



Bureau of Medicine & Surgery Naval Medical Inspector General

October 2010

Volume 5, Number 5

In This Issue

- MEDINSGEN Message
- MEDIG Hail and Farewell
- Health Services Augmentation Program (HSAP)
- Forms and Directives Management
- MEDIG Hotline FAQ's
- Diversity
- MEDINSGEN Staff

MEDINSGEN Message

RDML Michael H. Anderson, MC, USN

Greetings from the office of the Naval Medical Inspector General. Since arriving in September 2010 it has been an honor for me to serve in this role even though my tenure will be short. As was announced by the Secretary of the Navy, I have been asked to become The Medical Officer to the Marine Corps in January 2011. With that said, I consider this edition of the MEDINSGEN Newsletter a highly valued collector's item because of the immensely important information that follows, if not for its association with the brief return of a Flag Officer to the office. Therefore, as you read on, I would like you to consider how you can use this and future editions to continuously improve your Command programs.

In this edition my staff of subject matter experts discuss the most common challenges associated with the Health Services Augmentation Program (HSAP), the Forms and Directive Management Program, the MEDIG Hotline Program, and Navy Medicine's Diversity Program (BUMEDINST 6440.5C, BUMEDINST 5210.9B, BUMEDINST 5370.3 and BUMEDINST 5300.12 respectively) Once established, these programs each have an ideal end state that is best described as the program's "intent". To fully understand the reasoning behind a particular directive you have to go beyond the program's purpose in order to thoroughly understand the background (intent) as stated in the instruction. Once fully understood, you can then use your newly acquired expertise to innovate new methods of achieving full compliance with the directive's policies and responsibilities, thus binding the critical program elements together.

The discussion that follows in this newsletter is meant to build upon your knowledge of what is written in the directives as well as strengthen your understanding of why these programs exist. By taking the extra time to utilize these tools together you will not only improve your own understanding, you will undoubtedly discover innovative opportunities for improvement previously unattained within your Command.

Sir Francis Bacon, an English author and philosopher, in 1597 said "Knowledge is Power". As you continue to read, I hope you are able to learn from this newsletter in order to unleash the "power" that exists within. Don't be afraid to expand upon the best business practices mentioned in the articles that follow, as your creative genius and program successes could be featured in the next edition of the MEDINSGEN Newsletter.

MEDINSGEN Hail and Farewell

The MEDINSGEN team would like to bid a hearty "Farewell" to CDR Howard A. Aupke Jr., MSC upon his retirement after 23 years of faithful service. CDR Aupke served as a part of the MEDINSGEN team for four years and will be missed.

Welcome aboard LCDR James W. Perry, MSC who transferred from ECRC San Diego, CA where he recently finished a tour with the Medical Embedded Training Team, Kabul Afghanistan as a part of NATO Training Mission Afghanistan (NTM-A).

Contact Us

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Health Service Augmentation Program (HSAP)

By HMCM (SW/FMF) Kevin Smith, USN
MEDINSGEN Staff

The most effective Health Services Augmentation Programs (HSAP) have fully engaged Command Individual Augment Coordinators (CIAC) committed to the deployment readiness and support of Sailors.

The CIAC principle responsibilities are to guide and assist Individual Augment (IA) and Global War on Terrorism Support Assignment (GSA) deployer's in completing all administrative, medical, and training requirements prior to transferring to the Navy Mobilization and Processing Site (NMPS). The CIAC serves as a vital link in assisting and communicating with the deployed Sailor and quickly addressing their concerns allowing them to focus on their deployed mission. The CIAC's, as well as the deployed IA/GSA members, are responsible for maintaining contact during deployment. This contact entails two-way communication providing relevant command information and deployment support resources for the deployed IA/GSA Sailor as well as inquiring and receiving feedback about the deployed member and their family's needs. Sending emails or leaving phone messages without receiving a response back does not meet the requirement of contact. Diligent effort to maintain accurate command and family contact information is essential in maintaining effective communication during deployments. Documenting contact with the deployed IA/GSA must be recorded in the Navy Family Accountability and Assessment System (NFAAS) at least monthly by the CIAC. The CIAC continues to provide assistance to the Sailor and family upon their return from deployment as well as tracking completion of Post Deployment Health Assessments. It is important to note that the parent commands of Sailors deployed on GSA orders are responsible for maintaining support and entering contact in NFAAS until the member is gained to their next command after returning from deployment. All commands are required to assign and train a CIAC and ensure all elements of NAVADMIN 099/09 (IA GRAM #5) are fully implemented.

Recent site inspections have revealed improvements in deployed IA support. A best business practice was recently observed at Naval Medical Center San Diego (NMCS D). NMCS D has a well supported, organized and robust Deployment Support Center (DSC). In addition to meeting all required program elements of HSAP, NMCS D has a "virtual Deployment Support Center" accessible on the NMC San Diego intranet that tracks pending members, deployment preparation progress and provides a myriad of pre-deployment resources for the deploying IA/GSA. The NMCS D DSC is available to share successful business practices of the HSAP and can be contacted at commercial (619) 532-9779 or DSN: 522-9779.

