



Bureau of Medicine & Surgery Naval Medical Inspector General

24 April 2009

Volume 4, Number 1

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MEDINSGEN Message

Summertime is just around the corner (although it's hard to believe today, as I write this, because it's rainy and quite cold in Washington DC). Summer is the season for Permanent Change of Station (PCS), separations and retirements and that can lead to turnover and gapped billets. Please take the time to verify your command's collateral duty list (i.e., DAPA, CMEO, IDC Program Director and Manager, etc.) and ensure all positions are filled. Anticipate those duties that need relief and encourage the incumbent to use our self-assessment tool to assess the status of their program and prepare a "turn-over" binder so programs continue without interruption or degradation. Often we find areas of non-compliance due to a deployed program manager/POC or improper turnover. Don't let your command become vulnerable to negative findings during inspections; be proactive and anticipate what needs to be done!

CAPT Patricia Goodin, NC, USN
Medical Inspector General

Hail and Farewell

The MEDINSGEN team would like to welcome back CDR Kim Lebel, NC and YNC (SW/AW) Alberto Lugo who have just completed deployments in support of the Overseas Contingency Operation. CDR Lebel was a member of the Embedded Training Team (ETT) at Mazar-e-Sharif, Afghanistan and YNC Lugo was assigned to Expeditionary Medical Facility Kuwait.

We wish a fond farewell to our own LT Jeremy Pyles, MSC who is leaving the team in May to train for a one-year deployment as a member of an ETT in Afghanistan. Upon his return from deployment, LT Pyles is expected to be stationed at Naval Hospital Pensacola. LT Tiffany Caliste is replacing LT Pyles and is reporting to us from Fleet Surgical Team Seven out of Okinawa. HMCM (FMF/SW) Anna Wakefield has recently left the team to become the Command Master Chief at Naval Health Clinic Quantico. Her replacement is HMCM (SW/FMF) Kevin Smith who was the Senior Enlisted Advisor for the Director of Administration at the National Naval Medical Center in Bethesda.

The Joint Commission: Summary of Scoring and Accreditation Decision Changes

By CAPT Linda Grant, NC, USN
BUMED Code M3/5HCS5

Beginning 1 January 2009, The Joint Commission implemented significant changes in its accreditation process. In the past, the focus was on the 'number' of Requirements for Improvement (RFIs). Thresholds varied year to year and there was no differentiation for types of findings. The following is a list of the major process changes.

- All Elements of Performance (EP) will be categorized by common scoring (Category A are yes/no, Category C are multiple observations of non-compliance). The use of Category B EPs (qualitative and quantitative components) is discontinued.
- EPs and other requirements will be labeled based on their 'criticality' – immediacy of impact on quality of care and patient safety as the result of non-compliance (e.g., Direct Impact requirements, Indirect Impact requirements).
- All partially compliant and insufficiently compliant EPs must be addressed through the Evidence of Standard Compliance (ESC) submission process. There are no more 'Supplemental' findings.
- The military treatment facility (MTF) may have multiple submission deadlines based on the immediacy of risk. For Direct Impact requirements, the ESC is due within 45

days. For Indirect Impact requirements, the ESC is due within 60 days.

- At the end of survey, the MTF will no longer receive a preliminary accreditation decision. A Summary of Survey Findings will be left; this summary will include the standards, EPs and other requirements found less than fully compliant, as well as the associated survey team observations. In most cases, this report will be posted to the MTF secure extranet site within a few days. The final accreditation decision is made following the submission of an acceptable ESC report.
- 'Bands' have been established for Direct Impact requirements based on the number of survey days. These bands will serve as screening thresholds to determine if Joint Commission Central Office review is required. These bands were published in Joint Commission Perspectives, December 2008 edition.

