



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 5040.2C  
BUMED-M00IG  
14 Apr 2011

BUMED INSTRUCTION 5040.2C

From: Chief, Bureau of Medicine and Surgery

Subj: BUREAU OF MEDICINE AND SURGERY MEDICAL INSPECTOR GENERAL  
INSPECTION PROGRAM

Ref: (a) SECNAVINST 5040.3A  
(b) SECNAVINST 5430.57G  
(c) BUMEDINST 5370.3  
(d) BUMEDINST 5450.165B  
(e) BUMEDINST 5100.13D

Encl: (1) Medical Inspector General Assessment of Inspected Programs  
(2) Medical Inspector General Non-Medical Treatment Command Logistics and  
Preparatory Information Guide  
(3) Medical Inspector General Medical Treatment Facility Logistics and Preparatory  
Information Guide  
(4) Acronyms

1. Purpose. To publish objectives, policies, and procedures of the Bureau of Medicine and Surgery (BUMED) Medical Inspector General (MEDINSGEN) Inspection Program. This is a major revision, so instruction must be read in its entirety.
2. Cancellation. BUMEDINST 5040.2B.
3. Authority. References (a) and (b) set forth Echelon I and II policies and procedures for Naval Command Inspection Programs; identify inspection authorities; and direct responsible authorities to fulfill inspection requirements.
4. Scope. Inspections conducted by the MEDINSGEN are restricted to BUMED command activities. Inspections for medical treatment facilities (MTFs) are conducted in conjunction with the Joint Commission. The policies and procedures for the operation of the BUMED Hotline Program are outlined in reference (c). The Offices of the Surgeon General and Chief, BUMED Organization are outlined in reference (d). The Policies and Procedures for the BUMED Navy Safety and Occupational Health Program are outlined in reference (e).
5. Program Objectives. To assess command efficiency and effectiveness of Budget Submitting Office (BSO)-18 activities and to improve an organization's mission readiness and performance based on program specific policies and direction. In addition, the program is designed to promote enterprise-wide organizational improvement by sharing best business practices and identifying systemic issues that require headquarters attention. The MEDINSGEN Inspection Program integrates information staff focus groups, objective data (i.e., M2, Data Quality

Statements, etc.), on-site program review, meetings with local and regional line leaders, and command leadership to arrive at an accurate appraisal of the activity. Specifically, the MEDINSGEN Inspection Program will:

a. Provide actionable recommendations resulting from inspection findings to commanders, commanding officers, and officers in charge for improving organizational performance, safety, readiness, efficiency, effectiveness, and staff quality of life. Findings (initial or repeat) are briefed to the Chief, BUMED and appropriate BUMED leadership to ensure adequate attention is given and/or resources are made available to correct such findings. If indicated, the MEDINSGEN may require an organization to submit plans for correcting deficiencies and/or conduct a focused re-inspection in a 6- to 12-month period to ensure appropriate action and/or resolution.

b. Identify systemic issues that impede delivery of health care or readiness support and deliver issues to the BUMED leadership for further action and/or resolution.

c. Promote BSO-wide organizational improvement by disseminating field-generated lessons learned, best business practices, innovations, and shared challenges. Utilize NAVMED 5040/7, MEDINSGEN Position Paper.

6. MEDINSGEN Inspection Program. Enclosure (1) outlines core programs that the MEDINSGEN reviews during an inspection. Inspected programs without deficiencies are categorized as compliant. Programs with deficiencies may receive a Requirement for Improvement (RFI) or a Supplemental Finding. All programs, whether deficient or not, may be offered one or more of the following recommendations:

a. RFI - identifies a nonexistent program or one that is deficient in major elements so that it does not fulfill the intent of policy. An RFI requires the command to respond with an Implementation Status Report (ISR) outlining the command's plan to initiate the program or correct its deficiencies. The ISR will be submitted using OPNAV 5040/2, Implementation Status Report. The ISR and supporting documentation will be forwarded through the chain of command and is due to MEDINSGEN within 60 days from receipt of the Final Report. An RFI can be closed or remain open depending on the command's progress in correcting the deficiencies. Follow-up ISRs are due to the MEDINSGEN every 90 days thereafter until it is deemed closed by the MEDINSGEN. Any RFI that remains open greater than 1 year will be followed up by a letter to the respective regional commander to address why the RFI remains open.

b. Supplemental Findings - identifies a program that has an effective and formal process in place, but requires modification to achieve full compliance.

c. Opportunities for Improvement - are recommendations that will enhance a program's effectiveness.

