

**NASA Occupational Health
Employee-Directed and
Management-Directed Principles**

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Foreword

The NASA Office of the Chief Health and Medical Officer (OCHMO), Headquarters and located at the Kennedy Space Center developed this Desk Guide to assist program personnel in meeting medical quality assurance goals.

The broad overall authority for the NASA Medical Quality Assurance Desk Guide is Executive Order 12196, dated February 26,1980, “Occupational Safety and Health Programs for Federal Employees”, (3 CFR 1980 Compilation) and 29 CFR, Part 1960, “Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.” The general supporting implementation guidance can be found in NPG 1800.1, NASA Occupational Health Program Procedures. Chapter 2, Occupational Health Program, Section 2.3 Quality Assurance Program. Section 2.3 covers a variety of quality assurance topics including credentialing and privileging, peer review, quality improvement, risk management, standardization, environment of care, etc. This Desk Guide and its companion document provide more detailed information on employee and management-directed quality assurance principals, measurable elements, and examples of processes, forms, study guides and tests.

Section I: Employee-Directed Principles Managing Employee (Patient) Assessment

When an employee comes to a NASA clinic, qualified clinic staff members initially determine the reason for the visit and will collect the specific information. The type of visit (e.g., health screening, acute injury) determines the process for collecting the required information. The actual assessment process, defined in writing, is performed by the appropriate discipline within the scope of practice, licensure, applicable laws and regulation, or certification. Treatment is rendered as quickly as possible after assessment. Findings as well as follow-up and reevaluation processes are documented.

- MEA.1 All employees cared for by the NASA Occupational Health (OH) clinics have their health care needs identified through an established assessment process.
- MEA.1.1 NASA OH assures that the clinics and services have determined the scope and content of assessments, based on applicable laws and regulations.
- MEA.1.2 Occupational health clinical practice guidelines, adopted by the NASA OH, are used to guide employee assessments and reduce unwanted variation.
- MEA.1.3 NASA OH assures that clinics and services complete assessments within a prescribed timeframe.
- MEA.1.4 NASA OH assures that clinic assessment findings are documented in the employee's medical record and are readily available to those responsible for the employee's care.

The initial assessment information is critical, detailed, and considers a variety of familial, cultural, and behavioral factors. The initial assessment, a nursing assessment if required, further in-depth assessments, outside referrals, reevaluation and reassessments are all documented in the medical record.

- MEA.2 NASA OH assures that each clinic patient's initial assessment contains an evaluation of physical, psychological, and social factors, including a physical examination and health history.
- MEA.2.1 NASA OH assures that clinics or services identify the employee's medical needs from the initial assessment.
- MEA.2.1.1 NASA OH assures that clinics or services document the initial medical assessment in the employee's medical record.

- MEA.2.1.2 NASA OH assures that clinics or services document the initial medical assessment before administering local anesthesia or minor surgical treatment.
- MEA.2.1.3 NASA OH assures that clinics or services provide an initial medical assessment of emergency patients, appropriate to their needs and conditions.
- MEA.2.1.4 NASA OH assures those clinics and services document the initial nursing assessment in the employee's medical record within established timeframes.
- MEA.2.2 NASA OH assures that clinic patients are screened for nutritional status and functional needs, and are referred for further assessment and treatment when necessary.
- MEA.2.3 NASA OH assures that the clinic provides an initial evaluation that includes determining the need for coordinated care planning and/or additional specialized assessments.
- MEA.3 NASA OH assures that the clinics and services have a process for reevaluating all employees at appropriate intervals, to determine their response to treatment and to plan for continued treatment or referral.
- MEA.4 NASA OH assures that qualified clinic staff conducts the assessments and reassessments.
 - MEA.4.1 NASA OH assures that clinic and service processes address assessment and reassessment responsibilities, and are defined in writing.

Clinics have a system for providing laboratory services, either within house utilizing adequately trained individuals or through qualified outside laboratory services with appropriate quality control and safety management programs and policies. A timeline for reporting laboratory test results is established and adhered to. If it is an in-house facility, there is a written process for routine equipment maintenance and calibration and the storage and handling of reagents. All laboratories will have established reference ranges for tests and sound quality control systems.

- MEA.5 NASA OH assures that clinics and services have laboratory services available to meet employee needs, and all such services meet applicable local and national standards, laws, and regulations.
 - MEA.5.1 NASA OH assures that contracted clinical pathology services are available to meet employee needs. All such services meet applicable local and national standards, laws, and regulations.

- MEA.5.2 NASA OH assures that clinics and services have a laboratory safety program in place, followed, and documented.
- MEA.5.3 NASA OH assures that clinic individuals have adequate training, skills, orientation, and experience administer the laboratory tests and interpret the results.
- MEA.5.4 NASA OH assures that clinics and services have a process for receiving laboratory results in a timely manner.
- MEA.5.5 NASA OH assures all clinics and service laboratory equipment is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.
- MEA.5.6 NASA OH assures that the clinics and services provide for essential reagents and other supplies to be regularly available.
- MEA.5.7 NASA OH assures that the clinics and services have procedures for collecting, identifying, handling, safely transporting and disposing of specimens. The identified procedures are followed.
- MEA.5.8 NASA OH assures clinics and services have established norms and ranges that are used to interpret and report clinical laboratory results.
- MEA.5.9 NASA OH assures that clinics and services provide for quality control procedures that are established, followed, and documented.
- MEA.5.9.1 NASA OH assures that clinics and services provide a process for proficiency testing.
- MEA.5.10 NASA OH assures that clinics and services have a process for regular reviews of quality control results for all outside sources of laboratory services.
- MEA.5.11 NASA OH assures that clinics and services have access to experts in specialized diagnostic areas when necessary.

