BUMED INSTRUCTION 3501.1A

From: Chief, Bureau of Medicine and Surgery

Subj: OPERATIONAL READINESS REPORTING AND MONITORING PROGRAM

Ref: (a) CJCSI 3401.02B of 31 May 2011
     (b) OPNAVINST 3501.360A
     (c) DoD Directive 7730.65 of 11 May 2015
     (d) COMPACFLT/COMUSFLTFORCOMINST 3501.3D
     (e) Navy Tactical Reference Publication (NTRP), Defense Readiness Reporting System
         – Navy Reporting Manual 1-03.5 of February 2016
     (f) DoD Instruction 8320.02 of 5 August 2013

Encl: (1) Definitions of Systems
     (2) Defense Readiness Reporting System-Navy Commander’s Assessment Process

1. **Purpose.** Per references (a) through (f), Bureau of Medicine and Surgery (BUMED) establishes policy for the operational readiness reporting and monitoring program. Enclosure (1) is definitions of systems. Enclosure (2) is the Defense Readiness Reporting System-Navy (DRRS-N) process for submitting a Commander’s Assessment. To specify policy, procedures, and responsibilities for the entire BUMED enterprise’s ability to report readiness. This instruction is a complete revision and should be read in its entirety. Significant revisions include: Changed Navy Medicine (NAVMED) to BUMED throughout instruction; provided clarification that Total Force Manpower Management System is Navy’s only designated official manpower data system where enterprise-wide medical billets are properly aligned; added additional Director, Human Resources Systems Support (BUMED-M14) responsibility of maintaining all unit readiness requirements (i.e., personnel, unit billets) in Expeditionary Medicine Platform Augmentation Readiness and Training System (EMPARTS) as defined by Director, Capabilities Integration (BUMED-M93) for readiness reporting purposes; added additional responsibility for Assistant Deputy Chief, Information Management & Technology (BUMED-M6) to assist BUMED regions with obtaining secure internet protocol router (SIPR) capability; and provided clarification of Assistant Deputy Chief, Education and Training (BUMED-M7) responsibilities regarding oversight of establishment, alignment, and maintenance of education and training strategy and policies.

2. **Cancellation.** BUMEDINST 3501.1.

3. **Scope and Applicability.** This instruction applies to BUMED, budget submitting office (BSO) 18 activities, and subordinate commands across the BUMED enterprise required to report operational readiness of their units (i.e., deployable capabilities or augmentation to existing operational units).
4. **Background.** BUMED provides agile, adaptable, and scalable capabilities that are employed globally across the full range of military operations in support of the National Defense Strategy. Naval forces must be prepared to respond rapidly to a wide range of operational environments with mobile, scalable, and capable Naval Expeditionary Health Service Support (NEHSS) operating from the sea or deploying ashore into austere locations. BUMED requires a comprehensive view of the readiness of its NEHSS units (e.g., forward deployable preventive medicine unit (FDPMU), expeditionary medical facilities (EMF)), to meet fleet and U.S. Marine Corps current and future requirements. This change has been necessitated by a paradigm shift from global sourcing of individual augments to unit assignment and sourcing. To provide this view, BUMED must now report the status of readiness in the following systems: DRRS-N, BUMED Readiness and Cost Reporting Program (RCRP), EMPARTS, Joint Medical Asset Repository (JMAR), Defense Medical Logistics Standard Support (DMLSS), and Navy Training Information Management System (NTIMS).

5. **Policy.** This instruction provides policy and guidelines for the implementation and management of BUMED’s readiness reporting and monitoring program.

6. **Action.** All current and future operational units across BUMED will report and monitor readiness data within the readiness reporting systems relevant to their mission and comply with DRRS-N Commander’s Assessment Process in enclosure (2).

7. **Roles and Responsibilities**

   a. **Assistant Deputy Chief, Manpower and Personnel (BUMED-M1) must:**

      (1) Serve as principal advisor for Deputy Chief, Total Force (active duty, reserve, civilian, and contractor) programs and practices.