7. MEDINSGEN Inspection and the Joint Commission Program

a. The MEDINSGEN Inspection/Joint Commission accreditation survey is a concurrent assessment. MEDINSGEN determines site selection, coordinates with the Joint Commission, and participates in survey interviews and facility walk around. Partnership with the Joint Commission allows the MEDINSGEN staff to capture Joint Commission concerns for dissemination throughout Navy Medicine while simultaneously providing a source of information and clarification to the Joint Commission surveyors regarding military unique factors. The Joint Commission Account Representative (AR) will notify the MEDINSGEN liaison of required special announced or unannounced, focused, follow-up, or random unannounced surveys by the Joint Commission of Navy MTFs as they develop.

b. Navy Medicine commands will be notified of impending inspections by the MEDINSGEN and The Joint Commission AR, 7 business days in advance located in the continental United States (CONUS) or 30 business days in advance located outside of the continental United States (OCONUS).

8. Report Distribution. MEDINSGEN will electronically forward the final inspection report to the command, with a copy to the Regional Commander, approximately 4 weeks from the end of the inspection. The Joint Commission surveyors will typically provide commands a copy of their preliminary findings at the conclusion of the survey. Any additional information related to the survey results will be posted on the Joint Commission's Web site. Systemic issues and command-specific information from the report is shared with the Chief, BUMED. BUMED leadership (Deputy Chief, BUMED, Chief of Staff, Deputy Chief, Medical Operations/Future Operations (BUMED-M3/5), etc.) is included in the distribution of the findings at the discretion of the Chief, BUMED and MEDINSGEN.

9. Responsibilities

a. BUMED - Echelon II

(1) Liaisons with the Joint Commission for information sharing and inspection/survey coordination.

(2) Delivers periodic updates of trends, evolving issues, and ongoing systemic challenges to BUMED leadership.

(3) Conducts MEDINSGEN site assessments (inspections) on a 1- to 4-year cycle.

(4) Assigns a point of contact (POC) within the Team to serve as a liaison for all issues relating to the MEDINSGEN inspection. This POC will be designated in the notification letter.

(5) The MEDINSGEN Team Composition. Inspectors assigned to the MEDINSGEN Team conduct focus groups of internal customers and specific program reviews outlined in the agenda. The MEDINSGEN Team composition will normally consist of the following personnel: a senior inspector designated as Team Leader, senior Comptroller to coordinate the financial and materials management inspections with assistance from individual augments as needed (i.e., during the inspection of teaching hospitals, NAVMED Regions, and multiple command inspections), health care administrator, physician, nurse, dentist, senior enlisted inspector, investigator (as needed), safety manager, and Yeoman assigned with the additional duty of trip coordinator to assist in logistical preparations for the visit. The MEDINSGEN POC will identify specific team composition in the inspection agenda at the time of notification.

(6) The MEDINSGEN Agenda. The MEDINSGEN tailors its inspection schedule for support activities based on standard inspection areas and the activity's mission. The first draft of the agenda will be forwarded to the command POC ideally upon notification or very shortly thereafter. Any unresolved conflicts on site should be immediately addressed to the MEDINSGEN Team Leader.

(7) Provides post-inspection briefs as discussed in paragraph 9a(8) below.

(8) Provides post-inspection briefs to Navy Medicine Echelon III Commanders following inspection of subordinate Echelon IV/V activities.

b. Echelon III

(1) Conducts periodic reviews of Echelon IV activities under their cognizance.

(2) Provides oversight as requested from Echelon II regarding completion and submission of ISRs.

(3) Provides Echelon II with data from periodic reviews or identified systemic issues within the region.

c. Echelons III/IV

(1) Command POC Responsibilities. The commanding officer should appoint primary and alternate individuals to be POCs for the inspection. The POC coordinates preparatory activity prior to the arrival of the inspection party and provides support during the inspection period.

(2) Opening Conference Requirements. Commands will provide the MEDINSGEN with a prepared brief to review during the document review session. Enclosures (2) and (3) list specifics regarding the contents of the brief. Enclosure (2) shall be used for non-medical treatment commands and enclosure (3) shall be used for MTF activities.

(3) Focus Group Requirements. Ten to 12 staff members should participate in each of the focus groups (12 should be the maximum). Staff members should only participate in one focus group. If a member fits into two groups, such as an Executive Steering Committee (ESC) member who is also a department head, assign that member to only one focus group, in this case the ESC focus group.