Not all clinics provide radiology services, but those that have services on site will meet applicable local and national standards, laws and regulations. This is true for outside sources in addition to maintaining a history of accurate, timely services. Appropriate level radiation safety programs, written policies, and training programs will be established if radiology services are on site.

- MEA.6 NASA OH assures that clinics and services provide radiology services that meet applicable local and national standards, laws, and regulations.
- MEA.6.2 NASA OH assures that clinics and services have a radiation safety program that is established, followed, and documented.
- MEA.6.3 NASA OH assures that the clinics and services provide for individuals with adequate training, skills, orientation, and experience to administer the imaging tests and interpret the results.
- MEA.6.4 NASA OH assures that the clinics and services provide for radiology results in a timely manner, as defined by the organization.
- MEA.6.5 NASA OH assures that the clinics and services have a process that provides for diagnostic equipment to be regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.
- MEA.6.6 NASA OH assures that clinics and services provide for X-ray film and other supplies to be available as needed.
- MEA.6.7 NASA OH assures that quality control procedures are established, followed, and documented.
- MEA.6.8 NASA OH assures that regular reviews are conducted by the clinics or services, to provide for quality control results from all outside sources of diagnostic services.

Employee-Directed Principles
Employee (Patient) Care Process

Employees with similar occupational health problems and medical care needs have a right to receive the same quality of service throughout NASA. The level of basic care provided to employees is the same throughout the Program. Care is planned for optimal outcome and orders are executed either in writing or verbally as permitted.

- ECP.1 NASA OH policies and procedures, and applicable laws and regulations guide the uniform care of all employees in the clinics and services.
- ECP.2 NASA OH provides for processes to integrate and coordinate the care provided to each patient.
- ECP.2.1 The care provided to each NASA OH employee is planned and written in the employee's medical record as defined by the clinics or services.

- ECP.2.2 NASA OH assures that clinics and services provide a mechanism that those permitted to write patient care orders, will write the order in the employee's medical record in a standardized location.
- ECP.2.3 NASA OH clinic and service tests and procedures performed within the employee care process are written into the employee's medical record.
- ECP.3 NASA OH clinics and services have clinical practice guidelines that are used to direct the employee's clinical care.

A few employees may be considered high-risk. The Clinic medical director has the responsibility for identifying employees and services considered at high risk. Policy relating to high-risk cases will cover planning, documentation and staff qualification

- ECP.4 NASA OH clinics and services have policies and procedures that guide the care of high-risk patients and the provision of high-risk services.
- ECP.4.1. NASA OH clinics and services have policies and procedures that guide the care of emergency patients.
- ECP.4.2 Policies and procedures guide the use of resuscitation services throughout the clinics and services of NASA OH.

If medications are dispensed, the clinic will have a medication management policy defining the stocked medications available, a plan for acquiring medications from a readily available outside source, appropriate storage, and procedures to prevent abuse or theft and to ensure against expired medications. Clinics will have a policy and process for retrieving or destroying recalled or expired drugs in accordance with DEA and FDA and for reporting medication errors.

- ECP.5 NASA OH assures that clinics and services address medication use and provide for an efficient, organized process that meet employee needs.
- ECP.5.1 NASA OH assures that clinics and services address pharmacy or pharmaceutical services, and provide that medication use complies with applicable federal and state laws and regulations.
- ECP.5.2 NASA OH assures clinics and services address the need for an appropriate selection of medications for prescribing or ordering, and are well stocked or readily available.

- ECP.5.2.1 NASA OH assures that the clinics or services have a method for overseeing the medication formulary and medication use.
- ECP.5.2.2 NASA OH assures that the clinics or services have a method for obtaining medications not normally stocked or available.
- ECP.5.2.3 NASA OH assures that the clinics or services have a process for obtaining medications when the pharmacy or pharmaceutical supply service is closed.
- ECP.5.2.4 NASA OH emergency medications are available, monitored, and secure.
- ECP.5.3 NASA OH assures that clinics and services define prescribing, ordering, and administration of medications and are guided by policies and procedures.
 - ECP.5.3.1 NASA OH assures that the clinics and services identify those qualified individuals permitted to prescribe or order medications and those permitted to administer medications. Standing medication orders are discouraged. Standing protocols that can be individualized to the employee are preferred.
 - ECP.5.3.2 NASA OH assures that the clinics and services have policies and procedures to govern the control of medication samples, the use of any medications brought into the clinic by the employee, and the dispensing of medications from the program.
- ECP.5.4 NASA OH assures that clinics and services provide for medications to be stored, prepared, and dispensed in a safe and clean environment.
 - ECP.5.4.1 NASA OH assures that the clinics and services have policies and procedures providing for appropriately licensed personnel to supervise the storage, preparation, and dispensing of medications.
 - ECP.5.4.2 NASA OH assures that the clinics and services provide for medication orders to be reviewed and verified.
 - ECP.5.4.3 NASA OH clinics and services have medication management programs that provide a system for recalling medications when necessary.
 - ECP.5.4.4 NASA OH clinics and services have a defined system that assures proper dispensing of medications. Medication administration should adhere to the five rights: The right drug, in the right dose, given to the right patient, by the right route, at the right time.
- ECP.5.5 NASA OH clinics and services have a procedure to assure that employees are identified before medications are administered.

