



NAVY MEDICINE

World Class Care...Anytime, Anywhere

15 March 2012, 0800-0900
IH Track "A" – Room 210

Bureau of Medicine and Surgery (BUMED) Update

**CAPT Jon Nelson, MSC, USN
CIH, CSP, CHMM
Ms Carla Treadwell
CIH, CSP
Mr Rufus E. Godwin, CAPT (ret) MSC, USN
CIH
Ms. Sika Dedo, MS candidate**



Agenda

- **Recent or Upcoming Changes**
 - New Leadership Team, non Region Echelon 3 Commands, Military Health System (MHS) Governance, Service Headquarters Move
- **Overview Major Initiatives**
 - POM12/13/14 Occupational Health (OH) Issue, DOEHRS Optimization, Enterprise Safety Applications Management System (ESAMS) Implementation and DoD Voluntary Protection Program (VPP)
- **Goals, Metrics...and WAIT! There's More... Ongoing/Emerging issues**



Safety & Occupational Health (M44)

Enterprise Safety Applications & Management System (ESAMS)

- Region manager training completed – Sept 11
- BSO 18 purchase - 30 Sept 11
- BUMED implementation policy note issued Fall 11
- BUMED 5100.13(E) update March 11
- Navy Medicine Portal Development

Way ahead: Safety, Emergency Management, Personnel, Training & Education to champion enrollment; Executive Dashboard; Integration into DON RMIS

FY12/13/14 POM Occupational Health Issue

- Oct10 - TMA first reports shortfall to DUSD(I&E)
- Oct10 - NAVIG issue in BUMED CI
- Dec10 - UNSEC/CNO/VCNO/SG 'Quick Look'
- Jan 11 – IH Staffing Standard signed by M1
- Mar11 - #2 priority from SG to ASD (HA)
- Jun11 - OASD (HA) SMAC discussion
- Aug11 - DASD (FHP&R) discussion:
"FHPR does not own it, CPP does"
- Aug11 - TMA reports shortfall to DUSD (I&E) again
- Aug11 - ADUSD (I&E) considers for POM 13-17
 but defers to potential budget cuts
- Jan12 – POM14 Cycle begins, AF joins Navy

Voluntary Protection Program

"Star" sites report:

- > 60% Reduction In Injuries and Illnesses
- 20% Reduction In Worker's Comp \$
- Up To 150% ROI

