Canc: Apr 2024
IN REPLY REFER TO
BUMEDNOTE 6000
BUMED-N5
28 Mar 2023

BUMED NOTICE 6000

From: Chief, Bureau of Medicine and Surgery

Subj: KNOWLEDGE, SKILLS, AND ABILITIES CLINICAL ACTIVITY DATA CAPTURE

Ref: (a) BUMED memo 6000 Ser M9/19UM90902 of 17 Dec 19
       (b) BUMED memo 6000 Ser M5/20UM50014 of 14 Jul 20
       (c) BUMED memo 6000 Ser OPR/21UM30025 of 12 Apr 21
       (d) BUMED memo 6000 Ser M5/22UM50012 of 23 Jun 22

Encl: (1) Standard Operating Procedures for Knowledge, Skills, and Abilities Clinical Activity
            Data Capture

1. Purpose. To issue guidance for the implementation of the knowledge, skills, and abilities
(KSA) Clinical Activity Data Capture Initiative. Capturing "reps and sets", particularly for small
teams like the Expeditionary Resuscitative Surgical System and non-providers, is critical to
generate data with which Navy Medicine (NAVMED) leaders can assess proficiency of
individuals against their expeditionary scopes of practice. This initiative focuses on capturing
discrete clinical activities of select NAVMED personnel; requirements already captured in an
Authoritative Data Source (ADS) do not require duplicative self-reporting. The data self-reported
by providers (i.e., general surgeons, emergency medical physicians) is separate and distinct from
activity captured in the electronic health record.

2. Scope and Applicability. This notice applies to NAVMED personnel assigned or detailed to
one of the Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) or
military-civilian partnership sites listed:

    a. Applicable Locations

NAVMEDREADTRNCMD Guam	NAVMEDREADTRNCMD San Diego
NAVMEDREADTRNCMD Jacksonville	NAVMEDREADTRNCMD Camp Lejeune
NAVMEDREADTRNCMD Okinawa	University of Pennsylvania Hospital
NAVMEDREADTRNCMD Portsmouth	Cook County Health System

b. Applicable Specialties

Certified Registered Nurse Anesthetist (1972)	Psychiatric Nursing (1930)
Critical Care Nursing (1960)	Public Health Nursing (1940)
Emergency Trauma Nursing (1945)	Clinical Psychology (1840)
Emergency Medicine, General (16P0)	Clinical Social Worker (1870)
General Surgery (150C, 15C1, 6CE)	Environmental Health Officer (1860)
Physician Assistant (1893)	Independent Duty Corpsman (L01A, L02A, L10A, L28A)
Respiratory Therapy Technician (L32A)	Field Medical Service Technician (L03A)
Surgical Technologist (L23A)	Preventive Medicine Technician (L12A)
Medical Surgical Nursing (1910)	Radiation Health Technician (L05A)
Neonatal Intensive Care Nursing (1964)	Hospital Corpsman and Medical Care and Treatment (all-inclusive 0000, 1300)
Nurse Midwife (1981)	Orthopedic Technician (L26A)
Obstetrics and Gynecology Nursing (1920)	Behavioral Health Technician (L24A)
Pediatric Nursing (1922)	Nuclear Medicine Technologist (L09A)
Perioperative Nursing (1950)	

3. Action. Effective immediately, applicable personnel and stakeholders must comply with the data collection process as detailed in enclosure (1).

4. Background. This guidance expands on references (a) through (d) by delineating roles and responsibilities for implementing a phased approach to closing readiness data gaps. Improving naval medical readiness criteria clinical activities of categories 1 and 2 is vital to refining mission response. A majority of requirements in the naval medical readiness criteria are trainings or professional credentials that are captured in ADS. Comprehensive lists detailing requirements and references (a) through (d) can be found at:
https://esportal.med.navy.mil/bumed/rh/m5/Pages/N54.aspx.

a. Category 1: Naval medical readiness criteria consists of fundamental training and skills obtained through formal or informal medical education. Skills are sustained through medical treatment facility (MTF) and military-civilian partnership experience. Clinical currency expeditionary scope of practice checklists support proficiency of an individual within their occupation code.

b. Category 2: Naval medical readiness criteria catalogs the individual skills specific to operating in an expeditionary environment. Specific individual training courses and assessments confirm transference of category 1 skills to augment unique patient care methods within the expeditionary environment.

c.   Additional details about naval medical readiness criteria and the KSAs clinical activity data capture initiative can be found on the Bureau of Medicine and Surgery (BUMED), Naval Medicine Force Development Center (BUMED-N54) SharePoint.