Table 1. Surveyor Days Associated with Program-Specific "Bands"

Surveyor Days	AHC	BHC	CAH	HAP	LAB	LT2	LTC	OBS	OME	DSC	HCSS
Surveyor Days – Band 1	1-2	1-4	1-2	1-4	≥ 1	≥ 1	≥ 1	≥ 1	1-4	≥ 1	≥ 1
Surveyor Days – Band 2	3	≥ 5	≥ 3	5-6					≥ 5		
Surveyor Days – Band 3	4			7-9							
Surveyor Days – Band 4	≥ 5			10-13							
Surveyor Days – Band 5				≥ 14							

Table 2. 2009 Program-Specific "Screens" for Central Office Review (Number of Not-Compliant Direct Impact Standards)

RFIs	AHC	BHC	CAH	HAP	LAB	LT2	LTC	OBS	OME	DSC	HCSS
RFIs – Band 1	5	5	6	7	5	5	5	5	5	5	2
RFIs – Band 2	6	7	8	8					7		
RFIs – Band 3	7			9							
RFIs – Band 4	9			11							
RFIs – Band 5				13							

Tables 1 and 2 published in the December 2008 edition of *The Joint Commission Perspectives*.

Naval Health Clinic Corpus Christi Recognized by OSHA

By Mr. Terry Connolly
MEDINSGEN Staff

The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has recognized the Naval Health Clinic (NHC) Corpus Christi, Texas, for excellence in employee safety and health. OSHA will welcome the facility into its Voluntary Protection Programs (VPP) at the highest, or "star," level in a ceremony later this year. NHC Corpus Christi is the first Department of Defense medical facility to be granted star status.

Organizations achieving star status typically have fewer injuries and illnesses, as they operate with a high level of management leadership and employee involvement in their safety and health programs. NHC Corpus Christi joins an elite corps of almost 2,000 worksites nationwide that have earned VPP status. The VPP "star" designation came after an OSHA onsite review of the facility's safety and health programs, interviews with employees and a complete tour of the worksite.

OSHA's VPP recognizes and promotes the agency's vision of an effective safety and health management system in every workplace in America. VPP approval is OSHA's official recognition of the efforts of employers and employees who have achieved exemplary performance in occupational safety and health.

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To qualify for VPP status, sites must meet or exceed all OSHA regulatory standards and submit to an OSHA review of their programs. Employers that have been accepted into the VPP represent more than 270 industries. Program participants typically achieve injury and illness rates more than 50 percent below their respective industry's average.

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing a safe and healthy workplace for their employees. OSHA's role is to promote the safety and health of America's working men and women by setting and enforcing standards; providing training, outreach and education; establishing partnerships; and encouraging continual process improvement in workplace safety and health. For more information, visit www.osha.gov.

Congratulations to the Commanding Officer, Captain Robert B. Sorenson, and Executive Officer, Captain Edgardo Perez-Lugo, and the staff of NHC Corpus Christi and special congratulation to Mr. Rick Foust, safety manager for his hard work and dedication.

Command Sponsorship Program

By CDR Howard Aupke, MSC, USN
MEDINSGEN Staff

Historically, there have been three trends identified with regard to the Command Sponsorship Program at most Budget Submitting Office (BSO) 18 activities. (1) Whether the transferring member is an officer or enlisted, there is a direct correlation between rank and sponsor assignment. Junior officers and junior enlisted members are less likely to receive sponsors and the likelihood of receiving a sponsor improves as enlisted or officer rank increases. (2) Enlisted members transferring as students from Hospital Corps School and the Field Medical Training Battalions are less likely to receive a sponsor. (3) In general, OCONUS commands have greater success assigning sponsors than CONUS commands.

These trends are somewhat disturbing because it is our junior officers and junior enlisted personnel who, in all likelihood, may need sponsors the most. However, no matter how junior or senior the member may be, moving and changing jobs can be a major event. Whether the member is married or unmarried, whether they have children or not, moving and changing jobs has its unique challenges. And, although moving presents its challenges, most people are excited and feel positive about moving to a new place, going to a new school, or getting a new job. The reason the sponsor program is so important is because the sponsor is vital to the transition of the newly reporting member at their new command. The impact of a strong Sponsorship Program can have a positive affect on the well-being of the military member and their family; it can impact the levels of cohesiveness, morale and job satisfaction at the command level; and, in the long run, it can potentially improve Navy retention.