(4) On-site Documents. All required/requested documents should be available the first morning of the MEDINSGEN visit. Documents required for review by the MEDINSGEN include:

- (a) Command brief.
- (b) ESC/Board of Director meeting minutes for the past 12 months.
- (c) Performance Improvement (PI) meeting minutes for the past 12 months, if applicable.
- (d) Inspection/survey reports for the past 3 years, and if applicable, inspection/survey reports conducted on your subordinate commands for the past 3 years.
- (e) Provider coding auditing training documents for MTF inspections.
- (f) List of investigations conducted during the past 12 months.
- (g) Management Internal Control (MIC) Program reviews for the past 12 months.
- (h) Command Evaluation (CE) Program reviews for the past 12 months.
- (i) Anti-Fraud Program periodic fraud risk assessments for the past 12 months (i.e., an assessment is required at least annually).
- (j) Most recent command Defense Equal Opportunity Management Institute (DEOMI) Equal Opportunity Climate Survey (DEOCS) results and any other assessments profiling the equal opportunity climate, morale, teamwork, and communication within the command.
- (k) NAVMED 5040/7, MEDINSGEN Position Paper(s).

(5) Transportation

- (a) For CONUS inspections, no arrangements are necessary for transportation.
- (b) For OCONUS inspections, the Team will need assistance with transportation.

(c) For all MEDINSGEN and Senior Enlisted Leader courtesy calls, the inspected command will provide transportation.

(6) Public Notice. All staff members are to be aware of the visit.

10. Acronyms. Enclosure (4) provides a list of acronyms used in the basic instruction and enclosures (1) through (3).

11. Forms. The following forms are available electronically from Naval Forms Online at: <https://navalforms.daps.dla.mil/web/public/home>.

- a. OPNAV 5040/2 (11-88), Implementation Status Report.
- b. NAVMED 5040/3 (01/2011), MEDINSGEN Non-Medical Treatment Command Demographics Worksheet.
- c. NAVMED 5040/4 (01/2011), MEDINSGEN Non-Medical Treatment Command Preparatory Worksheet.
- d. NAVMED 5040/5 (01/2011), MEDINSGEN Medical Treatment Facility (MTF) Demographics Worksheet.
- e. NAVMED 5040/6 (01/2011), MEDINSGEN Medical Treatment Facility (MTF) Preparatory Worksheet.
- f. NAVMED 5040/7 (01/2011), MEDINSGEN Position Paper.



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Distribution is electronic only via the Navy Medicine Web Site at:  
<http://www.med.navy.mil/directives/Pages/default.asp>

**MEDICAL INSPECTOR GENERAL ASSESSMENT OF  
INSPECTED PROGRAMS**

1. Deployment Readiness

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

2. 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)

3. People

- Awards and Recognition Program
- Civilian Drug Free Workplace Program
- Civilian Personnel Management
- Command Managed Equal Opportunity (CMEO) and Command Assessment Program
- Command Sponsor and Indoctrination Program
- Diversity Program
- Drug and Alcohol Program Advisor (DAPA) Program
- 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
- Urinalysis Program
- Pastoral Care Program

4. Quality of Care

- Access to Care
- Dental Population Health/Disease Management
- Forms Management

4. Quality of Care (Continued)

- Health Information Management
  - Medical Records Management
  - Custody and Control
  - Record Retirement
  - Protected Health Information
  - Medical Records Coding
- Information Management/Information Technology
- Referral Management
- Records Management Program (non-medical)

5. Patient and Family Centered Care

- Case Management Program
- Customer Relations Program
- Sexual Assault Prevention Response (SAPR) Program
- Staff and Beneficiary Surveys

6. Performance Based Budget

- Fraud, Waste, and Mismanagement Program
- Standard Organization Compliance

7. Research and Development

- Human Research Protection Program

8. Financial Management

- Comptroller Organization
- Budget Formulation and Execution
- Financial Reporting
- Accounting
- Support Agreements
- Civilian Time and Attendance
- Defense Travel System (DTS) and Government Travel Card Program
- Uniform Business Office
- Managers' Internal Control Program
- Command Evaluation Program
- Manpower Management

9. Materials Management

- Materials Management Operations
- Government Purchase Card Program
- Contract Acquisition
- Equipment Management
- Equipment Maintenance
- Ethics and Standards of Conduct for Government Employees

10. Safety and Occupational Health

- Safety Metrics
- Safety Program Self-Assessment
- Industrial Hygiene Metrics
- Industrial Hygiene (IH) Self-Assessment
- Occupational Medicine Program Metrics
- Occupational Medicine Program Assessment (OMPA)