5.   <u>Roles and Responsibilities</u>

a.   <u>The Office of the Corps Chiefs (BUMED-N00C), with support from specialty representation, (e.g., specialty leaders, enlisted technical leaders) will</u>:

(1) Provide subject matter expertise and ensure specialty representation engagement to BUMED-N54.

(2) Ensure naval medical readiness criteria and clinical activity data capture elements are accurate and reflective of specialty-specific requirements.

(3) Promote implementation and sustainment specialty readiness criteria at the lowest levels of the enterprise to enhance innovation an learning.

b.   <u>Manpower and Personnel (BUMED-N1)</u>. Maintain updated personnel rosters and ensure alignment with personnel and billet records, and provide site rosters to BUMED-N54 as needed.

c.   <u>BUMED-N54 will</u>:

(1) Manage, coordinate, and oversee the implementation, assessment, and improvement, of the KSA Clinical Activity Data Capture initiative. Disemminate timely information for decision making.

(2) Disseminate and maintain data collection, training, and communication documents and tools on a Department of Defense (DoD)-approved knowledge sharing platform (i.e., BUMED-N54 SharePoint site).

(3) Coordinate with the echelon 3 commands to identify analytic priorities to inform resourcing and decision-making.

(4) Coordinate with Assessment and Analytics – Consolidated Information Center (BUMED-N58) to develop and maintain a data visualization tool for KSA Clinical Activity Data Capture data.

d.   <u>BUMED-N58 will</u>:

(1) Establish and maintain reliable data linkage for ADS and self reported naval medical readiness criteria requirements.

(2) Maintain a sustainable data strategy and data management plan that sustains program flexibility and embraces enterprise-wide solutions.

e. Education and Training (BUMED-N7) will:

(1) Ensure current and future naval medical readiness criteria are in alignment with existing Joint, DoD, and Naval policies.

(2) Coordinate with Capabilities and Requirements (BUMED-N9) to refine platform requirements documents (e.g., Navy Training Systems Plan).

f. Resources Management (BUMED-N8) will validate funding requests from echelon 3 commands to ensure appropriate resources for program implementation and execution.

g. Echelon 3 commands will:

(1) Enforce compliance with Clinical Activity Data Capture Process per figure 1 available at: https://esportal.med.navy.mil/bumed/rh/m5/Pages/N54.aspx.

(2) Escalate risks, opportunities, status updates, and other pertinent information to BUMED-N54 as issues arise to support continuous process improvement.

(3) Submit funding requests to BUMED-N8 to fill resource gaps related to program requirement implementation and execution.

h. Commanders, Commanding Officers, or Officers in Charge of NAVMEDREADTRN-CMDs. Will participate in regular touchpoints with BUMED-N54 and other key stakeholders to provide status updates, to identify and to address existing or potential risks, to share lessons learned, and to leverage best practices for continuous process improvement.

i. Expeditionary Resuscitative Surgical System Officers in Charge will:

(1) Participate in regular touchpoints with BUMED-N54 and other key stakeholders, as needed, to provide status updates, to identify and to address existing or potential risks, to share lessons learned, and to leverage best practices for continuous process improvement.

(2) Escalate questions or concerns related to requirements to BUMED-N54.

j. Navy Medicine personnel aligned with one of the 27 Phase I specialties will:

(1) Log and submit accurate clinical activities, per enclosure (1), no later than the 5th calendar day of each month.

(2) Inform supervisor of barriers to the attainment or sustainment of clinical activities.

6. <u>Privacy Act</u>. Any misuse or unauthorized disclosure of personally identifiable information (PII) may result in both criminal and civil penalties. The Department of the Navy's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities shall be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII must be per the Privacy Act as amended by section 552a of Title 5, U.S. Code and implemented per SECNAVINST 5211.5F.

7. <u>Point of Contact</u>. Performance, Plans, and Analysis (BUMED-N5) can be reached via e-mail at usn.ncr.bumedfchva.mbx.nmfdc---navy-ksa@health.mil.

8. <u>Records Management</u>

    a. Records created as a result of this notice, 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 notice 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.

9. <u>Information Management Control</u>. Reports required in subparagraphs 5c(7) through 5c(9), 5d(1), 5d(2), 5g(6), and enclosure (1) of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.

