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OPERATIONS

INTEGRATED OPERATIONAL SUPPORT (IOS)

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This publication implements Department of the Air Force Policy Directive (DAFPD) 10-2, *Readiness.* It provides guidance and procedures on medical requirements, policies, procedures, activities, and minimum expectations of Department of the Air Force (DAF) Integrated Operational Support (IOS) programs, providing the necessary guidance to ensure a successful relationship between the installation Medical Group/Squadron (MDG/SQ) Commander and DAF IOS programs. This publication applies to all civilian employees and uniformed members of the Regular Air Force (RegAF), the United States Space Force (USSF), and those with contractual obligation to abide by the terms of DAF publications, except where noted otherwise. This policy does not apply to Air Reserve Component (ARC) except where otherwise stated (section 2.10).

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SUMMARY OF CHANGES

This publication is brand new and has been written to supersede portions on IOS in Air Force Manual (AFMAN) 48-149, *Flight and Operational Medicine Program (FOMP)*, chapter 4. Major changes include updated roles and responsibilities; changes to compliance statements and tiering; adding Space Force-equivalent language where appropriate; clarifying and expanding on IOS operational medicine requirements; clarification on funding sources for IOS; clarifying hiring requirements of personnel in IOS programs; expanding on references, acronyms, office symbols, and definitions that apply to IOS; and added an IOS Program Reference Guide in **Attachment 2**.

Chapter 1

INTEGRATED OPERATIONAL SUPPORT OVERVIEW

1.1. Overview. Integrated Operational Support (IOS) is an umbrella term used to identify line funded programs with at least one medical authorization. It is a Department of the Air Force (DAF) strategy that incorporates the tenets of Total Force Fitness to mitigate the physical, mental, spiritual, and social impact of military specific operations and occupational stressors to drive human performance optimization in Service Members (SMs).

1.2. Mission. Increase Airmen/Guardians operational effectiveness and readiness; by protecting and enhancing the health of Airmen/Guardians as they execute their mission-specific duties and mitigate the overall impact of unique operational stressors. Key objectives include maximizing Airmen's/Guardians' performance and sustaining Airmen/Guardians capabilities during mentally and/or physically challenging circumstances.

1.3. Vision. Enhance mission readiness by integrating primary, secondary, and tertiary evidence-informed/based preventive clinical services and human performance optimization into DAF operational units to address issues impacting mission readiness.

1.3.1. Department of Defense Instruction (DoDI) 1010.10, *Health Promotion and Disease Prevention*, identifies the Total Force Fitness framework as the Department of Defense's (DoD) methodology for understanding, assessing, and optimizing SM's ability to meet mission requirements IAW Chairman of the Joint Chiefs of Staff Instruction (CJCSI) 3405.01, *Chairman's Total Force Fitness Framework.*

1.3.2. Key Total Force Fitness objectives include maximizing SM performance and sustaining capabilities during mentally, spiritually, and/or physically challenging circumstances.

1.4. Scope. IOS services target military training environments, military functional communities with unique operational requirements, and/or units at high-risk for occupational related stress.

1.4.1. IOS program composition is dependent on mission needs and will likely involve an interdisciplinary team of personnel.

1.4.2. IOS personnel may be administratively aligned to any level of an organization IAW the individual program policy, concept of operations, and/or execution authority.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Headquarters, Department of the Air Force (HQ DAF), 2-Letter Offices.

2.1.1. Must develop and execute a process to monitor all IOS programs operating under their oversight.

2.1.2. Develop and maintain a list of all IOS programs operating under their oversight, points of contact for each managing program office, manpower tracking, requirements, and personnel types. Provide a detailed list of the same to AF/SG on a quarterly basis through the respective chain of command.

2.1.3. Sponsoring agencies will coordinate evaluation and authorization from AF/SG for all current and future IOS programs operating under their oversight.

2.1.4. Develop validation mechanisms to review requirements, allocate resources, and authorize changes to IOS programs operating under their oversight.

2.1.5. Must comply with implementation of Clinical Quality Management (CQM) programs outlined in DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System* and AF/SG guidance.

2.1.6. Approve directives, procedures, and requirements to evaluate capabilities and effectiveness of all IOS programs operating under their oversight.

2.2. Air Force Surgeon General (AF/SG).

2.2.1. The AF/SG serves as the principal advisor on all health and medical matters of the USAF and USSF under the authority of Title 10 United States Code (U.S.C.) section 9036, *Surgeon General: Appointments; Duties;* P.L. 115-232, National Defense Authorization Act for Fiscal Year 2020, Section 712, as amended by P.L. 116-92, National Defense Authorization Act for Fiscal Year 2020, Section 712(a); DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System;* and Headquarters Air Force Mission Directive (HAFMD) 1-48, *The Air Force Surgeon General*.

2.2.2. Advises on all matters pertaining to DAF health readiness requirements and policy, to include IOS operations, and the safety of members of the USAF and USSF.

2.2.3. Authorizes the medical services personnel may provide in the IOS programs.

2.2.4. Liaises with DoD agencies regarding Operational Clinical Services (OCS).

2.2.5. Approves the background, education, and experience needed for IOS medical personnel and medical support personnel.

2.2.6. Must coordinate on all DAF IOS programs to validate whether a program delivers clinical or clinical support services and must approve any program delivering clinical or clinical support services prior to any healthcare delivery. Reference **Attachment 2,** *Integrated Operational Support Program Reference Guide*.

2.2.7. Develops medical doctrine, policy, and regulatory guidance necessary to successfully execute the DAF IOS medical operations.

2.2.8. Coordinates with Air Force Inspection Agency for IOS Management Internal Control Toolset requirements.

2.2.9. Liaises with Defense Health Agency (DHA) and Joint Commands on IOS CQM support, requirements, and policy.

2.2.10. Provides policy, regulatory guidance, and oversight of education and training (E&T) necessary to successfully execute OCS for each IOS program IAW DoDI 6025.13.

2.3. Air Force Medical Command (AFMEDCOM).

2.3.1. Coordinates and executes DAF IOS medical doctrine, policy, and guidance.

2.3.2. Provides oversight and support necessary to successfully execute OCS for each IOS program IAW DoDI 6025.13.

2.3.3. Liaises, integrates, and coordinates with all IOS programs via respective program offices and/or chain of command.

2.3.4. Defines, develops, validates, and implements E&T requirements for medical aspects of IOS programs in conjunction with existing DoD, DHA, and DAF requirements.

2.3.5. Serves as consultant/advisor to the DHA, Air Force Medical Service, and others as necessary on the development of affiliation agreements to support DAF IOS operations.

2.3.6. Supports medical doctrine, policy, and regulatory guidance necessary to successfully execute the IOS medical operations.

2.3.7. Educates, liaises, and coordinates IOS medical operations between Installation, Delta, Group, Directorate, Squadron IOS line units and the MDG/SQ.

2.4. AF/SG Consultants and Career Field Managers (CFMs).

2.4.1. Identify and advise IOS programs on respective Air Force Specialty Code (AFSC) requirements and professional development IAW DAFI 36-2670, *Total Force Development*.

2.4.2. Collaborate with AF/SG and AFMEDCOM on IOS policy, execution, and sustainment development.

2.4.3. Coordinate with Major Command (MAJCOM), Field Command (FLDCOM), Numbered Air Force (NAF), Direct Reporting Unit (DRU), IOS programs, and line units on all new manpower requirements and recommends assignment of personnel to these IOS positions.

2.4.4. Ensure clinical supervision and oversight is available in each IOS program and line units for specific AFSC specialty (e.g., Active Duty (AD) or Federal Civilians Physical Therapist for 4J Technicians, AD Mental Health Provider for 4C Technicians).

2.4.5. Disseminate career field requirements, policy, and guidance to the field, including all IOS programs and line units with specific AFSC specialty IAW DAFI 36-270.

2.4.6. Coordinate final approval of IOS medical civilian position descriptions, in conjunction with the DAF Medical Civilian CFM, such as Standard Core Personnel Documents, Core Personnel Documents, and Position Requirement Documents, in collaboration with AFMEDCOM IOS.