The Chief of Naval Operations released an updated Command Sponsor and Indoctrination Programs instruction, OPNAVINST 1740.3C, in December 2008. This instruction lays the foundation for developing a highly functional and well organized Command Sponsorship Program. Two of the more significant changes to the Sponsorship Program that will improve sponsor assignment are: (1) Transferring commands, including training commands, are tasked to ensure that the transferring member contacts the Command Sponsorship Coordinator (CSC) at the receiving command; (2) NAVPERSCOM is tasked to display CSC information provided by the command on PCS Orders.

Hospital Corps School has embraced the challenges of sponsorship assignment and is in the process of developing and deploying a proactive sponsorship program to provide greater assistance to transferring students that will increase sponsorship assignment and improve communication with the receiving command.

Common elements among all facilities with successful Command Sponsorship Programs include engaged leadership, an enthusiastic and dedicated CSC, contact information for the CSC listed on the command's internet website, and a computerized tracking spreadsheet or database maintained by the CSC to track key components of the program outlined in the OPNAV instruction (sponsor name, sponsor training completion, welcome aboard letter, sponsorship survey, etc.).

Internet Resources

MEDINSGEN Website

<https://navymedicine.med.navy.mil/>

(After logging in, click on the "BUMED" tab at the top of the page and then select the "Medical Inspector General" link.)

