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Internet Resources

MEDINSGEN Website

<https://nmo.med.navy.mil/>
(After logging in, click on the "TOOLS" tab at the top of the page and then select the "Navy Medical Inspector General" link.)

MEDINSGEN Self-Assessment Tool

(To access follow directions above and click on Self-Assessment Tool icon)

Naval Inspector General Website

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

MEDINSGEN Message

CAPT P. K. Roark
Medical Inspector General

Focus Groups

By CAPT Bruce Boynton, MC, USN
DEPMEDINSGEN

The Medical IG team concentrates on two broad areas during its triennial surveys of BSO-18 activities: program compliance and command climate. The latter area is assessed through the DEOCCS survey, a Staff and Beneficiary Survey conducted just before the inspection, and a number of focus groups. The purpose of these focus groups is to allow staff personnel to talk openly about their experiences as members of the command. The IG Team wants to hear about success stories as well as barriers to success. To ensure that we gather the opinions of staff at every level we typically hold focus groups of 8-12 people for junior enlisted, chiefs, providers, department heads, the Executive Committee of the Medical Staff and the Executive Steering Council. In most focus groups we try to include both civilian and uniformed staff members. The level of discussion varies according to the group. In the junior enlisted group we are especially concerned about fair treatment and opportunities to advance, whereas in the Provider focus group we ask about barriers to patient care and in the Executive Steering Committee group we concentrate on how that body formulates and communicates the Command's Strategic Plan.

Often we find that Command personnel are somewhat nervous about participating in a focus group, fearing that they will be asked questions to which they do not know the answers or that their opinions will be repeated to the command leadership. Nothing could be further from the truth. What is said in focus groups stays there. It is a protected communication. The IG team does not share this information with the command leadership. However, it is critically important that we ensure that each BSO-18 command is functioning well and taking care of Sailors as well as patients. To do this we need to talk with you, the staff.

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EDIS

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The MEDINSGEN inspects those facilities that provide Early Intervention Services (EIS) by Navy educational and developmental intervention services (EDIS) programs. These facilities include those MTFs within the United States and in US territories that support installations with DoD Domestic Dependent Elementary and Secondary Schools (DDESS) and those MTFs overseas in support of DoD Dependents Schools (DODDS) special education programs. The guiding instruction for the EDIS and EIS programs is BUMEDINST1755.1 dated 17 October 2005. All Military Medical Departments that fit the definition above must develop and implement a comprehensive program for EIS for infants and toddlers birth through age 2, with developmental delays or medical conditions with a high probability of developmental delay. Although EIS and related services are provided by the Military Medical Department, these services are educational and not medical services.

Each MTF Commander with responsibility for an EDIS program will appoint a program manager to plan, implement and manage EDIS within the military community that the MTF supports. They should also appoint in writing a qualified medical officer to conduct or verify a medical evaluation for use by EDIS to determine a child's eligibility for EIS. The qualified medical officer must also conduct or verify a medical examination for use by a DODDS Case Study Committee to determine the medically related disability that results in a child's need for special education and related services. Organizationally the EDIS program is aligned under Pediatrics in the Directorate of Medical Services. Additional staff may include but are not limited to occupational therapists, physical therapists, speech and language pathologists, nurses, social workers, clinical psychologists, service coordinators, and early childhood special educators. The overall ratio of direct care staff to the number of eligible children enrolled for EIS should average 1:15.

The MTF must provide adequate resources and a physical facility. They must also ensure the availability of fully qualified professional staff to provide services to those eligible children and that all EIS providers are credentialed and privileged for their respective discipline. Each EDIS program must submit an annual report of compliance to BUMED not later than May 31st of each year. There are twenty standards in the compliance report that each EDIS program must evaluate to judge if they are Along with the evaluation of the annual report of compliance to BUMED, the MEDINSGEN will monitor program compliance at least once every 3 years.

EIS addresses the complex needs of infants and toddlers with developmental disabilities and their families relative to functioning within daily routines and activities thus enhancing a child's growth and development, and promote the child's and family's functional independence. The complexity of the needs addressed by EIS requires that EDIS be comprehensive, multidisciplinary, culturally competent, community based, and family centered with collaboration among educators, providers and the community.