**MEDICAL INSPECTOR GENERAL NON-MEDICAL TREATMENT COMMAND  
LOGISTICS AND PREPARATORY INFORMATION GUIDE**

1. Introduction. This guide contains a detailed description of activities that take place prior to and during the periodic inspection.
2. Command Point of Contact (POC) Responsibilities. The Commanding officer should appoint primary and alternate individuals to be POCs for the inspection. The POC coordinates preparatory activity prior to the arrival of the inspection party and provides support during the inspection period. Ensure NAVMED 5040/3, MEDINSGEN Non-Medical Treatment Command Demographics Worksheet is completed within the first 24 hours. NAVMED 5040/4, MEDINSGEN Non-Medical Treatment Command Preparatory Worksheet provides further guidance for the Command POC.
3. The Medical Inspector General (MEDINSGEN) POC Responsibilities. The MEDINSGEN assigns a POC on the Team to serve as a liaison for all issues relating to the MEDINSGEN inspection. This POC will be designated in the notification letter. If for any reason the POC cannot be reached, then the command can contact the MEDINSGEN Team Administrative support at DSN 295-9010 or commercial (301) 295-9010.
4. The MEDINSGEN Team Composition. Inspectors assigned to the MEDINSGEN Team conduct focus groups of internal customers and specific program reviews outlined in the agenda. The MEDINSGEN Team composition will normally consist of the following personnel: a senior inspector designated as Team Leader, a health care administrator for the logistics and fiscal inspection, physician, nurse, dentist, a senior enlisted inspector, an investigator (as needed), a safety manager, and a Yeoman assigned with the additional duty of trip coordinator to assist in logistical preparations for the visit. The MEDINSGEN POC will identify specific team composition in the survey agenda at the time of notification.
5. The MEDINSGEN Agenda. The MEDINSGEN tailors its inspection schedule for support activities based on standard inspection areas and the activity's mission. The first draft of the agenda will be forwarded to the command POC ideally upon notification or very shortly thereafter. Although we make every attempt to adhere to the published survey agenda, last minute changes are occasionally necessary. Encourage the staff to be flexible in accommodating last minute scheduling changes. Any unresolved conflicts on site should be immediately addressed to the MEDINSGEN Team Leader.
6. Opening Conference Requirements. Please provide the MEDINSGEN with a prepared brief to review during the document review session. This brief should consist of the following elements:
  - a. "Customer" demographic overview.
  - b. Description of operations and any subordinate activities, including services and integration with civilian and other Department of Defense entities.

- c. Annual/strategic goals and accomplishments, including a discussion of challenges, good ideas, and innovations.
- d. Status of Individual Medical Readiness (IMR). At a minimum, identify number of records maintained and percent of records entered into the Medical Readiness Reporting System (MRRS) and describe process for achieving compliance with IMR requirements.
- e. Performance improvement priorities.
- f. Identify top staff and customer concerns.

7. Echelon V Activities (if applicable). Visits to outlying labs or detachments are designed for interaction and sharing of information between personnel assigned to these activities and the MEDINSGEN. To promote full participation and an accurate assessment of support and oversight, only staff attached to these outlying activities should participate in MEDINSGEN visits to these locales.

8. Focus Group Requirements

a. Focus groups are utilized by the MEDINSGEN as information-gathering tools. The focus groups are essentially group interviews with staff members of the inspected command. Feedback from these focus groups is used to identify strengths as well as improvement opportunities in areas such as readiness, access to care, and leadership.

b. Focus groups generally include the Executive Steering Council (ESC), department heads, Chief Petty Officers, and E-6 and below. If a NAVMED Region is being inspected, the MEDINSGEN will conduct a teleconference with all the commanding officers in the region.

c. Ten to 12 staff members should participate in each of the focus groups (12 should be the maximum). Volunteers who desire to participate are encouraged and should be the primary members of the focus group.

d. Staff members should only participate in one focus group. If a member fits into two groups, such as an ESC member who is also a department head, assign that member to only one focus group, in this case the ESC focus group.

9. Command Detachment Inspection Guidelines. The MEDINSGEN team members visiting detachments will be on a compressed schedule. Assure the detachment leadership develops a brief utilizing the template provided in the notification package. The brief should not take more than 30 to 45 minutes. A template for the briefing will be provided in the notification package.

10. IT Requirements. Several of the MEDINSGEN team members will travel to your location using Bureau of Medicine and Surgery (BUMED) furnished laptops and will require Internet connectivity to obtain access to e-mail and shared files. In addition, please ensure the MEDINSGEN workspace includes four Common Access Card (CAC) enabled computers with Internet access including .mil addresses. If there are concerns or questions regarding access, contact MEDINSGEN POC at (301) 295-9015.

11. On-site Documents. All required/requested documents should be available the first morning of the MEDINSGEN visit. Documents required for review by the MEDINSGEN include:

- a. Command brief.
- b. ESC/Board of Director meeting minutes for the past 12 months.
- c. Performance Improvement (PI) meeting minutes for the past 12 months, if applicable.
- d. Inspection/survey reports for the past 3 years, and if applicable provides inspection/survey reports conducted on your subordinate commands for the past 3 years.
- e. List of investigations conducted during the past 12 months.
- f. Management Internal Control Reviews for the past 12 months.
- g. Command Evaluation (CE) Program reviews for the past 12 months.
- h. Anti-Fraud Program periodic fraud risk assessments for the past 12 months (i.e., an assessment is required at least annually).
- i. Most recent command Defense Equal Opportunity Management Institute (DEOMI) Equal Opportunity Climate Survey (DEOCS) results and any other assessments profiling the equal opportunity climate, morale, teamwork, and communication within the command.
- j. NAVMED 5040/7, MEDINSGEN Position Paper(s). A sample form is located on the last page of this enclosure.

12. Transportation

- a. For Stateside inspections, no arrangements are necessary for transportation to and from the airport. Due to the use of several rental vehicles, it is helpful if the coordinator can provide the necessary information needed to obtain base passes and reserve five parking spaces.
- b. For overseas inspections, the Team will need assistance with transportation to and from the airport. The Team trip coordinator will work closely with the Command coordinator if that is the case.

c. For all MEDINSGEN and Senior Enlisted courtesy calls the inspected command will need to provide transportation.

13. Public Notice. Please ensure the staff is aware of the visit and have been provided with the Medical Inspector General Hotline contact information, 1-800-637-6175 (not available for OCONUS locations), DSN 295-9019 or e-mail [NavyMEDIGHotline@med.navy.mil](mailto:NavyMEDIGHotline@med.navy.mil).

14. Forms. The following forms are available electronically from Naval Forms Online at: <https://navalforms.daps.dla.mil/web/public/home>.

a. NAVMED 5040/3 (01/2011), MEDINSGEN Non-Medical Treatment Command Demographics Worksheet.

b. NAVMED 5040/4 (01/2011), MEDINSGEN Non-Medical Treatment Command Preparatory Worksheet.

c. NAVMED 5040/7 (01/2011), MEDINSGEN Position Paper.

15. Summary. The MEDINSGEN Team looks forward to working with the command during this inspection/survey process. Please, freely communicate via our mutual POC any concerns you have regarding our agenda or logistics packet so we can effectively execute this process and provide to you a quality and constructive inspection process.

<b>MEDINGEN POSITION PAPER</b>		
<b>1. ORIGINATOR</b>		
a. Name Captain Johnson, Commanding Officer	b. E-mail Address Iam.Johnson@med.navy.mil	
c. Command Naval Hospital Never Sail	d. Telephone Number (555) 123-4567	e. Submission Date (DD MMM YYYY) 27 Apr 2011
<b>2. OTHER POC INVOLVED</b>		
a. Name Captain Adams, Executive Officer	b. E-mail Address eve.adams@med.navy.mil	
c. Command Naval Hospital Sever Sail	d. Telephone Number (555)123-9876	
<b>3. TYPE OF POSITION PAPER</b>		
<input checked="" type="checkbox"/> Best Practice/Innovation/Creat Idea <input type="checkbox"/> Systemic Challenge		
<b>4. ISSUE/TOPIC (One Sentence)</b> Implement model Medical Home practice over the last 6 months.		
<b>5. DISCUSSION/BACKGROUND</b> Review the mechanisms available to other commands to best implement Medical Home.		
<b>6. RECOMMENDATION</b> Review the mechanisms available to other commands to best implement Medical Home.		
<b>7a. HAS ISSUE BEEN BROUGHT TO THE ATTENTION OF HIGHER AUTHORITY?</b>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>7b. IF YES TO 7a. COMMENT ON THIER REPNSE/CURRENT STATUS</b> Our best practice was presented at the annual MHS Conference.		
<b>8. ADDITIONAL INFORMATION REQUIRED TO SUPPORT TOPIC. INCLUDE ATTACHMENTS, AS NECESSARY, WHEN SUBMITTING THIS FORM.</b> Attachments include: POA&M, business plan, metrics demonstrating....		

**MEDICAL INSPECTOR GENERAL MEDICAL TREATMENT FACILITY  
LOGISTICS AND PREPARATORY INFORMATION GUIDE**

1. Introduction. This guide contains a detailed description of activities that take place prior to and during the periodic inspection, consisting of the MEDINSGEN and the Joint Commission survey for medical treatment facilities (MTFs). This document should be used in conjunction with the appropriate Joint Commission Comprehensive Accreditation Manual(s).
2. Command Point of Contact (POC) Responsibilities. The commanding officer should appoint primary and alternate individuals to be POCs for the inspection. The POC coordinates preparatory activity prior to the arrival of the inspection party and provides support during the inspection period. The POCs should thoroughly review all information available on the MEDINSGEN and the Joint Commission Web sites. Ensure NAVMED 5040/5, MEDINSGEN Medical Treatment Facility (MTF) Demographics Worksheet is completed within the first 24 hours. NAVMED 5040/6, MEDINSGEN Medical Treatment Facility (MTF) Preparatory Worksheet provides further guidance for the command POC.
3. The Medical Inspector General (MEDINSGEN) POC Responsibilities. The MEDINSGEN assigns a POC on the Team to serve as a liaison for all issues relating to the MEDINSGEN/Joint Commission survey. This POC will be designated in the notification letter. If for any reason the POC cannot be reached, then the command can contact the MEDINSGEN Team administrative support at DSN 295-9010 or commercial (301) 295-9010.
4. The MEDINSGEN Team Composition. Inspectors assigned to the MEDINSGEN Team conduct focus groups of internal customers and specific program reviews outlined in the agenda. The MEDINSGEN Team composition will normally consist of the following personnel: a senior inspector designated as Team Leader, a health care administrator for the logistics and fiscal inspection, physician, nurse, dentist, a senior enlisted inspector, an investigator (as needed), a safety manager and a Yeoman assigned with the additional duty of trip coordinator to assist in logistical preparations for the visit. The MEDINSGEN POC will identify specific team composition in the survey agenda at the time of notification.
5. The Joint Commission Team Composition. Since the MEDINSGEN inspection occurs simultaneously with the Joint Commission survey, the MEDINSGEN will be joined by two to three Joint Commission surveyors depending on the size and scope of services provided by the MTF. Typical Joint Commission Team composition will include the following: physician, ambulatory surveyor, and/or administrative surveyor. One of the surveyors will be designated as the Joint Commission Team Leader. The Joint Commission Department of Defense (DoD) corporate account representative will coordinate the names of the surveyors and their agenda directly with the MTF POC. Details on their arrival plans usually come directly from the Joint Commission Team Leader. Please contact the MEDINSGEN POC for the names and number of the Joint Commission DoD corporate account representative if needed.

6. The Joint Commission Connect™ Extranet Site. Upon notification of an inspection, the command should go to the Joint Commission Connect™ extranet site and print out the “Survey Activity Guide” which will assist in preparing for the inspection. Additionally, upon notification of the survey the command should immediately access the Joint Commission Connect™ extranet site to print the priority focus areas that will be surveyed.
  
7. MEDINSGEN/Joint Commission Agenda. The MEDINSGEN and the Joint Commission use standardized templates for clinics, hospitals, and medical centers. The first draft of the agenda will be forwarded to the command POC ideally upon notification or very shortly thereafter. Although we make every attempt to adhere to the published survey agenda, last minute changes are occasionally necessary. Please encourage the MTF staff to be flexible in accommodating last minute MEDINSGEN/Joint Commission scheduling changes. Any unresolved conflicts on site should be immediately addressed to the Joint Commission and/or MEDINSGEN Team Leaders.
  
8. Opening Conference Requirements. Please provide the MEDINSGEN with a prepared brief to review during the document review session. This brief should consist of the following elements:
  - a. Customer demographic overview by patient category and care sites within your area of responsibility (to include branch health clinics).
  
  - b. Description of operations, including scope of care and services performed within your facilities, top five outpatient and inpatient diagnoses, ambulatory procedure visits, and integration with civilian and other DoD entities.
  
  - c. Annual/business plan goals and accomplishments including a discussion of challenges, good ideas, and innovations.
  
  - d. Status of Individual Medical Readiness (IMR): At a minimum, identify number of records maintained and percent of records entered into the Medical Readiness Reporting System (MRRS), and describe process for achieving compliance with IMR requirements.
  
  - e. Performance improvement priorities/patient safety goals.
  
  - f. Identify access to care (for example, average waiting time for routine and urgent appointments for primary and specialty care (i.e., radiology services)) and other top beneficiary concerns.
  
9. Echelon V Activities (if applicable). Visits to outlying clinics, labs, or detachments are designed for interaction and sharing of information between personnel assigned to these activities and the MEDINSGEN. To promote full participation and an accurate assessment of support and oversight, only staff attached to these outlying activities should participate in MEDINSGEN visits to these locales.

10. Focus Group Requirements

a. MEDINSGEN Focus Groups. Focus groups are utilized by the MEDINSGEN as information-gathering tools. The focus groups are essentially group interviews with staff members of the inspected medical command. Feedback from these focus groups is used to identify strengths as well as improvement opportunities in areas such as readiness, access to care, and leadership.

b. Guidelines for MTF Staff Focus Groups

(1) During our visit the MEDINSGEN Team will facilitate the following staff focus groups: Executive Steering Committee (ESC) (the commanding officer and executive officer do not participate in this focus group), Executive Committee of the Medical Staff (ECOMS), department head, provider, Chief Petty Officer (the Command Master Chief does not participate in this focus group), and E6 and below. The MEDINSGEN has established time slots for these groups to minimize the impact on patient care and they are designated on the agenda. Encourage staff to bring their lunch if the focus group is held during their lunch time. The provider focus group should contain a mixture of military, civilian, and contract providers as well as a mixture of physicians, dentists, nurse practitioners, physician assistants, and Independent Duty Hospital Corpsmen.

(2) Ten to 12 staff members should participate in each of the focus groups (12 should be the maximum). Volunteers who desire to participate are encouraged and should be the primary members of the focus group.

(3) Staff members should participate in only one focus group. If a member fits in two groups, such as an ESC member who is also a department head, assign that member to only one focus group, in this case the ESC focus group.

11. Branch Health Clinic (BHC) Inspection Guidelines. The MEDINSGEN team members visiting the BHCs will be on a compressed schedule. Assure the BHCs develop a brief utilizing the template provided in the notification package. The brief should not take more than 30 to 45 minutes.

12. IT Requirements. Several of the MEDINSGEN team members will travel to your location using Bureau of Medicine and Surgery (BUMED) furnished laptops and will require Internet connectivity to obtain access to e-mail and shared files. In addition, please ensure the MEDINSGEN workspace includes four Common Access Card (CAC) enabled computers with Internet access including .mil addresses. If there are concerns or questions regarding access, contact MEDINSGEN POC at (301) 295-9015.

13. On-site Documents. All required/requested documents should be available the first morning of the MEDINSGEN visit. If there is space available, locate the documents in a room separate

from but near the Joint Commission workspace. Otherwise place documents in the Joint Commission workspace. Documents required for review by the MEDINSGEN include, but are not limited to:

- a. Command brief.
- b. ESC, ECOMS, and Executive Committee of the Nursing Staff (ECONS) meeting minutes for the past 12 months.
- c. Performance Improvement meeting minutes for the past 12 months, if applicable.
- d. Inspection/survey reports for the past 3 years, and if applicable, provides inspection/survey reports conducted on your subordinate commands for the past 3 years.
- e. Provider coding auditing training documents.
- f. List of investigations conducted during the past 12 months.
- g. Management internal control reviews for the past 12 months.
- h. Command Evaluation Program reviews for the past 12 months.
- i. Anti-Fraud Program periodic fraud risk assessments for the past 12 months (i.e., an assessment is required at least annually).
- j. Most recent command Defense Equal Opportunity Management Institute (DEOMI) Equal Opportunity Climate Survey (DEOCS) results and any other assessments profiling the equal opportunity climate, morale, teamwork, and communication within the command.
- k. NAVMED 5040/7, MEDINSGEN Position Paper. A sample form is located on the last page of this enclosure.

14. Transportation

- a. For Stateside inspections, no arrangements are necessary for transportation to and from the airport. Due to the use of several rental vehicles, it is helpful if the coordinator can provide the necessary information needed to obtain base passes and reserve seven parking spaces for The Joint Commission and MEDINSGEN.
- b. For overseas inspections, the Team will need assistance with transportation to and from the airport. The Team trip coordinator will work closely with the command coordinator if that is the case.

c. For all MEDINSGEN and senior enlisted courtesy calls the inspected command will need to provide transportation.

Note: The Joint Commission surveyors do not typically have a military identification card and they often arrive after hours, please plan accordingly.

15. Public Notice. Please ensure the following information is posted in areas visible to everyone. The command needs to specify on the notice how and where the surveyors may be contacted while in the facility.

Patients and staff members may contact a Joint Commission surveyor during the Joint Commission Survey and request a public information interview. (Please put in location and telephone number where the surveyors can be reached). Concerns may also be brought to the attention of the Medical Inspector General (MEDINSGEN) by calling the MEDINSGEN Hotline at 1-800-637-6175 (not available OCONUS), DSN 295-9019 or via e-mail at: [NavyMEDIGHotline@med.navy.mil](mailto:NavyMEDIGHotline@med.navy.mil).

16. Forms. The following forms are available electronically from Naval Forms Online at: <https://navalforms.daps.dla.mil/web/public/home>.

a. NAVMED 5040/5 (01/2011), MEDINSGEN Medical Treatment Facility (MTF) Demographics Worksheet.

b. NAVMED 5040/6 (01/2011), MEDINSGEN Medical Treatment Facility (MTF) Preparatory Worksheet.

c. NAVMED 5040/7 (01/2011), MEDINSGEN Position Paper.

17. Summary. The MEDINSGEN/Joint Commission Team looks forward to working with your command during this inspection/survey process. Please, freely communicate via our mutual POC any concerns you have regarding our agenda or logistics guide so we can effectively execute this process and provide to you a quality and constructive inspection process.

<b>MEDINGEN POSITION PAPER</b>		
<b>1. ORIGINATOR</b>		
<b>a. Name</b> Captain Johnson, Commanding Officer	<b>b. E-mail Address</b> Iam.Johnson@med.navy.mil	<b>e. Submission Date (DD MMM YYYY)</b> 27 Apr 2011
<b>c. Command</b> Naval Hospital Never Sail	<b>d. Telephone Number</b> (555) 123-4567	
<b>2. OTHER POC INVOLVED</b>		
<b>a. Name</b> Captain Adams, Executive Officer	<b>b. E-mail Address</b> eve.adams@med.navy.mil	
<b>c. Command</b> Naval Hospital Sever Sail	<b>d. Telephone Number</b> (555)123-9876	
<b>3. TYPE OF POSITION PAPER</b>		
<input checked="" type="checkbox"/> Best Practice/Innovation/Great Idea <span style="margin-left: 150px;"><input type="checkbox"/> Systemic Challenge</span>		
<b>4. ISSUE/TOPIC (One Sentence)</b> Implement model Medical Home practice over the last 6 months.		
<b>5. DISCUSSION/BACKGROUND</b> Review the mechanisms available to other commands to best implement Medical Home.		
<b>6. RECOMMENDATION</b> Review the mechanisms available to other commands to best implement Medical Home.		
<b>7a. HAS ISSUE BEEN BROUGHT TO THE ATTENTION OF HIGHER AUTHORITY?</b>		
<input checked="" type="checkbox"/> Yes <span style="margin-left: 50px;"><input type="checkbox"/> No</span>		
<b>7b. IF YES TO 7a, COMMENT ON TIIICR REPNOSC/CURRENT STATUS</b> Our best practice was presented at the annual MHS Conference.		
<b>8. ADDITIONAL INFORMATION REQUIRED TO SUPPORT TOPIC. INCLUDE ATTACHMENTS, AS NECESSARY, WHEN SUBMITTING THIS FORM.</b> Attachments include: POA&M, business plan, metrics demonstrating....		

ACRONYMS

AR	Account Representative
BHC	Branch Health Clinic
BUMED	Bureau of Medicine and Surgery
BSO	Budget Submitting Office
CAC	Common Access Card
CE	Command Evaluation
CMEO	Command Managed Equal Opportunity
CONUS	In the Continental United States
DAPA	Drug and Alcohol Program Advisor
DEOCS	Defense Equal Opportunity Management Institute Equal Opportunity Climate Survey
DEOMI	Defense Equal Opportunity Management Institute
DOD	Department of Defense
DTS	Defense Travel System
ECOMS	Executive Committee of the Medical Staff
ECONS	Executive Committee of the Nursing Staff
ESC	Executive Steering Committee
HMSB	Hospital Corpsman Skills Basic
HSAP	Health Service Augmentation Program
IDC	Independent Duty Corpsman
IH	Industrial Hygiene
IMR	Individual Medical Readiness
ISR	Implementation Status Report
MEDINSGEN	Medical Inspector General
MIC	Management Internal Control
MRRS	Medical Readiness Reporting System
MTF	Medical Treatment Facility
OCONUS	Outside the Continental United States
OFMLS	Operational Forces Medical Liaison Services
OMPA	Occupational Medicine Program Assessment
PHA	Periodic Health Assessment
PI	Performance Improvement
POC	Point of Contact
RFI	Requirement for Improvement
SAPR	Sexual Assault Prevention Response
TCCC	Tactical Combat Casualty Care