- ECP.5.5.1 NASA OH clinics and services support efforts to assure the five rights of medication administration. The right dose of the right medication is administered to the right patient, by the right route, and at the right time.
- ECP.5.6 NASA OH assures that clinics and services provide for the effects of medication treatment to be monitored as a part of quality employee care.
 - ECP.5.6.1 NASA OH assures that clinics and services address the need for medications prescribed and administered to be written in the employee's medical record.
 - ECP.5.6.2 NASA OH assures that clinics and services address the need for adverse medication effects to be noted in the employee's medical record.
 - ECP.5.6.3 NASA OH assures that the clinics and services address the need for medication errors to be reported through a process, and within a time frame defined by policy and procedure.
- ECP.6 NASA OH clinics and services provide nutritious snacks that are appropriate for employee needs and consistent with his or her clinical treatment plan.
 - ECP.6.1 NASA OH clinics and services provide an appropriate supply of foodstuff that meets any applicable food preparation, handling, and storage standards and are in compliance with laws, regulations, and current acceptable practices.

Employee-Directed Principles

Coordinating Employee Care (CEC)

All NASA employees are eligible for a health maintenance exam. Designated employees and contractors, depending on the scope of their contracts, are eligible for surveillance exposure exams. All are eligible for urgent or emergency care, which will be provided on a priority basis. Clinics must establish triage criteria and train staff members on how to evaluate for urgent care.

- CEC.1 Employees have access to the NASA OH services based on identified health care needs and the organization's mission and resources.
 - CEC.1.1 The NASA OH clinics and services have a process for accepting employees for health care.
 - CEC.1.1.1 NASA OH employees with urgent or emergency needs are given priority for assessment and treatment, as defined by the clinics and services.

- CEC.1.1.2 NASA OH assures that the clinics and services provide for employee preventive services, needs are prioritized based on the employee's condition at the time of entry to the program.
- CEC.1.2 At registration, NASA OH clinics or services provide information to employees and/or decision-makers regarding medical care. Information concerning the proposed care, expected results of that care, and any expected cost for care should be discussed. Patients need to be informed regarding the financial differences they may encounter when receiving care that is work vs. non-work related.
- CEC.1.3 NASA OH assures that clinics and services seek to reduce cultural and language, physical and other barriers to health care and delivery of services.
- CEC.1.4 NASA OH assures that clinics and services have a process for using diagnostic tests that are useful additions to the process of determining employee medical needs. Tests are completed and used as appropriate to determine whether the employee should be treated by the organization, or referred to an alternate care setting.

The medical record is the primary source for documentation of the care process and contains essential information that should accompany the employee while receiving care in the clinic or in the unlikely event of a care transfer. Clinics must establish a written process for patient care referral and maintain a formal or informal relationship with community providers

- CEC.2 NASA OH assures that the clinics and services design and carry out processes that provide continuity of patient care services within the program, and include effective coordination among health professionals for work-related healthcare issues.
- CEC.2.1 NASA OH clinics and services assure that there is a qualified individual identified and accountable for care management during all phases of employee care.
- CEC.2.2 NASA OH assures that the clinics and services have a process for providing that employee medical records are available to care providers for the purpose of facilitating information exchange.
- CEC.2.3 NASA OH assures that the clinics and services have a process that provides for information related to the employee's care to be transferred with the employee, when care responsibilities are reassigned.

- CEC.3 NASA OH assures that clinics and services have a process by which employees are appropriately referred for care.
- CEC.3.1 NASA OH assures that clinics and services cooperate with health care practitioners and outside agencies to assure timely and appropriate referrals.
- CEC.3.2 Employees are given understandable follow-up instructions at the time of referral or discharge from the NASA OH.

**Employee-Directed Standards
Employee Care Rights (ECR)**

Patient (employee) rights are a fundamental element of all employee contacts. Employees have the right to accurate information, tolerance for their values and beliefs, privacy, and safety. Employee rights also include participative care, treatment discontinuation, and appropriate treatment of pain. Employees must be informed of their rights as well as being informed of any proposed tests, procedures or treatments.

- ECR.1 The NASA OH is responsible for assuring that clinic processes support employee rights while providing care.
- ECR.1.1 Employees are informed about the services offered by NASA OH and how to access those services.
- ECR.1.2 NASA OH employee care is considerate and respectful of the patient's personal values and beliefs.
- ECR.1.3 NASA OH assures that clinics and services address the need for care processes that are respectful of the employee's need for privacy.
- ECR.1.4 NASA OH clinics and services take measures to protect employee possessions from theft or loss.
- ECR.1.5 NASA OH employees are protected from physical assault.
- ECR.1.6 NASA OH assures that clinics and services have processes addressing employee information as confidential and protected from loss or misuse.
- ECR.2 The NASA OH assures that clinics and services support the right of the employee to participate in the care process. The family of the patient is included in the care process when appropriate, e.g., Employee Assistance Program (EAP), based on the overall treatment plan.