BEST PRACTICE IN CUSTOMER RELATIONS PROGRAM IDENTIFIED AT NAVAL HOSPITAL OAK HARBOR

By CAPT Sarah Marks, NC, USN
MEDINSGEN Staff

Naval Hospital Oak Harbor during their 2009 Medical Inspector General Inspection presented a most impressive Customer Relations Program. Provided is a summary of key points.

- **All clinic and departments have a Patient Contact Representative (PCR)**
- **Empower your PCRs.**
- **Act on input from your customers**
- **Create a follow-up system**
- **Process concerns and keep the customer informed in a timely manner**

- **Get involved with your facility and community**
- **Develop internal awards and recognition**
- **Empower your PCRs and regularly plan meetings to review trends and issues**

NHOH Successes:

1. The Patient Relations Officer attends monthly Ombudsman meetings. Prior to attending the meetings, Sharon elicits trends from staff members that need to be addressed. She uses the information to educate the spouse groups. She provides her business card to all new Ombudsmen, and lets them know she is their liaison with the hospital.

2. The Compass Course is a class where spouse teams mentor spouses. Some topics of discussion include: Learning about the Navy Lifestyle, Knowledge and Skills to successfully meet the challenges ahead, and develop realistic expectations, adaptability and a positive attitude. Part of the course includes a brief about Military Treatment Facilities and TRICARE, legal info such as wills and power of attorneys, Deployment, and other services available on the base. The Compass Course instructors provide Sharon's name as the Patient Relations Officer and work phone number to the students so she can be contacted for medical related assistance. This engagement in the Compass Course has enabled Sharon to address any concerns and correct it or offer education to the member before it escalates.

3. She maintains the e-mails for the Ombudsmen, officer spouse groups and retired officers' association, using the e-mails to inform beneficiaries of any newsworthy events. Additionally, as the NHOH Public Affairs Officer, she has a great relationship with the base Public Affairs Officer. Together they have been able to use the Base Information Line when needed to inform patients about H1N1, Seasonal Flu, snow closures etc.

4. Annually, NHOH hosts the Ombudsman meeting at the hospital. Guest speakers include a Pediatrician, Family Medicine provider, a pharmacist and someone from our Urgent Care Clinic to educate guests and answer their questions. After the question and answer forum they take the participants for a tour of the hospital and explain how they care for their patients. It has been very well received.

5. As the Public Affairs Officer, Communications, and Marketing Specialist for NHOH, she truly believes that her involvement with both internal and external customers has enabled her to keep a pulse on the patient population at NHOH. It is important to establish a relationship with the customers that are not always initiated by a complaint. Taking the time to educate beneficiaries on how to navigate the medical treatment facility maze can help set the tone for future encounters.

Uniformed Business Office (UBO) - Best Business Practice

USNH Naples was recently recognized for its best business practice in the management of payments received from patients and insurance companies by utilizing the following technology: (a) www.pay.gov (i.e., used by patients to make payments online for direct posting to the command's treasury account), (b) U.S. Treasury Paper Check Conversion (PCC) Over the Counter www.pccotc.gov (i.e., used by collections office staff to convert paper checks into electronic checks for direct posting to the command's treasury account, and verifying the conversion status online), and (c) Automated Clearing House (ACH) Remittance Express (REX) (i.e., used by insurance companies to make electronic payments for direct posting to the command's treasury account). This practice expedites the posting of payments to patient accounts (i.e., reducing the aging of accounts receivable) and eliminates the risk associated with handling checks.

Navy Family Ombudsman Program

By CDR Scott Pyne, MC, USN
MEDINSGEN Staff

Ombudsman is a strange word and to be quite honest I knew little about the position until a very pleasant woman introduced herself to my wife while I was deployed. She asked how my family was doing and if they needed any help around the house or with our children. She called every 3-4 weeks until I returned home. While we did not take her up on her heartfelt offers, it was comforting to know that someone was looking out for my family while I was away.

So where did this odd word come from and what does it mean? Its derivation is from Old Norse and Swedish meaning a deputy who looked after the interests and legal affairs of a group. The Navy Family Ombudsman Program is Navy-wide, established to support mission readiness through improved family readiness by providing command communications, information, referral and an avenue for hearing about the welfare of command families. The Ombudsman provides families with the information necessary to meet the challenges of military lifestyle and provides a forum for family issues to reach command leadership. Every command is required to appoint an Ombudsman, but interestingly the position is voluntary and without pay.