2.5. Major Command (MAJCOM), Field Command (FLDCOM), Direct Reporting Unit (DRU) and Numbered Air Force (NAF).

2.5.1. Sponsoring agencies will coordinate validation and approval from AF/SG through their respective chain of command for all current and future IOS programs operating under their oversight.

2.5.2. Develop and execute a process to monitor all IOS programs operating under their oversight and provide this list on a quarterly basis to AF/SG or their HQ DAF, 2-letter offices, as applicable.

2.5.3. Must comply with implementation of Clinical Quality Management (CQM) programs outlined in DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System* and AF/SG for all IOS programs operating under their oversight.

2.5.4. Develop validation mechanisms to review requirements, allocation of resources, and authorize changes to IOS programs that are operating under their oversight.

2.5.5. Establish processes for delivery and evaluation of data developed/collected with IOS programs operating under their oversight regarding each IOS program's effectiveness and impact on mission readiness.

2.5.6. Educate, liaise, and coordinate IOS program operations between Installation, Delta, Group, Directorate, Squadron IOS line units, and the installation MDG/SQs.

2.5.7. Establish a sustainment process to monitor and support operations of IOS programs.

2.6. Wing, Delta, Group, Directorate, or Squadron Commanders.

2.6.1. Develop and execute a process to monitor all IOS programs operating under their oversight.

2.6.2. Coordinate IOS program oversight with appropriate HQ DAF and respective MAJCOMs, FLDCOMs, DRUs, and/or NAF regarding IOS programs which operate under their oversight on a quarterly basis.

2.6.3. Identify existing program requirements and coordinate future IOS program requirements through respective chain of command, to include MAJCOM/SG office, to AF/SG.

2.6.4. Develop validation mechanisms to review requirements, allocate manpower resources, and authorize changes to IOS programs that are housed and operated under their agency's oversight.

2.6.5. Develop a partnership with the installation MDG/SQ to comply with DoD, DHA, and DAF IOS medical operational policies.

2.6.5.1. Line leadership does not have the authority to assume risk associated with the provision of health care services.

2.6.5.2. Hold IOS personnel accountable to comply with MDG/SQ CC guidance and CQM process. If compliance does not occur, line leadership stops IOS program operations and coordinates with the MDG/SQ CC to implement a remedial action plan for non-compliant IOS personnel.

2.6.6. Ensure IOS personnel maintain certifications and licensure as a condition of employment.

2.6.7. Ensure all IOS personnel under their command comply and complete all medical currency and training requirements provided by the installation MDG/SQ.

2.6.8. Ensure all AD IOS personnel under their command comply and complete readiness currency and training requirements.

2.6.9. Must comply with implementation of Clinical Quality Management (CQM) programs outlined in DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System* and AF/SG guidance.

2.6.10. Maintain responsibility for the resources to execute and maintain CQM requirements for facilities where IOS programs are executing OCS.

2.6.11. Establish processes for delivery and evaluation of data developed/collected within all IOS programs regarding each IOS program's effectiveness and impact on mission readiness.

2.7. Individual IOS Program Office of Primary Responsibility (OPR).

2.7.1. The OPR for an IOS program may reside from headquarters to unit level command. The IOS program OPR:

2.7.2. Executes the program's concept of operations, develops implementation guides, has operational oversight of the program, has the authority to manage manpower requirements for their program, and/or has branding authority of the IOS program name.

2.7.3. Identifies, develops, and executes onboarding, initial, and ongoing E&T requirements.

2.7.4. Educates, liaises, and coordinates IOS program operations between line units and MDG/SQ.

2.7.5. Consults with AF/SG and AFMEDCOM for policy and guidance on developing or maintaining IOS programs.

2.7.6. Consults with AFMEDCOM regarding policy, guidance, and implementation to meet CQM requirements.

2.7.7. Must comply with implementation of Clinical Quality Management (CQM) programs outlined in DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System* and AF/SG guidance at all IOS locations.

2.7.8. Develops manpower requirements in coordination with MAJCOM, FLDCOM, NAF, DRUs, CFMs, and AF/SG Consultants.

2.7.9. Develops, implements, and executes a program evaluation plan, including measures of effectiveness.

2.7.10. Collaborates with MAJCOM, FLDCOM, DRU, or NAF to identify IOS programs that exist under their oversight.

2.8. Medical Group/Squadron Commander.

2.8.1. Authorizes and oversees DAF installation medical activities, to include, but not limited to, IOS programs and Joint Service branch OCS programs. **(T-0)** See HAFMD 1-48 and DoDI 6025.13.

2.8.2. Serves as the DAF installation privileging authority and determines the medical services provided on an installation outside the Military Treatment Facility (MTF).

2.8.3. Notifies the IOS line unit commander and the installation civilian personnel office, or the Contracting Officer's Representative, when IOS medical personnel can no longer provide health care services because they do not meet the credentialing and/or privileging requirements.

2.8.4. Ensures IOS personnel will not be used to fill provider/manpower gaps in the MTF.

2.8.5. Authorizes DAF-funded personal services contracts performed on an installation for medical personnel. **(T-0)** See Title 10 U.S.C. Section 1091, *Personal service contracts* and Defense Federal Acquisitions Regulation Supplement (DFARS) Subpart 237.104, *Personal Service Contracts*.

2.9. Chaplain Corps.

2.9.1. Office of the DAF Chief of Chaplains (HC), Plans and Programs Division provides policy and guidance on all matters related to religious support and spiritual fitness and how they integrate into IOS programs.

2.9.2. Office of the DAF/HC, Personnel, Budget, and Readiness Division coordinates and provides guidance on the integration of Chaplain Corps manpower and personnel into IOS programs with medical components.

2.9.3. MAJCOM, FLDCOM, DRU, field operating agency, and Delta-level chaplains provide functional training and mentoring of Chaplain Corps operations within their areas of responsibility.

2.9.4. Wing/Delta/Installation/Garrison-level Chaplain:

2.9.4.1. Provides functional training and mentorship.

2.9.4.2. Provides continuity of Chaplain Corps Religious Support Teams (RSTs) to IOS as RSTs are embedded across the DAF.

2.9.4.3. Ensures IOS RSTs have the necessary resources and training available to support the objectives defined in this DAFMAN IAW DAFI 52-105, *Chaplain Corps Resourcing*.

2.9.5. Department of the Air Force Chief of Chaplains provides Chaplain Corps support as needed at all levels (installation, intermediate command, and headquarters).

2.9.5.1. Notifies all Chaplain Corps directorates and divisions of the pending changes pursuant to this DAFMAN for their consideration and appropriate action.

2.9.5.2. Advises on all Chaplain Corps issues that arise from actions taken pursuant to this DAFMAN.

2.9.6. DAF/HC offices at all levels of command within MAJCOMs and FLDCOMs provide Chaplain Corps support to mission partners as set out in existing and future support and host-tenant (or equivalent) agreements.

2.10. Air Reserve Component (ARC).

2.10.1. ARC members on AD orders are eligible for IOS programs.

2.10.2. To perform RegAF IOS functions, Air Force Reserve and/or Air National Guard medical providers must be on AD Title 10 orders and credentialed and privileged IAW section 6.5.

2.10.3. ARC IOS programs must be approved by their respective SG's office.

Chapter 3

INTEGRATED OPERATIONAL SUPPORT FUNDING AND RESOURCING

3.1. Funding and Resourcing.

3.1.1. DAF IOS programs are line-funded and the responsibility of the line program management office or line commander for personnel, resources, and sustainment.

3.1.2. DAF line operations and maintenance (O&M) funding will be used for all IOS activities IAW DAF Memorandum, *Integrated Operational Support (IOS) and Funding Policy,* 14 April 2021.

3.1.3. MAJCOMs, FLDCOMs, DRUs, and NAFs should work collaboratively on funding requirements for IOS programs within their purview and provide feedback to HQ DAF to aid in making a final determination.

3.1.4. IOS program manpower will not be changed without advisement and written approval from their IOS Program OPR, Contracting Officer's Representative, and the IOS funding source/manager. **(T-1)**

3.1.5. IOS personnel in DAF-funded positions aligned to the MDG/SQ unit manpower document (UMD) must be aligned to the Medical Group Personnel Accounting System code/Military Department (MILDEP) Medical Commander. **(T-0)** See Title 5 U.S.C. Section 7103(a)(2)(A), *Government organization and employees;* Title 5 U.S.C. Section 7103(a)(10), *Government organization and employee;* Title 10 U.S.C. Section 1073c*, Administration of Defense Health Agency and military medical treatment facilities*; and Department of Defense Directive (DoDD) 5136.13, *Defense Health Agency*.

3.1.6. IOS programs will not be rebranded or realigned into other IOS programs or under different UMDs without written agreement from their IOS Program Office, Contracting Officer, and the IOS funding source/manager. **(T-1)**

3.2. Personnel.

3.2.1. AD medical manpower requirements must be approved by AF/SG.

3.2.2. Civilian.

3.2.2.1. Civilian employees may be used for IOS programs. For further information reference **paragraph 4.3.3** for hiring processes.

3.2.2.2. IOS civilian personnel are required to meet Medical Employee Health Program (MEHP) immunization requirements, and this will be captured through the civilian hiring process. **(T-1)**

3.2.2.3. Non-Defense Health Program funding may be used for IOS civilian personnel to maintain life support training requirements and/or professional training to support licensure or certification requirements.

3.2.3. Contractor.

3.2.3.1. Personal service contracts are encouraged to be used for any contract personnel who perform clinical health care, beyond the definition of preventive/non-care services. **(T-0)** See 10 U.S.C. § 1091, *Personal service contracts* (Acquisitions), DoDI 6025.5,

Personal Service Contracts (PSCs) for Health Care Providers (HCPs), and DFARS 237.104. Consult with a contracting officer to verify which type of IOS personnel would align to a personal services contract. **(T-0)**

3.2.3.1.1. The IOS program manager and/or respective unit commander will coordinate contract approval through installation MDG/SQ commander. **(T-0)**

3.2.3.1.2. Personal service contracts must be approved by the installation MDG/SQ commander. **(T-0)** See 10 U.S.C. § 1091 and DFARS 237.104.

3.2.3.2. Non-personal service contracts are permitted for IOS personnel.

3.2.3.3. IOS contract personnel are subject to applicable DoD, DHA, and AF/SG instructions, provided under defined supervision/oversight of the MDG/SQ for the specified purpose of maintaining medical readiness of the military force through preventative measures and limited health care services.

3.2.3.4. IOS contract personnel must follow DHA Procedures Manual (DHA-PM) 6025.13, *Clinical Quality Management in the Military Health System, Volumes 1-7*, regarding CQM (i.e., credentialing/privileging, patient safety, and risk management) requirements. **(T-0)**

3.2.3.5. The funding source for MEHP immunization requirements and life support training will be determined through the government contract. **(T-2)**

3.3. Facilities.

3.3.1. The unit receiving IOS services is responsible for and must meet the requirements outlined by an approved accrediting organization, Unified Facilities Criteria (DoD building code), and DHA-PM 6025.13, *Clinical Quality Management in the Military Health System, Volume 5: Accreditation and Compliance*. **(T-0)**

3.3.2. IOS services should be provided in locations that have safety measures for emergency situations, and which allow the ability for private, one-on-one encounters with sound mitigating capabilities. IOS Mental Health (MH) offices should not be co-located with leadership offices to support SM privacy needs.

3.4. Medical Operational Equipment and Supplies.

3.4.1. Medical logistical support requirements will be coordinated with the local MTF. **(T-3)**

3.4.1.1. IOS medical logistics support will be captured in the Accountable Property System of Record of the line unit the IOS program is supporting or aligned, according to the UMD. **(T-3)**

3.4.1.2. IOS programs will use DAF line expense accounts to purchase medical equipment and medical supplies.

3.4.1.3. IOS programs will establish a customer account in the Defense Medical Logistics Standard Support (DMLSS) or the MTF designated system to purchase all medical equipment and supplies. **(T-1)**

3.4.1.4. IOS equipment used for health care delivery in the line units will be maintained and inspected by the MTF biomedical equipment technicians or by an approved outside

agency following DHA, the Accreditation Organization, and/or DAF standards at the cost of the IOS program or the unit(s) the IOS program serves. **(T-1)**

3.4.1.5. IOS programs will assign a supply and property/equipment custodian who is accountable for IOS medical equipment. **(T-0)** See Defense Health Agency - Administrative Instruction (DHA-AI) 6430.07, *Medical Logistics Inventory Management*; and DHA-AI 4000.01, *Property Accountability and Management of General Equipment (GE)*; and AFMAN 41-209, *Medical Logistics Support*.

3.4.1.6. Equipment will be placed on the IOS program's unit equipment gains roster.

3.4.2. Computer Use and Medical Systems Requirements.

3.4.2.1. Computers for IOS personnel will be funded by the aligned unit using the DAF line expense account.

3.4.2.2. Installation MDG/SQ commander must provide medical systems access to IOS personnel delivering health care. This may require coordination with the installation Communication Squadron and the MDG/SQ to have medical software installed for virtual network access. IOS personnel not delivering health care shall not be given access to medical systems.

3.5. Temporary Duty (TDY).

3.5.1. Line unit commander identifies the TDY requirement and provides the necessary funds. **(T-3)**

3.5.2. Contract personnel must notify and receive approval from the Contracting Officer Representative to support TDYs. **(T-3)**

3.6. Education and Training.

3.6.1. IOS programs are responsible for funding and execution of E&T requirements, including:

3.6.1.1. Initial, annual, and sustainment training.

3.6.1.2. Military specific training, to include but not limited to, patient care, military operations, military policy, medical military policy, medical operational requirements, and Electronic Health Record (EHR) usage.

3.6.2. IOS personnel in specific personnel reliability positions must attend Personnel Reliability Assurance Program (PRAP) training. **(T-0)** PRAP training is a DAF centrally funded course offered through United States Air Force School of Aerospace Medicine. See DoDI 5210.42, *DoD Nuclear Weapons Personnel Reliability Assurance*; DAFMAN 13-501, *Nuclear Weapons Personnel Reliability Program (PRP)*; and AFMAN 48-149 for additional guidance.

3.6.3. IOS personnel are responsible to maintain their license and/or board certification with sufficient continuing education in addition to meeting credentialing and privileging requirements as applicable.

3.6.4. Line commanders of IOS programs are responsible for the logistical support of continuing education and/or contingency educational requirements of Active Duty (AD) and Federal Civilian IOS personnel. **(T-3)** See AFI 41-117, *Medical Service Officer Education*.

Chapter 4

OPERATIONAL GUIDANCE

4.1. Supervision. IOS personnel will follow their assigned unit's chain of command.

4.2. Medical Oversight.

4.2.1. The installation MDG/SQ commander has the authority for medical oversight per DoDI 6025.13.

4.2.2. The IOS program will assign a member to serve as liaison to the installation MDG/SQ commander. If an IOS member cannot fill this role, the line unit will designate a unit member who should be knowledgeable of the operations, capabilities, and limitations of the IOS program.

4.2.3. The IOS program will assign a member to provide regulatory compliance oversight. If an IOS member cannot fill this role, the line unit will designate a unit member who will ensure all IOS medical operations in IOS locations comply with DoDI 6025.13.

4.2.4. The IOS program will designate positions to provide clinical oversight of their IOS medical personnel, as appropriate IAW DoDI 6025.13. If the IOS program has no qualified installation-level medical personnel for clinical oversight, the line unit that owns the IOS program will seek assistance from another qualified professional outside the IOS program, with agreement from the local MDG/SQ commander.

4.3. Hiring IOS Personnel.

4.3.1. IOS personnel will maintain life support training and meet MEHP immunization requirements. **(T-0)** See Defense Health Agency-Procedural Instruction (DHA-PI) 6000.03, *Life Support Training Certification Requirements and Guidance,* and AFI 48-110, *Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases*.

4.3.2. AD will follow Air Force Personnel Center processes and work directly with the individual CFMs/consultants IAW DAFI 36-2110, *Total Force Assignments*.