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Releasability and distribution:
This notice is cleared for public release and is available electronically only via the Navy Medicine Web site, https://www.med.navy.mil/Directives/

<u>STANDARD OPERATING PROCEDURES FOR KNOWLEDGE, SKILLS, AND ABILITIES
CLINICAL ACTIVITY DATA CAPTURE</u>

<u>For individuals (or designees) self-reporting data, please adhere to the instructions provided</u>:

1. <u>Download the KSA Clinical Activity Data Capture Form</u>:

    a. Visit the Common Access Card-enabled BUMED-N54 SharePoint site:
https://esportal.med.navy.mil/bumed/rh/m5/Pages/N54.aspx.

    b. Choose the blue button that says, "Click here to download and submit your KSAs
Clinical Activity Data Capture Form and Report."

    c. Locate and download the KSA Clinical Activity Data Capture Form.

    d. Save the form to a location on the computer that is readily accessible. The same form
will be used for all monthly submissions. Do not download and use a new form each month.

2. <u>Enable Macros (if prompted)</u>:

    a. Open the document. If macros are not enabled, there will only be a single sheet visible
that contains detailed instructions guiding the user (or designee) through the necessary steps to
enable macros. This step needs to be completed only once.

    b. If no warning notification is seen, or if macros have been enabled manually afterwards,
the landing page will be displayed. <u>Please Note</u>: This may require closing and reopening the
workbook. This will serve as the main interface for entering the self-reported data.

3. <u>Record Data</u>:

    a. To start recording information, select the appropriate corps and primary subspecialty
from the drop-down menus in the top left of the landing page. Once selected, the form will
refresh with the specific data items for tracking the subspecialty.

    b. Enter DoD identification number, first name, and last name.

    c. Select the appropriate Defense Medical Information System identifier or location:

       (1) Separate entries for clinical activities performed at different locations (i.e., MTF,
military-civilian partnership, or through off-duty employment.

       (2) Individuals (or designees) are required to report relevant activities performed at MTF
or military-civilian partnership locations; reporting of off-duty employment activity is
encouraged, but not required.

<div align="right">Enclosure (1)</div>

d.   Enter the start date and end date for clinical activities that are being entered.

e.   Enter the appropriate activity values for each data item.

f.   Once required information has been entered, click the "save" button at the bottom of the page to save the clinical activity entry. Logging in clinical activities may occur at any time throughout the month (e.g., daily, weekly, monthly). Clicking save, the clinical activity values will be aggregated into the "output" tab. User- (or designee-) entered values will be cleared and a pop-up message will be displayed, indicating that the record has been saved successfully.

g.   If information needs to be edited after clicking "save", the user (or designee) can select the record they are looking to edit from a drop-down list, then click the "edit entries" button. Pressing this button will re-populate the form with the data from the selected entry. The user (or designee) will then be able to edit the information (changes will be tracked by changing the cell's background red). After the user (or designee) makes necessary changes, click submit again. The form will handle the removal of the incorrect record after submission.

h.   Repeat the steps listed in subparagraphs 3a through 3g of this enclosure as often as needed to capture all clinical activity throughout the month.

4.   Finalize, Submit, and Review Final Monthly Data Report:

a.   Upon logging in all clinical activities for the month, click "finalize and submit" at the top of the sheet. Follow the prompts to automatically save the monthly KSA Clinical Activity Data Capture Report to a file in the desktop folder and present it for final review. DO NOT RENAME THIS FILE. The file naming convention is: Corps_SpecialtyID_LOCATION_DODID_LastName_MonthYear.

b.   Review the data provided in the monthly KSA Clinical Activity Data Capture Report summary for accuracy and completeness.

c.   Move (but do not rename) the monthly report to a dedicated folder on the computer for future reference, if needed.

5.   Upload Monthly KSA Clinical Activity Data Capture Report:

a.   Go to the BUMED-N54 SharePoint page at https://esportal.med.navy.mil/bumed/rh/m5/Pages/N54.aspx.

b.   Choose the blue button listed as, "Click here to download and submit your Knowledge, Skills, and Abilities Clinical Activity Data Capture Form and Report."

c.   Scroll to find the ☐ppropriate Corps, and then open the specialty folder.

Enclosure (1)

   d.   Upload the saved file from subparagraph 4a of this enclosure to the specialty folder no later than the 5th day of each month.

   e.   Please ensure all information has been verified before uploading the monthly KSA Clinical Activity Data Capture Report. By uploading the KSA Clinical Activity Data Capture Report to SharePoint, it is being attested that the information contained within is accurate and complete.

6.   For additional questions, please visit the BUMED-N54 SharePoint site for additional resources, or contact the BUMED-N54 mailbox at: usn.ncr.bumedfchva.mbx.nmfdc---navy-ksa@health.mil.