DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMED INSTRUCTION 5312.3B

From: Chief, Bureau of Medicine and Surgery

Subj: DEFENSE MEDICAL HUMAN RESOURCE SYSTEM – INTERNET

Ref: (a) DoD 5400.11-R, Department of Defense Privacy Program, May 2007
      (b) DoD Instruction 5400.11 of 29 January 2019
      (c) SECNAVINST 5239.3C
      (d) SECNAVINST 5211.5F
      (e) BUMED Memo of 31 Jan 07
      (f) BUMEDINST 5310.8

1. Purpose. To establish policy, set guidelines, and assign responsibility for the utilization of the Defense Medical Human Resource System – internet (DMHRSi), per references (a) through (f). This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 5312.3A.

3. Scope and Applicability. This instruction applies to all budget submitting office (BSO) 18 activities.

4. Background

    a. DMHRSi is a Web-based Tri-Service decision support system that integrates human resource data from multiple sources allowing ready access to essential manpower, human resource, labor cost assignment, education and training, and readiness information for Military Health System (MHS) organizations. DMHRSi standardizes information across Service lines and provides total force visibility to include Military Services, civilian, contract, and volunteer personnel (e.g., Red Cross).

    b. DMHRSi provides visibility at the department, command, region, Service, or MHS level. The self-service component of DMHRSi provides individual users the access needed to automate performance of tasks and replace paper intensive processes (e.g., filling out Medical Expense Performance Reporting System (MEPRS) timesheets, updating personal information such as address, title, telephone number, or emergency contacts) and provides each individual with access to view data contained in their personnel record.

c. DMHRSi is a relational database containing the data necessary to support management of the functional business areas:

(1) Manpower

(2) Personnel

(3) Education and Training

(4) Labor Cost Assignment

(5) Readiness

d. The data contained in DMHRSi is sensitive in nature and subject to protection per the provisions outlined in references (a) through (d).

5. <u>Policy</u>. This instruction prescribes and sustains policy for the use of DMHRSi related to the configuration and use of the DMHRSi application at BSO-18 Navy Medicine activities, including the newly formed Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) and Navy Medicine Readiness and Training Units (NAVMEDREADTRNUNIT), beginning in fiscal year 2021. These activities are independent of the Defense Health Agency (DHA) healthcare facilities, however they may be collocated.

6. <u>Responsibilities</u>

a. Bureau of Medicine and Surgery (BUMED) Deputy Chief, Total Force (BUMED-M1) is responsible for Navy Medicine total force (active duty, Reserve, civilian, and contractor) manpower, personnel, training and education policies, programs, and practices; creates policy guidance and advises on monitoring compliance for medical department education and training programs; manages process oversight for addition, change, and deletion of Navy Medical Department education and training courses; and directs, coordinates, and monitors execution of DMHRSi for Navy Medicine.

(1) Assistant Deputy Chief, Manpower and Personnel (BUMED-M1B) serves as the Navy functional proponent for DMHRSi application, and the lead for the manpower and personnel capabilities within Navy Medicine.

(a) The DMHRSi program manager (PM), established under the Director, Shore Manpower Requirements Determination and Human Resources Systems Support (BUMED-M14) serves as the Navy representative for DMHRSi policy during discussions with like representatives of other Services and U.S. Government organizations, including the DHA.

Furthermore, the DMHRSi PM validates and prioritizes requests for application enhancements to meet evolving functional needs across all DMHRSi capabilities. Specifically, the DMHRSi PM will:

        (b) Direct the Navy DMHRSi support team responsible for the operation and sustainment for DMHRSi for Navy Medicine throughout BSO-18. Specifically, the Navy DMHRSi support team will:

        <u>1</u>. Oversee the operation and maintenance of the DMHRSi application with Navy Medicine's end users in mind. Also, develop and conduct DMHRSi end-user training for all BSO-18 activities.

        <u>2</u>. Provide functional subject matter expertise with the Navy DMHRSi PM serving as a member of the DHA DMHRSi work group. Work with the DMHRSi work group and DHA solution delivery division DMHRSi program management staff in the development of requirements and validation of system change requests, enhancements, updates to tutor documentation and web based training content, and performance of functional testing.

        <u>3</u>. Develop and publish functional desk reference guides for DMHRSi users. Updates will be versioned and published as required to address changes in policy or application functionality. The current version of these guides are available on the BUMED-M14 SharePoint site located at https://es.med.navy.mil/bumed/m1/m14/SitePages/M14.aspx, or are available upon request.

        <u>4</u>. Monitor user compliance with guidelines outlined in reference (c).

        <u>5</u>. Staff a functional helpdesk to support BSO-18 DMHRSi end users. Hours of operation will be 0600-2000 Monday through Thursday and 0600-1500 Friday (Eastern Time) on normal workdays. This will include initiating and monitoring helpdesk tickets with the DHA Global Service Center for any issues (functional or technical) that cannot be resolved by the Navy DMHRSi support team.