4.3.3. IOS personnel must be fully qualified to independently execute the functions required for their position. IOS personnel cannot be hired into developmental positions.

4.3.4. Civilian.

4.3.4.1. The hiring manager must coordinate with the MTF to verify the hiring candidate meets the required credentialing and privileging standards prior to the firm job offer IAW DAFMAN 36-203, *Staffing Civilian Positions*.

4.3.4.2. Civilian personnel who require a license and/or certification to perform their duties must maintain their license/certification as a condition of employment.

4.3.5. Contractor.

4.3.5.1. Contract personnel who require a license and/or certification to perform their duties must maintain their license/certification as a condition of employment.

4.3.5.2. The following contract requirements must be written into the government's contract specific to IOS programs:

4.3.5.2.1. All contract personnel are required to maintain life support training and meet MEHP immunization requirements. **(T-0)** See DHA-PI 6000.03 and AFI 48-110.

4.3.5.2.2. IOS medical contractors supporting the PRAP mission are required to be trained on medical reliability standards, to include a completion timeline. **(T-0)** See DoDI 5210.42.

4.3.6. Medical Group/Squadron (MDG/SQ) in-processing.

4.3.6.1. Operational commanders of IOS programs will ensure IOS personnel comply with MDG/SQ in-processing requirements. See **Attachment 3**, *Recommended MDG/SQ In-Processing Checklist*.

4.3.6.2. IOS personnel will in-process through Public Health at the MDG/SQ to fulfill regulatory requirements. **(T-0)** See DHA-PM 6025.13, *Clinical Quality Management in the Military Health System, Volume 2: Patient Safety*.

4.3.6.3. Electronic Health Care Records (EHRs).

4.3.6.3.1. Each installation with an IOS program will only have one patient care location built in Military Health System (MHS) GENESIS using designated DHA OPSFORCE line clinic codes. There will not be separate patient care location builds in MHS GENESIS for every location or medical specialty on the installation where the IOS program provides health care services.

4.3.6.3.2. IOS medical personnel will only use their IOS MHS GENESIS patient care location to document patient care provided outside of an MDG/SQ facility.

4.3.6.3.3. IOS medical personnel will use the MDG/SQ MHS GENESIS patient care location to document patient care provided at an MDG/SQ facility.

4.3.6.3.4. When IOS medical personnel conduct clinical care in the MDG/SQ facility, they will document only that clinical time in Defense Medical Human Resource System-internet (DMHRSi). **(T-0)**

4.3.6.4. IOS medical personnel require access to the medical profiling system, as appropriate.

4.3.6.5. IOS personnel are required to obtain access to the Joint Patient Safety Reporting website and report patient safety events.

4.3.6.6. IOS personnel are required to complete Health Insurance Portability and Accountability Act (HIPAA) training annually. **(T-0)**

4.3.6.7. IOS personnel must complete basic life support training. **(T-0)** See DHA-PI 6000.03 and AFI 48-110. Additional life support training may be required based on clinical duties.

4.3.6.8. All IOS personnel will adhere to DHA E&T requirements. **(T-0)**

4.3.6.9. Credentialing/Privileging.

4.3.6.9.1. IOS personnel are required to complete the credentialing and privileging process prior to gaining access to the MHS EHR system. **(T-0)**

4.3.6.9.2. Providers will maintain their credentials and/or installation privileges during their tenure working on an installation. **(T-0)**

4.3.6.9.3. IOS leadership and supervisors will enforce the compliance of credentialing and privileging requirements for all IOS medical personnel.

4.3.6.9.4. Employment may be denied or terminated, if IOS personnel do not meet credentialing and privileging requirements. **(T-0)** The hiring manager (or supervisor) will work with installation civilian personnel office or the contracting officer's representative to determine appropriate action.

4.4. Medical Group/Squadron Education and Training Requirements.

4.4.1. Installation IOS program leadership will track E&T requirements and ensure compliance of personnel. **(T-0)**

4.4.2. IOS personnel will provide the MDG/SQ CC proof of training currency. **(T-0)**

4.4.3. Medical Readiness Training.

4.4.3.1. DAF Medical Readiness Program requirements for uniformed medical personnel are described in DAFI 41-106, *Medical Readiness Program*.

4.4.3.2. Uniformed medical personnel will maintain their currency with their respective Comprehensive Medical Readiness Program requirements. **(T-0)** See DoDI 6000.19, *Military Medical Treatment Facility Support of Medical Readiness Skills of Health Care Providers*.

4.4.3.3. Uniformed medical personnel must ensure their readiness training is documented in the DAF Medical Readiness Decision Support System (MRDSS). See DAFI 41-106.

Chapter 5

HEALTH CARE OPERATIONS

5.1. Scope of Clinical Services in the Operational Setting.

5.1.1. IOS operations will adhere to DOD, DHA, and Service-specific medical policies regarding the types of care, treatment, and services that can be provided outside and inside the MTF. **(T-0)**

5.1.2. Each MDG/SQ commander has final authority over the types of care, treatment, and services that can be provided outside the MDG/SQ facility.

5.1.3. In operational settings, IOS personnel are only authorized to provide health care services to AD personnel.

5.1.4. IOS personnel are considered affiliate providers or non-empaneled medical officers.

5.1.5. IOS personnel will not have an empanelment, regardless of their clinical background.

5.1.6. IOS personnel must be able to produce current records of all licensures, credentials, and certifications for review upon request in the IOS setting.

5.1.7. IOS personnel must transition health care of SMs to the MTF when provision of health care exceeds what is authorized in an IOS setting.

5.1.7.1. IOS personnel should follow their patients and provide full scope health care services within the MTF, as defined by privileges and/or scope of practices.

5.1.7.2. If the IOS provider transfers care to an MTF provider, a handoff will be made according to the clinical acuity.

5.1.8. Minor procedures may be performed in the IOS setting when consistent with privileges and/or scope of practice, local guidance, and in compliance with the provider's contract, where applicable.

5.1.9. All health care directed at the diagnosis and/or treatment of a clinical diagnosis or disorder must be documented in the SM's EHR. This includes treatment modalities such as therapy and the prescription of any medications or supplements to include over-the-counter medicine and supplements. **(T-0)**

5.1.10. Immunizations administered in the IOS setting must comply with local policy and guidance regarding storage requirements, quality assurance, documentation, and emergency procedures related to administering vaccinations. **(T-3)**

5.1.11. Clinical Emergencies.

5.1.11.1. IOS personnel will provide basic life support for patient emergencies while seeking patient transport through the 9-1-1 system or installation procedure for contacting emergency services. **(T-0)**.

5.1.11.2. Emergent Command Directed Evaluations will be conducted in the MTF during duty hours and in an emergency department outside of duty hours. **(T-0)** See DHA-AI 6025.06, *Suicide Risk Care Pathway for Adult Patients in the Defense Health Agency.*

5.1.11.2.1. Acute safety evaluations will be performed in the MTF. **(T-0)** See DHA-AI 6025.06.

5.1.11.2.2. When the acuity level of an IOS MH evaluation/encounter unexpectedly exceeds low acuity/risk, the MH professional will exercise clinical judgment to determine when to transfer the evaluation/encounter to the appropriate level of care. **(T-0)** See DHA-AI 6025.06.

5.1.11.3. Medical personnel may receive restricted reports of sexual assault and domestic violence and must handle these IAW DoD policy. **(T-0)** Relevant policy includes, but is not limited to DoDI 6495.02, Volume 1, *Adult Sexual Assault Prevention and Response: Program Procedures;* DoDI 6310.09, *Healthcare Management for Patients Associated with a Sexual Assault;* and DoDI 6400.06, *DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel*.

5.2. IOS Mental Health (MH) Services.

5.2.1. IOS MH personnel may include, but is not limited to, psychologists, licensed clinical social workers, licensed professional counselors, and mental health technicians. Licensed Marriage and Family Therapists are not authorized in IOS programs.

5.2.2. At a minimum, IOS MH personnel will use the AF/SG MH Onboarding Toolkit to develop foundational mental health operations knowledge.

5.2.3. IOS MH personnel deliver services to individuals, groups, and leaders. They aim to increase operational effectiveness and readiness and to protect and enhance the health of SMs as they execute their mission specific duties.