Naval Inspector General Website

<http://www.ig.navy.mil/index.htm>

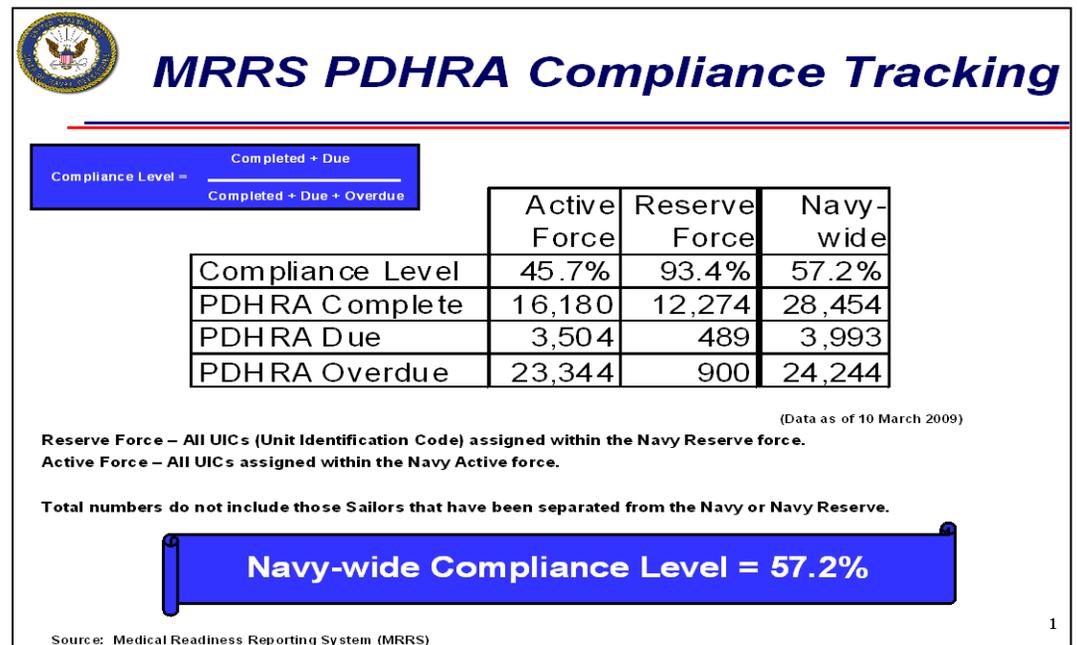
Joint Commission Website

<http://www.jointcommission.org/>

Post Deployment Health Reassessment Compliance

By HMCM(FMF/SW) Anna Wakefield, USN
MEDINSGEN Staff

How times flies when you are having fun. This is my final MEDINSGEN Newsletter article as I will be transferring to Naval Health Clinic Quantico to assume duties as the Command Master Chief. Over the past few months I have met many line senior officers and senior enlisted leaders. The major recurring concern of Marine and Navy leadership is how to correct the "false positives" in the Medical Readiness Reporting System (MRRS) to get a better compliance rate for Post Deployment Health Reassessments (PDHRAs). This compliance rate is a Navy responsibility; not a Navy Medicine responsibility. In working with the Bureau of Medicine and Surgery (BUMED) and the Office of the Chief of Naval Operations (OPNAV), a few interesting points were discovered. The first being the origination of the "overdue" list was generated from MRRS, the authoritative source for PDHRA compliance reporting. Some time ago, BUMED and Navy Personnel Command (PERS) were attempting to identify those who had deployed and would require a PDHRA. The initial qualifying criteria were those who had received a combination of hazardous duty pay and eminent danger pay. PERS identified all those who received the pay and placed a mark in MRRS indicating the need to complete a PDHRA. NAVADMIN 207/08 redefined the criteria of who needed a PDHRA and in doing so created a list of "false positives" that now needs to be scrubbed (those marked to need a PDHRA, when in fact they do not). The Navy tracks the data and the most recent data available is listed below.



The task of scrubbing the compliance list of who actually does or does not require a PDHRA relies solely on the individual's command, whether it is line or medical. Correcting the "false positives" in MRRS rests with the local medical command.

To correct those identified as due/overdue for PDHRA but do not meet the criteria in NAVADMIN 207/08, paragraph 2, medical units must:

- After MRRS login, click "medical entry".
- Drop down to "comprehensive medical entry".
- Enter the identifiable information for the person you are correcting and click "apply".
- Click on the name in the right hand column.
- Open "deploy" tab.
- Select "edit" (to the right of the Deployment History).
- Select PDHRA Status "Location" from dropdown list.
- Select either "<30 days" or "Shipboard" to exempt the member from a PDHRA.
- Click "save" (upper right of screen).

For a list of frequently asked deployment health assessment MRRS' questions, visit <https://mrrs.sscno.nmci.navy.mil/mrrs/secure/welcome.m>.

Human Research Protection Program

By CDR Richard Paver, MC, USN
MEDINSGEN Staff

The Human Research Protection Program, otherwise known as HRPP, is one of the many areas of focus during a command visit by the Medical Inspector General (MEDIG) team. Historically, the Surgeon General (SG) became the sole point of responsibility for Navy associated research activities, involving human subjects, with the signing of an Executive Decision Memorandum (EDM), by the Under Secretary of the Navy, on April 29, 2005. This EDM effectively designated the SG as the sole point of responsibility for approval and renewal of assurances for commands conducting research with human subjects. It also authorized delegation of monitoring and oversight, to the Chief of Naval Research, for human research activities protection carried out by Systems, Fleet and Training Commands, along with 'extramural' activities, such as universities, conducting Navy research with human subjects.

During a command visit by the MEDINSGEN, the initial goal is to identify those commands conducting research involving human subjects and then confirm an overall awareness of such activities within Navy Medicine. This confirmation occurs principally through ongoing dialogue with Department of the Navy Human Research Protection Program staff, otherwise known as DON HRPP, who are based out of the Bureau of Medicine and Surgery (BUMED). Overall, the initial intent is to ensure that commands are aware of ongoing research activities and that communication of such activities, if present, occurs with the DON HRPP staff.

A secondary goal for commands conducting research involving human subjects is an assessment of compliance within existing standards. For this assessment, the principle source document, or reference, is Secretary of the Navy Instruction (SECNAVINST) 3900.39D, dated 3 November 2006. This instruction, otherwise known as the 'Human Research Protection Program', establishes policy and assigns responsibility for the protection of human subjects in the DON arena. A wide variety of areas are addressed, including Assurance, training and informed consent, to name a few. The assessment will vary depending on the presence, or absence, of an Institutional Review Board (IRB) at a given facility; with the former requiring a more in-depth review than the latter.