- ECR.2.1 NASA OH assures that clinics and services define how employees are informed as to how they will be told of medical conditions and treatments, and how they can participate in care decisions, to the extent they wish to participate.
- ECR.2.2 NASA OH assures that the clinics or services inform employees about their rights and responsibilities related to refusing or discontinuing treatment.
- ECR.2.3 NASA OH assures that the clinics or services have processes established to assess and manage pain appropriately.
- ECR.3 NASA OH clinics and services assure that employees are informed about the process to receive and act on complaints, conflicts, and differences of opinion about employee care, and the employee's right to participate in these processes.
- ECR.4 NASA OH clinics and services assure that staff members are educated about their roles in the identification of employee values and beliefs and the protection of employee rights.
- ECR.5 NASA OH employees are given information about their rights in a manner they can understand, according to a procedure defined by the clinic. If the organization elects to meet this standard by a public posting of a patient's rights, a copy should be provided to the individual on request.

General consent for employee treatment is not required. Some high-risk procedures require a formal separate informed consent with a signed consent form. When written consent cannot be obtained the provider should document verbal consent in the chart and witnesses in attendance.

- ECR.6 NASA OH assures that employee informed consent is obtained through a process defined by the clinic, and carried out by trained staff members.
- ECR.6.1 NASA OH assures that clinic patients receive adequate information about their injuries or illnesses, treatment proposed, and care providers so that care decisions can be made. The processes are defined by the clinics and services.
- ECR.6.1.1 NASA OH assures that clinics or services have a process addressing the need for staff members to provide employee care information in a manner and language understood by those that are making the care decisions and providing informed consent.
- ECR.6.2 NASA OH assures that the clinics or services establish a process, within the context of existing law and culture, for when others can grant consent (if applicable) for an employee's care.

- ECR.6.2.1 When someone other than the NASA OH employee gives informed consent for specific treatments, that individual is noted in the employee's medical record.
- ECR.6.2.2 NASA OH assures that lists of those categories or types of treatments and procedures that require specific informed consent above are defined by the clinics or services.

Section I: Employee-Directed Standards Employee Education (EDU)

Health care programs and Center health promotion programs educate employees. Education programs must be built into the care process based on services provided and the population served. Center health promotion programs are based on the needs of the population served. Standardized materials from approved sources with appropriate format and language are the basis for NASA health education programs whether the program scope is comprehensive or more limited.

- EDU.1 NASA OH assures that education efforts support employee participation in care decisions and care processes in the clinics and services.
 - EDU.1.1 At each NASA OH visit employees should have an educational needs assessment that is documented in the medical record.
 - EDU.1.2 Each NASA OH employee receives education designed to help them give informed consent, participate in care processes, and understand any financial implications of care choices. The latter is particularly important when care is related to non-work related health care needs.
- EDU.2 NASA OH assures that education and training are provided by clinics and services to help meet the ongoing health needs of the employees they serve.
 - EDU.2.1 NASA OH assures clinic cooperation with available community resources, to provide health promotion and disease prevention education.
- EDU.3 NASA OH assures that patient education practiced in the clinics or services include topics as appropriate to the treatment plans. Safe use of medications, medical equipment, diet, and return to work methods should be considered.
- EDU.4 NASA OH clinics and services assure that education methods consider employee values and preferences and allow sufficient interaction among the employee, family, and staff members for learning to occur.

- EDU.4.1 NASA OH assures that the clinics and services teach employees in a format and language that they understand.
- EDU.4.2 NASA OH assures that clinic health professionals caring for the employee collaborate to provide adequate and effective education.
- EDU.4.2.1 NASA OH assures that these professionals have the knowledge and skills required for informing and teaching effectively.

Section II: Management-Directed Principles

Facility and Safety Management

Laws, regulations and other requirements to the facility (ies) take precedent. Clinic leaders are responsible for being knowledgeable about national and local regulations and planning and budgeting for their necessary upgrade. If needed repairs are beyond the scope of contractual agreements, the leaders have responsibility to notify the appropriate NASA official. Prevention planning, inspections, and risk reduction planning are key to effective resources management and should be documented.

- FSM.1 NASA OH assures that the clinics and services are compliant with relevant laws, regulations, and facility inspection requirements.
- FSM.1.1 NASA OH plans and budgets for upgrading or replacing essential systems, buildings, or components.
- FSM.2 NASA OH assures the planning and implementation of a program designed to manage the physical environment.
- FSM.2.1 NASA OH assures inspection of employee care buildings for fire safety and has a plan to reduce evident risks and provide a safe physical facility for employees and staff.
- FSM.3 NASA OH plans and implements a program to assure that all occupants are safe from fire, smoke, or other emergencies in the facility (ies).
- FSM.3.1 The NASA OH plan includes prevention, early detection, suppression, abatement, and safe exit from the facility (ies) in response to fires and non-fire emergencies.
- FSM.3.2 The organization assures the occurrence and documentation of the regular testing of its fire and smoke safety plan, including any devices related to early detection and suppression.

- FSM.3.3 NASA OH assures that clinics and services develop and implement a plan to limit smoking at the clinic site.
- FSM.3.4 NASA OH supports clinics in establishing emergency processes to protect facility occupants in the event of water and/or electrical system disruption, contamination, or failure.
- FSM.3.5 NASA OH supports clinics in testing its emergency water and electrical systems (including batteries) on a regular basis, appropriate to the system and documents the results.

Clinics must plan for community emergencies by developing and testing or inspecting emergency response plans, equipment, and utility systems. This process also includes addressing hazardous materials and waste, and designating the individual responsible for leadership and oversight.

- FSM.4 NASA OH assures development of a plan to respond to likely community emergencies, epidemics, and natural or other disasters.
 - FSM.4.1 NASA OH has tested responses to emergencies, epidemics, and disasters.
 - FSM.4.2 NASA OH clinics and services have access to any medical supplies, communication equipment, and other materials to support adequate responses to emergencies, epidemics, and disasters.
- FSM.5 NASA OH clinics and services plan for the inventory, handling, storage, and use of hazardous materials including the control and disposal of hazardous materials and waste.
- FSM.6 NASA OH assures that one or more qualified individuals oversee the planning and implementation of the program to provide safe and effective physical facilities.
 - FSM.6.1 NASA OH assures that a monitoring program provides data on incidents, injuries, and other events that support planning and further risk reduction.
 - FSM.6.2 NASA OH assures that management of this program is consistent and continuous.
- FSM.7 NASA OH assures planning and implementation of a program for inspecting, testing, and maintaining medical equipment and documenting the results.

- FSM.7.1 NASA OH assures the collection of monitoring data for the medical equipment management program. These data are used to plan the organization's long-term needs for upgrading or replacing equipment.
- FSM.8 NASA OH assures that electrical, water, waste, ventilation, medical gas, and other key systems are regularly inspected, maintained, and when appropriate, improved.
- FSM.9 NASA OH assures that all clinic and service staff members are educated and trained about their roles in providing a safe and effective patient care facility.
- FSM.9.1 Staff members are trained and knowledgeable about their roles in the NASA OH plans for fire safety, security, hazardous materials, and emergencies.
- FSM.9.2 NASA OH clinic and services staff members are trained to operate and maintain medical equipment and utility systems.
- FSM.9.3 NASA OH clinics and services periodically test staff knowledge through demonstration, mock events, and other suitable methods. This testing is documented.

Management-Directed Principles Governance (GOV)

NASA Occupational Health governance and management structure is detailed in its core NPDs and supporting implementation NPGs. The location and titles of those listed in the organization chart are secondary to their responsibilities.

- GOV.1 NASA OH governance responsibilities and accountabilities are described in bylaws, policies and procedures, or similar documents that guide how they are to be carried out.
- GOV.1.1 Those responsible for governance approve the NASA OH mission statement.
- GOV.1.2 Those responsible for governance approve the policies and plan that operate the NASA OH.
- GOV.1.3 Those responsible for governance approve the budget and allocate resources required to meet the mission of the organization.
- GOV.1.4 Those responsible for governance appoint the senior manager(s) or director(s) of the organization.

- GOV.1.5 Those responsible for governance of NASA OH support and promote quality management and improvement efforts.
- GOV.1.6 Those responsible for governance collaborate with NASA OH managers and leaders.
- GOV.2 A senior manager or medical director is responsible for the day-to-day operation of NASA OH clinics and for assuring compliance with applicable laws and regulations.
- GOV.3 The clinical leaders identify and plan the types of services required to meet the needs of employees served by NASA OH.
 - GOV.3.1 The clinical leaders provide oversight of contracts for medical or management services.
 - GOV.3.2 Medical, nursing, and other clinical leaders are educated in the concepts of quality management and improvement.
 - GOV.3.3 NASA OH leaders assure that there are uniform programs for the recruitment, retention, development, and continuing education of all staff members.
 - GOV.3.4 Organization leaders foster communication and coordination among those individuals and departments responsible for providing clinical services.
- GOV.4 NASA OH medical, nursing, and other clinical leaders plan and implement an effective organizational structure to support their responsibilities and authority.
 - GOV.4.1 NASA OH organizational structure and agency processes support professional communication.
 - GOV.4.2 NASA OH organizational structure and agency processes support clinical planning and policy development.
 - GOV.4.3 NASA OH organizational structure and agency processes support the oversight of professional ethical issues.
 - GOV.4.4 NASA OH organizational structure and agency processes support the oversight of the quality of clinical services.

The clinical care, employee outcomes, and overall management at the local health care program level are only as good as the leadership. Medical directors are responsible for assuring staff members are oriented, trained and competent within their respective areas of responsibility.

- GOV.5 One or more qualified individuals provide direction for each occupational health clinic in the NASA OH.
- GOV.5.1 NASA OH clinic directors are responsible for written identification of services to be provided.
 - GOV.5.1.1 NASA OH clinic services are coordinated and integrated.
- GOV.5.2 NASA OH medical directors recommend space, staffing, and other resources needed.
- GOV.5.3 NASA OH medical directors suggest criteria for selecting the clinic's professional staff, and choose individuals who meet those criteria.
- GOV.5.4 NASA OH medical directors assure the provision of orientation and training for all staff members within their respective areas of responsibility, appropriate to the staff member's responsibilities.
- GOV.5.5 NASA OH medical directors monitor the clinic's performance as well as individual staff performance.
 - GOV.5.5.1 NASA OH medical directors have the data and information needed to effectively manage, and continuously improve the services provided by their areas of responsibility.
 - GOV.5.5.2 NASA OH medical directors integrate clinic activities into the organization's quality management and improvement program.

