

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
Fort Huachuca, Arizona 85613-7079

MEDDAC Memorandum
No. 15-1

5 March 2008

Boards, Commissions and Committees
COMMITTEE MANAGEMENT

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*This Memorandum Supersedes MEDDAC Memo 15-1, dated 15 July 2007.

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- 1. HISTORY:** This issue publishes a revision of this publication.

- 2. PURPOSE:** To provide guidance on the Committee Meeting Management Program and to provide a listing of current teams, boards, councils and committees at the MEDDAC. The intent of this memorandum is to document only permanent standing groups of primary command interest.

- 3. SCOPE:** This memorandum is applicable to all personnel assigned or attached to the USA MEDDAC, Fort Huachuca, AZ, to include outlying clinics that come under the command and control of the MEDDAC Commander.

- 4. REFERENCE:** AR 15-1, Boards, Commissions and Committees

- 5. RESPONSIBILITIES:**
 - 5.1** Proponent for the Committee Management Program is the Quality Management Division.

 - 5.2** Chiefs and supervisors will ensure that standing teams, boards, councils, and committees are locally approved and documented as specified in this memorandum.

 - 5.3** Team, board, council, and committee chairpersons/leaders will conduct meetings according to this memorandum.

- 6. PROCEDURES:** Proposals for establishing a new team, board, council or committee will be routed through the Quality Management Division, to the ECOPS and EXCOM. (See Table 1 for format).

- 7. ATTENDANCE & VOTING:** A simple majority of voting members will constitute a quorum. (ECOPS requires the majority of its core provider staff to be present). Majority vote carries.

- 8. MEETING GROUP STRUCTURE:** Each meeting group will have a chairperson and a recorder, except for the Awards Committee. Membership will be established by the governing authority.

- 9. REPORTING CHANNELS:** Table 2 outlines the reporting channels for all MEDDAC teams, boards, councils, and committees.

10. REVIEW: The Chief, Quality Management Division will initiate a review of this memorandum on an ongoing basis every 18 months.

11. FUNCTIONAL MANAGEMENT TEAMS (FMTs)

10.1 Operational Guidelines:

10.1.1 The Chief, Quality Management Division recommends membership in each Functional Management Team. The MTF Commander endorses the recommendation by signing appointment letters. One member of each team is assigned as a Team Leader and one as an Alternate Team Leader, to manage the multidisciplinary team. Each Team also has a Deputy Commander designated as the Team Champion, to serve as an information link, motivator and counselor.

10.1.2 Each multidisciplinary Team will consist of subject matter experts from MEDDAC disciplines, and are organized around the functional areas (chapters) listed in the Comprehensive Accreditation Manual for Ambulatory Care (CAMAC).

10.1.3 Each Team may request additional members based on improving the Team's scope and ability to function at optimal levels.

10.1.4 Each Team will be provided access to all applicable standards relative to their areas of responsibility as well as other relative literature.

10.1.5 Each Team is empowered/expected to:

10.1.5.1 conduct reviews of their respective functions standards

10.1.5.2 share information on compliance with these standards with MEDDAC areas covered by these standards (i.e. specific data, timelines, format)

10.1.5.3 review data from MEDDAC areas with regard to these reporting requirements

10.1.5.4 document these findings for further action/review

10.1.5.5 assist in forming sub-teams in respective areas to address recommended actions, their implementation, and subsequent follow-up data collection

10.1.5.6 assist Department/Service chiefs in their efforts to meet the all applicable standards

10.1.5.7 implement corrective actions, with department chief approval, where processes do not cross departmental lines

10.1.5.8 recommend corrective actions where processes cross departmental lines

10.1.5.9 oversee, measure and assess compliance with policies, standards and corrective actions implemented by the respective FMT

10.1.6 Based on Table 3, FMTs will report to the MEDDAC ECOPS each month

10.1.7 Each FMT may report to the MEDDAC EXCOM, when invited by their Champion, to address urgent issues and to receive clarification/direction.

10.1.8 Each FMT will assess this MEDDAC's current status with regard to compliance with current DOD/MEDCOM/Region regulations, Community Standards of Care, and all applicable accrediting/regulatory agencies.

