



OMPA PROGRAM 03 STAFFING & ORGANIZATION

Date
Assessment Date

Command Name

Date of Command Brief

Assessment completed by

Clinic Name

Program Purpose

Successful Navy Occupational Medicine (OM) programs require professional supervision and oversight by qualified occupational medicine professionals that are supported by local command organizational support structures and leadership, adequate financial support through the budgetary process, sufficient staffing allocation to meet the needs of the communities serviced and sustain acceptable access to care standards.

Program Goals

- The goal of a successful *STAFFING & ORGANIZATION* (Program 03) assessment for Navy OM clinics includes:
1. Assessing and documenting required staffing and personnel needs within the OM clinic in accordance with references (a) through (d) below.
 2. Assisting leadership (as applicable) with budget requirements for adequate resources and staff needed to support superior OM services.
 3. Achieving, maintaining, and/or sustaining acceptable access to care (AOC) standards for all populations receiving OM services within designated areas of responsibility (AOR).
 4. Ensuring that OM personnel have current position descriptions and competency assessments that match their assigned OM duties and tasks.
 5. Provide (or receive) command funded and supported clinical oversight visits for program management to all branch or clinical units under the supervision of command enterprise. This includes both OHNs, Nursing Program Managers and, the clinical oversight by a board-certified OM physician.

SUPPORTING DATA

Regulations, Instructions, and References

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




Reference	Hardcopy	Electronic	None
(a) DOD Instruction 6055.05 , (11/08, Change 2- 8/18) <i>"Occupational and Environmental Health"</i>	Hardcopy	Electronic	None
(b) OPNAV M-5100.23 series , (6/20) <i>"Navy Safety and Occupational Health Manual"</i>	Hardcopy	Electronic	None
(c) DHA-IPM 18-001 , (7/2018) <i>"Standard Appointing Processes, Procedures, Productivity, Performance Measures... MTFs"</i>	Hardcopy	Electronic	None
(d) FY Metrics	Hardcopy	Electronic	None



Tracking and Program Management Tools






INSTRUCTIONS

This Occupational Medicine Program Assessment (OMPA) tool is an interactive self-assessment of the staffing and organization program. This tool considers both subjective and objective data. In order to determine the status of your program, select the appropriate level of compliance with each of the questions below using the color-coded scoring range noted at the end of this tool in the Scoring Report section. Those questions that have no impact on the overall compliance for this program will not have the scoring option. For any response selection of amber or red, an explanation must be given in the space provided following the question. All selected responses will be automatically averaged at the end of the OMPA tool to provide you with an "overall" program status icon. *Complete the information for the time frame you are reporting.*

#	Assessment Questions	Response
03.01	Is OM provided with the results of the Industrial Hygiene Job Hazard Category assessment that identifies the predicted level of risk by major job hazard category and the number of personnel in each category for all components of the AOR?	Green
03.02	Enter the total WORKING FTEs for all Provider staff (MD, DO, PA, and/or NP) ASSIGNED AS AN OM BILLETED POSITION to provide OM examination services in your clinic. (1FTE = 80 hrs pay period; 0.5 FTE = 40 hrs; 0.2 FTE = 20 hrs. EX: The Command Flight Surgeon is billeted to your OM clinic in the Manning but works only 3 days a week or 64 hrs a pay period = 0.8 FTE)	
03.03	Enter the total FTEs for all Provider staff (MD, DO, PA, and/or NP) <u>BORROWED</u> or <u>UNBILLETED</u> to provide OM examination services in your clinic. (This refers to those providers that help out or work in OM but are assigned elsewhere. EX: The Primary Care NP agreed to see patients in your clinic every Monday from 0800-1200 = 0.1)	
03.04	The <u>TOTAL</u> number of FTEs (full-time equivalent) for all providers (MD, DO, NP, PA) performing exams in your OM clinic will appear in box to the right.	
03.05	Enter the number of <u>Physician FTEs assigned as billeted OM positions to your clinic that are <u>OM BOARD CERTIFIED OR ELIGIBLE.</u></u>	
03.06	Do you have a Board Certified Occupational Medicine physician providing oversight to your clinic (either within your command or by an MOU agreement)?	Green

#	Assessment Questions	Response
03.07	Enter the number of FTEs of NURSES providing care in your clinic. (Enter the total number of RN personnel)	
03.08	Enter the number of ABOHN certified nurse FTEs in your clinic. (Count ALL nurses (RN, NP) that are boarded as a OHN)	
03.09	Enter the: A. Name and B. Location of the OEM physician providing oversight to your OM clinic. If one not assigned should be an MOU established for this coverage to meet requirement.	A. B.
03.10	A. Enter the total number of civilian and contractor OH Technician FTEs for your clinic. (LPN, LVN, OHT) B. Enter the total number of Active Duty/Active Reserve corpsmen FTEs for your clinic. (include any permanent limdu assignments) C. Enter the total number of administrative support or clerk position FTEs for your clinic. (Clinic and medical record clerks)	A. B. C.
03.11	Does your current appointments scheduling process adequately meet the needs of the OH Clinic? (Your response is calculated based on accuracy and appropriateness of appointment scheduling only. This may not be within OM if your Command has Centralized Appointments or other required methods) If your appointments are not scheduled through Occupational Medicine directly explain how your appointments are scheduled below:	
03.12	Does your clinic offer single-visit or 2-part exam processing?(Select the appropriate option from right)	Single Visit Part 1-2
03.13	Did the clinic meet the 28-day access to care standard for the scheduling of Part 1 periodic surveillance and/or certification this FY? (Scheduling= assignment of an appointment date and time within 28 days of the request from Safety or Supervisor. Yes requires 90% of FY total exams met the standard. Clinics with single visits select response based on compliance of the completed visit within 28 day access to care standard) If you are not meeting the access to care standards above for scheduling Part 1 appointments, provide information (1) cause, (2) what recommendations were briefed to Command leadership, and (3) any actions to improve access compliance below:	
03.14	Did the clinic meet the 28-day access to care standard for the completion of Part 2 periodic surveillance and/or certification exams this FY? (Completion = full disposition of the exam e.g. after Part II if performing 2-part exams. Yes requires 90% of FY total exams met the standard. Clinics with single visits select response based on compliance of the completed visit within 28 day access to care standard) If you are not meeting the access to care standards above for completing Part 2 appointments, provide information (1) cause, (2) what recommendations were briefed to Command leadership, and (3) any actions to improve access compliance below:	