Management-Directed Principles Information Management Services (IMS)

Critical information is generated and utilized during employee care. Care providers, clinic managers and leaders, priorities, and even those outside NASA OH influence information management strategies. Security and confidentiality of records is maintained at all times with written processes designating authority for access and entry. Medical record retention schedules are established and followed.

- IMS.1 NASA OH plans and implements processes to meet the information needs of all those who provide clinical services, those who manage the services, and those outside the organization who require certain data and information.
- IMS.1.1 NASA OH has a plan to meet information needs.
- IMS.1.2 The plan is based on an assessment of the needs of those within and outside the occupational health program.
- IMS.1.3 The plan is appropriate to the occupational health program's size and complexity of services.
- IMS.1.4 The NASA OH information plan includes how confidentiality, security, and integrity of data and information will be maintained.
- IMS.1.5 The NASA OH information plan defines the levels of security needed.
- IMS.1.5.1 The NASA OH has a policy identifying those authorized to make entries in employee medical records and determines content and format.
- IMS.1.5.2 Only authorized providers make entries in employee medical records.
- IMS.1.5.3 Each employee medical record entry identifies the author and notes date of entry.
- IMS.1.6 NASA OH has a policy on the retention time of patient medical records, data, and other information.
- IMS.1.7 The NASA OH information management plan is implemented and supported by sufficient personnel and other resources.
- IMS.1.8 Standardized diagnosis codes, procedure codes, symbols, and definitions are used within the NASA OH.
- IMS.1.9 The data and information needs of those within and outside NASA OH are met on a timely basis and in a format that meets user expectations, with the desired frequency.
- IMS.1.10 Appropriate NASA OH clinical and managerial staff members participate in selecting, integrating, and using information management technology.
- IMS.1.11 NASA OH staff members have access to the level of information related to their needs and job responsibilities.

IMS.1.12 NASA OH assures that clinics and services have policies and procedures to protect medical records and information from loss, destruction, tampering, and unauthorized access or use.

IMS.1.13 Clinical and managerial information is integrated to support the NASA OH governance and leadership.

IMS.1.14 NASA OH decision-makers and other appropriate staff members are educated and trained in the principles of information management.

Every employee who is assessed or treated in the clinic has a medical record with sufficient information to support diagnosis, justify provided treatment, and the subsequent course and results of that treatment. Medical records are available to the provider at each visit. In order to proactively practice medicine, continuously improve and detect occupational health trends NASA may collect and analyze aggregate health data to compare with other National health databases.

IMS.2 NASA OH initiates and maintains a medical record for every employee assessed or treated.

IMS.2.1 NASA OH medical records contain sufficient information to identify the employee, support the diagnoses, justify treatment, document the course and results of treatment, and promote continuity of care among health care providers.

IMS.2.1.1 NASA OH medical records for emergency employees include identification (see DSS.2.1), arrival time, means of arrival, conclusions at the termination of treatment, a description of the employee's condition at discharge or transfer, and any follow-up care recommended.

IMS.2.2 As part of its performance improvement activities, NASA OH regularly evaluates employee medical record content and comprehensiveness.

IMS.2.3 NASA OH health care providers have access to the information in a employee's medical record each time the patient is seen for a new or continuing care episode.

IMS.3 NASA OH aggregate data and information support employee care, program management, and the quality management program.

IMS.3.1 NASA OH has a process to aggregate data and has determined what data and information are to be regularly aggregated, in order to meet the needs of clinical and managerial staff, and agencies outside the organization.

- IMS.3.2 NASA OH supports employee care, education, research, and management with timely information from current sources.
- IMS.3.3 NASA OH has a process for using or participating in external databases such as Medline on the Internet.
 - IMS.3.3.1 NASA OH uses occupational medicine external reference databases for comparative purposes, where appropriate.
 - IMS.3.3.2 NASA OH assures that the security and confidentiality of data and information are maintained when contributing to or using external databases.

**Management-Directed Principles
Infection Control Services (INF)**

Infection control is critical to employee care and employee health. Each clinic will identify its epidemiologically important infections, infection sites, and associated devices to reduce the incidence of nosocomial infections. The clinic staff is educated on infection control practices and processes for infection risk reduction should be regularly reviewed. An infection control program is based on current scientific information and applicable laws and regulations and contains an information management element to support the tracking of risks, rates and trends in nosocomial infections.

- INF.1 NASA OH designs and implements a coordinated process to reduce the risks of nosocomial infections in employees and health care workers.
 - INF.1.1 All employee, staff, and visitor areas of the NASA OH are included in the infection control program.
- INF.2 NASA OH establishes the focus of the nosocomial infection prevention and reduction program.
- INF.3 NASA OH identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.
- INF.4 NASA OH assures that gloves, masks, soap, and disinfectants are available and used correctly when required.
- INF.5 Environmental cultures are obtained on a routine basis from designated sites in the NASA OH that are associated with significant infection risk.