        <u>6</u>. Provide four reoccurring data feeds. They are: bi-directional data feeds between DMHRSi and the Expeditionary Medicine Platform Augmentation Readiness and Training System (EMPARTS), the monthly manpower data feed to DMHRSi of Navy manpower (billet) data from the Navy's Total Force Manpower Management System (TFMMS), a weekly feed of personnel data to Navy Medicine's Learning Management System Relias and a weekly feed of personnel data to the Elsevier Clinical Skills application.

        <u>7</u>. Provide technical support for the development of ad-hoc reports.

        <u>8</u>. Provide executive level briefings or demonstrations related to DMHRSi as needed.

(2) Assistant Deputy Chief, Information Management and Technology (BUMED-M6B) is responsible for the alignment of business processes through implementation of enterprise architecture and information technology planning procedures, and for the protection of mission critical and mission essential systems through strengthened cyber security management and technical controls for Navy Medicine systems; designated representative for data sharing agreements; certifies Defense Health Program system inventory reporting tool, which serves as a central repository for MHS compliance and investment information used for Navy Medicine portfolio management and certification.

(3) Assistant Deputy Chief, Training and Education (BUMED-M7B) is responsible for development of policies and procedures related to the execution of training for BSO-18 personnel. BUMED-M7B serves as the Navy functional proponent for Education and Training capability of DMHRSi.

(4) Assistant Deputy Chief, Financial Management (BUMED-M8B) is responsible for development of policies and procedures related to the collection and submission of labor data. BUMED-M8B serves as the Navy functional proponent for the labor cost assignment capability of DMHRSi and represents Navy interests related to DMHRSi issues at the business Portfolio Management Board. Additionally, BUMED-M8B is responsible for the establishment of reporting procedures and data integrity measures to ensure data is reported on time and accurately within DMHRSi labor cost accounting module to support cost of readiness initiatives within BUMED's area of responsibility. This effort can be viewed at https://es.med.navy.mil/bumed/nmdq/dpd/ Pages/default.aspx.

(5) BUMED Labor Cost Accounting (LCA) will centrally manage task numbers to ensure standard reporting.

b. Echelon 3 Commanders will:

(1) Monitor area of responsibility for compliance with references (a) through (c).

(2) Ensure DMHRSi issues impacting the collection of labor data from NAVMED-READTRNCMDs and NAVMEDREADTRNUNITs, or other issues affecting the command's ability to execute BUMED policy and guidance are promptly reported to the Navy DMHRSi support team for action.

(3) Per references (a) through (d), ensure proper training and safeguards are in place to protect personally identifiable information (PII) and notify the Navy DMHRSi PM of any PII breaches.

c. <u>Commanders, Commanding Officers, and Officers in Charge of NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs, and Mission-Specific Commands within BSO-18 must</u>:

(1) Ensure all personnel are assigned accurately and complete a bi-weekly DMHRSi timecard.

(2) Ensure compliance with guidelines set forth in the following standard operating procedures manual: Policy and Procedures Manual, Defense Medical Human Resource System-internet at Navy Medicine Readiness and Training Command/Unit, Labor Reporting in DMHRSi, and Labor Cost Accounting Reporting Procedures. The current versions are available on the BUMED-M14 SharePoint site https://esportal.med.navy.mil/bumed/m1/m14/HRSS%20Shared%20Documents/Forms/AllItems.aspx, or are available upon request.

(3) Ensure the quality of all manually entered data.

(4) Ensure DMHRSi issues impacting accurate reporting within labor cost accounting, or other issues affecting the commands ability to execute BUMED policy and guidance are promptly reported to the Navy DMHRSi team within BUMED-M14 and the cost of readiness program manager within Accounting (BUMED-M84).

(5) Per references (a) through (d), ensure proper training and safeguards are in place to protect PII and notify the Navy DMHRSi PM of any PII breaches.

(6) Ensure all personnel that are assigned to the command are properly entered into the DMHRSi Human Resources module with a valid assignment (including billet/position) within three working days of personnel reporting to the command.

(7) Ensure all DMHRSi time entries are completed by Monday after the pay period.

(8) Ensure all employees are granted "employee self-service" access to DMHRSi. This will allow employees to update their personal information and to complete their DMHRSi timecard as required by this instruction to support cost of readiness.

(9) Ensure department heads confirm department procedures require timecard completion prior to leave, temporary additional duty or other absences. Department heads will ensure supervisors take immediate action to complete any delinquent timecards identified in the timeliness report.

(10) Ensure LCA Specialists provide delinquent reports to NAVMEDREADTRNCMD departments 6 days after the time period ends.
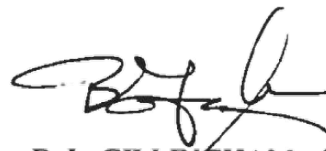
7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/ DRM/Records-and-Information-Management/Approved%20Record%20Schedules/ Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

8. Review and effective date. Per OPNAVINST 5215.17A, BUMED-M1 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 52.15.1 of May 2016.

9. Information Management Control. The reports required in subparagraphs 6a(5), 6c(2), 6c(4), 6c(9) and 6c(10) are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.

B. L. GILLINGHAM

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx