



Occupational Medicine Program Assessment, (OMPA) SELF-ASSESSMENT CHECKLIST & STATUS TOOL

Date

Assessment Date

Command Name

Date of Command Brief

Assessment completed by

Clinic Name

Program Purpose

The purpose of the OMPA program is to conduct a continual and systematic self-assessment of each OM functional operation and to collect data for Process Improvement (PI). Clinic performance should conform to program goals and mandated requirements in order to reduce work-related risk, improve worker health, prevent premature disability and mortality, facilitate a rapid and safe return to work, provide superior services for all health care rendered and improve staff environment. This tool should serve as the "Table of Contents" for overall OMPA in your clinic as well provide the most current scoring snapshot of your programs.

Instructions

Enter/Select the name of the program being assessed for each of the below categories. Click the colored icon for each assessed program from the individual tools, or click the "NA" box if not applicable.
















General Color Dashboard Definitions

Full compliance. No changes or improvements necessary during this assessment period or minor updates, changes, or improvements needed for compliance during this assessment period
(No additional follow-up performance improvement plan (PIP), assist visit, or report necessary)

Caution Need Improvement. Major updates, changes, or improvements needed for compliance during this assessment period.
(Performance improvement plan (PIP) for this program is required to bring program to green)



















Danger Significant Challenges or System Failure. Major missing, non-compliant, unsupported components or no program viability or compliance during this assessment period.
(Performance improvement plan (PIP) and a support/assist visit from program manager/regional nurse and CO notification is required for this program)













REQUIRED GENERAL AND ADMINISTRATIVE PROGRAMS

| Program ID | Program | Status for this Period |
|------------|--|---|
| 02 | Responsibilities |    |
| 03 | Staffing and Organization |    |
| 06 | Training |    |
| 09 | Worksite Visits <i>(this tool to be completed the 4th quarter of the FY)</i> |    |
| 50 | Occupational Medical Records Management |    |

Optional Programs

Please type the name (or select from the drop down) of any program you reviewed in this category

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| Program ID | Program | Status for this Period |
|------------|---|--|
| 23 | Ergonomics | NA    |
| 28 | Bloodborne Pathogens | NA    |
| 41 | Civilian Tuberculosis Screening Program | NA    |
| 44 | Occupational Medical Surveillance Examination Programs--General | NA    |