- INF.6 NASA OH assures that one or more individuals oversee all infection control activities. This individual(s) is qualified in infection control practices through continuing education, training, experience, or certification.
- INF.7 NASA OH assures that a designated individual or group monitors and coordinates infection control activities in the organization.
- INF.8 Coordination of infection control activities involves medicine, nursing, and other disciplines as appropriate to NASA OH.
- INF.9 NASA OH assures that the infection control program is based on current scientific knowledge, accepted practice guidelines, and applicable laws and regulations.
- INF.10 NASA OH information management systems support the infection control program.
- INF.11 NASA OH assures that the infection control program is integrated with the program for quality management and improvement.
 - INF.11.1 NASA OH assures that the infection control program tracks infection risks, infection rates, and trends in nosocomial infections.
 - INF.11.2 Monitoring includes using indicators related to infection issues that are epidemiologically important to NASA OH.
 - INF.11.3 The NASA OH infection control program uses risk, rate, and trend information to design or modify processes in order to reduce nosocomial infections to the lowest possible levels.
 - INF.11.4 The NASA OH infection control program compares its infection control rates with other programs through comparative databases.
 - INF.11.5 The results of infection monitoring in the NASA OH are regularly communicated to staff members, doctors, and management.
 - INF.11.6 The NASA OH infection control program reports information regarding infections to appropriate external public health agencies.
- INF.12 The program provides education on infection control practices to staff, doctors, employee s, and, as appropriate, other caregivers.

- INF.12.1 All staff receives an orientation to the occupational health program's infection control policies and practices.
- INF.12.2 All staff is educated in infection control when new policies are implemented and when significant trends are noted in surveillance data.

Management-Directed Principles
Performance Improvement Management (PIM)

Center OH leaders, clinic managers, and medical directors are all stakeholders and participate in establishing the organization's commitment, approach to improvement, management and oversight. Leaders prioritize critical, high-risk, problem-prone, primary processes directly related to the quality of care and safety of the environment. Staff members are selected to participate in quality management and improvements based on their relationship to a particular process, but over time both managerial and clinic staff has the opportunity to be trained and participate

- PIM.1 Those responsible for governing and leading NASA OH participate in planning and monitoring a quality management and improvement program.
- PIM.1.1 The clinical and managerial leaders of NASA OH collaborate in carrying out the quality management and improvement program.
 - PIM.1.1.1 NASA OH assures there is a written plan for a program-wide quality management and improvement program.
 - PIM.1.1.2 The program includes all components of NASA OH quality monitoring and control activities, including risk management.
- PIM.1.2 NASA OH leaders prioritize which processes should be monitored and which improvement activities should be carried out.
- PIM.1.3 NASA OH leaders provide technological and other support to the quality management and improvement program.
- PIM.1.4 NASA OH quality management and improvement program is coordinated, and program information is communicated to staff.
- PIM.1.5 NASA OH assures that staff members are trained to participate in the quality improvement program.
- PIM.1.6 All staff involved in managing the NASA OH and providing clinical and support services participate in the program.

- PIM.2 The NASA OH quality improvement program designs new and modified systems and processes according to quality improvement principles.
- PIM.2.1 New and modified processes incorporate design elements relevant to the process.
- PIM.2.2 The NASA OH quality improvement program sets expectations for how new and modified processes should operate.
- PIM.2.3 The NASA OH quality improvement program collects data to see if new and modified processes meet operational expectations.
- PIM.3. NASA OH leaders identify key measures (indicators) to monitor the organization's clinical and managerial structures, processes, and outcomes.

The clinical areas identified in standards PIM.3 through PIM.3.7, among others, are included in NASA OH quality monitoring and are assessed regularly by the Agency OH leadership.

- PIM.3.1 Clinical monitoring includes employee assessment.
- PIM.3.2 Clinical monitoring includes laboratory and radiology safety and quality control programs.
- PIM.3.3 Clinical monitoring includes special procedures (if performed).
- PIM.3.4 Clinical monitoring includes the use of antibiotics and other medications and medication errors.
- PIM.3.5 Clinical monitoring includes the use of mild sedation (if used).
- PIM.3.6 Clinical monitoring includes the availability, content, and use of employee medical records.
- PIM.3.7 Clinical monitoring includes infection control, surveillance, and reporting.

The managerial areas identified in standards PIM.3.8 through PIM.3.16 are included in NASA OH quality monitoring and are assessed regularly by the Agency OH leadership..

- PIM.3.8 Managerial monitoring includes financial management.

- PIM.3.9 Managerial monitoring includes the surveillance, control, and prevention of events that jeopardize the safety of employees and staff members.
- PIM.3.10 Managerial monitoring includes the procurement of routinely required supplies and medications essential to meet patient needs.
- PIM.3.11 Managerial monitoring includes reporting of activities as required by laws and regulations.
- PIM.3.12 Managerial monitoring includes risk management.
- PIM.3.13 Managerial monitoring includes utilization management.
- PIM.3.14 Managerial monitoring includes employee expectations and satisfaction.
- PIM.3.15 Managerial monitoring includes staff expectations and satisfaction.
- PIM.3.16 Managerial monitoring includes employee demographics and diagnoses.

Quality management and improvement are data driven. Data is aggregated, analyzed, and transformed into useful information. Most monitoring data is based on mission; employee needs and services focusing on the processes that are high risk to employees, offered in high-volume, or known to be problematic. The general data collection areas identified below in standards PIM.3.17 and PIM.3.18 are supported by NASA OH quality monitoring. The goal of data analysis is to evaluate the program against itself over time, with similar programs, with national standards, and with desirable practices identified in the current literature.

- PIM.3.17 Data collection supports further study of areas targeted for study and improvement.
- PIM.3.18 Data collection supports evaluation of the effectiveness of implemented improvements.
- PIM.4 Individuals with appropriate experience, knowledge, and skills systematically aggregate and analyze data in the NASA OH.
- PIM.4.1 NASA OH assures that the frequency of data analysis is appropriate to the process being studied and meets program requirements.
- PIM.4.2 NASA OH assures that data are intensively assessed when significant unexpected events and undesirable trends and variation occur.