Star sites: NHC Corpus Christi; BHC Kingsville; USNH Yokosuka Japan

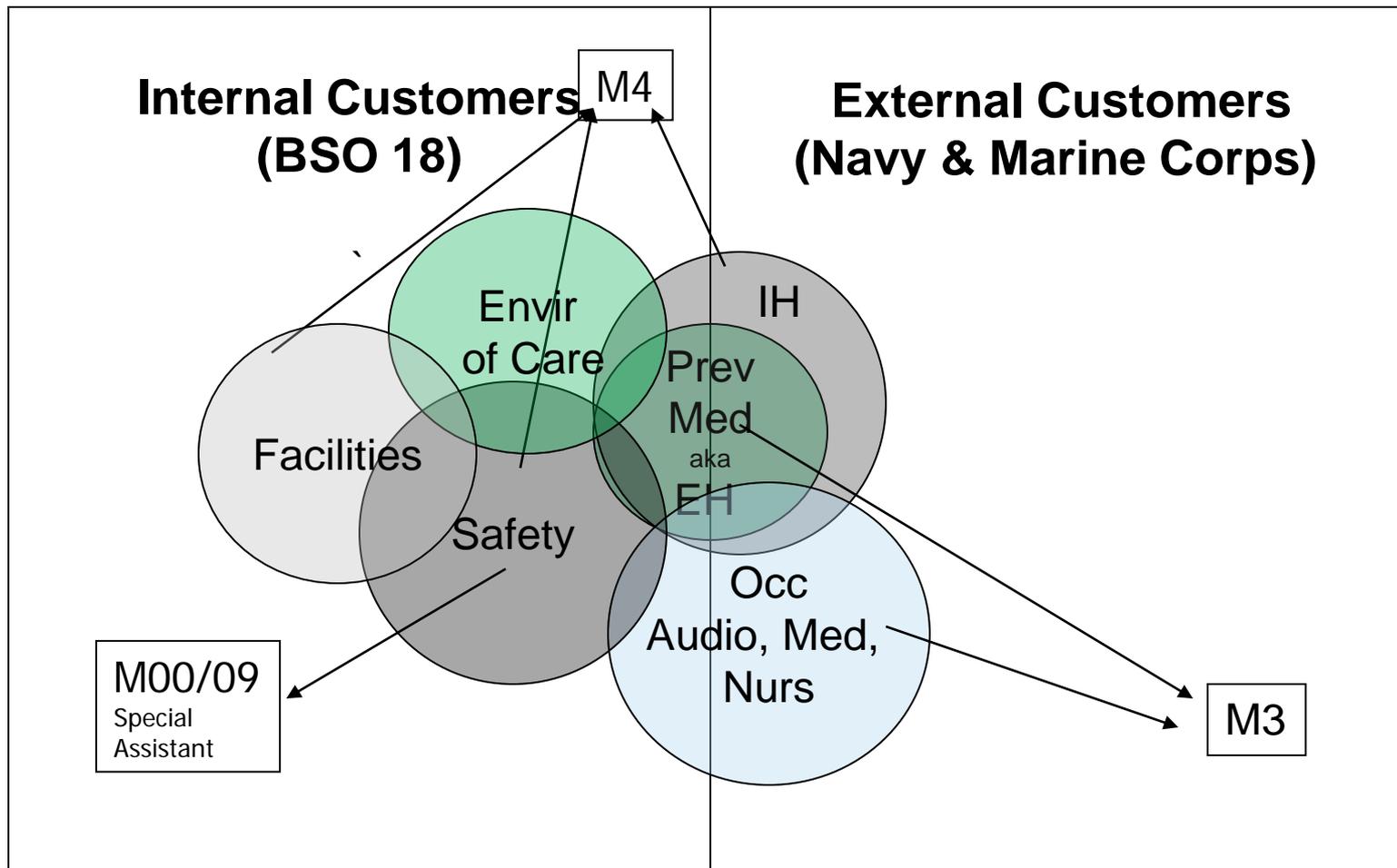
In progress: USNH Sigonella; NH Beaufort ; NHC New England; Navy Medical Expeditionary Support Command

Defense Occupational and Environmental Health Readiness System (DOEHRS) Optimization

- M44 is 'Charter' owner, sits on IT Governance Bd
- M3/5 is Lead for Enhanced Environmental Health (EEH) functionality:
- NMSC assigned as EA in 5100.13E
- Enterprise LSS project completed
- New Metrics (OMB Circular 300)
- Data Warehouse roll out
- DOEHRS Mobile roll out
- SECNAV/OPNAV, MCO DODI 6490.03 policy implementation packages (OEHSA/POEMS)
- Integration into DON RMIS



