



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH VA 22042

IN REPLY REFER TO  
BUMEDINST 5450.178  
BUMED-M1  
2 Jan 2019

BUMED INSTRUCTION 5450.178

From: Chief, Bureau of Medicine and Surgery

Subj: MISSION, FUNCTIONS, AND TASKS OF NAVY MEDICINE READINESS  
AND TRAINING COMMAND JACKSONVILLE

Ref: (a) OPNAVINST 3120.32D  
(b) OPNAVINST 6400.1C  
(c) OPNAVINST 1000.16L  
(d) BUMEDINST 5450.165C  
(e) BUMEDINST 5430.8A  
(f) OPNAVINST 5440.77B

Encl: (1) Mission, Functions, and Tasks of Navy Medicine Readiness and Training Command  
Jacksonville

1. Purpose. To publish the functions and tasks of Navy Medicine (NAVMED) Readiness and Training Command (NMRTC) Jacksonville and subordinate units under the mission established by references (a) through (f).

2. Mission. Maximize warfighter performance through optimized medical readiness tailored to operational requirements; enhance the readiness of the medical force to sustain expeditionary medical capability; train and develop the NAVMED force.

3. Status and Command Relationships. NMRTC Jacksonville is a shore (field) activity in an active operating status under a commanding officer (CO).

a. Command Information

(1) Command Address: Commanding Officer  
Navy Medicine Readiness and Training Command  
2080 Child Street  
Jacksonville, FL 32214

(2) Command Unit Identification Code (UIC): 00232

(3) Command Plain Language Address (PLA): NMRTC JACKSONVILLE FL

(4) Command Activity Code: 3435-0384

b. Echelon

- (1) Chief of Naval Operations (CNO).
- (2) Chief, Bureau of Medicine and Surgery (BUMED).
- (3) Commander, NAVMED East.
- (4) CO, NMRTC Jacksonville.

c. Area Coordinator. Commander, NAVMED East.

4. Action. The CO, NMRTC Jacksonville will ensure performance of the functions and tasks in enclosure (1) and forward recommended changes via the chain of command to Commander, NAVMED East.

5. 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.

6. Review and Effective Date. Per OPNAVINST 5215.17A, Assistant Deputy Chief, Manpower and Personnel (BUMED-M1) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense (DoD), 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.

BUMEDINST 5450.178

2 Jan 2019

Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.



C. FORREST FAISON III

**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>

MISSION, FUNCTIONS, AND TASKS OF NAVY MEDICINE  
READINESS AND TRAINING COMMAND JACKSONVILLE

1. Mission. Serve as principal advisor to immediate superior in command (ISIC) on the administration of health service programs within assigned area of responsibility (AOR) and supported and supporting units. Maximize warfighter performance through optimized medical readiness tailored to operational requirements. Enhance the readiness of the medical force to sustain expeditionary medical capability. Train and develop the NAVMED force. Execute Service requirements. Provide professional development, safety, and security of personnel and the command.
2. Authority and Responsibilities of the CO. Subject to the orders of higher authority, the CO is vested with complete military jurisdiction over all command assets and subordinate units. Oversee the administration of command functions, including execution of the functions detailed in reference (a), standard Navy command programs included within command inspection areas of review by the Naval Inspector General, managers' internal control program, and the Office of the Medical Inspector General. Taken together, these programs and others constitute driving requirements for Service command functions and tasks, outlined throughout this document.
3. Coordination Responsibility. In the performance of assigned duties and responsibilities, all officials within the NMRTC structure are authorized and directed, except when otherwise prescribed, to communicate directly with each other and with external organizational authorities whenever cooperative action is appropriate. The objective of coordination is to preclude actions from overlapping, duplicating, or contradicting others or from countering BUMED policy. The official assigned the primary responsibility for a function is charged with effecting the necessary coordination and liaison required to execute the tasks subordinate to that function. The NMRTC will coordinate its operations as prescribed by relevant Service directives to include any policies or directives not specifically mentioned in this instruction.
4. Functions. The following identify key functions of NMRTC Jacksonville within its AOR.
  - a. Provide medical force assets to optimize health, performance, and resilience of operational forces (e.g., Sports Medicine and Rehabilitation Therapy clinics, Connected Corpsmen in the Community, and other forward-leaning total force health optimization programs).
  - b. Analyze and adjust medical force structure and productivity to meet the tailored-medical readiness needs of the operational units (e.g., Marine Corps security force, submariner, aerospace medicine operational clinic optimization).
  - c. Serve as communication platform between CO, line medical assets, and NAVMED leadership.