10.2 Functional Management Teams (FMTs) are composed of subject matter experts from the various MEDDAC disciplines. They meet monthly or more frequently as needed. Each FMT reviews compliance with applicable standards, shares information, collects and analyzes data, documents findings, assists in forming sub-teams, assists department chiefs, and recommends actions. FMTs communicate directly with the Champions and the Chief, Quality Management, refer recommendations for approval to the Executive Committee of the Professional Staff, measure and report progress, findings, etc. to the Executive Committee of the Professional Staff and (with invitation) to the EXCOM. The Functional Management Teams are:

- Patient Rights and Organizational Ethics
- Management of Human Resources
- Management of Environment of Care
- Surveillance, Control, & Prevention of Infection
- Management of Information
- Provision of Care
- Medication Management
- Leadership
- Improving Organizational Performance
- Behavioral Health

Table 1 – Format for Establishing a Team, Board, Council or Committee

MEMORANDUM FOR Commander, RWBAHC, ATTN: MCXJ-QM

SUBJECT: Establishment of the (Group Name)

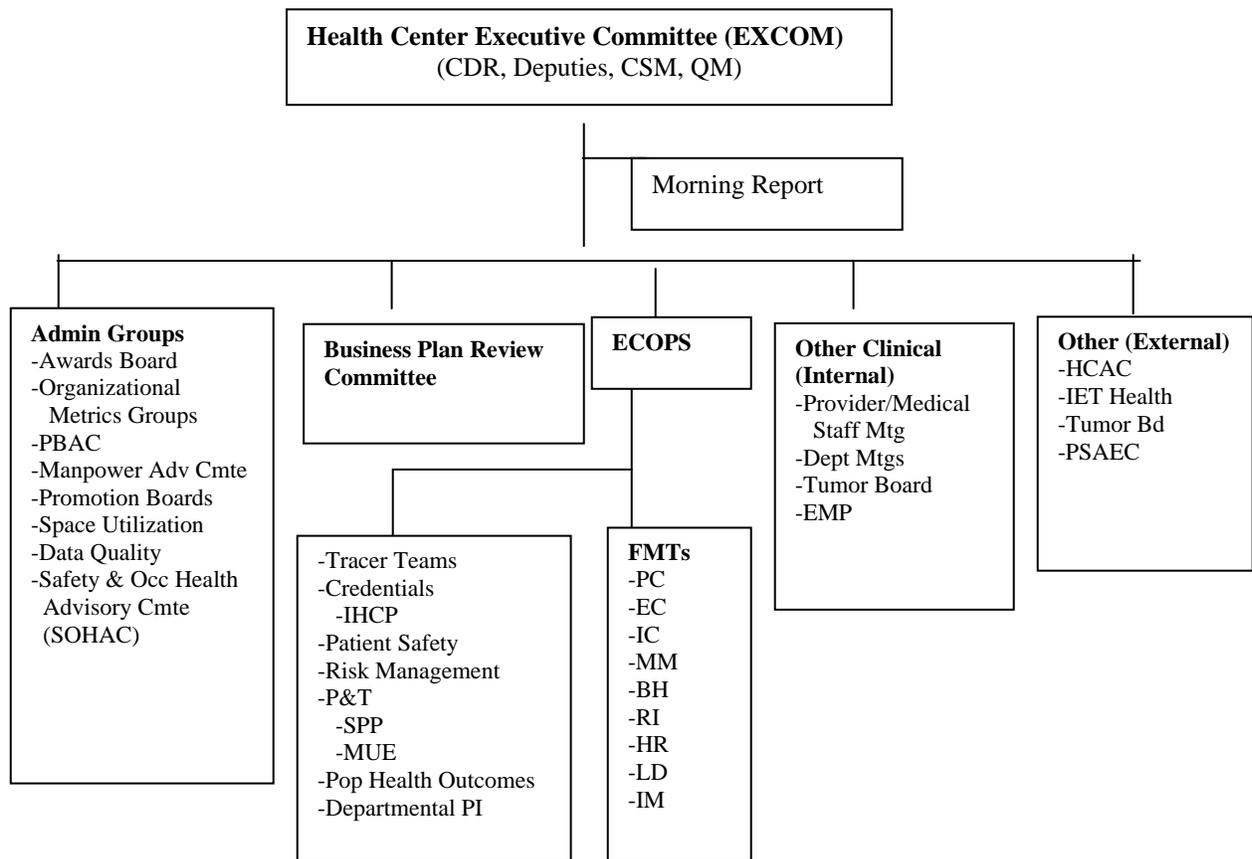
Request approval to establish the (Team, Board, Council or Committee Name). The following information is provided:

- a. Authorizing directive. (Cite and include a copy of the statute, regulation, order, letter, or similar document authorizing the establishment of this committee. If there is no authorizing document, so state.)
- b. Proposed charter. (Create the proposed Appendix to this MEDDAC MEMO.)
- c. Justification. (Statement on benefits to be derived from this committee and why its objectives exceed the capability of normal staff processes or existing committees.)

Encls (if any)

TYPED NAME
GRADE, CORPS
Title

Table 2 – Reporting Channels: RWBAHC Committees/Boards/Councils



ECOPS: Executive Committee of the Professional Staff:

FMTs: Functional Management Teams – Two digit names correspond to chapters in the CAMAC

HCAC: Health Consumer Advisory Council

PSAEC: Prime Service Area Executive Committee

IET Health: Initial Entry Training (Meeting between MEDDAC/DENTAC/MI BDE Leadership bimonthly)

EMP: Emergency Management Plan

P & T: Pharmaceuticals and Therapeutics Committee

MUE: Medication Usage and Evaluation (Subcommittee of P & T)

IHCP: Impaired Healthcare Personnel Committee (Subcommittee of Credentials)

SPP: Sole Provider Program Committee (Subcommittee of P & T)

5 March 2008

MEDDAC MEMO 15-1

The proponent for this publication is Quality Management Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to USA MEDDAC, ATTN: MCXJ-QM, Fort Huachuca, AZ 85613-7079.

FOR THE COMMANDER:

OFFICIAL:

GREGORY SWANSON
LTC, MS
Deputy Commander for Administration

ROBERT D. LAKE
Information Management Officer

DISTRIBUTION: E

APPENDIX A
Awards and Decorations Board

Purpose: Consider all awards submitted on military and civilian staff of the MEDDAC and make appropriate recommendations to the Commander regarding approval or disapproval.

Authority: AR 600-8-22, Military Awards
AR 672-20, Incentive Awards

Chairperson: Deputy Commander for Administration

Recorder: Human Resources Division

Members: Deputy Commander for Clinical Service
Deputy Commander for Health Services
Sergeant Major
Company Commander

Meetings: Monthly.

Records/files: Maintained by Human Resources Division.

Report to: Commander

APPENDIX B
Data Quality Management Committee

Purpose: To provide the internal structure to improve and better assure data accuracy, completeness, and timeliness of MTF data.

Authority: DODI 6040.40 Military Health Systems DQMC Procedures

Chairperson: Deputy Commander for Administration

Recorder: Data Quality Manager or Command Secretary

Members: Deputy Commander for Administration
Resource Management Division, DQ Manager
Clinical Support Division Representative (as needed)
Resource Management Division, Deputy (as needed)
Patient Administration Division, ADM Representative
Information Management Division, CHCS Representative (as needed)
Department of Nursing, Nursing Representative (as needed)

Meetings: Upon call of Chairperson

Records/files: Maintained by the DQ Manager

Reports to: Executive Committee

APPENDIX C
Executive Committee

Purpose: Provide for the maintenance of quality patient care and effective utilization of available resources; serve as the governing board of the MEDDAC and assist the MEDDAC Commander in the execution of his or her responsibilities.

Authority: AR 40-2, Army Medical Treatment Facilities
AR 40-68, Quality Assurance Administration

Chairperson: Commander

Recorder: Command Secretary

Members: Deputy Commander for Clinical Services
Deputy Commander for Health Services
Deputy Commander for Administration
Sergeant Major
C, Quality Management

Meetings: Meets Monday-Friday (except training Thursdays) for Morning Report. In addition, meets formally with agenda, at the call of the Commander, a minimum of four times per year. During the formal sessions, minutes are taken and ECOPS minutes and issues brought to the Committee are reviewed. Meets with special groups of interest as scheduled.

Records/files: Maintained by Command Secretary.

Reports to: Commander

APPENDIX D
Executive Committee of the Professional Staff (ECOPS)

Purpose: To establish a primary authority over activities related to the functions of self-governance of the medical staff, leadership, and improvement of clinical quality and organizational performance IAW The Joint Commissions "Comprehensive Accreditation Manual for Ambulatory Care" (CAMAC).