Safety & Occupational Health



FY12 Navy Medicine Strategy Management System		2012 Safety & Occupational Health Objectives
Objective	Description	* Denotes continued from 2011.
1. Fully Implement Medical Home Port	Standardize delivery of primary care across Navy Medicine.	
2. Improve Access to Care	Improve access to primary & specialty care.	
3. Optimize Specialty Care	Optimize the efficiency & effectiveness of Navy Medicine's specialty care	
4. Promote Prevention & Wellness Culture	Improve our culture and performance in Prevention and Wellness Services for beneficiaries across our organization through the promotion of evidence-based practice and alignment of supporting resources.	A. Use Navy Medicine's self-assessment report to benchmark safety trends with DON safety goals. Perform assessment of major strengths, weaknesses, opportunities and challenges identified during annual self-assessment. B. Implement strategies to improve exposure monitoring plan completion rates.* C. Clarify through MOU with CNIC who's doing what. Use safety self-assessment roll-up report to maximize usefulness of data (e.g., review processes and identify best practices to manage interim life safety measures, awards, track what is important, look for trends, process issues, training needs, opportunities for improvement).
5. Provide Agile Health Support Services	Provide expeditionary health services support to meet COCOM requirements across joint military operations.	A. Improve the customer focus of the IH periodic survey report. Increase understanding of the industrial hygiene survey report by supervisors and personnel.*
6. Improve Medical Deployment Readiness of the Warfighter	Increase the known percentage of Navy & Marine Corps warfighters medically ready to deploy.	A. In support of the DON Global War on Noise, identify the BUMED process for determining adequacy of hearing protective devices and increase exposure assessment of individuals in the HCP. B. Develop auditory fitness for duty measurement tools and standards. Develop evidence-based methods to measure and quantify whether or not an individual is fit to fill or presents a readiness risk. C. Create innovative hearing conservation training products (2 new products in FY12).
7. Enhance Disability Evaluation System	Improve Navy Medicine's systematic processing of cases and performance within the Integrated Disability Evaluation System (IDES).	
8. Restore & Grow Navy Medicine Research	Restore and grow Navy Medicine Research in order to preserve, protect, treat, rehabilitate, or enhance the performance of Navy & Marine Corps personnel and healthcare services.	
9. Align Resources to Results	Align resources to mission performance and quality delivery of healthcare.	A. Develop and implement a strategic OM business plan for the Navy Medicine enterprise.* B. Increase use of the ESAMS through improved resources, functionality and process measurement tools.*
10. Align Total Force Strategy	Total Force strategy that aligns all aspects of manpower, personnel, training, and education in support of Navy, Marine Corps, joint, and inter-agency missions.	A. Create a standardized Occupational Audiology training program. B. Review IH staffing shortfalls and prioritize within Regions based on NMAT IH staffing standard and region adjustments.
11. Deliver Information Technology Solutions	Deliver timely, integrated, protected, reliable, and trusted information technology to improve the efficiency and quality of Navy Medicine healthcare.	A. Identify and communicate current efforts regarding OM electronic record keeping. Ensure the electronic health records will meet the requirements of OH. (1) Identify the status and membership of the current tiger team (2) Review change 140 to CH16 in MANMED P117.* B. Develop ESAMS implementation plan for OM to support BSO18 customer activities. C. Continue to review data sources for determining population and demographics (e.g. DMDC, DOEHRS, ESAMS). D. Increase implementation and use of DOEHRS through implementation of Lean Six Sigma recommendations, improved resources, functionality, and process measurement tools. * E. Finalize and implement the HCP assessment tool. Electronic version of program elements that is designed as a self-assessment tool initially, the information is collated by the regional audiologist to identify trends, prioritize and assign resources. F. Continue to improve process for BUMED HQ inventory of field IH equipment and software.*

**Effective Safety/IH
Programs
Require Consistent
Visible Support from Leaders**



Why Do This?

- **Right to a Safe & Healthful Workplace (OSHA)**
- **“We can no longer tolerate the injuries, costs, & capability losses from preventable accidents”
(Secretary Defense)**
 - 75% Injury Reduction
- **Take care of our people**
 - total force health & wellness
- **Maintain Warfighter Readiness**
 - preventing mishaps preserves lives and resources
(Secretary Navy; CNO; and CMC)



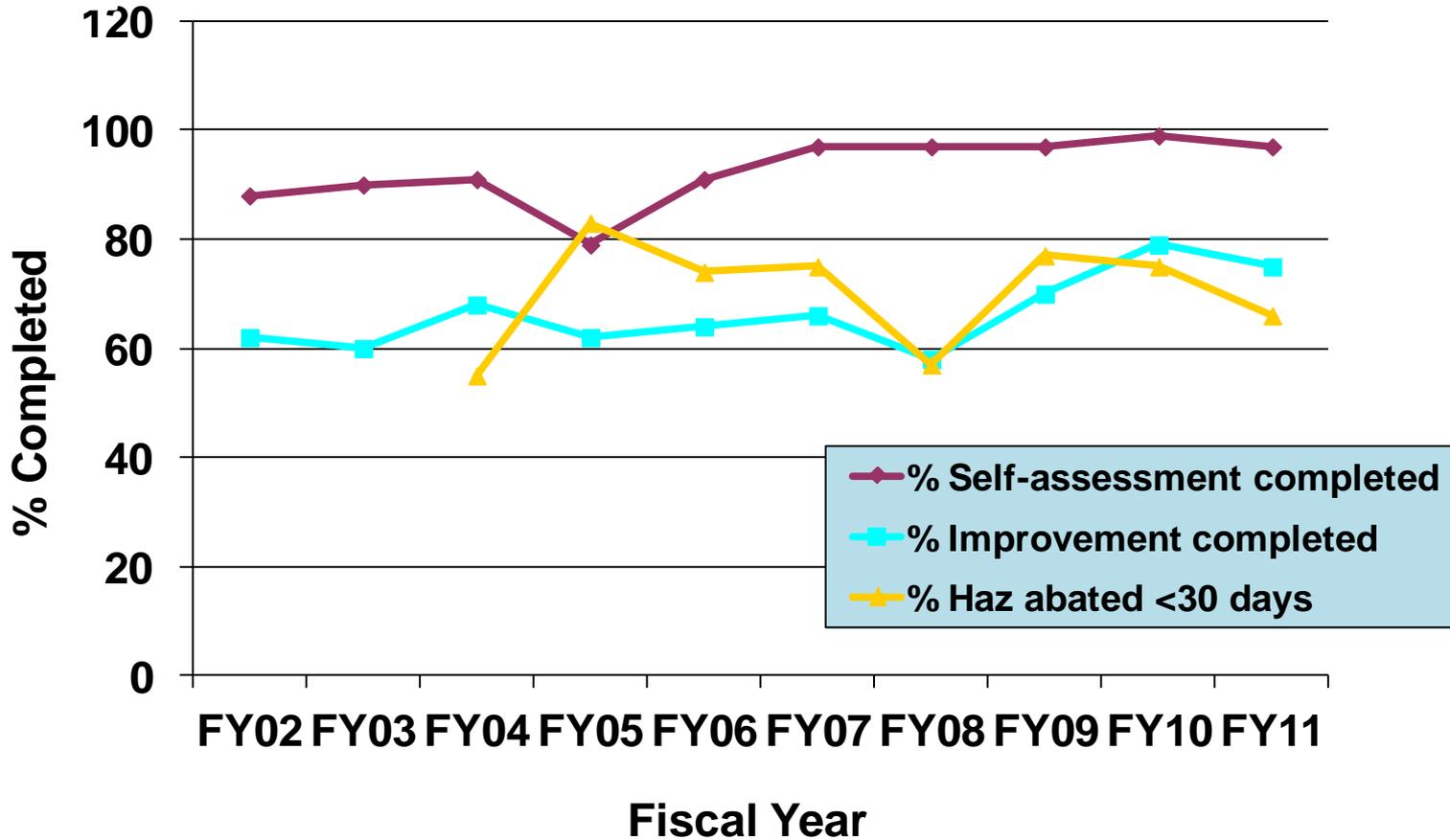
Why Do This?

- **DON Safety enhances mission readiness by preventing mishaps through leadership, resources, training, accountability, risk management**
(DON Safety Vision)