5.2.3.1. MH services will be conducted in either the IOS location or in the MTF.

5.2.3.1.1. Services provided in the IOS setting may include ongoing unit education, unit needs assessment, consultation to all unit personnel, and MH care delivery to SMs with low acuity and low risk issues.

5.2.3.1.2. Educational services may address a range of personal, developmental, and/or relational issues (i.e., boundary setting, interpersonal relationship development, management of life domain areas) without requiring documentation in the EHR.

5.2.3.1.3. When a SM's presenting issues fall within the clinical domain (based on clinical acuity or meeting criteria for a Diagnostic & Statistical Manual diagnosis), the care must be documented in the SM's EHR. **(T-0)**

5.2.3.1.4. When a SM's clinical presentation exceeds low acuity and risk parameters as defined by AFMEDCOM Mental Health IOS policy guidelines, IOS MH providers will deliver MH care at the MTF. **(T-0)** Reference DHA-AI 6025.06 for risk stratification.

5.2.3.2. IOS MH personnel will communicate informed consent and limits of confidentiality when initiating care with an SM and will secure SM's signature.

5.2.3.2.1. IOS MH personnel will annotate the delivery of informed consent and limits to confidentiality in the EHR.

5.2.3.2.2. IOS MH personnel will upload the signed informed consent and limits of confidentiality via a HIPAA compliant method to the EHR at their earliest convenience.

5.2.3.3. When SMs present to the IOS MH provider for care, providers will assess for the presence of issues relating to spiritual awareness, along with religious beliefs, spirituality, and/or moral injuries. If providers assess one of those issues to be present, and the SM is in agreement, they will refer the SM to the local senior RST to address that specific issue.

5.2.4. The following services provided by properly trained and privileged MH personnel will only occur when working in an MTF: command directed evaluations, sanity boards, treatment of patients with impaired reality testing (active or past history of hallucinations/delusions/dementia), Medical Evaluation Board evaluations, and independent treatment of patients who qualify for mandated DoD, DHA, and DAF programs.

5.2.5. A SM may receive clinical care for MH concerns at the MTF and concurrently be seen in the IOS MH setting for other low acuity and low risk MH issues.

5.2.5.1. When a SM receives clinical care in both settings, IOS MH personnel should collaborate with the MDG/SQ MH personnel as clinically indicated and appropriate.

5.2.5.2. IOS MH personnel must participate in the At-Risk Tracking List (ARTL) meeting when their active patients are on the ARTL and/or when they are also engaged in care with the MH Clinic, Alcohol and Drug Abuse Prevention and Treatment, and/or Family Advocacy Program services.

5.2.6. MH personnel must complete command notifications IAW DoDI 6490.08, *Command Notification Requirements to Dispel Stigmas in Providing Mental Health Care to Service Members*. For those SM's undergoing legal action, only communications not intended to be disclosed to third persons and made for the purpose of facilitating diagnosis and/or treatment of a patient's mental or emotional condition are privileged under Military Rules of Evidence, Rule 513. *Psychotherapist-patient privilege*, Manual for Courts-Martial United States. Statements made to command are not confidential. **(T-0)**

5.2.7. IOS MH technicians support the delivery of MH services according to their training and certifications.

5.2.7.1. IOS MH technicians deliver care under the direction and authority of an IOS MH provider. Should an IOS program lack a MH provider, the line unit will seek assistance from another qualified professional outside the IOS program, with agreement from the local MDG/SQ commander.

5.2.7.2. The supervising IOS MH provider will determine the need for direct or indirect supervision of the MH technician's work.

5.3. IOS Musculoskeletal Health (MSKH) Services.

5.3.1. IOS MSKH personnel may include medical personnel such as, physical therapists, physical medicine technicians, and athletic trainers. They may also include non-medical personnel, such as strength and conditioning specialists and massage therapists.

5.3.2. Physical therapists are medical personnel who are credentialed, privileged providers. Capabilities/scope of practice are described in the Air Force Officer Classification Directory, and the DoD Master Privilege List for Physical Therapy.

5.3.3. Physical medicine technicians are medical personnel who work under the supervision, direction, and authority of a physical therapist.

5.3.4. Athletic trainers are medical personnel who are credentialed, non-privileged providers. Scope of practice is defined by the licensing authority. Delivery of health care services requires supervision of a credentialed, privileged provider (as defined by the licensing authority) who has the appropriate and correlated scope of practice necessary to provide the oversight. Depending on the contract type and/or licensing authority, the location and scope of services could be restricted.

5.3.5. Strength and conditioning specialist are non-medical, credentialed personnel who provide MSKH services to improve physical performance and promote fitness.

5.3.5.1. Must have a bachelor's (or higher) degree in a medical or health sciences field.

5.3.5.2. Must have one of the five prescribed certifications: (1) National Strength and Conditioning Association: Certified Strength and Conditioning Specialist, (2) National Strength and Conditioning Association: Certified Performance and Sport Scientist, (3) American College of Sports Medicine: Certified Exercise Physiologist, (4) American College of Sports Medicine: Certified Clinical Exercise Physiologist, or (5) Collegiate Strength and Conditioning Coaches Association: Strength and Conditioning Coach Certified.

5.3.5.3. Credentials will be primary source verified by the IOS program lead or designee, based on hiring process.

5.3.6. Massage therapists are non-medical, credentialed personnel who provide MSKH services to enhance wellbeing and promote physical performance.

5.3.6.1. Must maintain an active, unrestricted license from a US state, territory, or jurisdiction. Depending on the contract type and licensing authority, the location of services could be restricted.

5.3.6.2. Credentials will be primary source verified by the IOS program lead or designee, based on hiring process.

5.4. Nutritional Fitness Services.

5.4.1. IOS nutritional personnel include registered dietitians and diet therapy technicians (DTs).

5.4.1.1. Registered Dietitian Nutritionists (RD/RDNs) are credentialed, privileged providers who deliver medical and non-medical nutrition services consistent with their scope of practice.

5.4.1.2. Uniformed DTs support the delivery of medical and non-medical nutrition services.

5.4.2. Medical Nutrition Therapy (MNT) is an RDN-created, evidenced-based, individualized nutrition care plan. MNT is one or more of the following: nutrition assessment/reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation. MNT intervention examples include, but are not limited to, prescription of macronutrient percentages, grams of protein or energy requirements, of carbohydrate exchanges or meal patterns, of dietary supplements, and/or modification of eating patterns.

5.4.3. Nutrition Education (NE) is the generalized provision of nutrition information. NE is intended to create changes in knowledge, attitudes, and behaviors among individuals, families, or small, targeted groups. Examples of NE include high and low fiber diet, lactose intolerance, sodium restriction, safe use of dietary supplements, food label reading, MyPlate principles, support at health and wellness fairs as well as the provision of classes with basic guidance on weight management principles, heart healthy nutrition, prenatal nutrition, and carbohydrate counting.

5.4.4. Nutrition Counseling (NC) is the provision of general guidance intended for behavior change. NC examples include review of a food record to improve adherence to the Dietary Guidelines or prescribed meal pattern; discussion of strategies like meal planning to improve diet quality; provision of resources to develop cooking skills; or to reduce perceived need for dietary supplements. NC frequently involves the development and monitoring of specific, measurable behavioral goals relating to diet, lifestyle, and nutrition.

5.4.5. Registered Dietitians provide MNT, NE, and NC.

5.4.5.1. Uniformed DTs are not credentialed but may provide NE and NC under the direct or indirect supervision of a RD/RDN, as determined by the supervising RD/RDN.

5.4.5.2. RD/RDNs and DTs may work as a team to execute MNT, providing nutrition care and addressing nutritional needs of patients and clients.

5.4.6. MNT is considered clinical care and must be documented in the EHR. **(T-0)** See DoDI 6040.45, *DoD Health Record Life Cycle Management*. NC and NE will be documented in the EHR when necessary for the complete and accurate description of medical care and services rendered. **(T-3)**

5.5. Primary Care Medical Services.

5.5.1. IOS primary care personnel may include, but are not limited to flight surgeons, family medicine/sports medicine physicians, physician assistants and/or Independent Duty Medical Technicians.