      (2) Ensure enterprise-wide medical billets, to include the Reserve Component, are properly aligned in the Navy’s designated official manpower data system, Total Force Manpower Management System.

      (3) Provide personnel pillar lead and action officer who will serve as subject matter experts (SME) for the personnel pillar on the RCRP personnel, equipment, supply, and training (PEST) figure of merit (FOM) working group.

      (4) Provide SMEs to support annual RCRP periodic reviews which examine all resource-to-task relationships as requested by BUMED-M93.

      (5) Provide SMEs to support the weekly operational readiness reporting and monitoring program management working group.

      (6) Maintain current activity manpower documents which accurately reflect requirements, in collaboration with BUMED-M93. This data must be reviewed annually.
(7) Ensure appropriate staff establish accounts in respective readiness reporting systems (i.e., RCRP, DRRS-N) as required.

(8) Monitor the accuracy of respective pillar data within DRRS-N monthly to communicate data deficiencies to Chief and Deputy Chief, BUMED.

b. Director, Human Resources Systems Support (BUMED-M14) must:

(1) Ensure operations and maintenance, technical development changes, and configuration control management meet EMPARTS readiness reporting requirements.

(2) Ensure all unit readiness requirements (i.e., personnel, unit billets) are maintained in EMPARTS as defined by BUMED-M93 for evaluation of personnel readiness status.

(3) Ensure timely submission of EMPARTS data extract to the designated RCRP program manager on the mutually agreed upon schedule; ensuring accurate data requirements are met, and a contingency plan for timely submission is established.

(4) Confirm current personnel and relevant unit data elements have been populated from EMPARTS.

(5) Collaborate with Director, BUMED-M93 and PEST pillar managers to assist with issues regarding EMPARTS data and system changes that have a direct impact on readiness status reporting via RCRP.

(6) Monitor readiness reporting compliance by providing weekly deployer and data quality reports for review by regional commands for unit readiness requirements in EMPARTS.

(7) Ensure appropriate staff establish accounts in respective readiness reporting systems (i.e., RCRP, DRRS-N) as required.

(8) Monitor the accuracy of respective pillar data within DRRS-N monthly to communicate data deficiencies to Chief and Deputy Chief, BUMED.

c. Assistant Deputy Chief, Fleet Support and Logistics (BUMED-M4) must: In coordination with Assistant Deputy Chief, Operational Medicine & Capabilities Development (BUMED-M9), ensure equipment and supply sets are ready to execute requirements outlined in the respective platform required operational capability (ROC) and projected operational environment (POE).

d. Director, Expeditionary Medical Logistics (BUMED-M42) must:

(1) Provide input regarding readiness of EMF equipment and supply sets to the EMF commanding officers (CO) for their consideration in preparing commander’s assessment for submission to DRRS-N on a monthly basis.
(2) Provide information regarding “operationally ready and available” status of equipment and supply as outlined in reference (d) sufficient for unit COs and officers in charge (OIC) to report readiness in DRRS-N.

(3) Monitor and manage equipment and supply pillars within RCRP and DRRS-N at least monthly.

(4) Maintain situational awareness of all PEST resources via established reporting systems.

(5) Ensure appropriate staff establish accounts in respective readiness reporting systems (i.e., RCRP, DRRS-N) as required.

(6) Provide equipment and supply pillar lead and equipment and supply pillar action officer to serve as SMEs for the equipment and supply pillars on the RCRP PEST FOM working group.

(7) Provide SMEs to support annual RCRP periodic reviews which examine all resource to task relationships as requested by BUMED-M93.

e. **Assistant Deputy Chief, BUMED-M6 must:**

   (1) Ensure BUMED readiness reporting systems interoperability to fulfill RCRP and DRRS-N import requirements.

   (2) Provide designated representative(s) to serve as SME(s) on the RCRP PEST FOM working group.

   (3) Assist Navy Medicine regions and subordinate commands with obtaining SIPR capability and access.

f. **Assistant Deputy Chief, BUMED-M7 must:**

   (1) Ensure proper platform training policies are in place within BUMED in support of operational readiness training requirements.