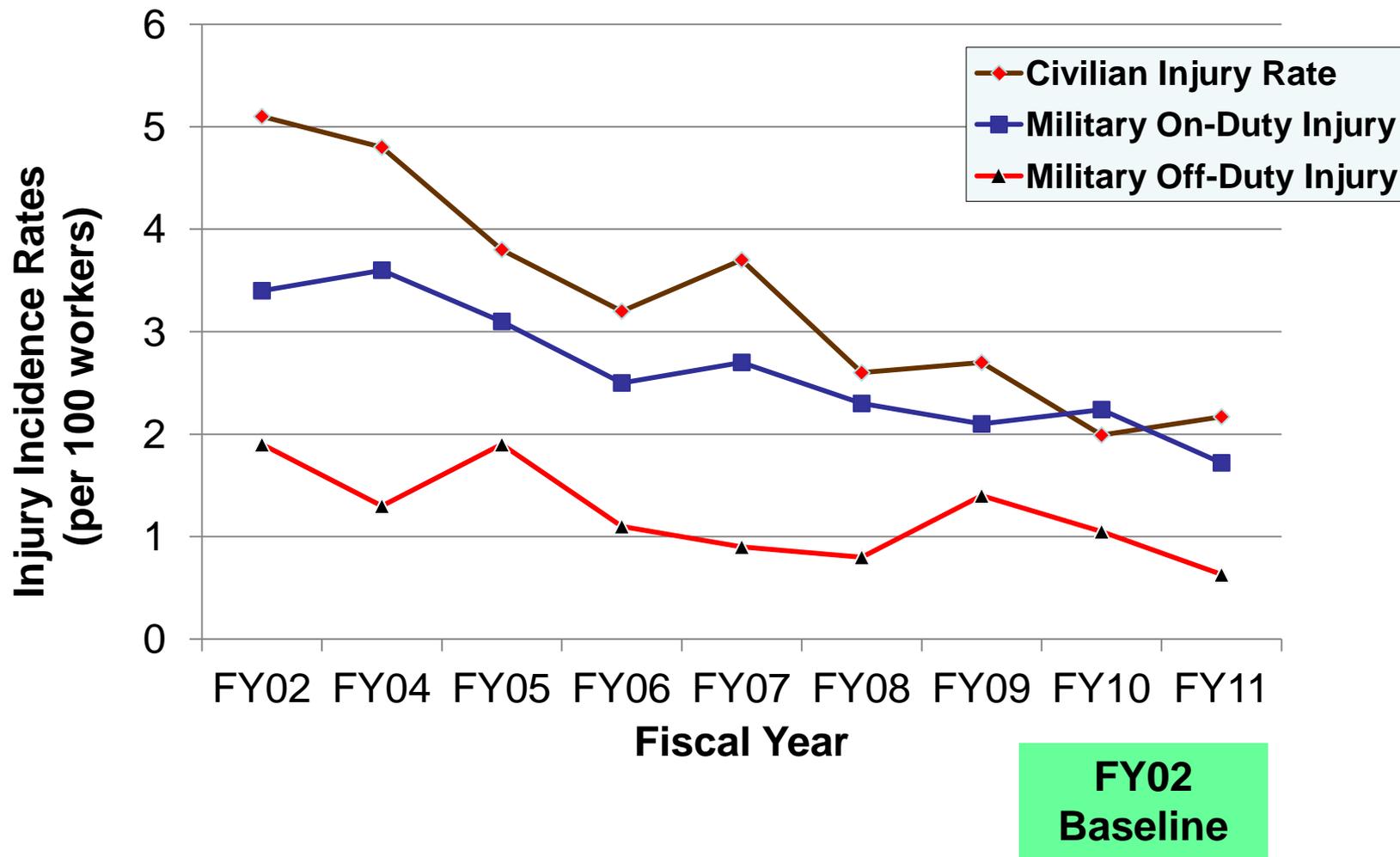
- **“Command self-assessments...facilitate continuous improvement in safety performance...”**
(ALSAF 067/11)