For more information on the Human Research Protection Program please visit the DON website at <http://navymedicine.med.navy.mil/humanresearch>.

MEDINSGEN Self-Assessment Now Available

By LT Jeremy Pyles, MSC, USN
MEDINSGEN Staff

We are pleased to announce that the MEDINSGEN Self-Assessment Tool is now available for all Navy Medicine commands to use to identify strengths and areas for improvement in regards to Department of Defense, Department of the Navy and Bureau of Medicine and Surgery (BUMED) mandated programs. It would not have been possible for us to release the self-assessment had it not been for the several commands that volunteered to pilot the tool. We thank those commands that contributed to the pilot and provided valuable feedback as to how to improve the self-assessment so that it may be used enterprise-wide.

To access the tool, please do the following:

- Go to <http://navymedicine.med.navy.mil/> and login using your common access card (CAC).
- From the Navy Medicine Online homepage, click on the tab "Hosted Sites" and select "Bureau of Medicine and Surgery".
- Once on the BUMED homepage, you find a link to the Medical Inspector General on the left side page under the heading "Departments".
- Click on the link and you will find a link titled "MEDINSGEN Self-Assessment" at the bottom of the main page.

On the MEDINSGEN Self-Assessment webpage, a disclaimer has been issued encouraging commands to use the tool to its fullest extent, but to not limit continuous inspection readiness to just those questions asked in the self-assessment. The MEDINSGEN is constantly updating its inspection guides to reflect new guidance issued by higher echelon authority, and therefore, commands should consider the self-assessment a living document that is subject to change at any time. The MEDINSGEN staff will review the self-assessment annually and revise it accordingly. If, during the use of the self-assessment, you believe that you have discovered incorrect/outdated information, please contact our office.

List of Inspected MEDINSGEN Programs

Deployment Readiness

- Health Services Augmentation Program (HSAP)
- Hospital Corpsman Skills Basic (HMSB)/Tactical Combat Casualty Care (TCCC) Programs
- Independent Duty Corpsman (IDC) Program
- Periodic Health Assessment (PHA) for Individual Medical Readiness (IMR)

Effective Force Health Protection

- Antiterrorism, Force Protection and Physical Security
- Deployment Health Assessments
- Emergency Management Plan
- Limited Duty Program
- Operational Forces Medical Liaison Services (OFMLS)

People

- Awards and Recognition Program
- Bachelor Quarters' Management
- Civilian Drug Free Workplace Program
- Civilian Personnel Management
- Command Managed Equal Opportunity (CMEQ) and Command Assessment Program
- Command Sponsor and Indoctrination Program
- Diversity Program
- Drug and Alcohol Program Advisor (DAPA) Program
- Echelon V/VI Oversight (if applicable)
- Education and Training Program
- Good Order and Discipline Program
- Navy Family Ombudsman Program
- Navy Performance Evaluation System (Fitness Reports and Enlisted Evaluations)
- Navy Retention and Career Development Program
- Navy Voting Assistance Program
- Off-Duty Employment Program
- Physical Readiness Program
- Staff Supervision of Physician Trainees (if applicable)
- Urinalysis Program

Quality of Care

- Access to Care
- AHLTA
- Health Information Management
 - Medical Records Management
 - Custody and Control
 - Record Retirement
 - Protected Health Information
 - Medical Records Coding
 - Medical Records Review
 - Medical Records Forms Management
- Records Management Program
- Information Management/Information Technology
- Population Health
- Referral Management

Patient and Family Centered Care

- Case Management Program
- Customer Relations Program
- Educational and Developmental Intervention Services (EDIS) (if applicable)
- Pastoral Care Program (if applicable)
- Sexual Assault Victim Intervention (SAVI) Program
- Staff and Beneficiary Surveys
- Performance Based Budget
- Fraud, Waste and Mismanagement Program
- Standard Organization Compliance
- Research and Development

Human Research Protection Program (if applicable)

Financial Resources Management

Materials Management

Safety and Occupational Health