

**Inspection Report  
Naval Hospital Sigonella, Sicily  
(14-20 April 2012)**

TABLE OF CONTENTS

TAB A	PROGRAMS IN FULL COMPLIANCE
TAB B	REQUIREMENTS FOR IMPROVEMENTS
TAB C	SUPPLEMENTAL FINDINGS
TAB D	OPPORTUNITIES FOR IMPROVEMENT
TAB E	BRAVO ZULUS
TAB F	BEST BUSINESS PRACTICES
TAB G	SYSTEMIC ISSUES

## **TAB A**

**The following programs are in Full Compliance and no further references to these programs will be made in this report.**

### **Deployment Readiness**

- Hospitalman Skills Basic (HMSB)/Tactical Combat Casualty Care (TCCC) Program
- Periodic Health Assessment for Individual Medical Readiness (PHA for IMR)

### **Effective Force Health Protection**

- Deployment Health Assessments
- Emergency Management
- Operational Forces Medical Liaison Services Program

### **People**

- Bachelor Enlisted Quarters (BEQ)
- Command Managed Equal Opportunity (CMEO)
- Command Indoctrination Program
- Diversity Program
- Drug and Alcohol Abuse Prevention and Control (DAPA) Program
- Education and Training Program
- Educational and Developmental Intervention Services (EDIS)
- Good Order and Discipline
- Navy Family Ombudsman Program
- Navy Performance Evaluations
- Navy Retention and Career Development Program
- Navy Voting Assistance Program

### **Quality of Care**

- Health Information Management – Health Records Management
- Health Information Management – Privacy (HIPAA)

### **Patient and Family Centered Care**

- Customer Relations Program
- Sexual Assault Prevention and Response Program

### **Performance Based Budget**

- Standard Organization Compliance

### **Research and Development**

- Research Integrity Program

### **Financial Management**

- Comptroller Organization
- Budget Formulation and Execution
- Financial Reporting
- Accounting
- Support Agreements
- Defense Travel System and Government Travel Card Program
- Uniform Business Office
- Managers' Internal Control Program
- Manpower Management

### **Materials Management**

- Material Management Operations
- Purchase Card Program
- Contract Acquisition

- Equipment Management
- Equipment Maintenance

### **Safety and Occupational Health**

- Safety Program Metrics
- Safety Program Self Assessment
- Occupational Medicine Self Assessment
- Industrial hygiene Self Assessment – Branch Health Clinic (BHC) Bahrain

## **TAB B**

The following programs have **Requirements for Improvements (RFI)** and will require an **Implementation Status Report (ISR)** outlining a plan for corrective actions.

### **Effective Force Health Protection**

#### **Antiterrorism (AT), Force Protection (FP), and Physical Security (PS)**

Reference: (a) OPNAVINST 3300.53C  
(b) BUMEDINST 3300.1

**Requirements for Improvement:** This finding was a supplemental finding from the previous inspection. (1) Update the command's AT/PS plan of 2003. Revise the title of the instruction to reflect integration of Antiterrorism and Physical Security into a single instruction. The current title is "Physical Security Management Plan". (2) Collaborate closely with Navy Medicine East (NME) AT Specialist to ensure all required elements from governing references are included in the plan and assist with proper formatting of the new AT/PS instruction. (3) Provide a copy of the signed instruction to the MEDIG.

MEDIG POC: CAPT Bart Knox

### **People**

#### **Civilian Drug-Free Workplace Program**

Reference: (a) Department of the Navy Civilian Human Resource Manual, Subchapter 792.3

**Requirements for Improvement:** This is a repeat finding. A civilian drug-free workplace program needs to be implemented at BHC Bahrain for their two testing designated positions (occupational health nurse and occupational health technician). The Naval Security Activity Bahrain's Drug Program Coordinator is being trained and should be ready to begin program implementation on 1 May 2012.

MEDIG POC: Ms. Sonja Pyle

#### **Civilian Personnel Management**

Reference: (a) 5 CFR  
(b) Public Law 108-136  
(c) Civilian Human Resources Manual of October 2005

**Requirement for Improvement:** (1) Develop a tracking system for completion of annual position description (PD) review by civilian supervisors. (2) Ensure that review of PDs are completed during the establishment of standards. (3) Provide a plan of action and milestones (POA&M) and

work with the Human Resources Office (HRO) and the Navy Medicine East Civilian Personnel Management POC to provide supervisory training for US employees. (The HRO provides local national supervisory training, but does not provide training for supervision of US employees.)

MEDIG POC: CAPT Sara Marks

### **Physical Readiness Program**

Reference: (a) OPNAVINST 6110.1J

**Requirements for Improvement:** (1) Ensure personnel who indicate positive risk factors on the Physical Assessment Risk Factor Questionnaire (PARFQ) NAVPERS 6110/3 are screened and cleared to participate in the Physical Fitness Assessment (PFA).

MEDIG POC: HMCM(SW/FMF) Kevin Smith

### **Quality of Care**

#### **Access to Care**

References: (a) Military Healthcare Systems Guide to Access Success, January 2008  
(b) NAVMED Policy 08-001

**Requirements for Improvement:** (1) All mental health clinics must have ROUTINE appointment types in their schedule and strive to meet ROUTINE access standards. (2) Ensure pediatric dental patients are seen within established access to care standards.