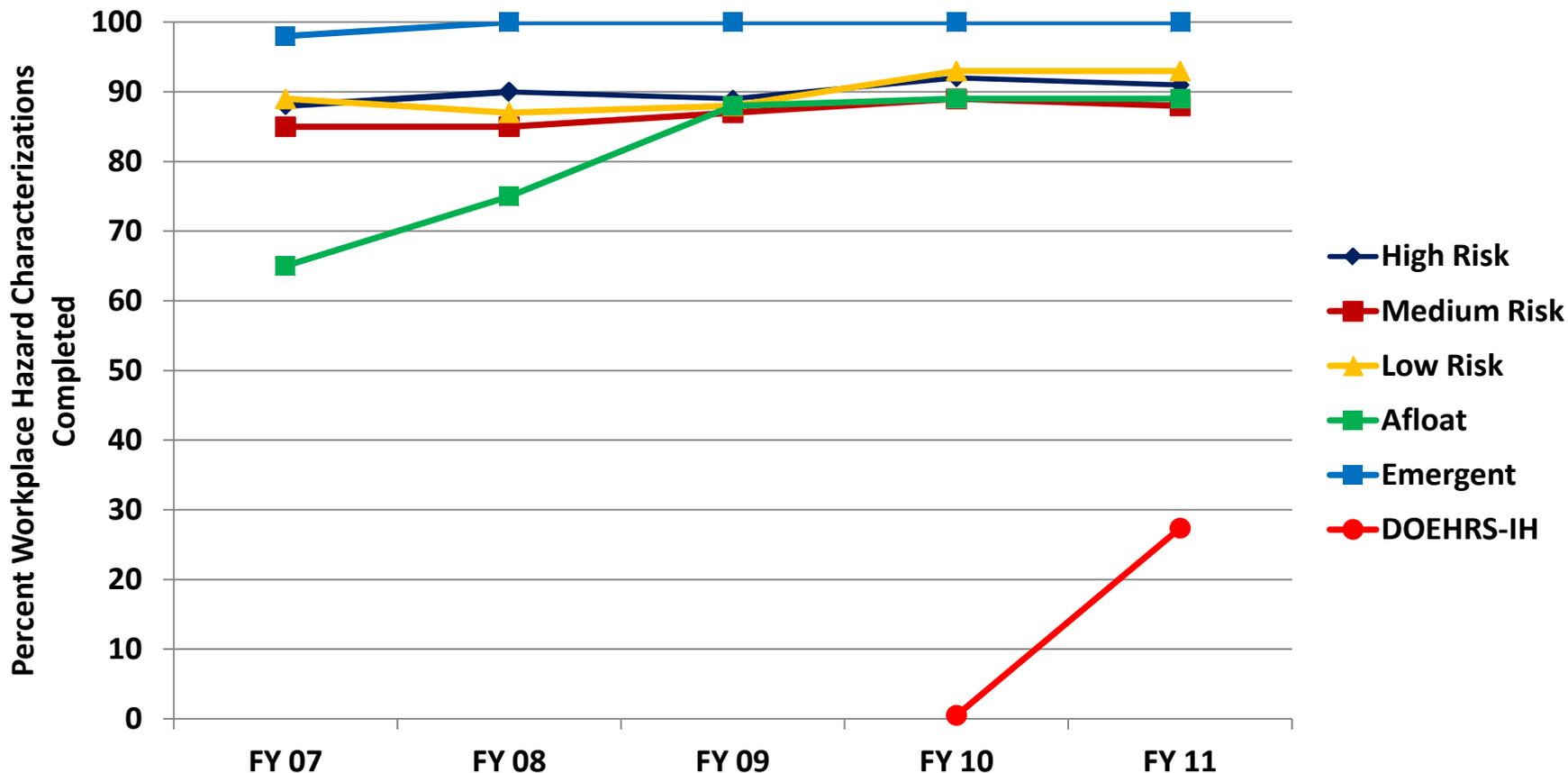
Reportable Self Assessments and Improvements Leading Indicators



