



Bureau of Medicine & Surgery Naval Medical Inspector General

5 OCT 2009

Volume 5, Number 2

In This Issue

- MEDINSGEN Message
- Hail and Farewell
- Reprisals
- The Joint Commission Update
- Research Integrity: Responsible Conduct of Research Education
- Command Individual Augmentee Coordinator
- Improper Referral for Mental Health Evaluation
- List of Inspected MEDINSGEN Programs
- MEDINSGEN Staff

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.)

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>

Joint Commission Website

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

MEDINSGEN Message

CAPT P. K. Roark
Medical Inspector General

It is truly a privilege to have been selected to serve you as the newest Medical Inspector General. I am joining a team of superb professionals who have diverse backgrounds in all areas of Navy Medicine and healthcare delivery. As the "eyes, ears and conscience of the Chief, BUMED/SG", we persistently seek out opportunities to improve Navy Medicine. Our priority is to ensure that all Navy Medicine commands have the resources and tools they need to successfully accomplish their mission. As the MEDINSGEN team, we are the biggest proponents of system wide improvements that impact all of Navy Medicine and our other service and agency partners. We are going to devote numerous hours over the next few months to evaluate our own inspection process, to ensure that we are meeting the needs of Navy Medicine leadership as well as the deck plate sailor. We can't do this alone, we will be gathering valuable input from all those we serve. Please take a moment to review the MEDINSGEN website. There are self-assessment tools and a library of the most up to date and pertinent instructions for ensuring military program compliance and safe health service delivery. If you have any recommendations for how the MEDINSGEN team can improve our own processes, please email me or any of the team members. We have included our email addresses and phone numbers below.

Have a safe and joyous holiday season!

Hail and Farewell

The MEDINSGEN team would like to wish Fair Winds and Following Seas to Medical Inspector General Team Leader CAPT Sonja Pyle. CAPT Pyle will be retiring from the United States Navy after 26 years of distinguished service. We wish her well in all her future endeavors.

REPRISALS

By CAPT Bruce Boynton, MC, USN
DEPMEDINSGEN

One of the most serious allegations one can make against a DoD employee is that of reprisal. This is a charge that is taken very seriously and almost always results in an extensive and time consuming investigation. Yet few understand what reprisal is. In common speech reprisal is synonymous with retaliation, but in law reprisal has a specific technical meaning. A reprisal occurs when a Responsible Management Official (RMO) takes or threatens to take an unfavorable personnel action (UPA), or withhold or threaten to withhold a favorable personnel action, because someone made or prepared to make a protected communication (PC). Reprisal is prohibited by Title 10, US Code, Section 1034, "Military Whistleblower Protection Act", and by SECNAVINST 5370.7C "Military Whistleblower Reprisal Protection".

Contact Us

Naval Medical Inspector General
Bureau of Medicine and Surgery (M00IG)
8901 Wisconsin Avenue, Bldg 1, 19th Fl
Bethesda, MD 20889-5615
Phone: (301) 295-9010
Fax: (301) 295-9022

Navy Medicine Hotline

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

Email
Navymedighotline@med.navy.mil

For a charge of Reprisal to be substantiated there must be: 1) a PC, 2) an UPA, and 3) a RMO who either took the action (reviewed, influenced one or recommended the action to be taken) or approved it. What does all this mean? A PC is any lawful communication with an Inspector General (IG) or a member of Congress. 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, unlawful discrimination, gross mismanagement, abuse of authority or a substantial danger to public health. An UPA is any action that unfavorably affects or has the potential to unfavorably affect a member's position or career. UPA examples include adverse fitness reports or evaluations, denial of training that is required of one's position or billet, changes to duties or responsibilities not commensurable with one's rank, Page 13 entries, or Captain's Mast. However, it is important to note that investigations are not UPAs. Finally, the RMO must know about the PC before taking the unfavorable action. UPAs are not necessarily reprisals, although they may constitute an abuse of power by the RMO. Substantiation of a charge of Reprisal requires a PC and evidence that the UPA was taken because of that PC.

Allegations of reprisal may be filed with the following offices:
DoD IG- DoD Contractors and Non-Appropriated Funded Employees
Department of the Navy Office of Special Counsel-Navy Civilian Employees
Any IG office- Military Service Members

The Joint Commission Update

CAPT Linda Grant, NC, USN
BUMED

Environment of Care (EOC) and Life Safety (LS) requirements are an integral part of every Joint Commission survey and contain a good number of The Joint Commission's most specific standards. EOC and LS are highly technical areas of expertise and require continuous attention to the basic elements: the building, the equipment, and the people who enter the environment.

A Life Safety Code (LSC) Specialist is now part of every hospital survey, concentrating on EOC and LSC standards. There is also enhanced emphasis on these standards during ambulatory and behavioral health surveys. This has resulted in more findings for all facilities, civilian and military.

Navy Medicine has not been immune to compliance issues with EOC and LS standards. We have learned a few lessons along the way that may be helpful.

- Most findings are not a result of an aging infrastructure. They are documentation deficiencies, plans that are non-existent, incomplete and/or not current, requirements not followed (ex. generators not being tested to name plate load requirements), LSC deficiencies (ex. doors not latching, gaps between door pairs, oxygen tanks not secured) and building systems not being checked carefully (ex. medical gas cabinet incorrectly labeled).
 - Ensure documents and plans are reviewed on a regular basis by someone who knows the requirements.
 - Most MTFs do some kind of EOC tracers. Make sure staff performing these have training and a user-friendly tool for reference/documentation.
 - Have processes in place to correct deficiencies in a timely way.
- Staff responsible for EOC and LS cannot meet requirements if they are not familiar with them. Establish ongoing education and training for MTF staff; consider Joint Commission Resources training as an option, if appropriate.
- Some MTFs contract for some or all of these services. Check your support agreement to ensure it contains language specific to Joint Commission building requirements (for LSC, this is based on National Fire Protection Association (NFPA) requirements). Then, make sure the contractor is meeting those requirements.

Remember that a safe and functional environment, where risks are identified and minimized, is critical to the preservation of quality and safety.

RESEARCH INTEGRITY: RESPONSIBLE CONDUCT OF RESEARCH EDUCATION, AND RESEARCH MISCONDUCT

By CDR SCOTT PYNE, MC, USN
MEDINSGEN Staff

"It takes less time to do a thing right than to explain why you did it wrong" - Henry Wadsworth Longfellow

Since the 1974 signing of the National Research Act and the subsequent 1976 summary of the Belmont Report, the protection of human subjects has been at the lead of the research ethics debate. Respect for persons, beneficence and justice have been the three basic ethical principles against which research proposals have been evaluated and measured. A great deal of time and effort is appropriately directed to ensuring these principles are upheld through Human Research Protection Programs (HRPP) and Institutional Review Boards (IRB). Research integrity, breached through fabrication, falsification, plagiarism, and professional and financial conflict of interest committed intentionally, knowingly and recklessly, while perhaps more challenging to measure, is no less important. The Office of Research Integrity, <http://ori.dhhs.gov>, promotes integrity in biomedical and behavioral research supported by the Public Health Service under the U.S. Department of Health and Human Services and they monitor institutional investigations of research misconduct and facilitate the responsible conduct of research through educational, preventive, and regulatory activities.

In response to historical events, the unique requirements and regulations regarding Federal research and Navy Medicine's policy that all Navy personnel will uphold the highest principles of ethics promoting research integrity and the responsible conduct of research BUMED INSTRUCTION 6500.3 has been issued. This instruction outlines responsibilities and offers assistance in the form of subject matter expertise, support services and resources to all ships and stations having medical department personnel. As a result, BUMED has established a Navy Medicine Research Integrity Program Network (RIPN) and appointed a Special Assistant for Ethics and Professional Integrity, the Navy Medicine Executive Research Integrity Officer (ERIO).

Dr. Edward Gabriele currently serves as Special Assistant for Ethics and Professional Integrity to the Navy Surgeon General. He holds appointments to Georgetown University Medical Center and the Uniformed Services University of the Health Sciences and has supported Navy medical research in various roles since 1991. Dr. Gabriele can be reached at Edward.Gabriele@med.navy.mil.

To summarize, the instruction identifies several areas of requirement:

- Awareness of the instruction
- Establishment of a local Research Integrity Subject Matter Program
- Appointment and responsibilities of a local Research Integrity Leader
- Process for the completion and maintenance of educational awareness activity regarding research integrity
- Prevention, correction and amelioration strategies to counter research misconduct
- Ensure Navy Medicine sponsored extramural partners are aware of the instruction

The instruction also outlines procedures for initial reporting, inquiry, investigation, adjudication and appeal for suspected events of research integrity misconduct. Navy Medicine maintains a zero-tolerance policy for research misconduct and violations are subject to disciplinary action. As members of the United States Navy we are all responsible for preserving the public trust. The impact of one case of research misconduct is detrimental to not just the individuals involved, but to everyone within Navy Medicine through association. This instruction and its identified resources provide addition tools to educate and safeguard our individual and community integrity.