MEDIG POC: CAPT Scott Pyne

#### **Records Management Program**

Reference: (a) BUMEDINST 5210.10

**Requirements for Improvement:** (1) Establish file plans for all directorates or departments authorized to create, maintain and disposition Navy records. When completed, provide a copy of all file plans upon submission of the Interim Status Report. (2) Develop a process that authorizes and guides the creation of electronic records maintenance and disposition. When completed, provide a copy of the instruction, departmental policy or standard operating procedure which reflects completion of the finding. (3) Establish a process for the annual review of records files maintained in authorized areas for proper maintenance, disposition and physical security measures implementation. When established, provide a copy of the instruction, departmental policy or standard operating procedure which reflects completion of the finding.

MEDIG POC: LCDR James Perry

### **Patient and Family Centered Care**

## Case Management

Reference: (a) BUMEDINST 6300.17

**Requirements for Improvement:** This finding was a supplemental finding from the previous inspection. (1) Assign a full time case manager. (2) Develop a system for tracking all patients admitted to local Italian hospitals. (3) Provide a detailed POA&M for the command's plan to develop and sustain a case management program.

MEDIG POC: CAPT Sara Marks

## Forms Management Program

Reference: (a) BUMEDINST 5210.9B

**Requirements for Improvement:** (1) Establish a multidisciplinary forms committee. Once established, provide a copy of appointed committee members. (2) Complete a comprehensive forms assessment of all command forms in use for validity, appropriate authorization for use, and collection of appropriate personal information. (3) Develop and post a command forms index on the command web page with links to higher authority forms. (4) Ensure that all required forms contain a privacy act statement. (5) Eliminate the use of all overprint forms not utilizing the authorized NAVMED 6000/5 format. (6) Ensure that all command forms case files contain a completed DD Form 67. (7) Ensure that all approved forms contain an edition date. (8) Once approved, post all command forms on Naval Forms Online. (9) Establish forms printing policy that incorporates the use of the Defense Logistics Agency (DLA) reproduction support for all forms which require more than 100 copies per year. When established, provide a copy of the instruction, departmental policy or standard operating procedure which reflects completion of the finding.

MEDIG POC: LCDR James Perry

## Financial Management

### Civilian Time and Attendance

Reference: (a) FMR Volume 3  
(b) FMR Volume 8, Chapter 2  
(c) BUMEDINST 12000.1F

**Requirements for Improvement:** Implement and use the Standard Labor Data Collection and Distribution Application (SLDCADA) for electronic timecard reporting and transmission into the Defense Civilian Pay System (DCPS) for all U.S. General Schedule (GS) civilian employees.

MEDIG POC: CDR David Breier

## Safety and Occupational Health

### **BHC Souda Bay, Greece Observation**

Reference: (a) Center for Disease Control, Vaccine Storage and Handling Guide

**Requirements for Improvement:** Develop and incorporate procedures or install monitors to ensure that all immunization refrigerators are monitored often enough to prevent wastage of vaccines at all Branch Health Clinics (BHCs).

MEDIG POC: Mr. Terry Connolly

### **BHC Bahrain Industrial Hygiene Self Assessment**

Reference: (a) OPNAVINST 5100.23G  
(b) BUMEDINST 5100.13E

**Requirements for Improvement:** Ensure that Exposure Monitoring completion rates are at least at the levels recommended by BUMED. Currently completion rates are less than twenty five percent (25%) and were even less in the previous two fiscal years.

MEDIG POC: Mr. Terry Connolly

## **TAB C**

**The following programs have Supplemental Findings. A Supplemental Finding does not require a formal ISR, but correction of the deficiencies is required. Deficiencies not corrected prior to subsequent inspections will result in an RFI as a repeat finding.**

### **Deployment Readiness**

#### **Health Service Augmentation Program (HSAP)**

Reference: (a) BUMEDINST 6440.5C

**Supplemental Findings:** Designate a separate Operational Support Officer (OSO). The OSO should not be assigned concurrently as the Primary Plans Medical Intelligence Operations (POMI) Officer.

MEDIG POC: HMCM(SW/FMF) Kevin Smith

### **Effective Force Health Protection**

#### **Limited Duty Program (Medical Boards)**

Reference: (a) SECNAVINST 1850.4  
(b) MILPERSMAN 1301-225  
(c) MANMED Chapter 18

**Supplemental Findings:** (1) Identify Limited Duty Coordinator's from supported commands in order to conduct monthly Limited Duty Coordinator meetings. (2) Establish a departmental/division standard operating procedure in coordination with the Information Management Department to purge electronic Limited Duty Files from department share drive once they have reached their life cycle.

MEDIG POC: LCDR James Perry

### **People**

#### **Awards and Recognition**

Reference: (a) SECNAVINST 1650.1H  
(b) SECNAV Manual 5210.1

**Supplemental Findings:** (1) Maintain hard copies of awards as directed in references (a) and (b). The command maintains electronic copies only.

