validation of compliance with the EOC/LS standards of TJC can be problematic. The EOC and LS standards do require the non-category 5XXXX facilities to meet the LS Code (NFPA 101) for their designated facility classifications. Typical EOC and LS items are listed in Appendix A.

c. The MTF Quality Manager (QM) will place the facilities will be on the MTF's TJC survey application and coordinate with Regional and MEDCOM QM staff. If the non-category 5XXXX facilities are placed on the TJC application, the MTF must work with the facility proponent to ensure they meet the EOC and LS standards. Since non-categories 5XXXX facilities are not funded with DHP funding, the MTF commander shall ensure coordination with the facility proponents to ensure the buildings meet the EOC and LS standards and LS Code through a current Memorandum of Understanding (MOU) to cover any TJC standard requirement.

4. Proponent: The proponents for this policy are the MEDCOM, G9 Facilities Asset Management Director and Clinical Performance Assurance Directorate - Director of Quality Management.

5. Applicability: These guidelines apply to all MTFs delivering healthcare in non-category 5XXXX facilities.

6. Exclusions: Exception to this policy must be approved by the TSG. MTFs will add non-category 5XXXX facilities to their TJC application in coordination with Regional QM staff. All facilities added to TJC application will be vetted in coordination with MEDCOM G8, Director of Quality Management and G9 offices.

7. Issues concerning this policy may be submitted to MEDCOM G9 Facilities, in writing, for consideration and action. G9 will respond within 30 days of submittal.

MCFA

SUBJECT: Use of Non-category 5XXXX Facilities for Healthcare

8. Procedures:

a. MTF will identify all facilities where healthcare is being performed with DHP supported personnel including building's names and addresses. Once identified, the MTF will coordinate with the Army MEDCOM MEPRS Program Office for the appropriate MEPRS code to capture the workload, personnel time and expenses for the care provided in these non-category 5XXXX facilities.

b. The MTF shall notify the Regional Medical Commands (RMC) and MEDCOM QM staff of the facilities which will be included in their TJC application.

c. The MTF staff shall survey the non-category 5XXXX facilities for compliance to the TJC standards. This survey will consist of a walkthrough of the space to identify LS Code requirements for the particular building types. All non-compliant items will be immediately rectified with the building proponents. MTF will provide written documentation of findings to the facility proponent. Any unresolved findings will be noted in the MOU with resolution timelines. The MTF's MOU will include requirements to keep records of all maintenance of any LS system. See Appendix A for a complete listing of applicable systems.

9. Review Board. MTFs' submissions of non-category 5XXXX building on their TJC application will be reviewed by the Directors of MEDCOM G8, QM and G9. Any non-category 5XXXX facility without an approved MEPRS code and on TJC application will be rejected. Workload history shall be available for validation prior to submission. If the non-category 5XXXX facility is rejected, the MTF will cease healthcare operations within 30 days of notification.

10. Responsibilities:

a. MEDCOM G9 Facilities (proponent of this policy).

(1) Coordinate the addition of non-category 5XXXX facilities to TJC survey application.

(2) Provide assistance to RMCs in managing the non-category 5XXXX facility EOC and LS standards requirements.

(3) Coordinate with MEDCOM G8 and Director of QM for validating non-category 5XXXX facilities being added to the MTF application.

(4) Assist RMCs on MOU requirements with non-category 5XXXX facilities proponents.

MCFA

SUBJECT: Use of Non-category 5XXXX Facilities for Healthcare

b. MEDCOM G8 Resource Management (RM).

(1) Assist the RMCs with the addition of non-category 5XXXX facilities with the appropriate MEPRS codes.

(2) Validate RMCs are utilizing proper MEPRS codes on a consistent basis.

(3) Assist G9 Facilities and Director of QM in accounting for the non-category 5XXXX facilities.

(4) Assist MTFs with establishing MOUs with non-category 5XXXX facilities proponents to ensure compliance with TJC standards.

c. MEDCOM Clinician Performance Assurance Directorate - Director of Quality Management.

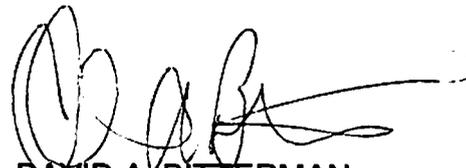
(1) Assist RMCs and MTFs with defining the healthcare being performed in non-category 5XXXX to properly list on TJC survey application.

(2) Assist RMCs review of MTF's MOU with non-category 5XXXX facilities proponent to ensure TJC and LS Code compliances.

(3) Serve as point of contact with TJC on the non-category 5XXXX facilities and how the Army MEDCOM utilizes the facilities.

d. MTFs. See reference 1a-c.

FOR THE COMMANDER:



DAVID A. BITTERMAN
Colonel, MS
Chief of Staff

Appendix A: TJC EOC and LS Requirements.

1. Egress passage ways including egress lighting (emergency lighting), egress signage (exits signs), fire barrier doors (fire doors) unobstructed corridors, and stairways. Includes maintenance records for egress lighting, exits signs and doors.
2. Fire Protection System including fire alarm system and smoke detection systems. This includes maintenance recordkeeping.
3. Written fire response plan describing the specific roles of staff and licensed independent practitioners at and away from the fire's point of origin, including when and how to sound the fire alarms, how to contain smoke and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge. Documented Fire Drills.
4. Fire Suppression Systems including fire sprinklers, fire pumps, flow and tamper valves and fire sprinkler controls. Includes maintenance recordkeeping.
5. Regulated medical waste handling and storage.
6. Hand washing locations in or near treatment area.
7. Trash storage more than 32 gallons.
8. Security and accountability of medical supplies.
9. Housekeeping of the treatment area.
10. Maintenance of any medical equipment.
11. General security of treatment area/space.
12. Patient privacy in treatment area (PHI and HIPAA).
13. Portable Fire Extinguishers (including monthly and annual testing).
14. Hazardous Waste/Regulated Medical Waste management and handling.