Command Individual Augmentee Coordinator

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

As you know, Sailors are routinely deployed as an Individual Augmentee (IA) within our Navy and they frequently deploy in harms way. Therefore it is essential that the IA Sailor's parent command provide the necessary support to deployed Sailors and their families. All commands are required to assign and train a Command Individual Augmentee Coordinator (CIAC) and ensure all components of NAVADMIN 099/09 (IA GRAM #5) are fully implemented. The CIAC principle responsibilities are to guide and assist the IA deployer in completing all administrative, medical, and training requirements prior to transferring to the Navy Mobilization and Processing Site (NMPS) for an IA deployment. Additionally, the CIAC is responsible for providing support based on the individual Sailor and their families' needs during deployments, including maintaining contact at least monthly throughout the deployment and documenting contact in the Navy Family Accountability and Assessment System (NFAAS). The final key element is providing assistance to the Sailor and family upon returning from deployment and tracking completion of Post Deployment Health Assessments. Please refer to NAVADMIN 099/09 which outlines specific responsibilities.

As the reviewer of the Health Services Augmentation Program (HSAP), recent site inspections have revealed improvements in deployed IA support, both from overall administrative compliance as well as receiving positive feedback from recent IA deployers. A consistent feature of successful HSAP is robust leadership involvement. Favorable comments from deployed Sailors recognized chain of commands that were thoroughly engaged in the pre-deployment preparation process and provided timely responses to their inquiries. Often times while deployed, relatively minor administrative matters can bubble-up and create unnecessary distractions for the deployed IA Sailor. The CIAC is a vital link in assisting and communicating with the Sailor and quickly addressing their concerns allowing them to focus on their deployed mission.

IMPROPER REFERRAL FOR MENTAL HEALTH EVALUATION

By CAPT Bruce Boynton, MC, USN
MEDINSGEN Staff

Allegations of improper referral for Mental Health Evaluation (MHE) have become increasingly frequent in recent years. In its last semi-annual report to Congress, the DOD Inspector General noted that DOD-wide, 65% of all such allegations were substantiated for procedural violations. This indicates a lack of understanding of the procedural safeguards and requirements to refer a Service member for command-directed MHE.

SECNAVINST 6320.24A and DoD Directive 6490.1 prohibit commanders from using mental health evaluations for harassment or retaliation. For the purpose of these regulations a Mental Health Evaluation 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." (DoDD 6490.1) However, there are some forms of assessment that do not fall within the meaning of these regulations. These include: self referral (or voluntary referral), diagnostic referral by a physician not in the member's chain of command, responsibility / competency inquiries, the Family Advocacy Program, drug and alcohol rehabilitation programs and evaluations required by Service regulations.

The procedure for MHE referral is very specific. Only the Commanding Officer (CO) has the authority to refer. MHE referral 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 with a Mental Health Care Provider (MHCP) 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 memo 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 investigation or seek a second opinion.

In an emergency the first priority of the Commanding Officer is to protect the Service member and any potential victims, and to get the member to the nearest mental health care provider. However, the CO should still consult with a MHCP before referral whenever possible and provide the Service member with a memorandum and statement of rights.

Because of the complexity of these requirements, Commanders, Commanding Officers and Officers in Charge are strongly advised to seek the guidance of their Staff Judge Advocates and senior medical advisors before referral for MHE.

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

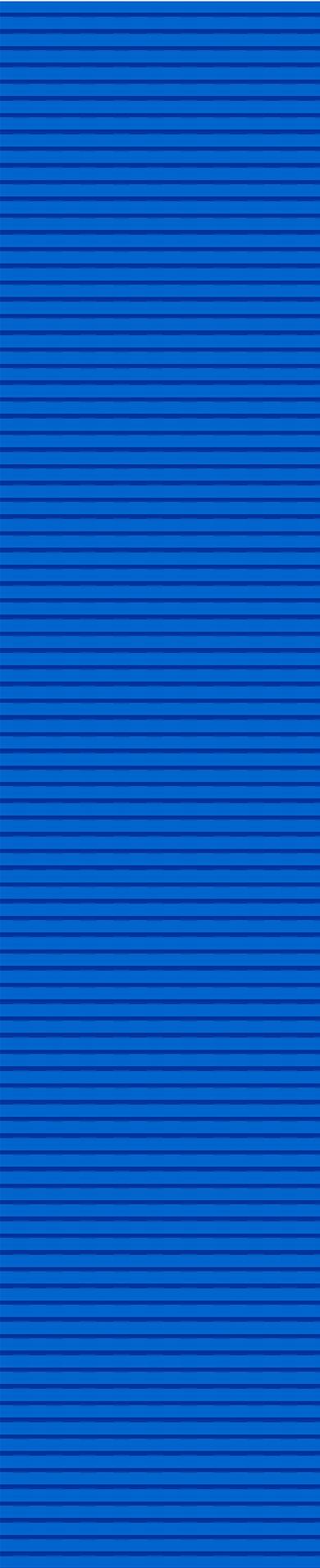
- Access to Care
- AHLTA
- Health Information Management
 - Medical Records Management
 - Custody and Control
 - Record Retirement
 - Protected Health Information
 - Medical Records Coding
 - Medical Records Review
 - Medical Records Forms Management
- Information Management/Information Technology
-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