MEDIG POC: CAPT Bart Knox

## **Command Sponsor Program**

Reference: (a) OPNAVINST 1740.3C

**Supplemental Findings:** (1) Utilize the prospective gain questionnaire prior to sponsor assignment to assist in assigning the best sponsor to meet the immediate and long-term needs of all prospective gains. (2) Develop a process that incorporates the Command Ombudsman into the sponsorship program in order to provide initial contact for family support system. (3) Ensure that all BHCs sponsor program implementation is executed as per command guidance. (4) Ensure that post-sponsorship survey results are forwarded to the Command Suite for review and feedback for process improvement and sustainment.

MEDIG POC: LCDR James Perry

## **Command Urinalysis Program**

Reference: (a) OPNAVINST 5350.4D  
(b) NAVADMIN 108/10  
(c) BUMEDINST 5350.4

**Supplemental Findings:** (1) Identify and utilize observers who are E-7 and above as per reference (a). (2) If the command continues to utilize observers who are below the rank of E-7, develop a process to evaluate those observers to assure that observer duties are carried out correctly per reference (a). (3) Develop a process to track the participation of members who are a part of a command urinalysis program outside the parent command per reference (a).

MEDIG POC: LCDR James Perry

## **Pastoral Care Program**

Reference: (a) SECNAVINST 1730.7D  
(b) OPNAVINST 1730.1D  
(c) BUMEDINST 1730.2A

**Supplemental Findings:** (1) Ensure that supporting Chaplains have access to all electronic medical record systems and is trained on appropriate patient documentation processes. (2) Ensure that all training and care oversight requirements for supporting Chaplains are met based on the requirements outlined in reference (c). (3) Coordinate with the NME Regional Chaplain office for any assistance needed in carrying out the Pastoral Care Support program as per reference (c)

MEDIG POC: LCDR James Perry

## **Quality of Care**

### **Access to Care**

References: (a) Military Healthcare Systems Guide to Access Success, January 2008  
(b) NAVMED Policy 08-001

**Supplemental Findings:** (1) Establish formal Command Business Rules regarding the management of appointments and clinic templates to ensure consistency throughout Medical Home Port and Specialty Clinics. (2) Ensure provider schedules are provided 45 days in advance. (3) Establish consistent training and business rules for all individuals provided appointment booking keys. (4) Review Medical Home Port provider bookable hours to reflect 36 bookable hours per clinic week.

MEDIG POC: CAPT Scott Pyne

### **Dental Population Health/Disease Management**

Reference: (a) BUMEDINST 6600.16A

**Supplemental Findings:** Follow up at BHC Souda Bay to ensure review of dental records of patients classified as high risk for oral cancer. Correct classifications as appropriate per reference (a).

MEDIG POC: CAPT Bart Knox

### **Health Information Management – Coding**

Reference: (a) DoD Instruction 6040.43  
(b) DoD Instruction 6041.41  
(c) BUMEDINST 6150.38

**Supplemental Findings:** Develop an annual clinical coding training plan to address clinic specific training.

MEDIG POC: LCDR James Perry

### **Referral Management**

Reference: (a) NAVMED Policy 11-002

**Supplemental Findings:** Develop an audit process in coordination with the Medical Records Review Committee to ensure that all network referral results are placed in the hard copy health record.

MEDIG POC: LCDR James Perry

## **Performance Based Budget**

### **Fraud, Waste and Mismanagement Program**

Reference: (a) BUMEDINST 5041.6  
(b) BUMEDINST 5370.4

**Supplemental Findings:** Medical Inspector General hotline case documents are being uploaded into the Naval Inspector General Hotline Tracking System (NIGHTS) document library; but should also be maintained in hard copy format in a secure environment and made available only to those with an official need to know as per reference (a).

MEDIG POC: Ms. Sonja Pyle

## **Financial Management**

### **Command Evaluation Program**

Reference: (a) BUMEDINST 5000.3  
(b) OPNAVINST 5000.52B

**Supplemental Findings:** (1) Command Evaluation results need to be considered when preparing the annual Statement of Assurance. Bona fide material weaknesses identified via the Command Evaluation Program must be reported in the command's annual Statement of Assurance. (2) The Command Evaluator should meet with the Management Internal Control Program (MIC) program coordinator to ensure this requirement is met.

MEDIG POC: Ms. Sonja Pyle

## **Materials Management**

### **Ethics/Standards of Conduct for Government Employees**

Reference: (a) DoD 5500.7R

**Supplemental Findings:** (1) Ensure individuals required to file financial disclosure statements, even if in an acting capacity, submit their Office of Government Ethics (OGE) Form 450 and ethics training certificates annually. (2) Ensure the OGE forms are signed by the Supervisor/Other Immediate Reviewer and forwarded to the Agency's Final Reviewing Authority, NME, for final review.

MEDIG POC: Ms. Sonja Pyle

## **Safety and Occupational Health**

### **Industrial Hygiene Metrics**

Reference: (a) BUMEDINST 5100.13E  
(b) OPNAVINST 5100.23G

**Supplemental Findings:** Develop and implement a process to ensure that all future metrics submitted to BUMED and NME are accurate.

