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MARINE CORPS BULLETIN 6300

From: Commandant of the Marine Corps
To: Distribution List

Subj: FLEET MARINE FORCE OPERATIONAL MEDICINE CLINICAL QUALITY MANAGEMENT AND PATIENT SAFETY PROGRAM

Ref: See enclosure (1)

Encl: (1) References

1. Situation. This Marine Corps Bulletin (MCBul) establishes policy, prescribes procedures, and assigns responsibilities for Clinical Quality Management (CQM) in settings where the operating forces receive health care outside the Military Treatment Facility (MTF). CQM and Patient Safety (PS) support the delivery of high-quality health care throughout the operational spectrum in the most austere, remote, and hostile environments. The CQM Program establishes policy and standardized procedures applied to the greatest extent possible given the unique limitations of the operational setting. Through CQM, the Marine Corps prioritizes PS, mitigates risk, continually improves quality, and ensures accountability.

a. CQM embraces the principles of High-Reliability Organizations (HRO): Preoccupation with Failure, Sensitivity to Operations, Deference to Expertise, Reluctance to Simplify, Commitment to Resilience, Constancy of Purpose, Respect for People, and Culture of Safety.

b. Per reference (a), CQM is operationalized across the Marine Corps training and deployed environments by means of the following programs:

(1) Patient Safety Program (PSP).

(2) Healthcare Risk Management (HRM).

(3) Credentialing and Privileging (CP).

(4) Clinical Quality Improvement (CQI).

c. This Bulletin is in accordance with references (a) through (s).

2. Mission. The CQM Program provides the foundation for the delivery of safe and reliable quality healthcare to the operational forces outside the MTF. This MCBul supplements references (a) through (c) by implementing applications and requirements for oversight of healthcare delivery to operating forces in remote and austere environments.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. Implement and support the CQM Program throughout the Fleet Marine Force (FMF) to ensure the delivery of high-quality health care to operational forces. Marine Corps commanders will ensure their health services personnel implement this program and are focused on the principles of HRO and CQM to deliver quality care to their forces.

(2) Concept of Operations. This MCBul provides the overarching framework for FMF CQM and aligns its processes with CQM in the Military Health System. It describes the overarching program structure and operating objectives for operational medical teams assigned to Marine Corps commands through the following elements.

(a) Patient Safety Program (PSP)

1. The PSP mitigates the risk of patient harm and associated exposure to liability for personnel through a standardized system that identifies, documents, and investigates PS events per references (b) and (e) and supplies evidence-based changes in practice to reduce or eliminate future risk.

2. Patient Safety Reportable Events must be reported in all instances. Applicable events may include a "good catch" as well as a broad range of adverse outcomes involving compromised patient care or routine clinical operations to include medication errors, needle stick injuries, losses of power, maintenance problems, supply issues, and death.

3. Patient Safety Reports (PSRs) that meet the criteria for a Sentinel Event or Potentially Compensable Event as described in reference (b) will be referred for both a Root Cause Analysis (RCA) and a Quality Assurance Investigation (QAI) following the process outlined in administrative guidance provided by Headquarters Marine Corps, Health Services (HQMC HS). Findings of the RCA will be referred to the appropriate Marine Corps Forces (MARFOR) or Marine Expeditionary Force (MEF) Command Surgeon with recommendations for corrective actions, and findings from the QAI will be referred to the Headquarters Marine Corps (HQMC) Chief Medical Officer for further action.

4. PSRs are process improvement documents protected from disclosure as required by references (r) and (s). A PSR allows health services staff to identify risks, which inform education, training, and process improvements to reduce the incidence of future events. A PSR must not be used for disciplinary action in accordance with reference (f).

(b) Healthcare Risk Management (HRM)

1. HRM, as described in reference (c), includes clinical and administrative activities, processes, and policies to identify, monitor, assess, mitigate, and prevent risks to the healthcare organization, patients, and staff. By employing risk management, the healthcare organization proactively and systemically safeguards PS and the organization's resources, accreditations, legal/regulatory compliance, assets, and customer confidence (integrity).