- PIM.4.3 NASA OH assures that the analysis process includes comparisons internally, with other occupational medicine programs when available, and with scientific standards and desirable practices.
- PIM.4.4 NASA OH assures that statistical tool and techniques suitable to the process or outcome under study are utilized.
- PIM.5 NASA OH assures that improvement in quality is achieved and sustained.
- PIM.5.1 NASA OH assures that the organization's leaders undertake improvement activities for areas identified as priority.
- PIM.5.2 NASA OH assures that assignments are made and support provided for the purpose of quality improvement.
- PIM.5.3 NASA OH assures that staff members are trained, appropriate policy changes are made, and necessary resources are allocated.
- PIM.5.4 NASA OH assures that changes toward improvement are planned and tested, and successful changes are carried out.
- PIM.5.5 NASA OH collects data to show that improvements are sustained.
- PIM.5.6 NASA OH documents continuing, systematic improvement and uses the information to develop strategic improvement plans.

**Management-Directed Principles
Staff Qualifications and Competency (SQC)**

Projected staff needs are based on Center mission, the mix of employees served, the complexity and severity of their needs, the services provided, and utilized technology. Each facility will establish a written staffing plan that identifies the number and types of staff with defined skills, knowledge, and other requirements critical to quality employee care. Staff members receive ongoing in-service and other educational training to maintain and advance professional skills and competencies.

- SQC.1 NASA OH leaders define the desired education, skills, knowledge, and other requirements of all staff members.
- SQC.1.1 NASA OH assures that staff member responsibilities are defined in a current job description.

- SQC.2 Organization leaders develop and implement processes for recruiting, evaluating, and appointing staff, as well as other procedures as identified.
- SQC.3 NASA OH uses a defined process to assure that staff knowledge and skills are consistent with patient needs.
 - SQC.3.1 NASA OH assures that each staff member's ability to carry out their respective job responsibilities is evaluated at the time of appointment and regularly thereafter.
 - SQC.3.2 NASA OH assures that there is documented personnel information for each staff member.
- SQC.4 A staffing plan for the NASA OH, developed collaboratively by the clinical and managerial leaders, identifies the number, types, and desired qualifications of staff members.
 - SQC.4.1 The NASA OH staffing plan is reviewed on an ongoing basis and updated as necessary.
- SQC.5 All staff members are oriented to the NASA OH, and to their specific job responsibilities at the time of appointment to the staff.
- SQC.6 NASA OH assures that each staff member receives ongoing in-service and other education and training to maintain or advance his or her skills and knowledge.
 - SQC.6.1 NASA OH staff members who provide employee care and other staff as identified by the organization are annually trained in basic or advanced cardiac life support.
 - SQC.6.2 Aggregate data on staff education needs are the basis for the NASA OH's ongoing education program.
 - SQC.6.3 NASA OH provides facilities, as appropriate, time for staff education, and training.
 - SQC.6.4 NASA OH staff members are given the opportunity to participate in advanced education, research, and other educational experiences, to acquire new skills and knowledge and to support job advancement.

A process is established for verifying and evaluating credentials of the medical staff before they are permitted to provide employee medical treatment. NASA assures that providers of Centers' contracted medical services have a medical staff credentialing

process. Center OH management is responsible for gathering information and verifying credentials on clinic allied health professionals.

- SQC.7 NASA OH has an effective process for gathering, verifying, and evaluating the credentials (license, education, training, and experience) of those medical staff permitted to provide patient care without supervision.
- SQC.7.1 NASA OH maintains a record of the education, current professional license, training, specialty certifications and experience, of every medical staff member including med-level providers or licensed ancillary providers.
- SQC.7.2 NASA OH assures that the credentials and privileges of medical staff members are reevaluated at least every three years to determine that their qualifications and current competence allow continued practice in the organization.
- SQC.8 NASA OH has an effective process for granting privileges to all medical staff members to treat employees and provide other clinical services, consistent with their qualifications and the facilities scope of care.
- SQC.9 NASA OH has an effective process for medical staff participation in the organization's quality improvement program, including peer review activities for periodically reevaluating the current competency of all medical staff members.
- SQC.10 NASA OH has an effective process to gather, verify, and evaluate nursing staff member's credentials (license, education, training, and experience).
- SQC.10.1 NASA OH maintains a record of the current professional license, certificate, or registration, when required by laws, regulations, or the organization, of every nursing staff member.
- SQC.11 NASA OH has an effective process to identify job responsibilities and assign clinical work based on the nursing staff member's credentials and any regulatory requirements.
- SQC.12 NASA OH has an effective process for nursing staff member participation in quality improvement activities, including evaluating individual performance when indicated.
- SQC.13 NASA OH has an effective process to gather, verify, and evaluate other health professional staff member credentials (license, education, training, and experience).

- SQC.13.1 NASA OH maintains a record of the current professional license, certificate, or registration, when required by law or regulation, of each health professional staff member.
- SQC.14 NASA OH has an effective process to identify job responsibilities and assign clinical work based on the credentials and regulatory requirements of the other health professionals.
- SQC.15 NASA OH has an effective process for other health professional staff member participation in the organization's quality improvement activities.

END OF DOCUMENT