MEDIG POC: Mr. Terry Connolly

**Industrial Hygiene Self Assessment**

Reference: (a) BUMEDINST 5100.13E  
(b) OPNAVINST 5100.23G

**Supplemental Findings:** Ensure all future Processes for Improvements (PI) are periodically reviewed throughout the year to ensure improvements are actually being made and progress is annotated appropriately.

MEDIG POC: Mr. Terry Connolly

**Occupational Medicine Metrics**

Reference: (a) BUMEDINST 5100.13E  
(b) OPNAVINST 5100.23G

**Supplemental Findings:** Ensure all future site visits reflect the command's serviced populations and reflect industrial sites, medical sites and other areas where personnel are enrolled in medical surveillance programs.

MEDIG POC: Mr. Terry Connolly

## **TAB D**

The following programs have **Opportunities for Improvement (OFI)**. The OFIs are provided to enhance the noted programs.

### **Deployment Readiness**

#### **Health Service Augmentation Program (HSAP)**

**Opportunities for Improvement:** Recommend updating the local HSAP policy and procedures manual to include all business processes of deployment support.

MEDIG POC: HMCM(SW/FMF) Kevin Smith

#### **Independent Duty Corpsman (IDC)**

**Opportunities for Improvement:** Recommend updating the IDC Medical Treatment Facility (MTF) specific formulary.

MEDIG POC: HMCM(SW/FMF) Kevin Smith

### **Effective Force Health Protection**

#### **Operational Forces Medical Liaison Services (OFMLS)**

**Opportunities for Improvement:** Recommend that the command provide adequate turn-over of responsible personnel to ensure the continuity of an outstanding program.

MEDIG POC: CAPT Scott Pyne

### **People**

#### **Awards and Recognition Program**

**Opportunities for Improvement:** Although the command has an excellent tracking system for awards, recommend adding a column to the tracker from "Gains and Losses" that lists the member's transfer/detachment date in order to calculate and monitor the percentage of awards presented to recipients prior to their detachment from the command. Additionally, recommend review of ratio of command demographics to validate there is no institutional bias of awards presented in the command.

MEDIG POC: CAPT Bart Knox

#### **Civilian Personnel Management**

**Opportunities for Improvement:** Contact NH Jacksonville for information on their best practice of providing civilian personnel management training.

MEDIG POC: CAPT Sara Marks

### **Command Sponsor Program**

**Opportunities for Improvement:** (1) Expand the current prospective gain tracking mechanism to reflect prospective gains are contacted by their appointed sponsor upon assignment, upon arrival to the command and attended to post-arrival as needed. (2) Develop a process to analyze post-sponsorship survey in order to provide a concise report to the command on the program's effectiveness and helps to direct program improvement. (3) Route prospective gain questionnaire and post-sponsorship survey to Forms Committee for approval.

MEDIG POC: LCDR James Perry

### **Diversity**

**Opportunities for Improvement:** (1) Work with the PAO to ensure all staff understand to contact the PAO when they wear their uniform to volunteer events. (2) Capture staff volunteer activities that contribute to the command's Diversity Program, e.g. Habitat for Humanity. (3) Include the BHC Diversity activities in the program binder.

MEDIG POC: CAPT Sara Marks

### **Education and Training Program**

**Opportunities for Improvement:** Ensure preceptors clearly sign, then print or use a name stamp in the preceptor signature blocks on initial and periodic competency forms. The SEAT team must be able to identify the preceptor and validate qualifications of preceptors that sign competencies at all sites.

MEDIG POC: CAPT Bart Knox

### **Navy Voting Assistance Program**

**Opportunities for Improvement:** Include the Command Ombudsman who can assist with providing families voting information.

MEDIG POC: CAPT Sara Marks

### **Bachelor Enlisted Quarters (BEQ)**

**Opportunities for Improvement:** Recommend increasing habitability inspections of personnel residing in the BEQ.

MEDIG POC: HMCM(SW/FMF) Kevin Smith

### **Off-Duty Employment Program**

**Opportunities for Improvement:** (1) To assist with the program's annual review include a request of hours worked in the Off-Duty Employment Program to the program coordinator's quarterly e-mails provided to staff that have been granted permission for off-duty employment. (2) Recommend sending an e-mail to the command's military staff annually with off-duty employment information and voting buttons to acknowledge/deny current participation in off-duty employment.

MEDIG POC: Ms. Sonja Pyle

### **Command Urinalysis**

**Opportunities for Improvement:** (1) Route all program forms being used and developed to the Forms Committee for approval. (2) Update command instruction with program changes and new higher authority guidance.

MEDIG POC: LCDR James Perry

## **Quality of Care**

### **Health Information Management – Health Records Management**

**Opportunities for Improvement:** (1) Review the use of mental health secondary records to ensure that all pertinent treatment information is being documented in Armed Forces Health Longitudinal Technology Application (AHLTA) sensitive treatment notes. (2) Place a label on the outside of all hand carried records packages that states "If opened, contact Naval Hospital Sigonella Patient Administration Department at xxx-xxx-xxxx or via e-mail at abcderf@med.navy.mil".

