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

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MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

SUBJECT: Standard Organization Policy

Reference: (a) OPNAVINST 5450.215C
(b) OPNAVINST 3120.32C
(c) SECNAVINST 7000.27
(d) OPNAVINST 5100.23G

Enclosure: (1) Standard Organization Guidance

This policy memo cancels NAVMED Policy 06-002 and provides guidance for implementation of standard organization for Navy Medical Treatment Facilities and Mission Specific Commands under the command and control of the Chief, Bureau of Medicine and Surgery (BUMED) per reference (a).

Commanders/Commanding Officers will ensure their organizational structure is aligned and compliant with enclosure (1). Organization manuals, including organization charts and functional statements for all internal entities, will be developed and maintained by each command consistent with reference (b). All BUMED commands will be in compliance with this guidance no later than 30 days from the date of this memorandum.

The intent of this policy statement is to ensure that manpower organization codes are standardized in Standard Personnel Management System II (SPMS II), Defense Medical Human Resources System-internet (DMHRSi) and the Navy corporate systems. DMHRSi and SPMS II will implement the new organization code structure in the Manpower modules. The related accounting, logistic and civilian personnel management systems, Defense Civilian Personnel Data System (DCPDS), Defense Civilian Pay System (DCPS), Standard Labor Data Collection and Distribution Application (SLDCADA), Fund Administration and Standardized Document Automation (FASTDATA), Standardized Accounting and Reporting System-Field Level, (STARS-FL), Summarized Management Analysis Resource Tool (SMART) and Defense Medical Logistics Standard System (DMLSS) will follow in FY08. Financial lines of accounting (LOAs) to include the Medical Expense Performance Reporting System (MEPRS) functional cost codes (FCCs) data element will be aligned to manpower organizational codes.

Command organization manuals, financial and personnel accounting systems will be reviewed for compliance with this instruction by the Navy Medicine Inspector General.

My point of contact is Mr. James Oechsler, Navy Medicine Support Command at (904) 542-7200 ext. 8258 or jaoechsler@nmsc.med.navy.mil.

D. C. ARTHUR
Chief, BUMED

Attachment:
As stated

STANDARD ORGANIZATION GUIDANCE

1. Introduction

a. Standard Organization Structure for Navy Medicine Commands. The varying size, mission, and functions of Navy Medicine Commands make it impractical to be organized exactly the same. However, if a function is performed at multiple commands, that function should be named and positioned the same. For unique missions not covered by this guidance, commands should submit a request for organizational code establishment with appropriate justification to the Chief, BUMED for approval.

b. Basic Organization Principles and Organization Manual Content. The following should be considered when developing and implementing organizational structures and manual content:

(1) Organize to carry out organization goals and objectives in the most effective and efficient manner ensuring appropriate command authority and accountability.

(2) Essential functions of the organization must be delineated as to specific authority and aligned within the appropriate segment of the organization.

(3) Provide clear definition of individual duties, responsibilities, authority and organizational relationships.

(4) Standard naming functions within a command provide for better resource allocation, management decisions, consistent data comparisons and clarity of purpose.

(5) Enterprise-wide financial and personnel information systems need a common lexicon for the structure and naming of command organization elements for data to be meaningful and/or useful.

c. Activity Categories. Activities can be divided into seven categories based on scope, size and function:

(1) Navy Medicine Regional Command (Region). Echelon III commands, responsible for command and control of subordinate activities as defined in reference (a).

(2) Naval Medical Center (MEDCEN). Major tertiary teaching hospitals with multiple residency training programs providing a broad scope of inpatient and outpatient services.

(3) Family Practice Teaching Hospital (FPTH). Training hospitals with multiple specialty services and a family practice residency training program providing inpatient and outpatient services.

(4) Naval Hospital (NH). Community hospitals with a limited scope of outpatient and inpatient specialty services.

(5) Naval Health Clinic (NHC). Healthcare treatment facilities with limited outpatient specialty services providing no inpatient care.

(6) Branch Health Clinic (BHC). Branch clinic with at least one of the following capabilities: medical, dental and/or occupational medicine; subordinate to a larger facility.

(7) Mission Specific (MS) Commands. Commands with non-health service delivery missions.

d. MTF and MS Standard Organization Naming Conventions and Codes. All informational spreadsheets and diagrams that describe the approved standard naming conventions and standard organization codes are available on Navy Medicine On-Line (NMO). These documents will identify the command mission and define relationships and functions of the Commander or Commanding Officer (CO), Deputy Commander (DEPCOM) or Executive Officer (XO), Chiefs of Staff (COS), Special Assistants, Senior Executives, Directorates, Departments, and Divisions.