The MEDINSGEN review ensures appointment letters are in order and mandatory training and program data entry are performed as per the requirements of the program. The discussions generally take place with the Ombudsman and the Command point of contact. Topics include successes, challenges, and adequacy of resources to meet the intent of Navy instructions.

Thankfully many command spouses have stepped up for the role and carry on a tradition of service excellence. The Navy Fleet and Family Support Center, <https://www.nffsp.org>, is an outstanding resource providing information for families, Ombudsmen and those considering the position. I always take great pleasure in meeting with these dynamic individuals during MEDIG Team visits and have been routinely impressed by the command support they receive. As a means of communication between the command and family members they are often vital members of command orientation, the deployment and re-deployment process and emergency management plans. While the Ombudsman is officially recognized on September 14th each year, it is nice to see that this noble role is appreciated at the local level every day.

Forms and Reports Management Program

By CAPT Kim LeBel, NC, USN & CDR Howard Aupke, MSC, USN
MEDINSGEN Staff

BUMED Instruction 5210-9B dated 16 June 2009 requires BSO 18 activities to develop a Forms and Reports Management Program. Though this list is not all-inclusive, the following items are some of the highlighted requirements of the program: 1) Appoint a Forms and Reports Management Officer. 2) Ensure activity generated forms do not duplicate higher authority forms. 3) Ensure network servers do not store electronic versions of higher authority forms. 4) Ensure all activity generated forms are created in accordance with the BUMED instruction. 5) Maintain a forms index and case file for all activity generated forms.

Copies of forms must be generated from the approved source of supply and paper copies can not be generated from a previously printed paper copy. In short, you are not permitted to make a copy from a copy. In order to help your staff avoid making a copy from a copy, it is important to have an adequate supply of forms on hand printed directly from an approved source of supply. Approved electronic forms can be stored on a local computer or storage device, but in order to prevent the use of outdated forms, the approved source of supply must be checked every 30 days for updates. Providing hyperlinks to an approved source containing higher authority forms will help to avoid user access to outdated and obsolete forms.

The BUMED instruction contains detailed guidance to implement and maintain a successful Forms and Reports Management Program. The forms approval process can be complex, but the process is detailed in the instruction. In the event the command Forms and Reports

Management Officer needs assistance with developing a new activity generated form or implementing this program, they can seek assistance from the appropriate Navy Medicine regional office or the Forms and Reports Management Program manager at BUMED, Mr. Edward Orlowsky.

The majority of the commands inspected since July 2009 have a varying degree of difficulty achieving full compliance with the program's requirements. Of the commands inspected over the past year, USNH Guantanamo Bay, Cuba and USNH Naples, Italy have been the most successful implementing this program. Those commands with a successful program have an appointed Forms and Reports Management Officer that established contact with their regional headquarters and the BUMED Forms and Reports Management Officer. The command appointed Forms and Reports Management Officer has developed an implementation plan, informed command leadership of the program requirements and was provided the necessary support to initiate the program requirements and enforce its components.

Forms and Reports Management is extremely important throughout the DoD and DoN and it is extremely important that Navy Medicine activities conform to the requirements of this program. This program pertains to both medical and non-medical forms and is designed to ensure command authority is maintained for all official forms, to ensure personnel use only official forms and, to ensure that all forms are simple, practical and up-to-date.

Ethics - Exclusions from OGE Form 450 Filing

By CDR JoAnn Blando, MSC, USN
MEDINSGEN Staff

On December 14, 2005, the General Counsel of the Navy signed a determination specifically exempting from Confidential Financial Disclosure Statement (i.e., OGE Form 450) filing requirements, Purchase Card Approving Officials (AO) who approve and Card Holders (CH) who make annual purchases totaling less than the simplified acquisition threshold which is currently \$100,000. This exemption only applies where there is no other reason to require the person to file. Additionally, notwithstanding this determination, supervisors may determine that the person should file if they have duties "involving the exercise of significant independent judgment over matters that will have a substantial impact on the integrity of DON operations and relationships with non-federal entities."

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
- Information Management/Information Technology
- Navy Records Management Program

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 Prevention and Response Program
- Staff and Beneficiary Surveys
- Performance Based Budget
- Fraud, Waste and Mismanagement Program
- Standard Organization Compliance
- Research and Development

Human Research Development

- Human Research Protection Program
- Biosurety
- Research Ethics

Financial Resources Management

Materials Management

Safety and Occupational Health