   (2) Provide oversight of BUMED platform education and training policy requirements and ensure training meets identified operational requirements.

   (3) Provide training pillar lead and training pillar action officer to serve as SMEs for the training pillar on the RCRP PEST FOM working group.

   (4) Provide SMEs to support annual RCRP periodic reviews which examine all resource to task relationships as requested by BUMED-M93.
(5) Provide SMEs to support the weekly operational readiness reporting and monitoring program management working group.

(6) Ensure appropriate staff establish accounts in respective readiness reporting systems (i.e., NTIMS, RCRP, DRRS-N) as required.

g. Assistant Deputy Chief, BUMED-M9 must:

(1) Serve as the executive lead for BUMED operational readiness reporting and monitoring.

(2) Direct the execution of operational readiness compliance and the readiness reporting program.

h. Director, BUMED-M93 must:

(1) Oversee management of operational readiness compliance and readiness reporting via the Readiness Reporting and Monitoring Branch, BUMED-M93.

(2) Align BUMED deployment readiness strategy with fleet, U.S. Marine Corps, Joint, and Department of Defense (DoD) strategic plans.

(3) Ensure support of personnel sourcing coordination and deployment of NEHSS programs of record per the Fleet Response Plan.

(4) Collaborate with the Director, Medical Resources, Plans, and Policy Division (N0931); Commander, U.S. Fleet Forces Command; Headquarters Marine Corps Installation and Logistics; and U.S. Marine Forces Command, on BUMED participation in operational exercises and certifications to facilitate readiness, monitoring, and tracking within DRRS-N.

(5) Ensure doctrine related to BUMED operational capabilities is established and current in support of readiness monitoring requirements.

(6) Ensure alignment of BUMED platform and capabilities readiness reporting to DRRS-N reporting requirements.

(7) Ensure full visibility of unit readiness in DRRS-N via RCRP.

i. RCRP PEST FOM Working Group. Collaborate with BUMED constituents in the DRRS-N FOM construct to ensure concurrence on DRRS-N data and other developments that affect PEST pillar data development.
j. BUMED Echelon 3 Commands

(1) Commanders, Navy Medicine East and Navy Medicine West must:

(a) As “force providers” provide oversight for NEHSS platforms within respective region to ensure maximum unit readiness (i.e., assign qualified personnel to operational units).

(b) Ensure appropriate staff establish accounts in respective readiness reporting systems (i.e., EMPARTS, RCRP, DRRS-N) as required.

(c) Monitor and assist sourcing commands with the ability to meet unit, training, and readiness requirements using EMPARTS, RCRP, and DRRS-N. Provide analysis on readiness status to BUMED leadership, as needed.

(d) Conduct monitoring of RCRP and DRRS-N, at a minimum, with each data load into RCRP to ensure data accuracy. Conduct data loads into RCRP twice monthly (second and fourth Friday). Report discrepancies immediately via e-mail to the RCRP helpdesk, usn.ncr.bumedfchva.list.m9-rcrp-helpdesk@mail.mil.

(e) Review and monitor commander’s assessments for supported units (i.e., EMF).

(f) Provide designated representative(s) to serve as SME and advisor to the RCRP PEST FOM working group.

(g) Provide operational SMEs to support annual RCRP periodic review including reviews of the platform’s Navy mission essential task list and fleet readiness training plan (FTRP) as requested by BUMED-M93. These experts may also be requested to augment staff expertise during the annual RCRP periodic reviews which examine all resource to task relationships which form the backbone of RCRP’s weighted methodology.

(h) Ensure all commands within your respective regions establish reporting guidance at the echelon 4 level. All reporting guidance will be reviewed by Readiness Reporting Branch, BUMED-M93 for comment before promulgation.

(2) Commander, Navy Medicine Education, Training and Logistics Command must:

(a) Enable professional and occupational education and training to support BUMED and operational forces. Ensure operational training courses as required by training plans are listed or hosted in Navy Medicine’s Learning Management System.