MEDIG POC: LCDR James Perry

### **Records Management Program**

**Opportunities for Improvement:** (1) Develop an instruction on the command records management processes. (2) Appoint in writing records management custodians/assistance for those areas authorized to create, maintain and disposition Navy records.

MEDIG POC: LCDR James Perry

## **Patient and Family Centered Care**

### **Customer Relations Program**

**Opportunities for Improvement:** (1) Consider a full time Customer Service Representative. (2) Contact the Customer Relations Officer at NHC Paxtuent River for information on the use of their MONITOR and ICE data and their implementation of a recording function in the command's new phone system that records calls made on the appointment line. This has been used as an effective training tool to improve phone etiquette and ensure correct information is provided to patients. The Customers Relations Officer also implemented a Customer Service Desk Top training guide for each Customer Service Representative that includes NKO training and points of contact for various questions that the patient may have, e.g., Health Care Benefits, Appointments. (3) Consider utilizing Relay Health to distribute customer satisfaction surveys.

MEDIG POC: CAPT Sara Marks

### **Sexual Assault Prevention Response (SAPR) Program**

**Opportunities for Improvement:** Recommend developing a sharepoint site to publish names of the victim advocates at the command and BHCs, SAPR related websites, and the Facebook links "Military SAPR" and "Enough".

MEDIG POC: CAPT Sara Marks

## **Performance Based Budget**

### **Fraud, Waste and Mismanagement Program**

**Opportunities for Improvement:** (1) Include the Medical Inspector General's contact information on the command's hotline posters (NAVMED Form 5041/1 (Rev. 6-11)), Anti-Fraud policy statement, tri-folds, etc. (2) When the command's new SharePoint homepage is fully online, ensure hotline program information/links are included. Include the command's hotline e-mail address on the Plan of the Week's first page program contact information.

MEDIG POC: Ms. Sonja Pyle

## **Financial Management**

### **Command Evaluation Program**

**Opportunities for Improvement:** (1) Although high risk areas are being included in the Management Internal Control Program and/or through other command audits, recommend areas such as civilian time and attendance, travel card program, and credit card program be included at least once every two years in the Command Evaluation plan. (2) Consider adding the Off-Duty Employment program for future program review. (3) Recommend adding a column on the Command Evaluator's spreadsheet to track the due date(s) for the next outstanding milestone completion date(s) to ensure these actions/recommendations are completed. (4) Since it appears there are some commonalities in the reviewed programs' findings, recommend sharing findings/lessons learned with the appropriate command personnel to prevent future findings. (5)

Once the annual review has been completed, provide the file plans to the CO for review to ensure the program complies with their requirements and expectations for command business practices.

MEDIG POC: Ms. Sonja Pyle

## **Financial Management**

### **Comptroller Organization**

**Opportunities for Improvement:** The Command Organization Manual needs to be changed eliminating the reference to the Comptroller as a Special Assistant. The Comptroller is assigned as the Director for Resource Management and as such has direct reporting to the Commanding Officer.

MEDIG POC: CDR David Breier

### **Defense Travel System (DTS) and Government Travel Card Program**

**Opportunities for Improvement:** Establish a policy for the activation and deactivation of the Government Travel Cards to decrease the likelihood of travel card fraud, waste and abuse.

MEDIG POC: CDR David Breier

## **Safety and Occupational Health**

### **Industrial Hygiene Self Assessment at BHC Bahrain**

**Opportunities for Improvement:** Even though a thorough self Assessment was conducted in FY 11 it was not completed in the required format. In all future Self Assessments use the IH program evaluation Guide and the Voluntary Protection Program (VPP) executive brief.

MEDIG POC: Mr. Mike Goode

## **TAB E**

**The MEDIG would like to formally recognize the following individuals for their excellent management of their noted programs.**

**LT Liwanag** for administering an outstanding Navy Voting Assistance Program.

**LCDR McMullen and LT Romano** for directing and managing an outstanding Sexual Assault Prevention Response Program.

**HMC Gallagher, HM1 Laxton and HM2 Biggham** for their dedication in managing the DAPA Program and innovation in alcohol prevention activities, specifically the breathalyzers provided to everyone.

**LT Lager and Ms. Carmel Gabriel** for an outstanding Civilian Personnel Management program review and process of PD validation and collaboration with the HRO.

**LT Lager, HMCS Jones and Ms. Ancho** for their outstanding processing and administrative management of officer fitness reports and enlisted evaluations.

**LT Schultz** for her superb administration of the CMEO program.

**LT Romano and HM3 Verhelst** for their exceptional management of the PHA for IMR program.

**HN Holloway** for conducting one of the best Deployment Health Assessment Programs reviewed in the past 2 ½ years. His poise and confidence far exceed those of similar rank.

**HM2 Catalina** manages an outstanding HMSB/TCCC Program and presents himself as an exemplary sailor.

**Operational Forces Medical Liaison Services personnel** for their dedication and conduct of an outstanding program meeting the needs of the fleet.

**HM1 Anderson** manages an excellent Navy Retention and Career Development Program.

**LCDR McCullen and Ms. Arico** for outstanding organizational skills and administration of an exemplary Education and Training program.