2. Specific Requirements.

a. All activities will use the information provided in the standard naming conventions and standard organization codes spreadsheets and diagrams available on NMO at http://navymedicine.med.navy.mil. Deviation from these documents must be approved by the Chief, BUMED prior to implementation.

b. Regional Commanders (RC). Flag Officers with command and control of multiple facilities are delineated in ref (a). There are four regional commands: Navy Medicine East (NME), Navy Medicine West (NMW), Navy Medicine National Capitol Area (NCA) and Navy Medicine Support Command (NMSC).

c. Commander or Commanding Officer. MTF or MS Commander and Commanding Officer authorities and responsibilities are outlined in references (a) and (b).

d. Chief of Staff, Deputy Commander or Executive Officer. MTF and MS Commands will have an XO (Deputy Commander in the case of NMC or Chief of Staff in the case of Region) who assumes command in the absence of the Commander or CO.

e. Special Assistants (SA). The following positions may be appropriate for assignment as SA at MTF or MS Commands reporting to the Commander/Commanding Officer. Others may be appointed as indicated by regulations, guidance from higher authority, or at the Commander's or CO's discretion:

Special Assistant	Authority
Chaplain	OPNAVINST 3120.32C
Command Evaluation Officer	OPNAVINST 5000.52A
Command Master Chief	OPNAVINST 1306.2D
Occupational Safety & Health (OSH) Manager	OPNAVINST 5100.23F

Staff Judge Advocate	UCMJ Sec 806, Art 6(b)
Public Affairs Officer	OPNAVINST 3120.32C
Security Officer	OPNAVINST 5530.14C
Comptroller	SECNAVINST 7000.27

f. Deputy Chiefs of Staff and Directors. Deputy Chiefs of Staff and Directors are senior leaders managing large portions of the organization, working directly with the COS/DEPCOM/XO. The number of Deputies or Directors varies depending on organization size and complexity. The standard naming conventions and standard organization codes available on NMO outlines organization Directorates and codes based on activity type.

g. Department and Division Heads. Consistent with standard Navy organizational structure, major functions will be established as Departments and, if too broad in scope, may be further subdivided into Divisions. Commands will assign and name Departments and Divisions as specified in the standard naming conventions and standard organization codes available on NMO.

h. Governing Board. Commands will have a Board of Directors comprised of senior leaders which meets regularly and addresses major planning, policy, resource management, and managed care issues designed to promote close cooperation among various command entities. Consistent with Navy Medicine personnel structure, the Board of Directors should include the CO, XO, Comptroller, Command Master Chief and representatives of the Medical Corps, Dental Corps, Medical Service Corps, Nurse Corps, Senior Civilians, and enlisted personnel in senior management to maintain a broad perspective on issues.

i. Committees. Committees are organizational bodies of subject matter experts who assist the Board of Directors in day to day management and oversight actions. MTFs will have committees required by the Joint Commission, such as the Executive Committee of the Medical Staff. Larger facilities should have a separate Credentials Committee and teaching hospitals are required to have a Professional (Graduate) Education Committee. Committee structure, duties, and responsibilities are delineated in the Joint Commission Manual, the Graduate Medical Education Directory, BUMED and other higher authority directives.

j. Comptroller. The Comptroller reports directly to the Commander/Commanding Officer for financial matters since the head of the activity is ultimately responsible for proper execution of funds as per reference (c). Comptrollers may report via the Deputy Commander/Executive Officer for administrative purposes if all other command organizations report through that position. However, the comptroller must have direct, unfettered access to the head of the activity for financial matters. Placement of the comptroller and comptroller functions cannot be subordinate to any other business or administrative manager. Therefore, in activities that do not support a directorate for resource management, resource management with the comptroller and comptroller functions will be organizationally positioned in the Command Suite.

k. Safety & Occupational Health (SOH) Manager. The Safety & Occupational Health Manager reports directly to the Commander/CO for SOH matters (reference (d)). The SOH Manager is a Special Assistant with direct access to the CO. The SOH department will be administratively placed under one of the approved directorates or departments organizationally. The Safety & Occupational Health program is an inherent responsibility of command and includes legal obligations for both the CO and the SOH manager.