(b) In conjunction with BUMED-M7, serve as the resource advocates for BUMED readiness training requirements.
(c) Provide SMEs to support annual RCRP periodic reviews which examine all resource to task relationships as requested by BUMED-M93 to include management of assessment of the effectiveness and relevance of NEHSS platform readiness training requirements.

(d) Provide designated representative(s) to serve as SME(s) and advisor for RCRP’s PEST FOM working group.

(e) Ensure appropriate staff establish accounts in respective readiness reporting systems (i.e., RCRP, DRRS-N) as required.

(f) Monitor and manage equipment and supply pillars within RCRP and DRRS-N.

k. **BUMED Echelon 4 Commands**

(1) **CO, Naval Medical Logistics Command:** Must ensure CO, Navy Expeditionary Medical Support Command:

(a) Conducts quality assurance check on Joint Medical Asset Repository (JMAR) data extracts to ensure accurate DMLSS data is reflected for submission to RCRP.

(b) Ensures submission of JMAR data extract occurs on the mutually agreed upon schedule, ensuring accurate data requirements are met, to include a contingency plan to ensure deadlines are maintained. Any changes to either system affecting the agreed upon format will be coordinated with the Readiness Reporting and Monitoring Branch, BUMED-M93 prior to the change.

(c) Provides designated representative(s) to serve as SME and advisor for RCRP’s PEST FOM working group.

(d) Provides SMEs to support annual RCRP periodic reviews which examine all resource to task relationships as requested by BUMED-M93.

(e) Ensures appropriate staff establish accounts in respective readiness reporting systems (i.e., RCRP, DRRS-N) as required.

(2) **CO, Navy and Marine Corps Public Health Center must:**

(a) Monitor mission readiness within the established readiness reporting systems in support of FDPMUs.

(b) Provide designated representative(s) to serve as SME and advisor for RCRP’s PEST FOM working group.
(c) Provide SMEs to support annual RCRP periodic reviews which examine all resource to task relationships as requested by BUMED-M93.

(d) Ensure appropriate staff establish accounts in respective readiness reporting systems (i.e., RCRP, DRRS-N) as required.

(3) COs, Medical Treatment Facilities; Officers in Charge (OIC); Navy Medical Readiness Training Commands; and COs and OICs, Medical Readiness Training Units must:

(a) Ensure all readiness requirements (i.e., admin, personnel, and training) for members assigned to units are reported accurately in EMPARTS.

(b) Monitor unit readiness scores and collaborate with their respective Navy Medicine region as well as the Platform Management and Contingency Support Branch, BUMED-M93 to resolve any issues or discrepancies.

(c) Ensure billet management is conducted on a monthly basis to ensure operational billets are filled appropriately and the corresponding member is ready to deploy. Non-deployable members of an operational unit must immediately be replaced with an alternate member via the alternate platform assignment (APA) process.

(d) Ensure each unit has designated personnel adequately trained in all reporting systems.

(e) Provide operational SMEs to support annual reviews of the platform’s Navy mission essential task list and FRTP as requested by BUMED-M93. These experts may also be requested to augment staff expertise during the annual RCRP periodic reviews which examine all resource to task relationships which form the backbone of RCRP’s weighted methodology.

(f) Review and monitor commander’s assessments for supported units (i.e., EMF in DRRS-N).

(g) Ensure appropriate staff establish accounts in respective readiness reporting systems (i.e., RCRP, DRRS-N) as required.

(4) COs and OICs, Operational Unit (i.e., EMF, FDPMU) must:

(a) Complete the commander's assessment section in DRRS-N every 30 days and within 24 hours of any event resulting in a change in readiness status for review by responsible region commanders.

(b) Ensure billet management is conducted on a monthly basis to ensure operational billets are filled appropriately and the corresponding member is ready to deploy. Non-deployable members of an operational unit must immediately be replaced with an alternate member via the APA process.
(c) Ensure BUMED units and personnel are ready and accurately reported in respective systems of record (i.e., EMPARTS).

(d) Provide SMEs to support annual RCRP periodic reviews which examine all resource-to-task relationships as requested by BUMED-M93.

(e) Ensure appropriate staff establish accounts in respective readiness reporting systems (i.e., RCRP, DRRS-N) as required.

(f) Designate a primary and secondary member to have access to DRRS-N to report unit readiness in addition to the unit CO or OIC.

(g) Ensure assessments are updated as outlined in enclosure (2).

(h) Conduct monitoring of RCRP and DRRS-N, at a minimum, with each data load into RCRP to ensure data accuracy. Conduct data loads into RCRP twice monthly (second and fourth Friday). Report discrepancies immediately via e-mail to the RCRP helpdesk, usn.ncr.bumedfchva.list.m9-rcrp-helpdesk@mail.mil.

8. Point of Contact. Direct any questions relating to readiness reporting to BUMED-M9 at usn.ncr.bumedfchva.list.m9-rcrp-program-management@mail.mil.

9. Records Management

   a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

   b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

10. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M9 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following guidance in OPNAV Manual 5215.1 of May 2016.
11. **Information Management Control.** The reports indicated throughout this instruction are exempt from reports control per Secretary of the Navy Manual-5214.1 of December 2005, part IV, subparagraph 7k.

![Signature]

TERRY J. MOULTON  
Acting

Releasability and distribution:  
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, [http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx](http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx)
DEFINITIONS OF SYSTEMS

1. **DRRS-N.** As a SIPR Network web-based application, it serves as the Navy’s authoritative readiness reporting system which complies with reference (a) to fulfill Navy's readiness reporting requirements, fully aligned and interoperable with DRRS-S. DRRS-N provides the means to manage and report the readiness and general status data via Navy mission essential task list for Navy units to the Office of the Secretary of Defense, the Joint Chiefs of Staff, the Chief of Naval Operations, fleet commanders, and other operational commanders.

2. **BUMED RCRP.** Serves as the web-based data management tool to provide DRRS-N with the PEST FOM readiness indicators for all Navy mission essential tasks (NMET) and capabilities for BUMED readiness reporting units. RCRP enables BUMED to report into DRRS-N.

3. **EMPARTS.** The system of record by which BUMED BSO-18 personnel readiness is tracked and monitored. The NEHSS personnel pillar in RCRP is based completely on the information received from EMPARTS.

4. **JMAR.** Is an information technology system which provides access to medical asset information. Data extracted from JMAR reports are uploaded in RCRP to establish the equipment and supply requirements and on-hand inventory for NEHSS inventory sets. Within RCRP, NEHSS units align with inventory sets to calculate resource readiness scores. The resource components of these inventory sets map to tasks translating resource scores into task oriented readiness scores for reporting into DRRS-N.

5. **DMLSS.** System of record to fulfill Department of Defense readiness reporting to include: materiel, facilities, services, and information resources essential to patient care in peace, during contingency operations, and wartime. The NEHSS equipment and supply pillars in RCRP are based completely on the information received from DMLSS via extract from JMAR.

6. **NTIMS.** The authoritative data source for the responsible organization (RESPORG) Navy mission essential task list. Every Navy mission essential task list has attached training resource requirements which are submitted via BUMED for uploading into NTIMS via the RESPORG FRTP. The FRTP includes BUMED pre-approved training schedules for each RESPORG including planned events, sub-events, and planned dates.

Enclosure (1)
DEFENSE READINESS REPORTING SYSTEM-NAVY
COMMANDER’S ASSESSMENT PROCESS

1. The commander’s assessment entered into DRRS-N should be clear, concise, and detail any shortfalls affecting the readiness of the unit. Each shortfall should be addressed as a single entry with each of the elements listed under “Capability Shortfall” addressed. The commander’s assessment is a qualitative evaluation of the unit’s ability to accomplish assigned NMETs and capabilities. The PEST scores within DRRS-N are designed to inform, not dictate, assessments.