We encourage commands to submit best practices and provide feedback for improvements in the IA deployment process so we can seek solutions to systemic issues that continue to challenge. For more information regarding the CIAC, please contact HMCM (SW/FMF) Smith at (301) 319-8726 or kevin.smith5@med.navy.mil.

Forms Management: A Training Opportunity

By LCDR James W. Perry, MSC
MEDINSPGEN Staff

As we end the fifth year of AHLTA use, the question that lingers is "Are we any closer today to eliminating the need for "hardcopy" forms to capture a patient record of care?" I believe we are. However, the implementation and continued development of AHLTA has not yet eliminated the need for the use of "hardcopy" medical and administrative forms to collect a complete record of care. The decision to continue the use of "hardcopy" forms over AHLTA forms and templates is a challenge continually faced by Commands. A part of that challenge is the overall management and development of forms that currently exist, and continue to be developed at the local and higher echelon levels.

The primary goal of forms management is to "increase the flow of information through technological advances" (BUMEDINST 5210.9B, Forms and Reports Management Program and Survey Coordination). With today's technology, Commands can provide greater access to standardized forms that can be quickly and easily managed, modified, and utilized. Rather than turn everything into a template within AHLTA, the goal should be to standardize the format in which a record of care is compiled. Standardized forms document the business of Navy Medicine and ensure forms are approved and implemented appropriately.

Proper forms management can become overwhelming, but helping to make things a little more comprehensible is Mr. Brian Young, Director BUMED Secretariat. He and his staff have developed a two day regional training on Directives and Forms Management. A part of this effort is to bring together staff from various commands within each region together in order to gain a solid understanding of directives and forms management as well as develop a collaborative network for the future. The training is not directed specifically to administrative support staff but is also geared towards clinic department head staff as well. Just some of the areas covered during the training are:

- Forms Management Officer Responsibilities
- Forms (Types, Requirements, Consolidation, Standardization)
- Forms Approval Process
- Developing Directives
- Reports and Surveys

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/>

If you have an interest in taking advantage of the opportunity to have Mr. Young and his staff come to your region, please contact your regional Director for Administration office who can assist in coordinating training with the BUMED Secretariat Office.

Naval Medical Inspector General Hotline Program: Frequently Asked Questions

By Ms. Beverly Bolt
MEDINSPGEN Staff

The Naval Medical Inspector General Hotline can be described as a system wherein, complaints are received, evaluated, investigated, and corrective measures are instituted.

Who may use the Hotline? Anyone can file a hotline complaint.

Is there a time limit to file a complaint? Generally, you should submit your complaint within 90 days of the date the alleged wrongdoing occurred. However, we will consider complaints over 90 days old if you can demonstrate you were unable to meet the time requirement due to extraordinary circumstances or unforeseen delays.

What issues should you report to the Hotline? You should report any issue listed in the "[List of Matters Appropriate for the IG](#)" to your local IG or Naval Medical IG point of contact.

List of Matters Appropriate for the (IG):

- Abuse of Authority/Position
- Bribes/Kickbacks/Acceptance of Gratuities
- Conflicts of Interests
- Ethics Violations
- Fraud/Travel Fraud (TDY and TAD)
- Gifts (Improper)
- Improper Referral for Mental Health Evaluation
- Mismanagement (Significant Cases)
- Misuse of Official Time, Government Property, Position and Public Office
- Political Activities
- Procurement Issues
- Purchase Card/Travel Card Abuse
- Reprisal (Military Whistleblower Protection)
- Safety/Public Health (Substantial/Specific)
- Systemic Problems
- Time and Attendance (Significant Violations)
- Waste (Gross)

What is a Mental Health Evaluation (MHE)? A MHE is defined as "A clinical assessment of a Service member for mental, physical or personality disorder, the purpose of which is to determine a Service member's clinical mental status and/or fitness and/or suitability for service."

What is the procedure for a MHE referral? Only the CO has the authority to refer a MHE. Referrals may take place in an emergency or non-emergency setting. If there is no danger to the Service member or others (non-emergency setting), the CO shall consult a Mental Health Care Provider to determine the appropriateness of referral, send a memorandum to the CO of the Medical Treatment Facility and provide the Service member with a referral memorandum and statement of rights. The memorandum and statement of rights must be given two business days in advance of the evaluation. The Service member has the right to consult with an attorney, request an IG investigator or seek a second opinion.

What is reprisal? A reprisal occurs when a Responsible Management Official takes or threatens to take an unfavorable personnel action, or withhold or threaten to withhold a favorable personnel action, because someone made or prepared to make a protected communication.

Who is a Responsible Management Official (RMO)? Someone who took the action; reviewed, influenced one or recommended the action to be taken; or approved the action. (Note: The RMO must know about the PC before taking the unfavorable action.)

What is an unfavorable personnel action (UPA)? Any action that unfavorably affects or

has the potential to unfavorably affect a member's position or career. (Note: Examples of UPAs include adverse fitness reports or evaluations, denial of training that is required of one's position, changes to duties or responsibilities not commensurate with one's rank.

