



OMPA PROGRAM 50 OM RECORDS MANAGEMENT

Date

Assessment Date

Command Name

Date of Command Brief

Assessment completed by

Clinic Name

Program Purpose

The old adage of "If it is not documented, then it was not done," is the mantra in medical or health office. The medical record, employee medical file, and any associated documents are the foundation of safe, professional and compliant medical care and treatment. This is particularly vital in the field of occupational medicine. OM is compliance and regulation driven. Our records and documents must be able to stand up in the legal system and under intense scrutiny of several regulatory inspectors to protect the rights of the employee or patient, the employer or command, and the provider or OM staff. Unlike traditional medical records, OM records are the property of the Office of Personnel Management (OPM) and have unique handling, maintenance, access, and archiving requirements.

Program Goals

The goal of a successful MEDICAL RECORD MANAGEMENT (Program 50) assessment for Navy OM clinics includes:

1. Maintaining OM medical records and employee medical files (EMF) [these terms in accordance with references (a) through (l) listed below.
2. Performing on-going medical record auditing measures to ensure that OM medical records are complete and accurate.
3. Supporting and maintaining regulatory access requirements while protecting privacy and patient information
4. Ensuring that all legal and statutory compliance is met for the individual's required occupational surveillance and/or qualification examinations.
5. Accurately archiving occupational medical records and EMF in accordance with references (a) through (l) below.

SUPPORTING DATA

Regulations, Instructions, and References










Select which type of access you have for each of the references listed

(a) <u>OPM Guide to Personnel Recordkeeping</u> , (6/11)	Hardcopy	Electronic	None
(b) <u>Defense Privacy Office OPV/GOVT-10</u> , (6/10) <i>"Employee Medical File System Records"</i>	Hardcopy	Electronic	None
(c) <u>5 CFR, Chapter I, (b) Part 297</u> <i>"Privacy Procedure for Personnel Records"</i>	Hardcopy	Electronic	None
(d) <u>29 CFR 1910.1020</u> (8/21) <i>"Access to employee exposure and medical records"</i>	Hardcopy	Electronic	None
(e) <u>OPM 6325-01</u> (4/10) <i>"Publication of Notice of Systems of Records and Proposed New Routine Uses"</i>	Hardcopy	Electronic	None
(f) <u>Federal Personnel Management 293</u> <i>"Employee Medical Record Retention"</i>	Hardcopy	Electronic	None
(g) <u>45 CFR 164.520</u> (8/21) <i>"Notice of Privacy Practices for Protected Health Information"</i>	Hardcopy	Electronic	None
(h) <u>DOD Instruction 6055.05M</u> , (8/18) <i>"Occupational Medical Examination and Surveillance Manual"</i>	Hardcopy	Electronic	None
(i) <u>DOD Directive 6025.13</u> (7/20) <i>"Medical Quality Assurance (MQA) in the Military Health System (MHS)"</i>	Hardcopy	Electronic	None
(j) <u>BUMED MHS Notice of Privacy Practices</u> <i>"FAQ sheet"</i>	Hardcopy	Electronic	None
(k) <u>NMCPHC TM OEM 6260.9A</u> , (4/17) <i>"Occupational Medicine Field Operations Manual (FOM) "</i>	Hardcopy	Electronic	None
(l) <u>NAVMED P-117, MANMED</u> , (10/20) <i>Chapters 16 and 22"</i>	Hardcopy	Electronic	None
(m) <u>OPNAV 5100.23 series</u> , (6/20) <i>"Navy Safety and Occupational Health (SOH) Program Manual"</i>	Hardcopy	Electronic	None

Tracking and Program Management Tools

INSTRUCTIONS

This Occupational medicine Program Assessment tool is designed as an interactive self-assessment picture of the program being review. Using the color coded scoring range of 1/RED (absolute system failure and noncompliance) to the highest score 5/GREEN (perfect compliance and best practice methods). Any score 3 or lower will require a validation comment in the space provided. This does not mean you cannot add comments of your choice .

#	Assessment Questions	Response
50.01	Are occupational medical records or employee medical files identified by employee specific SSN numbering filing systems or other unique identifier?	
50.02	Is an occupational medical record (OMR) or employee medical file (EMF) created with each initial OM service visit?	
50.03	Are hard copy OM records maintained in a secured locked restricted access area?	
50.04 <i>NON-COUNT</i>	Select the record jacket type that your clinic uses to maintain hard copy OM records.	4 part Outpatient Records EMF SF-66D (blue charts)
50.05	Is there an appropriate audit checklist to ensure that OM record documents are filed in the required order?	
50.06	Are you completing periodic medical records audits for administrative and program compliance?	
50.07	Are occupational medical records maintained apart or separately from other personnel documents?	
50.08	Is there a written process in place to address medical record access?	
50.09	Is each record reviewed for acknowledgment of the MHS Notice of Privacy Practices?	
50.10	Is there a written archiving policy for the transfer of EMF to the National Archives?	

#	Assessment Questions	Response
50.11	When using electronic medical documentation system is the displayed information protected from public view?	
50.12	Is there a written process for the transfer of occupational medical records from command to command upon employee transfer?	
50.13	Have you established a medical records system for your Personal Services Contract (PSC) employees?	

ADDITIONAL COMMENTS:

Provide specific information to support your responses from the questions above in the space provided below

DASHBOARD REPORT

The importance of assessing and scoring your program for successes and challenges cannot be underestimated in value. The scoring results of this assessment will be reviewed by your program manager or regional nurse to better assist, support and mentor your clinic as needed. If during the self-assessment process above you have determined that your program needs improvement (or you have a total program score of 3,2, or 1) you must complete the performance Improvement plan section of this OMPA Tool.

BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE



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)*

SUBMISSION and PRINT SECTION

When you have completed each block be sure to save an electronic copy for your records (change the name of the document first and print a hard copy as needed for your chain of command). Submit your form to your program manager or regional nurse by attaching your saved document to an email.
REMEMBER!! If your program has a <3 you must complete the PIP portion at the end of this tool before submitting your document.

CONGRATULATIONS!
YOU HAVE COMPLETED THE PROGRAM 50
OM RECORDS MANAGEMENT

PROCESS IMPROVEMENT PLAN

If during the self-assessment process above you have determined that the PROGRAM INTEGRATION program needs improvement (or you have a total program status of <3) complete the following PIP. This is an ongoing plan that must be updated until your program status has improved to >3.

Date PIP initiated: _____

Describe your plan including steps for success in the box below then proceed to submission section:

[Empty box for describing the PIP plan]

Date of PIP update #1

Enter 1st PIP status and update information in box below:

[Empty box for 1st PIP status and update information]

HAS YOUR PROGRAM IMPROVED TO >3? <i>(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)</i>	YES	NO
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Date of PIP update #2

[Empty box for 2nd PIP status and update information]

HAS YOUR PROGRAM IMPROVED TO >3? <i>(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)</i>	YES	NO
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Date of PIP update #3

[Empty box for 3rd PIP status and update information]

HAS YOUR PROGRAM IMPROVED TO >3? <i>(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)</i>	YES
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