**Dr. Flevotomas and the entire EDIS staff** for an exceptional program.

**Mr. Gabriel Gasporra** for running an excellent Emergency Management program.

**LCDR McMullen and HM2 Ropicky** – They are doing a great job with the oversight and implementation of the Command Indoctrination Program.

**Mr. Orazio Agosta** for his excellent program management of daily accounting functions.

**Mr. Sergio Magri** for his expert management of the travel program.

**Ms. Rita Larocca** for her exceptional filing and tracking system related to the Support Agreements program.

**Resource Management Directorate** for their teamwork and superb execution of all financial management programs across the board.

**Ms. Maria Spampinato** for her Process Improvement project related to Due-Ins reductions.

**Mr. Sebastiano Fichera** for his outstanding Equipment Management program and his support to the acting Department Head during a gap in military manning.

**Materials Management Department** for their outstanding teamwork and program management in all areas of logistics.

## TAB F

### Best Business Practices Identified by the Medical Inspector General FY10 and FY12

**Education and Training Program – USNH Sigonella** has developed an exemplary Education and Training program. The Staff Education and Training Department (SEAT) distributes a training requirements memorandum to new staff members. The memo includes a list of all training requirements with accompanying guidelines for one-time training, fiscal year annual training, hyperlinks to appropriate training sites, target audiences for each training item, and documentation requirements. This memo is updated and distributed to all staff members as needed. Additionally, the command's Intranet site contains a robust amount of education and training information to facilitate dissemination of training opportunities, etc.

**Dental Population Health/Disease Management – USNH Sigonella** has developed an excellent program for high risk caries patients. Both BHC Bahrain and USNH Sigonella dental departments demonstrate an aggressive and proactive approach to improve the dental health of high risk patients. Success is due in part to emphasis on quarterly training of dental staff on treatment protocols and a solid follow up process.

**Accounting – U.S. Naval Hospital Sigonella, Italy** has developed a poster-sized version of the Daily and Non-Daily Accounting reporting requirement derived from the BUMED Standard Operating Procedures. This highly visible reminder enables the entire accounting staff to easily focus on and complete all daily reporting requirements.

**Ethics and Standards of Conduct – Naval Health Research Center, San Diego** – Their development of a comprehensive website includes all relevant information and reference materials related to ethics and standards of conduct. This site allows staff members to obtain the most current information concerning this program and review previous training and helpful hints passed via e-mail and the Plan of the Week.

**Research Integrity Program – Naval Health Research Center, San Diego**- This program has been developed with guidance from BUMED's Executive Research Integrity Officer and continues to provide regular active learning, interaction and discussion in keeping with the overall intent of the guiding instruction.

**Customer Relations Program - NHC Patuxent River** has implemented a recording function in the command's new phone system that records calls made on the appointment line. This process has been used as an effective training tool to improve phone etiquette and ensure correct information is provided to patients. The Customer Relations Officer has also implemented a Customer Service Desk Top training guide for each Customer Service Representative that includes NKO training and points of contact for questions the patient may have on areas such as Health Care Benefits, Appointments, etc.

**BHC Oceana, Naval Medical Center, Portsmouth** – Developed and implemented a Two Way Radio System that improved communication and efficiency in the clinic.

**Tricare Prime Clinic Chesapeake, Naval Medical Center, Portsmouth** – Developed and implemented a process to provide warm handoffs to the network for enrollees who will turn 65 called “Are you turning 65 with 4 months?”

**Operational Forces Medical Liaison Services (OFMLS) - Naval Medical Center, Portsmouth** established a superior program of active outreach and coordination of medical service support to the fleet. Their presence at the pier-side and frequent communication has resulted in a model program.

**Resource Management Inspection Preparation, Naval Medical Center, Portsmouth** – The department did an excellent job of preparing information binders for each program which made the inspection process flow smoothly. These can be used as go-bys for other commands to help them review their programs on a regular basis.

**Biomed Repair, Naval Medical Center, Portsmouth** – “Unable to Locate Equipment” process. Biomedical Repair has a process in place which notifies all staff of equipment that was unable to be found during its preventive Maintenance cycle for the month. It also specifically tells members what to do with such equipment when found. Their aggressive management of this program and flow of information from the Supply PO's to the Property Custodian through the Directors keeps their UTL's at a very low level for a command this size.

**Equipment Management Program - NH Twentynine Palms'** acquisition and deployment of a Radio Frequency Identification (RFID) system to improve accountability of equipment assets. Recommend that Naval Medical Logistics Command use NH Twentynine Palms as a Beta Test Site for this new system.

**Navy Family Ombudsman Program – Navy Medicine Operational Training Center (NMOTC)** expertly manages an Ombudsman program responsible for sailors' families distributed across the United States and multiple detachments. They proactively recruit regional command Ombudsmen or collaborate with regional Ombudsmen to provide the best services and resources available to their families. The command actively monitors all Ombudsmen data entry sheets and provides frequent feedback, encouragement and assistance.

**Government Travel Card Program** – NMOTC has excellent internal control procedures for the issuance and maintenance of government travel cards. This process includes travel card training every two years, travel card “Do's and Don'ts” included on the Statement of Understanding, a Traveler Frequently Asked Questions hand-out and travel tips included in the Plan of the Week.