2. Routine activities of the PSP and CQI Programs are designed to uncover situations in which the delivery of care does not meet the accepted standard of care. In some of these situations, concerns for suspected misconduct, impairment, incompetence, or criminal activity may be discovered as part of the PSP and CQI Programs. PSP or CQI activity will be solely used to investigate activity for addressment of healthcare quality concerns and their mitigation in accordance with reference (c). Should a PSP, CQI, or other HRM activity uncover conduct that is illegal or inconsistent with good order and discipline, command leadership, in consultation with the appropriate legal counsel, should determine the type and scope of the command-directed investigation to be conducted in accordance with relevant aspects of the Uniform Code of Military Justice.

(c) Credentialing and Privileging (CP)

1. CP Programs in the operational forces shall be instituted using the guidance in references (c), (d), and (f) through (i). Periodic review of the credentials and privileges for all healthcare providers will be conducted to verify that all health services providers have completed and maintained the appropriate education and training, qualifications, and clinical certifications for their assigned privileges and duties.

2. Programs managing the supervision of Independent Duty Corpsmen (IDC) must be established and managed per reference (j). All IDCs, including those without a medical officer in their immediate chain of command, must have an appropriate physician supervisor per reference (j).

3. The supervision of Athletic Trainers (ATs) must be established and managed per reference (k).

(d) Clinical Quality Improvement (CQI)

1. Evaluates healthcare delivery and provides inputs to optimize the quality of care through education and training for staff and continuous improvement of healthcare processes. The program ensures peer review to achieve optimal medical care and to identify opportunities to improve that care.

2. All medical department records and documentation are available to a finder of fact, but medical CQI documentation may not be used in lieu of collecting information independently. Physician supervisors tasked to provide a review of care under the CQI Program will not be concurrently tasked to perform a formal or informal command investigation.

b. Subordinate Element Missions

(1) Commanders shall ensure implementation of all program policies, processes, and procedures and are responsible for fulfillment of requirements associated with their unit’s CQM Program as set forth in this MCBul.

(2) Headquarters Marine Corps, Health Services (HQMC HS)

(a) Champion a standard of care for the operational forces that represents clinical excellence and delivery of quality healthcare to operational forces through implementation of the principles of HRO and CQM.

(b) Under the authority of the CMC, pursuant to reference (a), develop FMF CQM policy and provide oversight and coordination for the implementation and maintenance of the CQM Program described in this MCBul. Ensure credentialling and privileging is managed in accordance with references (c) and (h).

(c) Oversee and assess standardization of CQM elements.

(d) Provide guidance and support as requested or needed.

(3) Marine Corps Forces (MARFOR) Command Surgeons

(a) Provide oversight for the CQM activities of their respective subordinate command surgeons and forces, when assigned.

(b) Coordinate and establish formal relationships with BUMED Echelon 3 commands, Navy Medical Forces Atlantic and Navy Medical Forces Pacific to coordinate for resources in direct support of CQM processes.

(c) Identify CQM educational opportunities for all levels of operational medical staff and collaborate to include these topics in unit training plans.

(4) Marine Expeditionary Force (MEF) Command Surgeons

(a) Perform CQM Program development, oversight, and coordination for their respective MEFs. Establish policy for health services CQM Programs among all subordinate elements and units, including appropriate support of small medical teams.

(b) Ensure local CQM Programs comply with this instruction and guarantee current clinical competence and provision of quality healthcare by all providers assigned to subordinate elements and units.

(c) Systematically review clinical processes in the operational medical setting to identify opportunities for improvement and prioritize initiatives to support high-quality care in the FMF.

(d) Assess and monitor the CQM Program for units assigned while under the operational control of the MEF.

(e) Establish a MEF CQM coordinator to oversee the health services section’s CQM activities, including continuous assessment and improvement of healthcare processes, credentialing, and privileging review, investigating healthcare practice variance reports and overseeing and directing the Joint Patient Safety Reporting system.

(f) Coordinate with local MTFs for support of clinical sustainment and training opportunities, including memorandums of understanding and other agreements to obtain needed support and assistance.

(5) Major Subordinate Command (MSC) Surgeons or Unit Senior Medical Department Representatives

(a) Execute their command’s CQM Program and ensure it is in accordance with requirements as set forth in this MCBul.

(b) Communicate any resource shortfalls or policy and CQM concerns to the cognizant command leadership and MEF Surgeon.

4. Administration and Logistics

a. Records Management. When operational forces are assigned under U.S. Navy organizations, records created and associated with this MCBul shall be managed according to National Archives and Records Administration-approved dispositions per reference (l) to ensure proper maintenance, use, accessibility, and preservation, regardless of format or medium. Records disposition schedules are located on the Department of the Navy/Assistant for Administration, Directives and Records Management Division portal page at: https://www.secnav.navy.mil/doni/Records%20Management%20Schedules/Forms/AllItems.aspx. At all other times, refer to reference (m) for Marine Corps records management policy and procedures.

b. Privacy Act. Any misuse or unauthorized disclosure of Personally Identifiable Information (PII) may result in both civil and criminal penalties. The Department of the Navy (DON) recognizes that the privacy of an individual is a personal and fundamental right that shall be respected and protected. The DON's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities shall be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII shall be in accordance with the Privacy Act of 1974, as amended [reference (n)] and implemented per references (o) and (p).

c. Forms. There are no forms used within this Bulletin.

d. Recommendations. Recommendations concerning the contents of this Bulletin are welcomed and may be forwarded to the Director, Marine Corps Staff (DMCS) via the appropriate chain of command.

e. Cancellation Contingency. This Bulletin is cancelled one year from the date signed or when incorporated into a Marine Corps Order (MCO), whichever occurs first.

5. Command and Signal

a. Command. This Bulletin is applicable to the Marine Corps Total Force.

b. Signal. This Bulletin is effective the date signed.

P. J. ROCK JR.
Director, Marine Corps Staff

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References

(a) DoDI 6025.13 CH-1, "Medical Quality Assurance and Clinical Quality Management in the Military Health System," May 23, 2025
(b) DHA-PM 6025.13, Volume 2, CH-1, "Clinical Quality Management in the Military Health System, Volume 2: Patient Safety," May 30, 2025
(c) DHA-PM 6025.13, Volume 4, "Clinical Quality Management in the Military Health System Volume 4: Credentialing and Privileging," August 29, 2019
(d) ASN (M&RA) Memorandum of 6 January 2006 (NOTAL)
(e) MCO 6320.4A
(f) BUMEDINST 6010.31A
(g) BUMEDINST 6010.17D
(h) BUMEDINST 6010.30
(i) BUMEDINST 6010.18C
(j) MCO 6400.1A
(k) MCO 6400.2
(l) SECNAV M-5210.1 CH-1
(m) MCO 5210.11F
(n) 5 U.S.C. § 552a
(o) SECNAVINST 5211.5F
(p) MCO 5211.5
(q) MCO 5215.1K w/Admin CH-3
(r) 38 U.S.C. § 5705
(s) 10 U.S.C. § 1102

APPENDIX A

Glossary of Acronyms and Abbreviations

AT	Athletic Trainer
CP	Credentialing and Privileging
CQI	Clinical Quality Improvement
CQM	Clinical Quality Management
DMCS	Director, Marine Corps Staff
DON	Department of the Navy
FMF	Fleet Marine Force
HQMC	Headquarters Marine Corps
HQMC HS	Headquarters Marine Corps, Health Services
HRM	Healthcare Risk Management
HRO	High-Reliability Organizations
IDC	Independent Duty Corpsmen
MARFOR	Marine Corps Forces
MCBul	Marine Corps Bulletin
MCO	Marine Corps Order
MEF	Marine Expeditionary Force
MSC	Major Subordinate Command
MTF	Military Treatment Facility
PII	Personally Identifiable Information
PS	Patient Safety
PSP	Patient Safety Program
PSR	Patient Safety Report
QAI	Quality Assurance Investigation
RCA	Root Cause Analysis