

## Clinical Quality Management Program (CQMP)

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### 1.0 CLINICAL QUALITY MANAGEMENT PROGRAM (CQMP) PLAN

**1.1** The contractor shall operate a CQMP which results in demonstrable quality improvement of the quality of health care provided beneficiaries and of the process and services delivered by the contractor.

**1.2** The contractor shall fully describe in a written CQMP plan the structural and function components of the program. The CQMP is defined as the integrated processes, both clinical and administrative, that provide a framework for goals and objectives, leadership, structured and operational components, designed to achieve the efficient and effective provision of access to and quality of care. The contractor shall have a written CQMP Plan as described in Exhibit B, Contract Data Requirements List (CDRL), DD Form 1423, P040.

### 1.3 Clinical Quality Management Program Annual Report (CQMP AR)

Annually, on the date specified by the contract, the contractor shall provide the CQMP AR. As specified in the contract, at the end of the last option year of the contract, the contractor shall submit a final CQMP AR. The report shall link to the annual plan and reflect the status of active Quality Improvement Initiatives (QIIs) and studies. See [Exhibit B, Contract Data Requirements List \(CDLR\), DD Form 1423, A010](#), for the structure and content of the CQMP AR.

### 2.0 CQMP STRUCTURAL AND FUNCTIONAL REQUIREMENTS

The contractor shall participate in monthly, or at a frequency determined by the Regional Director (RD), in region level quality management committees. The contractor shall develop and implement written policies and procedures to identify Potential Quality Issues (PQIs), steps to resolve identified problems, suggest interventions to resolve problems, and provide ongoing monitoring of all components of the contractor's operations and the care and treatment of TRICARE beneficiaries.

At a minimum, the contractor shall assess every medical record reviewed for any purpose and any care managed/observed/monitored on an ongoing basis for PQIs in accordance with the following table.

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Using the most current National Quality Forum (NQF) Serious Reportable Events (SREs), the contractor shall identify, track, trend, and report interventions to resolve the PQIs and Quality Issues (QIs) using the below minimum indicators/criteria:

EVENT	ADDITIONAL SPECIFICATIONS
Medical, Surgical, Mental Health: Inpatient, Outpatient, and all levels of care throughout the continuum. Events 1 through 6 are NQF SREs.	
<b>1. Surgical Events</b>	
<p><b>a.</b> Surgery performed on the wrong body part</p>	<p>Defined as any surgery performed on a body part that is not consistent with the documented informed consent for that patient.</p> <p>Excludes emergent situations that occur in the course of surgery and/or whose exigency precludes obtaining informed consent.</p> <p>Surgery includes endoscopies and other invasive procedures.</p>
<p><b>b.</b> Surgery performed on the wrong patient</p>	<p>Defined as any surgery on a patient that is not consistent with the documented informed consent for that patient.</p> <p>Surgery includes endoscopies and other invasive procedures.</p>
<p><b>c.</b> Wrong surgical procedure performed on a patient</p>	<p>Defined as any procedure performed on a patient that is not consistent with the documented informed consent for that patient.</p> <p>Excludes emergent situations that occur in the course of surgery and/or whose exigency precludes obtaining informed consent.</p> <p>Surgery includes endoscopies and other invasive procedures.</p>
<p><b>d.</b> Retention of a foreign object in a patient after surgery or other procedure</p>	<p>Excludes objects intentionally implanted as part of a planned intervention and objects present prior to surgery that were intentionally retained.</p>
<p><b>e.</b> Intraoperative or immediately post-operative death in an ASA Class I patient</p>	<p>Includes all ASA Class I patient deaths in situations where anesthesia was administered; the planned surgical procedure may or may not have been carried out.</p> <p>Immediately post-operative means within 24 hours after induction of anesthesia (if surgery not completed), surgery, or other invasive procedure was completed.</p>
<b>2. Product Or Device Events</b>	
<p><b>a.</b> Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the health care facility</p>	<p>Includes generally detectable contaminants in drugs, devices, or biologics regardless of the source of contamination and/or product.</p>
<p><b>b.</b> Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended</p>	<p>Includes, but is not limited to, catheters, drains, and other specialized tubes, infusion pumps, and ventilators.</p>
<p><b>c.</b> Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a health care facility</p>	<p>Excludes deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.</p>

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EVENT	ADDITIONAL SPECIFICATIONS
<b>3. Patient Protection Events</b>	
a. Infant discharge to the wrong person	
b. Patient death or serious disability associated with patient elopement (disappearance) for more than four hours	Excludes events involving competent adults.
c. Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a health care facility	Defined as events that result from patient actions after admission to a health care facility.  Excludes deaths resulting from self-inflicted injuries that were the reason for admission to the health care facility
<b>4. Care Management Events</b>	
a. Patient death or serious disability associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration)	Excludes reasonable differences in clinical judgement on drug selection and dose
b. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products	
c. Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a health care facility	Includes events that occur within 42 days post-delivery.  Excludes deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy or cardiomyopathy.
d. Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a health care facility	
e. Death or serious disability (kernicterus) associated with failure to identify and treat hyperbilirubinemia in neonates	Hyperbilirubinemia is defined as bilirubin levels > 30 mg/dl.  Neonates refers to the first 28 days of life.
f. Stage 3 or 4 pressure ulcers acquired after admission to a health care facility	Excludes progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission.
g. Patient death or serious disability associated due to spinal manipulative therapy	
<b>5. Environmental Events</b>	
a. Patient death or serious disability associated with an electric shock while being cared for in a health care facility	Excludes events involving planned treatments such as electric countershock.
b. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances	
c. Patient death or serious disability associated with a burn incurred from any source while being cared for in a health care facility	
d. Patient death associated with a fall while being cared for in a health care facility	
e. Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health care facility	

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EVENT	ADDITIONAL SPECIFICATIONS
<p><b>6. Criminal Events</b></p> <ul style="list-style-type: none"> <li>a. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider</li> <li>b. Abduction of a patient of any age</li> <li>c. Sexual assault on a patient within or on the grounds of a health care facility</li> <li>d. Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a health care facility</li> </ul>	
EVENT 7 is AHRQ Patient Safety Indicators	
<p><b>7. PATIENT SAFETY INDICATORS (AHRQ)</b></p> <ul style="list-style-type: none"> <li>a. Complications of Anesthesia</li> <li>b. Decubitus Ulcer</li> <li>c. Failure to Rescue</li> <li>d. Foreign Body Left During Procedure</li> <li>e. Iatrogenic Pneumothorax</li> <li>f. Selected Infections Due to Medical Care</li> <li>g. Postoperative Hip Fracture</li> <li>h. Postoperative Hemorrhage or Hematoma</li> <li>i. Postoperative Physiologic and Metabolic Derangement</li> <li>j. Postoperative Respiratory Failure</li> <li>k. Postoperative Pulmonary Embolism or Deep Vein Thrombosis</li> <li>l. Postoperative Sepsis</li> <li>m. Postoperative Wound Dehiscence</li> <li>n. Accidental Puncture or Laceration</li> <li>o. Transfusion Reaction</li> <li>p. Birth Trauma - Injury to Neonate</li> <li>q. Obstetric Trauma - Vaginal Delivery with Instrument</li> <li>r. Obstetric Trauma - Vaginal Delivery without Instrument</li> <li>s. Obstetric Trauma - Cesarean Delivery</li> <li>t. Mortalities in low-risk DRGs</li> </ul>	
EVENT 8 is Government Directed	
<p><b>8. Readmission</b></p> <ul style="list-style-type: none"> <li>a. Readmission with 30 Days</li> </ul>	<p>Readmissions to an acute care facility within 30 days of discharge from an acute care facility for the same or related diagnosis (the 30th day does not include day of discharge from the first admission or day of admission for the readmission).</p> <p>Excludes readmission for unrelated diagnoses, obstetrical cases, planned readmissions, patient left Against Medical Advice (AMA) on first admission.</p>

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EVENT 9 is for use at contractor's discretion	
<b>9. Other</b>	

Additionally, the contractor shall report potential SREs to the TRICARE Regional Office (TRO) within two working days from when the contractor becomes aware of the event including the beneficiary's name, sponsor's Social Security Number (SSN), beneficiary date of birth, enrollment status, brief summary of the event, location of event, and any contractor actions taken to date. The contractor shall report closure of the reported SRE to include closure date and summary of actions taken.

### 3.0 PATIENT SAFETY OR QI IDENTIFICATION

The contractor shall apply medical judgment, evidence based medicine, best medical practice and follow the TRICARE criteria as set forth in [paragraph 2.0](#) for the identification, evaluation and reporting of all PQIs and confirmed QIs.

#### 3.1 Quality Intervention

The contractor shall implement appropriate quality interventions using evidence based medicine/guidelines and best medical practices to reduce the number of QIs and improve patient safety. When the contractor confirms a QI, the determination shall include assignment of an appropriate severity level and/or sentinel event, and describe the actions taken to resolve the quality problem.

#### 3.2 Definitions

- **PQI** - A clinical or system variance warranting further review and investigation for determination of the presence of an Actual QI.
- **No QI** - Following investigation there is NO QI finding.
- **QI** - A verified deviation from acceptable standard of practice or standard of care as a result of some process, individual, or institutional component of the health care system.
  - **Severity Level 1** - QI is present with minimal potential for significant adverse effects on the patient.
  - **Severity Level 2** - QI is present with the potential for significant adverse effects on the patient.
  - **Severity Level 3** - QI is present with significant adverse effects on the patient.
  - **Severity Level 4** - QI with the most severe adverse effect and warrants exhaustive review.
  - **Sentinel Event** - A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process

variation for which a recurrence would carry a significant chance of a serious adverse outcome.

**4.0 AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) PATIENT SAFETY INDICATORS**

Annually, the contractor will utilize the current patient safety indicator software, provider level, available from the AHRQ, to evaluate the safety of care delivered in the network. The software is designed for use with administrative data sets and will not require manual chart abstraction. The contractor shall run the appropriate data for all of the patient safety indicators and use the analysis of the results to identify PQIs and patient safety issues for individual providers, groups or facilities. Analysis will also be used to provide focus for specific patient safety interventions and/or study activity that will be implemented at the direction of the contractor.

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