**Civilian Time and Attendance – USNH Okinawa-**The Command has established a full proof system for establishing new user accounts in Standard Labor Data Collection and Distribution Application (SLDCADA). They use a combination of training and required documentation to ensure that end users have completed all requirements before accounts are activated.

**Customer Relations Program – USNH Okinawa-**The Customer Relations Program is cited for a best practice in developing a desk reference and competencies for each of their customer service representatives.

**DAPA Program – USNH Okinawa** DAPA Program is cited for a best practice for providing a weekly update and information on the DAPA program in the command’s Plan of the Week to include alternative activities for Sailor’s to consider.

**Safety – USNH Yokosuka** expanded and refined the Consolidated Zone Assessment Report Process and annual tracker to a multi-disciplinary “deckplate” approach to identify and expeditiously resolve safety, infection control, patient safety, and environment of care problems and issues and reduce risk.

**EDIS – USNH Yokosuka** developed an excellent referral tracking system to track the Related Services (RS) referrals from EDIS receipt of referral through the outcome of evaluation and the 45 day deadline for all six EDIS sites. Use of the system will result in accurate information about the status of the evaluation, ensure transparency in the referral process timeline, and provide a tool for providers to address workload issues.

**Uniformed Business Office - NH Lemoore** has implemented a card system to help determine the last time a patient provided insurance information. The cards are issued to patients when they complete a DD Form 2569 for Other Health Insurance and are good for one month, precluding the need to repeatedly ask patients for the same information at different clinics.

**Civilian Personnel Management – NH Lemoore** provides PAR midterm and closeout guidance to staff which includes step-by-step rating and reviewing procedures, supervisor/employee communication sheets, additional performance requirements, and taking performance-based actions.

**Hornet Health Clinic - NH Lemoore** developed a tracking tool for primary care and flight medicine appointments. The methodology used was an older template that was revised to capture outpatient clinic efficiency and provider productivity in an operational ambulatory clinic setting serving 5,000 duty personnel. Data is pulled from Composite Health Care System (CHCS) and the Tricare Operations Center (TOC) site. After data is received and assessed, it is shared with booking personnel, providers, and clinic leaders to promote work place efficiency, teamwork, and appropriate access to care. Additionally, the clinic director utilizes the provider productivity data to formulate bullet statements for inclusion in fitness reports, as well as a means to communicate top clinical performance to line commanders.

**Case Management – NH Jacksonville** provides an exemplary pre-deployment brief to the families to help them navigate the health care system while their spouse is deployed.

**Civilian Drug Free Workplace – National Military Medical Center (NMMC), Bethesda** developed superior practices in local standard operating procedures with flowcharts, assistance training, and a comprehensive Data Base tracking all required elements of the program. They utilize a computerized random sorter and collaborated with the local Human Resources Detachment in the development of required employee and supervisor training.

**Civilian Personnel Management – NH Jacksonville** has developed several innovative Civilian Personnel training PowerPoint briefs that are announced via e-mail, provided via video

teleconference to outlying BHCs and available on the command's SharePoint site. Their tracking database is comprehensive and utilized to document completion of the specific segment/modules.

**Civilian Time and Attendance Program** – NMMC has implemented a robust civilian payroll reporting tool using a commercial, off the shelf, product which enables authorized users to monitor leave, overtime, compensatory time and funding balances by directorate and department.

**Civilian Time and Attendance Program – NHC Cherry Point** civilians and contractors are using a locally developed software program (an electronic time clock) located on the command's Intranet homepage to check in/out daily. Reports generated from this program are used by the fiscal staff to verify the accuracy of hours reported on civilian timecards and by Contracting Officer Representatives to verify the number of hours billed on contractor invoices.

**Deployment Health Assessments – Naval Medical Center, San Diego's (NMCS D)** Deployment Health Clinic is truly a customer service unit. They have created an easy to follow flow diagram to help deploying service members navigate the pre-deployment and post deployment process.

**Deployment Health Assessment – NH Jacksonville** has developed an excellent program exceeding the requirements many times over. They provide clear instructions about the medical pre-deployment process, perform behavioral and physical health screening on all returning service members regardless of their Post Deployment Health Assessment completion status, and maintain a tracking spreadsheet and reminder system resulting in zero delinquencies with program requirements. Additionally, they have coordinated two outreach seminars to civilian providers on Deployment Mental Health.

**Disease Management - USNH Naples** has designed a sophisticated data base that monitors provider medication selection trends which has been effective in evaluating and modifying best practices.

**Drug and Alcohol Program Advisor (DAPA) Program – USNH Rota** has been utilizing a DAPA Incident Tracker Excel spreadsheet to maintain records of incidents as well as completion of required training.

**Education and Training - USNH Naples** has developed a comprehensive tracking database that has proven extremely effective in tracking training requirements.

**Emergency Management (EM) Program – NMMC's** Emergency Preparedness Partnership conducts joint disaster response exercises, joint strategic planning, and sharing surge capacity; conducts disaster research to develop innovative strategies for emergency preparedness and response. The Bethesda Hospitals' Emergency Preparedness Partnership (BHEPP) model contains elements that can be transported to other communities who desire to combine the preparedness efforts of diverse organizations. Many BHEPP activities are low to no-cost strategies to improve preparedness, which is essential in resource-constrained environments.