5.5.1.1. AFMAN 48-149 provides further mandatory occupational guidance and operational instruction for Squadron Medical Elements.

5.5.1.2. AFI 44-103, *The Air Force Independent Duty Medical Technician Program* provides further mandatory occupational guidance and operational instruction for Independent Duty Medical Technicians.

5.6. Other IOS Medical Services: Aeromedical Evacuation personnel refer to AFMAN 11-2, AE Volume 3, *Aeromedical Evacuation (AE) Operations Procedures,* and all other applicable policy, for further mandatory operational guidance and operational instruction.

Chapter 6

OPERATIONAL COMPLIANCE/CLINICAL QUALITY MANAGEMENT

6.1. Clinical Quality Management (CQM).

6.1.1. IOS programs and personnel will operate in a manner that ensures compliance with all appropriate procedures and guidance. IOS programs will follow a designated The Joint Commission convenient care assessment under ambulatory care and the UFC codes that are designated based on the safety risk assessment. **(T-0)** See DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System* and DHA-PM 6025.13, *Clinical Quality Management in the Military Health System*, Volumes 1-7.

6.1.2. IOS programs will coordinate with the local MDG/SQ commander to meet CQM requirements for each IOS location prior to patient care. **(T-0)** See DoDI 6025.13 and DHA-PM 6025.13, Volumes 1-7.

6.1.3. IOS providers will meet credentialing and privileging requirements prior to delivery of OCS in IOS locations. **(T-0)**

6.2. Patient Safety, Infection Prevention and Control.

6.2.1. Patient Safety and Infection Prevention and Control activities must be IAW DoDI 6025.13 and DHA-PM 6025.13. **(T-0)**

6.2.1.1. IOS personnel must document patient safety events, and they must be entered into the Joint Patient Safety Reporting System. **(T-0**)

6.2.1.2. All DoD Reportable Events are Potentially Compensable Events.

6.3. Health Care Risk Management: Health care risk management activities (e.g., adverse events, clinical adverse actions, privileging actions, impaired health care provider program) must be IAW DoDI 6025.13 and DHA-PM 6025.13. **(T-0)**

6.4. Accreditation and Compliance.

6.4.1. Line funded programs delivering clinical and clinical support services must be accredited IAW DoDI 6025.13. **(T-0)**

6.4.1.1. Accreditation and compliance are the responsibility of every member of an IOS program, medical and non-medical personnel, IAW accreditation organization requirements.

6.4.1.2. Reference **Attachment 2**, *Integrated Operational Support Program Reference Guide*, to determine IOS program CQM requirements.

6.4.2. When an IOS program is a component of the installation MTF accreditation process, it must establish organizational and functional integration for every OCS location the program uses. **(T-0)**

6.4.2.1. Each OCS location must have a completed pathway to accreditation to ensure the OCS environment can be accredited. AFMEDCOM provides guidance and training to OCSs for the pathway to accreditation as referenced in **Attachment 2**, *Integrated Operational Support Program Reference Guide*.

6.4.2.2. All IOS programs and all OCS sites must be added to the accreditation organization database as a component to the MTF. **(T-0)**

6.5. Credentialing and Privileging.

6.5.1. Credentialing and privileging for IOS personnel will be IAW DoDI 6025.13 and DHA-PM 6025.13, Volume 4. IOS medical personnel must meet and maintain all their credentialing and privileging requirements IAW their employment and readiness requirements. **(T-0)**

6.5.2. IOS privileged personnel must be fully qualified to perform independently within the scope of their medical practice without supervision. **(T-0)**

6.5.3. IOS credentialed, non-privileged personnel must be fully qualified to perform independently within the scope of their medical practice with the required appropriate clinical supervision. **(T-0)**

6.5.4. IOS enlisted personnel will function in compliance with career field E&T plans and will maintain currency on all appropriate trainings.

6.5.5. IOS personnel must maintain required certifications and licensure to meet applicable state regulations, national standards, and federal laws. **(T-0)**

6.5.6. Privileged IOS personnel must complete an Interfacility Credentials Transfer Brief, provided by the installation MTF, prior to a TDY or deployment in which health care is provided.

6.5.7. Credentialed, non-privileged IOS personnel should coordinate credentials verification between host and source medical staff manager prior to a TDY or deployment in which health care is provided.

6.6. Clinical Measurement.

6.6.1. IOS programs and personnel will establish, or participate with existing, medical quality assessment programs and monitor their IOS program status. **(T-0)**

6.6.2. IOS programs that are accredited as a component clinic to the MTF must participate and comply with MTF policy and procedures, including local clinical measures. **(T-0)**

6.6.3. IOS programs operating under the "Comparable CQM program" will identify clinical measures annually. **(T-0)** See DHA-PM 6025.13, *Clinical Quality Management in Military Health System, Volume 6: Clinical Measurement*.

6.7. Clinical Quality Improvement: Every IOS location must ensure performance improvement projects are uploaded to the Strategic Performance Improvement Data Repository. **(T-0)**

6.8. Patient Care Technology Applications.

6.8.1. IOS programs must use MHS approved medical technology software for clinical care scheduling and clinical interactions. **(T-0)**

6.8.2. IOS medical personnel are responsible for health care and readiness documentation in the EHR and will document all medical care performed to include Defense Department (DD) Form 2992, *Medical Recommendation for Flying or Special Operational Duty* and Air Force Form 469, *Duty Limiting Condition Report*, medical quarters and profiling system requirements. **(T-0)**

6.9. Protected Health Information.

6.9.1. Protected health information of SMs may be used and disclosed to appropriate military command authorities for activities deemed necessary to assure the proper execution of the military mission. **(T-0)** See Department of Defense Manual (DoDM) 6025.18, *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs.* IOS personnel should be mindful that such disclosure remains limited to minimum necessary IAW DoDI 6025.18, *Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs*.

6.9.2. DoDI 6490.08 creates the presumption that command authority is not notified when an SM obtains MH services, substance abuse education services, or both. Command notification is prohibited unless the presumption is overcome by one of the notification standards listed in Section 3 of DoDI 6490.08.

6.9.3. Spiritual Health Information gathered post referral of any SM referred to a Chaplain is subject to and protected by Military Rule of Evidence, Rule 503, *Communications to clergy (a. General Rule, b. Definitions, and c. Who may claim the privilege)*. As such, it will not be released without the written signed consent of the SM and a disinterested third party as stipulated.

Chapter 7

MISCELLANEOUS

7.1. IOS Program Evaluation: Each IOS program must develop specific and measurable goals that clearly define what is to be achieved, how it is to be achieved, timelines for achievement, who is responsible for achieving the goals, and how each goal is to be measured.

7.2. Public Affairs and Social Media: IOS personnel must obtain necessary security and policy review before releasing imagery, documents, information, or proposed statements. **(T-3)** All IOS personnel must obtain Public Affairs coordination prior to engaging with the media or medical platform in an official capacity or solely based on their government affiliation. **(T-3)** See AFI 35-101, *Public Affairs Operations*. For more information, contact the local installation Public Affairs office.

7.3. Surveys: When planning and/or conducting surveys or questionnaires within the DAF, IOS personnel and programs follow guidance in DAFMAN 36-2664, *Personnel Assessment Program*.

7.4. Research.

7.4.1. The federal government, DoD, DHA, and DAF have specific policies and guidelines that must be followed when performing IOS research and publishing research results.

7.4.1.1. If an IOS program activity is (or might include) research involving human subjects, program managers must comply with applicable human research protection requirements before activity begins. **(T-0)** See DoDI 3216.02, *Protection of Human Subjects and Adherence to Ethical Standards in DoD-Conducted and –Supported Research*, and DoDI 3216.02_DAFI 40-402, *Protection of Human Subjects and Adherence to Ethical Standards in the Department of the Air Force Supported Research*. For more information, contact DAF Component Office of Human Research Protections.

7.4.1.2. IOS personnel will follow applicable requirements for publication or presentation of research articles, posters, or conference materials.