Authority: AR 40-68, and the current version of the CAMAC

Chairperson: Deputy Commander for Clinical Services

Co-chairs: Deputy Commander for Administration
 Deputy Commander for Health Services

Recorder: Assistant, Quality Management

Members: C, Preventive Medicine
 C, Military Medicine
 C, Primary Care
 C, Specialty Care
 C, Behavioral Health
 C, Ancillary Care
 C, Department of Anesthesia & Perioperative Services
 Sergeant Major *
 C, Patient Administration Division *
 Risk Management Coordinator *
 Patient Safety Manager *
 C, Quality Management *
 CSD*
 HR*
 IMD*
 LOG*

* = non-voting members

Ad-hoc members: Subject matter experts or external customers participate as needed when invited.

Meetings: Meets monthly or at the call of the Chairperson.

Records/files: Maintained by Quality Management Division

Reports to: Executive Committee

APPENDIX E
Executive Committee of the Professional Staff Credentialing

Purpose: Review and verify credentials of all healthcare providers and recommend to the Commander clinical privileges appropriate to the provider's education, training, and experience. The ECOPS Credentials group is also responsible for taking action on providers who demonstrate clinical incompetence or unprofessional conduct.

Authority: AR 40-68, Quality Assurance Administration

Chairperson: Deputy Commander for Clinical Services

Recorder: Credentials Coordinator

Members:*

- C, Specialty Services
- C, Primary Care
- C, Military Medicine
- C, Behavioral Health
- C, Anesthesia and Perioperative Services

*When the committee acts upon the privileges of members of other disciplines, or upon the privileges of an HCP as requested by the Commander, the director or chief of that department or service or designated corps representative will also be a member of this committee.

Meetings: Monthly or at the call of the Chairperson

Records/files: Maintained by the Credentials Coordinator

Reports to: Commander

APPENDIX F
Executive Committee of the Professional Staff
Patient Safety

Purpose: Systematically analyze internal MEDDAC data sources to identify actual or potential patient safety issues; review the root cause analysis of Patient Safety Events and ensure that corrective actions are expeditious, thorough, and well documented. Assist in identifying sentinel events, monitor the conduct of root cause analysis performed by the Patient Safety Manager and ensure findings are acted upon.

Authority: AR 40-68, Quality Assurance Administration

Chairperson: Deputy Commander for Clinical Services

Recorder: Patient Safety Manager (PSM)

Member: Deputy Commander for Health Services
C, Anesthesia and Perioperative Services
C, Behavioral Health Services
C, Military Medicine
C, Primary Care
C, Pharmacy
C, Specialty Services
C, Ancillary Service
C, Preventive Medicine
C, Quality Management
Patient Safety Manager (PSM)
Infection Control Officer

Meetings: Monthly, or at the call of the Chairperson

Records/file: Maintained by PSM, Quality Management Division

Reports to: Executive Committee

APPENDIX G
Health Consumer Advisory Council

Purpose: Assess and meet the needs and concerns of the community and to keep beneficiaries aware of information and policy changes at the MEDDAC. It is the Commander's forum for the exchange of information between the community and the MEDDAC.

Authority: Commander, MEDDAC

Chairperson: Commander

Recorder: Command Secretary

Members*: The Military Officer Association of America (MOAA) representative
 The Noncommissioned Officers Association (NCOA) representative
 Active Duty and spouse representatives from Military Intelligence
 Brigade and Battalions
 Active Duty and spouse representatives from Signal Brigade and
 Battalions
 NCO Academy representative
 DENTAC Commander
 Health Center staff:
 DCCS
 Patient Advocate
 DCA
 C, CSD
 DCHS
 HERC representative
 SGM
 Other Dept representatives as required by agenda topics

*Each community representative is a liaison to serve as an information link between their organization/unit and the MEDDAC. The liaison will provide input from the community, major organization or unit. Issues identified in this committee will be referred to the appropriate MEDDAC department or staff member for action.

