**Naval Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Outgoing OA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Incoming OA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Items to Review** | **Notes/Action Needed** |
| **COC up to CO** | Provide Organization Chart. |
| **HCP/Audiology Staff at MTF/BHCs.** * **Including -**

**All certified technicians in the AOR (BASs, Aviation Medicine Div, Prev Med Dept, ships, etc.)** | Provide spreadsheet of core staff and ancillary command HCP assets (Internal Customers). Include:Titles, Responsibilities, contact info, certification expiration dates. Review credentials & technician proficiency evaluations. |
| **IH/OH/Flight Surgeons/Key Staff at Command & BHCs** | Provide contact info (Internal Customers/Allied Health Professionals). |
| **HCP Enrollment** | Provide spreadsheet of HCP-enrolled UICs with Safety & Command contact info (External Customers). |
| **SOP** | Provide copy of SOP.  |
| **Reports & Historical Documents** | Turn over: OMPA HCP Self –Assessments, PTS notification letters, AFFD determinations/notifications, audiometer calibration documents, booth certifications, equipment service contracts, equipment life expectancy documents. Peer Review/QA forms. Obtain access to shared files/calendars. |
| **Annual Plan** | Calibration schedule (for CCA-200s & diagnostic equipment), booth certification schedule, worksite visit schedule, HC Course schedule, TAD/Clinic Assist Visit schedule, denominator update. |
| **Staff Daily Schedule/Templates** | Identify office manager/scheduler/AHLTA trained staff/DMHRSi rep/MEPRS coordinator. Review & obtain access to shared calendars/MOHCAT schedule.  |
| **OPTAR** | Supply/Hearing Aid costs, TAD/Clinic Assist Visit budget. Provide Supply Rep contact info.  |
| **Equipment Resources DX/HC** | Review equipment/inventory, provide training/familiarization. |
| **Gaps/Challenges** | Program deficiencies, staffing gaps, equipment needs, un-met budget requirements, DOEHRs data issues. |
| **Miscellaneous** | Have a designated command sponsor to orient you to the command. Obtain Wardroom & MSC President contact info (Active Duty OAs). Review important command events, MTF/base newsletter, unique command issues, collateral duties, local area events and activities. |
| **Turnover Binder** | Include the following tabs:* Organization Chart/Chain of Command
* MTF/Internal HCP POCs
* Instructions
* SOP/Sample Reports (PTS/OSHA/Compliance/AFFD)
* HCP Enrollment/UIC/External HCP POC List
* Annual Technician Proficiency Reviews
* Clinic/MOHCAT Assist Visit Reports
* Program Assessments (OMPA HCP Self-Assessment/SOHME/MEDIG Reports)
* Worksite Visit Reports
* HC Course Forms
* Calibration Documents (CCA-200, DX equipment)
* Prevention/Outreach Activity Documentation
* HCP Presentations to Leadership
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**SWOT Analysis**

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|  **Strengths** What is going well? What are the unique resources? What are the strengths?  |

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|  **Weaknesses** What needs improvement? Where are there fewer resources? What are others likely to see as weaknesses?  |

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| * Strong HCP. Good working relationship with DPH who is an effective advocate for Audiology/HCP resources.
* Great civilian technician staff with nearly flawless quality of work.
* Provide HCP support (patient care, technician oversight, CAOHC courses) to other services (Army/AF/Joint Base)...
 | * Vacant civilian technician position. Difficult to fill due to hiring restrictions/FTE controls.
* Problems with booth certification at \_\_\_\_ site.
* Challenges with getting equipment needs met due to funding shortfalls.
* Challenges with obtaining sufficient TAD funding to conduct HCP oversight evaluations at remote branch clinic sites.
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|  **Opportunities** What opportunities are open? What trends are there to take advantage of? What strengths can be turned into opportunities?  |

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|  **Threats** What threats are there? What is competing for resources? What threats are exposing weaknesses?  |

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| * Build-up of troops occurring at site \_\_\_\_\_\_. In planning stages of initiating a new clinic at \_\_\_\_\_ location to provide audiometric testing/HCP support for significant number of HCP enrolled employees there. An annual assist visit will likely be warranted to conduct oversight and perform required Technician Proficiency Evaluations.
* Tele-audiology opportunities exist in order to facilitate Audiology support to remote areas.
* Opportunity for leadership positions exists within the command (DH/DPH).
 | * Vacant technician position causes a threat for quality of work at \_\_\_\_\_ clinic.
* Funding is difficult to obtain unless it is directly related to patient care. Strong advocacy is needed to obtain necessary equipment and supplies.
* Small command where multiple collateral duties are assigned to AD OAs, which detracts from ability to dedicate more quality time to HCP management and oversight.
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**Additional turnover input/comments/clarification:**