7.4.2. IOS personnel must request approval with the appropriate organizations within the DAF and DHA to develop, conduct, and publish research with the managing organization for the IOS program.

7.5. Technology Platform.

7.5.1. AF Technology Transfer and Transition facilitates the implementation of DAF innovative technologies in products and services to benefit the warfighter and the public, while supporting collaborative partnerships.

7.5.2. Each laboratory within the DoD, DHA, and DAF has an Office of Research and Technology Applications that support researchers by developing effective partnership between government and commercial entities.

7.5.3. IOS programs will coordinate with the requisite contracting office and/or AF Technology Transfer and Transition Office of Research and Technology Applications before procuring agreements to share data or purchase products for their IOS program between the government and commercial companies.

7.5.4. All technology hardware, software, or web-based applications used by IOS programs must obtain and maintain authorization to use the equipment from an appropriate approval authority within the DoD.

7.6. Questions or concerns: Questions or concerns regarding interpretation or implementation of this policy should be resolved by the applicable Medical and LAF unit chains of command. Requests for waiver will be processed IAW DAFMAN 90-161.

JOHN J. DEGOES, MD
Lieutenant General, USAF, MC, FS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

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Abbreviations and Acronyms

AD—Active Duty

AE—Aeromedical Evacuation

AF—Air Force

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFMEDCOM—Air Force Medical Command

AFPD—Air Force Policy Directive

AFSC—Air Force Specialty Code

AI—Administrative Instruction

ARC—Air Reserve Component

ARTL—At-Risk Tracking List

CFM—Career Field Manager

CJCSI—Chairman of the Joint Chiefs of Staff

CQM—Clinical Quality Management

DAF—Department of the Air Force

DAFI—Department of the Air Force Instruction

DAFMAN—Department of the Air Force Manual

DAFPD—Department of the Air Force Policy Directive

DD—Department of Defense

DFARS—Defense Federal Acquisitions Regulation Supplement

DHA—Defense Health Agency

DHA-AI—Defense Health Agency-Administrative Instruction

DHA-PI—Defense Health Agency-Procedural Instruction

DHA-PM—Defense Health Agency-Procedures Manual

DMHRSi—Defense Medical Human Resource System-internet

DMLSS—Defense Medical Logistics Standard Support

DoD—Department of Defense

DoDI—Department of Defense Instruction

DoDM—Department of Defense Manual

DRU—Direct Reporting Unit

DT—Diet therapy technician

E&T—Education and Training

EHR—Electronic Health Record

FLDCOM—Field Command

FOMP—Flight and Operational Medicine Program

HC—Chaplain

HCP—Health Care Provider

HIPAA—Health Insurance Portability and Accountability Act

HQ—Headquarters

IAW—In Accordance With

IOS—Integrated Operational Support

JPSR—Joint Patient Safety Reporting system

MAJCOM—Major Command

MDG—Medical Group

MDG/SQ CC—Medical Group or Medical Squadron Commander

MDS—Medical Squadron

MEHP—Medical Employee Health Program

MH—Mental Health

MHS—Military Health System

MNT—Medical Nutrition Therapy

MOA—Memorandum of Agreement

MRDSS—Medical Readiness Decision Support System

MSKH—Musculoskeletal Health

MTF—Military Treatment Facility

NAF—Numbered Air Force

NC—Nutrition Counseling

NE—Nutrition Education

O&M—Operations and maintenance

OCS—Operational Clinical Services

OPR—Office of Primary Responsibility

OSHA—Occupational Safety & Health Administration

PCE—Potentially Compensable Event

PI—Procedural Instruction

PM—Procedural Manual

POC—Point of Contact

PRAP—Personal Reliability Assurance Program

PS—Patient Safety

PSM—Patient Safety Message

RD—Registered Dietitian

RDN—Registered Dietitian Nutritionists

RE—DoD Reportable Event

RST—Religious Support Team

SG—Surgeon General

SGMED—Director of (Medical) Policy & Resources

SM—Service Member

SQ—Squadron

TDY—Temporary Duty

UMD—Unit Manpower Document

USAF—United States Air Force

USSF—United States Space Force

Office Symbols

AF/SGMED—Director of (Medical) Policy & Resources

DAF/HC—Air Force Chaplain Office

AF/SG—Department of the Air Force Surgeon General

Terms

Accountability—The added degree of responsibility for property that exists when a designated individual must maintain property records that are subject to audit.

Accreditation—Process of review that allows health care organizations to demonstrate their ability to meet regulatory requirements and standards established by a recognized accrediting organization. (DoDI 6025.13)

Accreditation Organization—Any organization that is not a Governmental Authority and that accredits health care facilities.

Active Duty—Full-time duty in active service of a Uniformed Service, including full-time training duty, annual training duty, full-time National Guard duty, and attendance, while in the active service, at a school designated as a Military Service school by law or by the Secretary concerned IAW DoD 7000.14-R, Volume 7A.

Adverse Event—A PS event that resulted in harm to the patient. The event may occur by the omission or commission of medical care.

Certification—A process by which a nationally recognized organization confirms that an individual health care organization has met certain predetermined standards or procedures required for certification. (DHA-PM 6025.13, *Volume 4*)

Clinical Privileges—Permission granted by the privileging authority to provide medical and other patient care services. Clinical privileges define the scope and limits of practice for privileged providers and are based on the capability of the health care facility, licensure, relevant training and experience, current competence, health status, judgment, and peer and department head recommendations. (DoDI 6025.13)

Clinical Privileging—The granting of permission and responsibility of health care provider to provide specified or delineated health care within the scope of the provider's license, certification, or registration. (DoDI 6025.13)

Clinical Quality Assurance—A program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met. Clinical quality assurances' s main purpose is to verify that clinical quality control is being maintained. (DoDI 6025.13)

Compliance—The ongoing process of meeting the legal, ethical, regulatory, and professional standards applicable to a particular health care organization or provider. (DHA-PM 6025.13, *Volume 5*)

Continuing Education—Education beyond initial academic or professional preparation approved by an appropriate certifying professional organization that is relevant to the type of care or service delivered in an organization.

Credentialing—The process of obtaining, verifying, and assessing the qualifications of both privileged and non-privileged providers to provide safe patient care services. This assessment serves as the basis for decisions regarding delineation of clinical privileges, as well as appointments and reappointments to the medical staff. The required appointments and reappointment to the medical staff. The required information should include qualification data such as relevant education, training, and experience; current licensure; and specialty certification (if applicable), as well as performance data such as current clinical competency and the ability to perform the selected privileges. This data is collected, verified, and assessed initially and on an ongoing basis. (DoDI 6025.13)

Credentials—The document that constitute evidence of appropriate education, training, licensure, experience, and expertise of a health care provider. (DoDI 6025.13)

Defense Medical Logistics Standard Support—A DoD accountable property system of records used by Medical Logistics to manage property and financial records for accountable assets and property.

DoD Reportable Event—Any PS event resulting in death, permanent harm, or severe temporary harm, as per the Agency for Health Care Research and Quality Harm Scale; or meeting the Joint Commissions Sentinel Event or The National Quality Forums Serious Reportable Event definitions. DoD REs require a comprehensive systematic analysis and follow-up corrective action implementation plan report. This term encompasses sentinel events, refer to in Section 744 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021.

Health Care Risk Management—Includes clinical and administrative activities, processes, and policies to identify, monitor, assess, mitigate, and prevent risks to the health care organization, patients, and staff. By employing risk management, the health care organization proactively and systemically safeguards PS and the organization's resources, accreditations, legal or regulatory compliance, assets, and customer confidence (integrity). (DoDI 6025.13)

Health Care Services—Efforts made to maintain or restore physical, mental, or emotional well-being by trained - licensed professionals. (The Joint Commission)

IOS—Line funded programs with at least one medical authorization.

IOS Programs—Meet the conditions as stipulated in **Figure A2.1**. IOS Program Reference Guide, column 1 - IOS Medical Program on a Line UMD or column 2 - IOS Medical Program on an MDG/SQ UMD.

