



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
WASHINGTON, D. C. 20310-2500



NGB-ARS

28 April 1992

MEMORANDUM FOR THE ADJUTANTS GENERAL OF ALL STATES, PUERTO RICO, THE VIRGIN ISLANDS, GUAM AND THE DISTRICT OF COLUMBIA

SUBJECT: (All States Log Number P92-0030) Army National Guard (ARNG) Army Medical Department (AMEDD) Quality Improvement Program

1. References:

a: AR 40-68, Interim Change I01, Quality Assurance Administration, 26 June 1991.

b: All State Log Number P91-0050 dtd 14 Aug 91, Implementing Instructions for Privileging/ Credentialing of ARNG Health Care Providers IAW AR 40-68.

2. The following guidance is provided for the Army National Guard AMEDD to establish a Quality Improvement Program.

3. Each state will establish a Quality Improvement Plan (QIP) in accordance with AR 40-68. Each plan will incorporate the four components of quality improvement; patient care evaluation, utilization review, risk management and competence. The State Surgeon, with the assistance of the Chief Nurse, will take a leadership role by being responsible to ensure and oversee that QIPs are in place and utilized.

4. QIP will intergrate the principles of continuous quality improvement by considering all functions within the unit. Unit processes will be examined from a multidisciplinary, cross-functional perspective so all members of the unit are involved in the QIP. QIPs will not be written in isolation, but will mesh with other plans and policies to include training, logistics and personnel. Each Troop Medical Clinic at State owned and operated facilities, each TOE Hospital and each dental detachment with a dental officer commander will establish independent QIPs. The State Surgeon will be responsible for establishing a State QIP which will include oversite of Quality Improvement issues and activities in all other medical units in the state and QI oversite responsiblity for all other medical personnel (such as Battalion Surgeons) and medical activities (such as immunizations and physicals) in the state.

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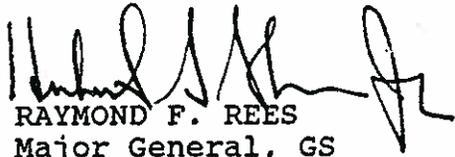
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5. Given that the normal peacetime mission of ARNG medical units does not include significant patient care activity, the QIP must be written to accommodate both the peacetime and mobilization needs of the unit. QI will be made part of the unit training program so that QI principles are internalized by the entire unit. While AR 40-68 is slanted to the TDA hospital, the QI principles can be applied to TOE treatment facilities. Each state will tailor a plan to meet its unique needs. The commander of the TOE unit will propose a scope of practice for the unit specifying the extent to which the facility will be operational including proposed staffing during its operation.

6. This guidance expires 1 June 1993, unless sooner rescinded.

7. POC is COL Edward Jeffer, Chief Surgeon and COL Shirley Jones, Chief Nurse, DSN: 289-2670, COMM: 703-756-2670.
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