Meetings: At the call of the Chairperson

Records/files: Maintained by Commander's Office

Reports to: EXCOM

APPENDIX I
Impaired Healthcare Personnel Committee

Purpose: Representing the organization, the Committee is responsible for ensuring that the Health Center's Impaired Personnel Program is fully implemented and followed. It assists the leaders in identifying, treating, rehabilitating and monitoring clinical staff members who are suspected of being impaired as a result of a health problem.

Authority: AR 40-68; AR 600-85

Chairperson: DCCS - Deputy Commander for Clinical Services

Recorder: Credentials Coordinator

Members: Deputy Commander for Health Services
Clinical Director, ASAP
C, Behavioral Health Service
*Department Chief of impaired staff
*Medical Legal Advisor
*Rep from CPAC Management Employee Relations (MER)
(if the impaired staff member is civilian)
Recovering impaired HCP with at least 2 years' recovery, if
available
*Sr. Clinical NCO (if the impaired staff member is enlisted)

* Members as needed

Meetings: On call of the Chairperson

Records/Files: Maintained by Credentials Coordinator

Reports to: ECOPS

APPENDIX J
Information Management Guidance Council

Purpose: Serves as the decision-making body for MEDDAC Information Systems, to evaluate issues, determine requirements, and establish policies. Serves as the Configuration Control Board for approval of all Information Technology changes to the RWBAHC network architecture and infrastructure.

Authority: Commander, MEDDAC; AR 25-1

Chairperson: Chief, Information Management Division

Recorder: Information Management Division

Members: XO, DENTAC
Human Resources Representative
Logistics Division Representative
Resource Management Division Representative
Nursing Representative
C, Clinical Support Division
C, Mobilization, Education, Training and Security
Veterinary Services Representative
Primary Care Representative
Specialty Care Representative

Meetings: At the call of the Chairperson

Records/Files: Maintained by the IM Division

Reports to: EXCOM

**APPENDIX K
Joint Staff Meeting**

Purpose: To improve collaboration and dissemination of relevant information among staff at RWBAHC.

Authority: Commander, MEDDAC

Chairperson: Commander

Recorder: Command Secretary

Members: **EXCOM members and on a rotating basis:** Department, Service, Division, Clinic Chiefs; their assistants and/or representatives; FMT Leaders, and invited guests.

Meetings: Weekly, on Wednesday mornings or at the call of the Chairperson

Records/files: Attendance Rosters, but no formal written minutes maintained by the Command Secretary. A written summary of items discussed is e-mailed to all RWBAHC staff members as "Weekly News and Notes."

Reports to: N/A

APPENDIX L
Manpower Advisory Committee

Purpose: To determine and maintain appropriate staffing levels throughout RWBAHC (to some degree – main purpose is to monitor status of current vacancies)

Authority: Commander, MEDDAC

Chairperson: Deputy Commander for Administration

Recorder/Coord: Chief, Human Resources

Members: DCCS
DCHS

Note: Only deputy commanders are voting members, there are other individuals who attend regularly to provide input – i.e. RMD, etc.

Meetings: Monthly.

Records/files: Maintained by Human Resources

Reports to: EXCOM

APPENDIX M
Executive Committee of the Professional Staff
Risk Management

Purpose: Systematically analyze internal MEDDAC data sources to identify actual or potential risk management issues. Investigate and peer review all adverse events. Ensure that evaluations are expeditious, thorough, and well documented. Act in the capacity of a peer review committee in all malpractice claims cases. Assist in identifying sentinel events, monitor the conduct of all root cause analyses performed by the Risk Management Coordinator and ensure findings are acted upon.

Authority: AR 40-68, Quality Assurance Administration

Chairperson: Deputy Commander for Clinical Services

Recorder: Risk Management Coordinator

Member*: Deputy Commander for Health Services
C, Military Medicine
C, Anesthesia and Perioperative Services
C, Primary Care
C, Specialty Services
C, Preventive Medicine
C, Behavioral Health
*C, Quality Management
*Medical Claims Judge Advocate

* = Non-voting, advisory members

Meetings: Quarterly, or at the call of the Chairperson

Records/file: Formal minutes maintained by Risk Management
Coordinator, QMD

Reports to: Executive Committee

APPENDIX N
Ad Hoc Ethics Council

Purpose: Provide an ethics council for the MEDDAC concerning the rights and responsibilities of patients and staff; provide information for resolving any ethical dilemma; provide guidelines and policies concerning ethical principles for staff, patients and family members of patients.

Authority: Comprehensive Accreditation Manual for Ambulatory Care

Chairperson: Deputy Commander for Clinical Services

Recorder: Deputy Commander for Clinical Services Secretary

Members*
Nursing Representative
Patient Representative
Physician Representative
Behavioral Health Representative
Staff member at large Representative (attending Physician)
Chaplain Representative (as necessary)
Staff Judge Advocate Representative (as necessary)

*When an Ad-hoc meeting is called for patient or staff specific cases, the Ad-hoc members will also include representatives from the patient's primary health care team or staff member's work area, or Patient Administration Division (HIPAA officer), as appropriate.

Meeting: Ad Hoc

Records/files: Maintained by Deputy Commander for Clinical Services

Reports to: Executive Committee of the Professional Staff

APPENDIX O
Pharmacy and Therapeutics Committee

Purpose: Recommend the adoption of and assist the formulation of broad professional policies regarding evaluation, election, procurement, distribution, safe use, pharmacoeconomical analysis and other matters related to therapeutic agents. Medication usage evaluation reports are prepared by the C, Pharmacy and reviewed by the committee. Subcommittees of the P & T Committee include the Sole Provider Program and Medication Usage and Evaluation Subcommittee.

Authority: AR 40-3, Pharmacy Policies and Procedures

Chairperson: Deputy Commander for Clinical Services

Recorder/Coord: C, Pharmacy Service

Members: Deputy Commander for Clinical Service
C, Pharmacy Service
C, Specialty Care/DSS Representative
Behavioral Health Provider
Nursing Representative
Dept of Primary Care Clinic Representative
Dept of Military Medicine Representative
Mid-level Provider (PA/NP) Representative
Staff Pharmacist w/Clinical expertise
DENTAC Representative (Dentist)

Meetings: Bi-Monthly or at the call of the Chairperson

Records/files: Maintained by Pharmacy Service, Ancillary Service Secretary

Reports to: The Executive Committee of the Professional Staff

APPENDIX P
Program Budget Advisory Council

Purpose: Serve as the Commander’s primary advisory group on all matters pertaining to resource allocation and utilization within the MEDDAC.

Authority: Commander

Chairperson: Deputy Commander for Administration

Recorder/Coord: C, RMD

Members*: DCCS
DCHS
C, Logistics
C, Preventive Medicine
C, PAD
C, Specialty Services
C, Primary Care
C, Pharmacy
C, Radiology
C, Behavioral Health
C, Nutrition Care
C, Human Resources Div.
C, METS
C, IMD
C, QM
C, DAPS
C. Nursing Admin
Property Management
TRICARE Representative
Medical Maintenance, Civilian

* Nonmembers attendance
as required:

Meetings: The MEDDAC Program Budget Advisory Committee (PBAC) meets semi-annually or at the call of the Chairperson. Depending on the complexities of issues at hand, certain RWBAHC PBAC meetings may require preliminary sessions to be held in advance. These preliminary sessions would assist in considering matters of service/department requirements and assist in establishing priorities.

Records/files: Maintained by RMD

Reports to: EXCOM

**APPENDIX Q
Rabies Committee**

Purpose: Provide guidance and oversight for the reporting and management of animal bite/scratch incidents or potential rabies exposures within the Ft. Huachuca catchment area.

Authority: AR 40-5 dated 28 Sep 06, Para 6.1.5.

Chairperson: C, Preventive Medicine Wellness & Readiness Svc.

Recorder: Secretary, Preventive Medicine

Members: Representative, Department of Military Medicine Clinic
Representative, Department of Primary Care
Representative, After Hrs/Weekend/Holiday Clinic
Representative, Military Police Animal Control
Post Veterinarian
Cochise County, Animal Control Officer
Representative, Occupational Health
Representative, Ft. Huachuca Pest Control
NCOIC, Preventive Medicine

Meetings: Quarterly

Records/files: Preventive Medicine

Reports to: ECOPS

APPENDIX S
Safety and Occupational Health Advisory Committee

Purpose: Aid and advise in development and conduct of the command safety program; monitor and provide status reports on safety management, hazardous materials and waste management, security management, emergency preparedness management, utilities management, medical equipment management, and life safety management programs. These are the seven pillars of the EC.

Authority: AR 385-10, Army Safety Program
Comprehensive Accreditation Manual for Ambulatory Care

Chairperson: Deputy Commander for Administration

Recorder: Safety Manager, MEDDAC

Members: C, Logistics Division
Medical Maintenance Manager
Laboratory manager
C, Department of Pharmacy
Infection Control Officer (dual role with HN, DAPS)
Environmental Science Officer
Facilities Manager
Security Manager
Occupational Health Nurse
Emergency Management Program Coord.
Industrial Hygiene Officer
Hazardous Materials/Hazardous Waste Officer
CSD NCO
DENTAC Representative
VETCOM Representative
Safety Manager
Risk Management Coordinator
Patient Safety Manager

Meetings: Bi-Monthly or at the call of the Chairperson

Records/files: Maintained by Safety Manager

Reports to: EXCOM

APPENDIX T
Behavioral Health Functional Management Team

Purpose: To review adherence all standards listed in The Joint Commissions' CAMBH and other applicable agency standards for compliance, provide advice and recommendations to staff on BH matters, and report findings to the ECOPS.

Champion: DCCS

Team Leader: C, BHS

Alternate Team Leader: C, FAP

Members: NCOIC, BHS
NCO, BHS
CISW, BHS
SW TECH

Meetings: At the call of the Team Leader, but at least monthly.

Records/files: Maintained by BH FMT leader

Reports to: ECOPS

APPENDIX U
Environment of Care Functional Management Team

Purpose: To determine RWBAHC adherence to all Environment of Care standards in the CAMAC, Life Safety Code, and other applicable agency standards. Provide advice, recommendations and on-the-spot corrections to staff on compliance matters. Report findings and provide recommendations for systemic corrective actions to the ECOPS.

Champion: DCA

Team Leader: C, Log

Alternate Team Leader: Safety Officer

Members: Security Manager
EH
Facilities
C, Mat Br., Log
Bio Med
ICO
C, METS

Meetings: At the call of the Team Leader, but at least monthly.

Records/files: A meeting record maintained by FMT leader using the
MTF standard format. Forwarded to ECOPS.

Reports to: ECOPS

APPENDIX V
Provision of Care Functional Management Team

Purpose: To determine RWBAHC adherence to all PC standards in the CAMAC, and other applicable agency standards. Provide advice, recommendations and on-the-spot corrections to staff on compliance matters. Report findings and provide recommendations for systemic corrective actions to the ECOPS.

Champion: DCCS

Team Leader: C, DPC

Alternate Team Leader: FNP, MMC

Members:

- GRP 1 L = LPN, IMM
- GRP 1 M = NUTRITIONIST
- GRP 2 L = C, MMC, FNP
- GRP 2 M = LPN, PREVENTIVE MEDICINE
- GRP 2 M = RN, DPC
- GRP 3 L = C, DAPS, CRNA
- GRP 3 M = PA, MMC
- GRP 3 M = PAD (TUMOR REG)
- GRP 4 L = C, ANC SVCS
- GRP 4 M = NCOIC, LAB
- GRP 4 M = C, MM
- GRP 4 M = LPN, MMC

Meetings: At the call of the Team Leader, but at least monthly.

Records/files: A meeting record maintained by FMT leader using the MTF standard format. Forwarded to ECOPS.

Reports to: ECOPS

APPENDIX W
Infection Control Functional Management Team

Purpose: To determine RWBAHC adherence to all IC standards in the CAMAC and other applicable agency standards. Provide advice, recommendations and on-the-spot corrections to staff on compliance matters. Report findings and provide recommendations for systemic corrective actions to the ECOPS

Champion: DCHS

Team Leader: ICO

Alternate Team Leader: Lab Technician

Members: MD, Representative
Safety Officer
Facilities, Representative
Pharmacy, Representative
Industrial Hygiene, Representative
RN, Preventive Medicine
Chief, Housekeeping
CMS Representative

Meetings: At the call of the Team Leader, but scheduled for the 3rd
Thursday
at 1400, quarterly.

Records/files: A meeting record maintained by FMT leader using the
MTF
standard format. Presented and forwarded to ECOPS.

Reports to: ECOPS

APPENDIX X
Medication Management Functional Management Team

Purpose: To determine RWBAHC adherence to all MM standards in the CAMAC and other applicable agency standards. Provide advice, recommendations and on-the-spot corrections to staff on compliance matters. Report findings and provide recommendations for systemic corrective actions to the ECOPS.

Champion: DCHS

Team Leader: C, Pharmacy

Alternate Team Leader: Asst C, Pharmacy

Members: PSM, QM
Pharmacist
Provider, DPC
Mid Level Provider or Nursing Representative, MISC
Mid Level Provider or Nursing Representative, MMC

Meetings: At the call of the Team Leader, but at least monthly.

Records/files: MTF A meeting record maintained by FMT leader using the standard format. Forwarded to ECOPS.

Reports to: ECOPS

APPENDIX Y
Patients Rights/Organizational Ethics Functional Management Team

Purpose: To determine RWBAHC adherence to all RI standards in the CAMAC and other applicable agency standards. Provide advice, recommendations and on-the-spot corrections to staff on compliance matters. Report findings and provide recommendations for systemic corrective actions to the ECOPS

Champion: DCCS

Team Leader: Behavioral Health Representative, as assigned.

Alternate Team Leader: FMT Provider (LIP)

Members: Nursing Representative
Patient Advocate, QM
Patient Administration Division (HIPAA officer)
representative (as needed)

Meetings: At the call of the Team Leader, but at least monthly.

Records/files: An informal meeting record maintained by FMT leader using the MTF standard format. Forwarded to ECOPS.

Reports to: ECOPS

APPENDIX Z
Human Resources Functional Management Team

Purpose: To determine RWBAHC adherence to all HR standards in the CAMAC and other applicable agency standards. Provide advice, recommendations and on-the-spot corrections to staff on compliance matters. Report findings and provide recommendations for systemic corrective actions to the ECOPS.

Champion: DCA

Team Leader: C, Human Resources Division

Alternate Team Leader:

Members: NCO, METS
HR Assistant, HR
Credentials Coordinator, QMD
NCOIC, DPC
RN, DPC

Meetings: At the call of the Team Leader, but at least monthly.

Records/files: A meeting record maintained by FMT leader using the
MTF standard format. Forwarded to ECOPS.

Reports to: ECOPS

APPENDIX AA
Leadership Functional Management Team

Purpose: To determine RWBAHC adherence to all LD standards in the CAMAC and other applicable agency standards. Provide advice, recommendations and on-the-spot corrections to staff on compliance matters. Report findings and provide recommendations for systemic corrective actions to the ECOPS for tracking corrective actions.

Champion: MTF Commander

Team Leader: DCA

Alternate Team Leader: SGM

Members: EXCOM Members

Meetings: At formal EXCOM meetings.

Records/files: Contained in the EXCOM meeting minutes.

Reports to: Commander

APPENDIX BB
Information Management Functional Management Team

Purpose: To determine RWBAHC adherence to all IM standards in the CAMAC and other applicable agency standards. Provide advice, recommendations and on-the-spot corrections to staff on compliance matters. Review electronic and paper based medical records to determine level of compliance with administrative requirements. Report findings and provide recommendations for systemic corrective actions to the ECOPS. Serves as the Medical Information Security Response Team (MISRT) to investigate and respond to HIPAA violations and complaints.

Champion: DCA

Team Leader: C, PAD

Alternate Team Leader: C, IMD

2nd Alternate Team Leader: NCOIC, PAD

Members: C, PAS
 HIPAA Security Officer
 RMD* (As needed)
 PAD REP
 PAD REP
 PHARMACY REP
 AN/NP, MISC
 NCOIC, MMC
 FNP, DPC

Meetings: At the call of the Team Leader, but at least monthly.

Records/files: An informal meeting record maintained by FMT leader
 using the MTF standard format. Forwarded to ECOPS.

Reports to: ECOPS

APPENDIX CC
Business Plan Review Committee

Purpose: Review MTF compliance with annual MTF business plan and forecast future business plan metrics.

Authority: Commander, MEDDAC

Chairperson: Deputy Commander for Administration

Recorder/Coord: Resource Management

Members: All Deputies
Chiefs of Admin Divisions
Chiefs of Clinical and Nursing Departments

Meetings: Quarterly or at the call of the Chairperson.

Records/files: Maintained by RM

Reports to: EXCOM