Joint Patient Safety Reporting (JPSR) system—DoD electronic system used to capture data for all types of patient safety (PS) events in Military MTF and other applicable health care environments, as well as PS events tracked and trended in other programs. The MTF Patient Safety Manager (PSM) is responsible for JPSR data management, the review of facts associated with the PS event, and for ensuring an appropriate evaluation is performed as required by DHA guidance. JPSR usage is the only authorized method for the reporting of adverse events, no harm events, near misses, and unsafe conditions. (DHA-PM 6025.13, *Volume 4*)

Medical Group / Squadron Commander (MDG/SQ CC)—This position is appointed by the SG and is also known as the MILDEP Medical Commander in DoDI 6025.13.

Medical Personnel—Any uniformed member, civilian employee, or contract employee who is a health care professional and is credentialed and/or privileged and authorized by the DoD to perform health care services.

Medical Support—Services or personnel within a medical facility or program that support medical personnel and medical operations.

Medical Technology Software—Any technology software that can be used for patient scheduling, patient medical documentation, virtual health care visits, etc. All software products must be approved by DHA through the Business Associate Agreement process.

Medical Treatment Facility (MTF)—Consistent with 10 U.S.C. § 1073c, *Administration of Defense Health Agency and military medical treatment facilities* (Armed Forces), and DoDD 5136.13, any fixed facility of the Department of Defense that is outside of a deployed environment and used primarily for health care, including dental care; and any other location used for purposes of providing health care services as designated by the Secretary of Defense or USD(P&R). (DoDI 6025.13). Also known MDG/SQ in this document.

Memorandum of Agreement—An agreement that defines areas of responsibility and agreement between two or more parties, normally at headquarters or MAJCOM level. Memorandum of agreement normally document the exchange of services and resources and establish parameters from which support agreements may be authorized.

Mental Health Clinical Care / Domain—Care provided for a condition that meets or is suspected to meet criteria for a *Diagnostic and Statistical Manual* diagnosis.

Military Health System (MHS) —DoD medical and dental programs, personnel, facilities, and other assets operating pursuant to Chapter 55 of DoDD 5136.01, by which the DoD provides: Health care services and support to the Military Services during the range of military operations. Health care services and support to members of the Military Services, their family members, and others entitled to DoD medical care. (DHA-PM 6025.13, *Volume* 4)

Minor Procedure—A health care treatment performed without anesthesia in an office-based setting, for example dry needling, acupuncture, and immunizations, etc.

Near-Miss Event—A PS event that did not reach the patient (also known as "close call" or "good catch") unsafe or hazardous condition. A condition or a circumstance (other than a patient's own disease process or condition) that increases the probability of an adverse event.

No-Harm Event—A PS event that reached the patient but did not cause harm.

Non-Privileged Provider—An individual who possesses a license, certification, or registration by a state, commonwealth, territory, or possession of the United States, and is only permitted to engage in the delivery of health care as defined in their granted scope of practice. Examples include registered nurse, licensed vocational nurse, registered dental hygienist, and medical technician. (DHA-PM 6025.13, *Volume 4*)

Ongoing Professional Practice Evaluation—A documented summary of ongoing data collected for the purpose of assessing a health care provider's clinical competence and professional behavior. The information gathered during this process allows for identification of practice trends

that may adversely affect, or could adversely affect, the health or welfare of a patient. It is the responsibility of the organization to determine the criteria used in the ongoing professional practice evaluation. (DHA-PM 6025.13, *Volume 4*)

Operational Clinical Services (OCS)—Clinical and clinical support services on ships and planes, in deployed settings, and in all other circumstances outside an MTF. (DoDI 6025.13)

Pathway to Accreditation—The process through which OCS becomes organizationally and functionally integrated as a component to the installation MTF for accreditation purposes. The pathway includes completion of gap analyses for infection control and environment of care, and execution of a MOA to provide support to the process.

Patient Safety (PS) Event—A PS event is an incident or condition that could have resulted, or did result, in harm to a patient. A PS event can be, but is not necessarily the result of, a defective system or process design, a system or process breakdown, equipment failure or malfunction, or human error. PS events include adverse events, no-harm events, near-miss events, and unsafe or hazardous conditions defined as: (DHA-PM 6025.13, *Volume 4*)

Peer—A health care provider with generally similar privileges, practice, clinical specialty, and level of training.

Point of Contact (POC)—Formerly, the individual designated by the OPR to meet all OPR responsibilities, now called the Action Officer. Point of Contact and Action Officer are often used interchangeably, but the head of the office of primary responsibility retains ultimate responsibility.

Potentially Compensable Event (PCE) —Any PS event that both reaches the patient (i.e., adverse events and no-harm events) and has a health care risk management assessment that determines that the event is likely to present a possible financial loss to the Federal Government. All DoD RE are PCEs. All events that trigger a PCE will also be referred to the PS manager to ensure capture in the joint PS reporting system and investigation or analysis as defined in Volume 2 of DHA-PM 6025.13.

Privileged Provider—An individual who possesses appropriate credentials and is granted authorized clinical privileges to diagnose, initiate, alter, or terminate regimens of health care with defined scope of practice. (DHA-PM 6025.13, *Volume 4*)

Privileging Authority—The privileging authority is a designated official who grants permission to individuals to provide specific care, treatment, or services within well-defined limits. The privileging authority also initiates and makes determinations on clinical adverse actions. (DoDI 6025.13)

Property Custodian—An officer, enlisted member or civilian designated by the chief of the service, commander of the unit having the property, Military Treatment Facility Commander or the Military Treatment Facility Commander‘s designated representative, to maintain custody, care and safekeeping of property used by activities in the organization. The property custodian prepares and forwards requests for equipment and supplies.

Title 10 Status—The status of ARC members who are activated to full time duty, such as, but not limited to, a unit deployment during war, including travel to and from such duty.

Title 32 Status—The status of Air National Guard members who are activated under Title 32 US Code for state duty under state command.

Unit—A military organization constituted by Headquarters Air Force or Headquarters Space Force. (AFI 38-101)

Attachment 2

DEPARTMENT OF THE AIR FORCE (DAF) INTEGRATED OPERATIONAL SUPPORT (IOS) PROGRAM REFERENCE GUIDE

A2.1. IOS Program Reference Guide.

Figure A2.1. IOS Program Reference Guide.

Program	IOS Medical Program on a Line UMD	IOS Medical Program on an MDG/SQ UMD	Non-Medical Program on a Line UMD (Not an IOS Program)
At least one position of the IOS Program meets the description of medical personnel. This position could be vacant.	x	x	
Provides medical, medical support, and non-medical services to line units.	x	x	
None of the positions of the program meets the description of medical personnel.			x
Provides only non-medical service to line units.			x
Medical personnel must obtain and maintain credentials and/or privileges though installation MTF.	x	x	
Must have Pathway to Accreditation Memorandum of Agreement with MTF or alternate means to satisfy accreditation requirements IAW DoDI 6025.13.	x		
Must meet Clinical Quality Management Requirements.	x	x	
Must meet OSHA requirements.	x	x	x

Must meet building code requirements.	x	x	x
Must complete Gap Analysis training with AF/SG.	x		
Must be approved by installation MDG/SQ CC to provide operational clinical services (OCS) on the installation.	x		
Must document patient care in DHA EHR System.	x	x	

Attachment 3

RECOMMENDED MDG/SQ FACILITY IN-PROCESSING LIST

A3.1. Recommended MDG/SQ Facility In-Processing List.

Figure A3.1. Recommended In-Processing List.

In-Process at MTF
DMHRSi - only for clinical care provided in MTF
Education and Training – MTF Newcomers Education
AFSC Functional Manager
GENESIS Training
GENESIS Role Assignment - In IOS patient care location
GENESIS Access and Clearance
Group Practice Manager
HIPAA
Infection Control
Information Assurance Officer
Credentialing/Privileging
Information Systems
Mask Fit Testing (N95)
MDG/SQ Chief of Medical Staff
MDG/SQ Chief, Aerospace Medicine
MDG/SQ Chief, Biomedical Sciences Corps Executive
Medical Coding
Patient Safety
Public Health
Readiness
Referral Management Center
Relias account built for medical training
Security Manager
Specialty Clinic Orientation
Unit Safety