**Health Services Augmentation Program** – NMCS D has a virtual Deployment Support Center accessible on the NMCS D intranet that tracks deployment preparation progress and provides a myriad of pre-deployment resources. The designated platform managers are exceptionally well organized and assist the deployers in pre-deployment.

**Industrial Hygiene Self-Assessment Program** – USNH Rota has adopted ESAMS software to automate reminders to serviced commands of un-sampled chemical/physical stressors. This increased the efficiency and completion rates for stressor sampling reflected in the Exposure Monitoring Plan, thereby increasing the completion percentage of required sampling while reducing man-hours expended. This is a good example of how technology can be used to leverage available resources.

**Information Management Programs** – NH Camp Pendleton's Information Management Department (IMD) is phasing in CAC-enabled, centrally located, multi-function printer/copier/fax machines throughout the command to better monitor communication traffic and strengthen the Command's security posture. The IMD has a thoroughly documented IM/IT governance decision process and has automated the process using SharePoint. Governance members and applicable stakeholders can review and approve proposals throughout the decision workflow in a streamlined and centralized manner.

**Navy Family Ombudsman Program** – NH Camp Pendleton has established a Family Readiness Officer position and instituted a Family Readiness Program in alignment with programs on board Camp Pendleton Marine Corps Base.

**Navy Retention and Career Development** – NMCS D not only exceeds all the program requirements but has incorporated and trained the Chiefs' Mess as an extension of their program. Every Chief is knowledgeable about the program and can counsel at the deckplate. The assignment of a Navy Command Counselor (NCC) designated Senior Chief to run the program has proven valuable.

**Operational Forces Medical Liaison Services (OFMLS)** – NMCS D has dedicated and trained numerous personnel to facilitate appointing and providing referral services to the fleet. The Command supports twice monthly meetings with line commands, one hosted by NMCS D and the other pier side, to provide a forum for discussion and communication.

**Pastoral Care Program** – NMCS D's Pastoral Care Program is exceptionally well integrated into the command in providing well written processes for all the activities that they perform.

**Pastoral Care Program** – NMMC developed policies and procedures that integrated the department into the day-to-day business practices of the Command.

**Research Integrity** – NMCS D is leading the way in Navy Medicine through the creation of a research integrity curriculum in accordance with the instruction and collaboration in developing a Research Facilitation Cell providing education, information and assistance to those conducting research.

**Sexual Assault and Response Program (SAPR) – Navy Medicine Manpower, Personnel, Training and Education (NM MPT&E)** has exceeded program requirements and is commended for the development of two Facebook pages to promote awareness. In three months, the pages have already registered over 1,000 views.

**Sexual Assault Prevention Response Program – NMMC** has a well integrated centrally maintained intra and internet site. The command shares resources with NM MPT&E that has extended the reach of this program.

**Third Party Collections - USNH Naples** successfully utilizes various technologies and innovations to decrease handling of monies and reduce associated fiscal risk.

**Voting Assistance Program – Naval Medicine Logistics Command and Navy and Marine Corps Public Health Center** include voting information in the welcome aboard packages for both military and civilian personnel in addition to maintaining an outstanding SharePoint site for the voting program.

**Family Readiness Group – NH Camp LeJeune** is very active with the Family Readiness Group that collaborates regularly with the Command Ombudsman and provides numerous Family-Centered activities and information serving as a valuable resource to the NH Camp LeJeune community.

**Operational Forces Medical Liaison Services – NH Camp LeJeune** has developed a “Welcome Back - Medevac Program” based upon patient feedback to ease patient and family transition. As a result, they provide priority access, case management integration, increased community involvement, specialized billeting and a comprehensive resource and information package.

**DTS and Travel Card Program – NH Camp LeJeune** has developed an excellent system for centrally processing all travel including initial requests, liquidations and all deployment orders. This system enabled the command to be recognized at the 2011 BUMED Resource Symposium for having the lowest Government Travel Card delinquency rate.

**Contract Acquisition – NH Camp LeJeune** is using the BUMED Standard Operating Procedure (SOP) for contract close-out to the fullest extent possible. They use a comprehensive spreadsheet to track contract execution and work with the financial management staff to submit de-obligations on a quarterly basis.

## **TAB G**

### **Systemic Issues**

EDIS providers recommend a modification to Armed Forces Health Longitudinal Technology Application (AHLTA) to help ensure 100 percent accountability for the Exceptional Family Member Program (EFMP). When a provider enters a codable diagnosis, AHLTA would default to a menu where the provider must complete the EFMP coding before the note can be signed and closed. After the provider completes the EFMP coding, AHLTA should automatically forward the completed note to the EFMP coders. This process would serve to improve EFMP registration and help reduce the number of family members that are inappropriately assigned to duty station locations that do not have the necessary educational and developmental services and/or recourses.

Naval Branch Health Clinic Bahrain Ambulance Services Issue Paper. This was addressed as an eKm tasker.