#	Assessment Questions	Response
03.15	Enter number of walk ins not booked into an appointment slots:	
03.16	Enter number of clinic Tel Cons:	
03.17	<p>Did the clinic meet the <u>7-day access</u> to care standard for <u>completing Part I (at a minimum)</u> for pre-hire or formal fitness-for-duty exams this FY? <i>(Yes requires 90% of FY total exams met the standard--Clinics with single visits select response based on compliance of the completed visit within 5 day access to care standard)</i></p>	
03.18	<p>Did the clinic meet the 7-day access to care standard for completing Part II of pre-hire and formal fitness-for-duty exams this FY? (Completion = 5-days from the completion of Part 1 for 2-part exams. Yes requires 90% of FY total exams met the standard. Clinics with single visits select response based on compliance of the completed visit within 5 day access to care standard) If you are not meeting the access to care standards above for items 03.26 and 03.27 above, provide information (1) cause, (2) what recommendations were briefed to Command leadership, and (3) any actions to improve access compliance in the space below:</p>	

#	Assessment Questions	Response
3.19	Does the clinic have same-day appointment access available for work-related injuries and walk-in access for processing actions such as return-to-work release and immediate fitness-for-duty evaluations? <i>If not able to provide same-day appointments, describe how and where these releases and evaluations are processed below:</i>	
3.20	Do you have input into the budget provisions for your clinic? <i>(Select the option that best describes your input--Response should be green for direct planning & submission down to red for no involvement) Explain who handles the input for your clinic below</i>	
3.21a	Do occupational health position descriptions current and approved?	
3.21b	Do occupational health positions held have current, relevant and up-to-date competencies signed off by a qualified person?	
3.22	Does your clinic receive appropriate technical oversight from your Command OM Consultant and/or Regional OM Program Manager? <i>If No, select amber or red and describe your need below:</i>	
3.23	If you are not the local OHN program manager--enter the A. Name and B. Location of the OHN that provides your assist visit in the boxes to the right <i>(If you are the program manager for your clinics enter N/A in each box)</i>	A. B.
3.24	Enter the date of your last local technical oversight/assist visit to the right.	
3.25	If you are not ABLE to provide or receive an annual assist visit from the local program manager, please select the options to the right (all that may apply) that best describe the reason for non-support.	No money or funds Not enough time or staff No leadership support Other (describe left) Not applicable (N/A)
3.26	Enter the date of your last SOHME from your Regional Consultant.	
3.27	Enter the date of your last Medical Inspector General (IG) and/or Joint Commission survey.	
3.28	In your local command organizational structure, what is the Directorate that your OM clinic falls under?	
3.29	Who supervises the personnel in the OM clinic?	Physician NP/PA OHN Other

#	Assessment Questions	Response
3.30	Enter the total number of scheduled appointments for your OM clinic for this FY (include only appointments scheduled within your BHG clinic):	
3.31	Enter the number of "no shows" for your OM clinic for this FY (no-show = patients who fail to keep scheduled appointments):	
3.32	Percentage of "no shows" for this FY. Computed: $([\text{noshows}] \div [\text{number of sched appts}]) \times 100$	
3.33	If percentage of no show appointments is greater than 5% of total scheduled appointments, describe the corrective actions taken to improve compliance rate in the space below:	
3.34	Enter the number of "facility cancellations" for your OM clinic for this FY. (Facility cancellations = those appointments that are cancelled by OM staff). This report may be accessed through CHCS:	
3.35	Percentage of facility cancellations for this FY. Computed $([3.34] \div [3.30]) \times 100$	
3.36	If percentage of facility cancellations exceed 5% of total scheduled appointments, describe the factors causing or leading to the increased number of facility cancellations below:	

ADDITIONAL COMMENTS:

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

DASHBOARD REPORT

It is important to evaluate your program for successes and challenges. The results of this assessment will be reviewed by your local command OM consultant or regional OM program manager to better support your clinic. If the self-assessment reveals that your program needs improvement (you have a total program status of amber or red) you must complete the Performance Improvement Plan section below.

BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE

YOUR SCORE



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)

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 <3, you **must** complete the PIP portion at the end of this tool **before** submitting your document.

CONGRATULATIONS!
YOU HAVE COMPLETED THE PROGRAM 03
STAFFING AND ORGANIZATION ASSESSMENT!

PROCESS IMPROVEMENT PLAN

If during the self-assessment process above you have determined that the STAFFING AND ORGANIZATION 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:

Date of PIP update #1

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

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>	<input type="radio"/> YES	<input type="radio"/> NO
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Date of PIP update #2

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>	<input type="radio"/> YES	<input type="radio"/> NO
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Date of PIP update #3

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>	<input type="radio"/> YES
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