**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| **Reports & Historical Documents** | Turn over: OMPA HCP Self –Assessments, PTS notification letters, AFFD determinations/notifications, audiometer calibration documents, booth certifications,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 |

**SWOT Analysis**

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| |  | | --- | | **Strengths**  What is going well?  What are the unique resources?  What are the strengths? | | |  | | --- | | **Weaknesses**  What needs improvement?  Where are there fewer resources?  What are others likely to see as weaknesses? | |
| * 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. |
| |  | | --- | | **Opportunities**  What opportunities are open?  What trends are there to take advantage of?  What strengths can be turned into opportunities? | | |  | | --- | | **Threats**  What threats are there?  What is competing for resources?  What threats are exposing weaknesses? | |
| * 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. |

**Additional turnover input/comments/clarification:**