Reportable Injury Rates (02-11) Trailing Indicators



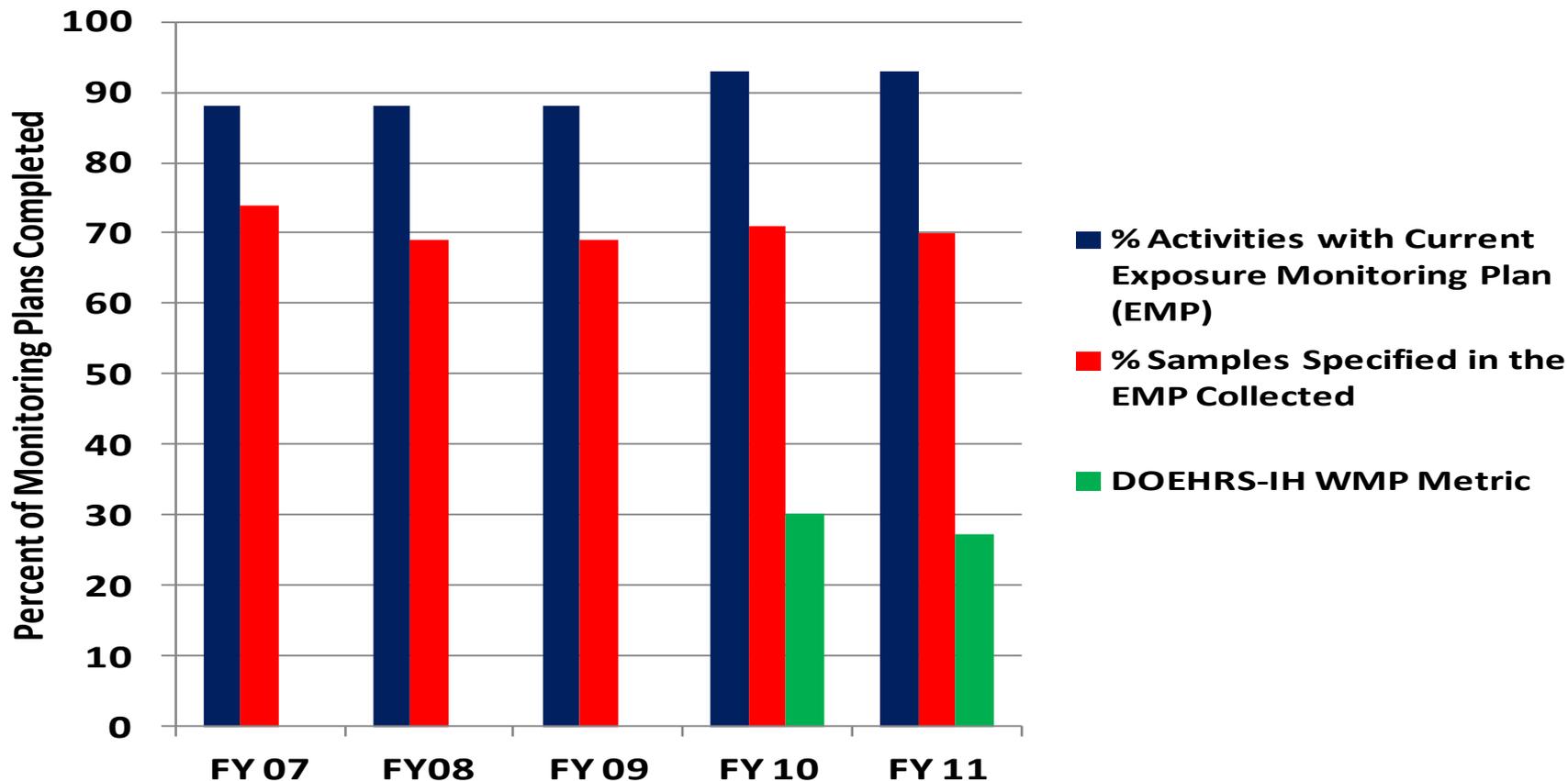
Risk Assessment: IH Workplace Hazard Characterization



FY 11 DOEHRS-IH Category 1 Completion Metric*: 27.37%

% Workplace Hazard Characterizations Completed = # Workplaces Assessed x 100% / # Workplaces Requiring Assessment

Risk Assessment: IH Monitoring Plans



FY 11 DOEHRS-IH Monitoring Plans Completed Metric*: 27.17%

% Workplace Monitoring Plan (WMP) Closed = # WMP Started & Completed x 100% / Total # of WMP



- **DODI 6490.03 Deployment Health**
 - ADSW project to fix policy gap for deployed setting occupational and environmental health risk assessment, i.e. Deployment Occupational Environmental Health Program (DOEHP)
 - Occupational Environmental Health Site Assessment (OEHSA)/Periodic Occupational Environmental Monitoring Summary (POEMS)
- **DON Hazardous Noise Mitigation**
- **Medical Surveillance Pilot Project**
- **DOD-VA / OWCP Data Sharing**



In Summary....

Continuous Improvement

- **Lean Forward:**
 - ✓ **DOEHRS Optimization**
 - ✓ **ESAMS Implementation**
 - ✓ **Voluntary Protection Program**
 - ✓ **Safety Awards**
- **Top Leadership is Very Aware of our Labor Shortfall**
- **Safety & Occupational Health is a Mission Accelerator!**
 - **Stand By for More Change...**