2. Commander’s assessments must be updated within 24 hours of a significant change in readiness, including justifying comments and supporting data. Units must report an updated assessment within 30 days of the last assessment, even if there is no change in status. A significant change in readiness is defined as a change in any capability rating (Yes [Green], Qualified Yes [Yellow], and No [Red]) from the previously reported value as determined by the unit commander. An update must be submitted within 24 hours following the submission of a category 3 or category 4 casualty report or a casualty correction report. Affected NMETs and capabilities must be updated and comments entered to reflect degradation. Changes in PEST data can occur daily or hourly, and do not necessarily constitute a requirement for submitting a new readiness assessment. The determination of the need to submit an assessment resides in the judgment of the unit commander.

3. Use the following guidance for submission of the commander’s assessment (Figure 1):

   a. Capability shortfall (List the “Capability” affected):

      (1) Issue. Define the issue. What is causing the “Capability” to be degraded?

      (2) Risk. What is the risk with degradation of this “Capability?” What requirements of the mission cannot be met?

      (3) Mitigation. How can this shortfall be resolved? Provide clear, concise, and detailed mitigation plans.

      (4) Milestone. What is the estimated time for resolution?

   b. Provide full name, rank, telephone number, e-mail address, and date of entry. If they are entering the data on the behalf of another, submit both the commander’s contact information and the complete information of the member providing the input. See the following examples:

      (1) Submitted by CAPT Jack Willow, (888) 555-0809, jack.x.willow8.mil@mail.smil.mil on 26 April 2016.

      (2) Submitted on behalf of CAPT Jack Willow, (888) 555-0809, jack.x.willow8.mil@mail.smil.mil submission by HM1 Millie Sailor, (877) 555-9999, millie.g.sailor.mil@mail.smil.mil on 26 April 2016.
Capability Assessment Details

Capability: Core - Core
Status: Draft
Date Assessed: 8-Sep-2016

Select Current Rating:  
- Yes
- Qualified Yes
- No

Select Next Rating:  
- Yes
- Qualified Yes
- No

8-Oct-2016  
Est. Change Date

Staffing Comments

(for internal use - not uploaded)

Comments

Select all | Copy to Clipboard | Paste | Append

Issue #1: FDPMU Team #9 Deploying to Praia ISO Operation Gray Storm, FTN “XT9883J89KK”, in 24 hours, o/a 28AUG2016 – 31MAR2017. Unit is manned and trained, but not currently equipped/supplied for currently assigned mission to monitor/test for and eradicate current vector threat. Unit does not possess the full table of allowance (TOA) to support due to the following: the TOA calls for six (6) trap mosquito lights (inventory: 0), three (3) sentinel mosquito traps 7.5-12 volt (inventory: 0), twelve (12) cartridge filter organic vapor filter (inventory: 0), three (3) microscope LEICA 35D Stereozoom 0.63X (1 inventory), three (3) objective ZX WD5MM for S Series (inventory: 1), three (3) fog generators (inventory: 1), three (3) sprayer and duster pesticide manually carried (inventory: 1), and three (3) sprayer pesticide manually carried (inventory: 2). Unit possesses TOA required for currently assigned mission in support role. Remaining TOA required for monitor/test for and eradicate available for shipment from Chatham Annex within 96 hours if required.

Risk: Deploying without the full complement of equipment and supplies degrades the ability to monitor/test for and respond to eradicate any identified biological threats which would increase the number of illnesses and deaths throughout the area of operations, including military forces within the area. Given the increased credible intel within that area of operations of likely biological agent use by adversaries, it is critical that all assets to perform the mission are ready and available upon arrival of the team.

Mitigation: FDPMU Team #9 will terminate current mission with FDPMU Team #7 deploying to man that mission through its duration. FDPMU Team #9 will deploy within 48 hours and equipment and supplies will be shipped from NAVERU to expedite delivery of critically needed equipment and supplies.

Milestone: The anticipated delivery of the equipment and supplies package to link with personnel in theatre is 95 hours.

“Submitted on behalf of ADM Maggie Kirby, (888) 993-1469, maggie.l.kirby.mil@mail.smil.mil submission by LT Turley Victor, (888) 993-9348, turley.e.victor.mil@mail.smil.mil on 28 AUG 2016.”

Exhibit 1 Sample Commander’s Assessment