3. Business Rules

a. The accountability and authority for all command assets lie with the Commander/Commanding Officer. Oversight for a specific service or product line are considered to be delegated to a director according to Navy Medicine's standard organization, regardless of where, within the command, that service is provided. For example; obstetrical services are the responsibility of the Director for Surgical Services regardless of where, MTF or branch clinic, services are provided. However, the day to day administrative oversight of assigned assets to the branch clinics is the responsibility of the branch director or OIC.

b. Component UIC (CIUC) billets are aligned with organizational codes that display the billet organizationally where the workload is being performed on a day to day basis not that of the CUIC alignment. CUIC billet wartime alignment is based solely on UIC/BSC. Matching the skill of the billet to the appropriate organization where the peacetime effort is concentrated eliminates the need for a CUIC reserve place holder in the core facility. An analysis for potential elimination of unfunded SELRES billets will be conducted after implementation of Standard Organization structure is complete.

c. The standard organizational naming and standard application of business rules allow all Navy Medicine activities to be viewed and assessed in a fair and consistent manner with regard to peacetime and readiness personnel resources and their utilization.

d. Directorates will be built with at least 2 departments with a minimum of 10 positions in each department. Departments may be subdivided into divisions providing the division meets the ten position rule. The only exception is where a type 1 or type 2 provider billet with that subspecialty is authorized and a specific Program Element Code (PEC) is required.

e. Organization codes will be reconciled against the Cost Accounting Dictionary (CAD) annually during the fiscal year shift in the BUMED accounting systems. BUMED (M8) will provide NMSC with a copy of the CAD. NMSC reconciles it with the TFMMS database and provides M1, M3 and M8 with a change incorporation list.

f. Maintaining SPMS Assignments. Once this new structure is operational in SPMS, activities need to move personnel assignments in SPMS by changing both the organization code and the UIC/BSC. Maintaining SPMS keeps personnel aligned with the AMD billet structure. This process eases the transition to DMHRSi.

g. All Navy Medicine activities will adhere to the standard naming conventions and standard organization codes templates provided on NMO and the required number of directorates. However, there will be some unique services provided in like-sized activities and accepted deviations from the standard organization.

- Medical Centers (MEDCEN). There will be 12 Directorates in each Medical Center. Examples of such unique services are Executive Medicine and the Naval Post Graduate Dental School at NNMC.

- Family Practice Teaching Hospitals (FPTH). There are 9-11 Directorates at Family Practice Teaching Hospitals. If the Commanding Officer determines that assigned command assets do not warrant 11 separate Directorates, the following business rules apply:

  - Public Health assets may be positioned under Occupational Medicine within the Directorate for Branch Clinics in lieu of Directorate of Public Health.
  - Department of Mental Health positioned within the Directorate for Medical Services may be established in lieu of Directorate for Mental Health if mental health inpatient services do not exist on a full time basis.

- Naval Hospitals (NH). There are 7-11 Directorates in Community Naval Hospitals. When the Commanding Officer determines assigned command assets do not warrant 11 separate directorates the following business rules apply:

  - Department of Health Care Business positioned within the Directorate for Administration can be established in lieu of a Directorate of Health Care Business.
  - Public Health assets may be positioned under Occupational Medicine within the Directorate for Branch Clinics in lieu of Directorate of Public Health.
  - Department of Mental Health positioned within the Directorate for Medical Services can be established in lieu of Directorate for Mental Health if mental health inpatient services do not exist on a full time basis.
  - Consolidated Directorate for Health Services (DHS) established in lieu of separate Directorates for Medical and Surgical Services.

- Naval Health Clinics (NHC). There are 3-7 Directorates in the Naval Health Clinics. A Directorate for Dental Services (DDS) is established at NHC Great Lakes only. When the Commanding Officer determines assigned command assets do not warrant 7 separate directorates the following business rules apply:

  - Department of Health Care Business positioned within the Directorate for Administration can be established in lieu of Directorate of Health Care Business.
  - Public Health assets may be positioned under Occupational Medicine within the Directorate for Branch Clinics in lieu of a Directorate of Public Health.

- Consolidated Directorate of Branch Clinics/Health Services established in lieu of separate Directorates of Branch Clinics and Health Services.

- Branch Health Clinics (BHC). A BHC must have at least one of the following departments: Primary Care, Occupational Medicine and/or Dental. In order for a BHC to have a specialty service or clinic, there must be an authorized billet on the Activity Manning Document (AMD). When 2 or more of these specialty services are authorized, an administrative department is required. When clinical support services are present, (e.g., radiology, pharmacy, pathology) they will align with either Primary Care or Occupational Medicine. When administrative functions (e.g., IM/IT, transportation) are present, they will align with Administrative Services.

h. New services, products and technologies. When new services, products or technologies are to be offered at any MTF, the nomenclature and organizational placement will be vetted through the Regional Commanders at the Regional Commander's Business Meeting and forwarded to the Corporate Executive Board (CEB) at BUMED for final approval by Chief, BUMED.

i. For professional services or specialties at an activity that do not have a director or department head with that specialty or service, a senior member of that community will be appointed to advise the Commanding Officer on the professional standards of that specialty or service. (eg, When there is no Director for Nursing Services, nursing standards will be interpreted by a nurse appointed by the commanding officer.)