What is a PC? Any lawful communication to a member of Congress or IG. Communication with law enforcement agencies, Equal Opportunity Officials or someone in the chain of command may also be a PC if it was made to report a violation of law or regulation, including gross mismanagement, a gross waste of funds or other resources, abuse of authority, sexual harassment or unlawful discrimination, or a substantial and specific danger to public health or safety.

MEDICAL INSPECTOR GENERAL CONTACT INFORMATION: Hotline Phone: 301-295-9019, Toll free: 800-637-6175; Fax: 301-295-9022; Email: NavyMEDIGHotline@med.navy.mil; Website: <https://www.med.navy.mil>

Diversity

By CAPT Marvin Jones
BUMED Diversity Officer

Upon his appointment as the Navy's 36th Surgeon General in 2007, Vice Admiral Robinson articulated his vision and goals for diversity in Navy Medicine. He said, "Because people are Navy Medicine's most valuable asset, I'm committed to the goal of maintaining the right workforce to deliver medical capabilities across the full range of military operations. We will achieve this goal through the appropriate mix of accession, retention, education, and training incentives."

For Navy Medicine to be fully successful in achieving that goal, we must constantly strive to attract and retain the best people from all walks of life. Additionally, we must make every effort to keep the talent we recruit, and communicate and embrace the concepts of diversity to meet the professional aspirations of all our personnel.

Diversity has become a part of the everyday culture of Navy Medicine. It requires creating an environment where we attract the highest level of health care professionals by providing appealing job incentives -- meaningful and challenging assignments, opportunities for professional growth, advanced educational and research opportunities, and options for family stability and a long term career.

To that end, Navy Medicine has emerged as a role model of diversity because we have focused on aligning ethnic and gender representation throughout the ranks to reflect our great nation's population. We have had many successes since our inception, including the establishment of the Navy Nurse Corps (all women) in 1908, the appointment of the Navy's first African-American Surgeon General, and most recently, the Navy's first female and first ethnic minority Director of the Medical Service Corps.

Not only are we setting the example of a diverse, robust, innovative, and dedicated health care work force, but this diversity also reflects the people for whom we care. As the medical providers for the warfighters of our great nation, we answer the call to provide medical care to our Sailors and Marines, Soldiers, Airmen, and members of the Coast Guard. On the home front and overseas, we also take care of their families, our retirees, and our personnel. Whenever and wherever the injured and ill call to us for medical care, we will be there to take care of them.

Navy Medicine's Diversity Program promotes the message that we are the employer of choice for those individuals committed to a culturally competent health care organization. We offer a high quality work-life environment where our diverse workforce sees themselves represented at all levels of leadership.

Our leaders support professional environments promoting inclusion, inviting different points of view, embracing unique individual perspectives, enhancing the potential for personal and professional growth, and encouraging the contributions of all personnel. This is not just the job of Navy Medicine leadership, but is incumbent on every member of the Navy Medicine workforce to contribute to our mission success.

We must all actively foster work environments where people are valued, respected, and provided the opportunity to reach their full personal and professional potential. This is a responsibility for each of us, and we all must take ownership of what we do to cultivate a diverse Navy Medicine team.

To that end, we will continue to nurture diversity by:

Outreach - Navy Medicine leadership's educational and community outreach efforts embrace a wide variety of groups to stimulate an interest in careers with us.

Navy Medicine Hotline

Telephone
1 (800) 637-6175
DSN 295-9019

Email:
NavyMediHotline@med.navy.mil

Recruitment - We must all work together as a group to multiply our effectiveness in recruiting the best and brightest young people in the United States. It is important that we continue to work with the Navy Recruiting Command, Bureau of Medicine and Surgery corps recruiters, the Uniformed Services University of Health Sciences, and the Navy Diversity Directorate (N134) in this initiative. In order for people to learn about and become excited about Navy Medicine, we must go out to their communities and engage with them.

Mentoring - Navy Medicine leadership is responsible for developing the next cadres of diverse senior leaders throughout all corps. We need to support and expand mentoring opportunities and create mentoring environments across Navy Medicine, beginning with the Surgeon General and cascading throughout the chain of command.

Retention - It is important to expand opportunities for our personnel. One way is through post-graduate and continuing education. Another way is to adopt work-life balance policies that meet Navy Medicine's needs and the needs of our personnel. Navy Medicine recognizes the shifting demographic realities in the United States, with the growing competition among the military services and corporate America for talented personnel. With this in mind, the goal of the Navy Medicine Diversity Program is to ensure we attract, develop, and retain individuals whose contributions are valued and respected and who have the right skills to allow Navy Medicine to meet the dual mission of force health protection and taking care of our beneficiaries.

For more information on Navy Medicine's Diversity Program, please contact Captain Marvin Jones or Commander Debra Yniguez the BUMED Diversity Officer.

References:

- BUMEDINST 5300.12 Navy Medicine Diversity Program of 20 Mar 08
- SG Memo Host Site for Science, Service, Mentoring, and Medicine (S2M2)- Diversity Student Outreach Program Ser M00D/09UN093000214 of 20 Mar09