- d. Utilize information technology, research, and analytics to optimize decision making and readiness (e.g., virtual medical centers, etc.).
- e. Provide support for installation readiness needs and a critical link for communication and tracking of the health readiness of installation, tenant, and area command needs.
- f. Ensure medical force clinical currency and competency.
- g. Ensure operational platform medical currency and competency.
- h. Coordinate clinical currency and force sustainment support to the operational medical force, including non-clinical skills and specialties.
- i. Track and report medical force readiness status to higher echelon authorities.
- j. Manage requests for forces as directed by BUMED via chain of command.
- k. Maintain and enhance the character and competency of the medical force.
- l. Provide institutional, financial, and personnel support for graduate professional education (GPE) programs and medical professional activities.
- m. Negotiate memoranda of understanding (MOU) with partner institutions to facilitate mission needs and commander's intent.
- n. Provide and coordinate information and contingency taskings with associated Defense Health Agency (DHA) medical treatment facilities (MTF).

##### 5. NMRTC Structure Functions and Tasks

a. Command Suite. The following outlines the structure of the NMRTC and indicates key tasks performed by each structural element (directorate, department, etc.) within the NMRTC.

(1) CO. Solely responsible and accountable for all aspects of the command. Ensures the effective and efficient performance of the functions and operations per U.S. Navy Regulations, the Manual of the Medical Department, and other directives issued by competent authority. Serves as primary medical point of contact (POC) for all commands aligned to the installation. Ensures readiness of all medical personnel and provides oversight of medical readiness of the personnel within the AOR. When directed, may also serve as Director of Naval Hospital Jacksonville under the management and administration of the DHA.

(2) Executive Officer (XO). Responsible to the CO and assumes command in the absence of the CO. In the performance of these duties, the XO will conform to and implement the policies and orders of the CO and will keep the CO informed of all significant matters

pertaining to the command. Primarily responsible for the day-to-day operation, good order and discipline, provision of healthcare services, graduate professional education standards, performance of duty, and readiness of the entire command. Subject to the orders of higher authority, the XO is vested with military jurisdiction and oversight of outlying NAVMED Readiness and Training Units (NMRTU).

(3) Command Master Chief (CMC). Enlisted advisor to the Command on the formulation and implementation of policies pertinent to mission, morale, welfare, job satisfaction, discipline, utilization, and training of all enlisted personnel. CMC reports directly to the CO and works closely with the XO. The CMC ensures Sailors are effectively led and developed. Specific duties and authorities are identified in reference (a). When asked by the CO, the CMC will serve as the personal representative of the CO at special events, meetings, celebrations, and ceremonies.

b. Special Assistants. These functions and tasks are performed by individuals with direct access to and supporting the CO. The CO may elect to devote a full-time equivalent in performance of the tasks and responsibilities, or may designate the following roles be performed as an additional or collateral duty by NMRTC personnel. These roles will be defined appropriately based on the needs of each command (e.g., size, location, etc.).

(1) Command Legal Counsel. Advisor to the CO and component activities on all medico-legal matters. Provides guidance, advice, and representation in matters relating to civil, criminal, military, and administrative law; government ethics and standards of conduct, ethics and professional integrity, medico-legal bioethics, litigation, claims, investigation support, and Freedom of Information Act and Privacy Act requests. Provides legal analysis and assists with policy formulation on a diverse range of medico-legal issues.

(2) Public Affairs Officer. Administers the public affairs program in consultation with the CO's intent. Prepares and distributes news releases. Coordinates with security and antiterrorism elements of the NMRTC and similar resources, especially with regard to intentional and inadvertent information release concerns and operations security. Supervises the preparation, editing, and final review of information for release. Coordinates photographic coverage of newsworthy and community-building events at NMRTC Jacksonville.

(3) Comptroller. Serves as a Special Assistant to the CO on all matters pertinent to management, disbursement, and allocation of funds. Discusses budget requirements, submits plans, and provides reports of funding management. Ensures resource management processes are fully audit compliant. Provides oversight to the manager's internal control review program.

(a) Resource Management. Oversees financial and business operations of the NMRTC. Advises the CO on issues pertaining to financial management, business operations and financial data. Maintains accounting systems including appropriation, civilian payroll

preparation, travel processing. Maintains the official appropriation accounting records for the command ensuring general ledger accounting is performed within the guidelines of the DoD financial management regulations. Formulates and executes the command's expense operating budget.

(b) MOU and Support Agreements Office. Central coordinating function to review MOUs and support agreements (internal and external, reimbursable and non-reimbursable) between NMRTC, NMRTUs, MTFs, and other agencies. Provides in-depth technical advice and recommends approval or disapproval of renewal agreements. Adheres to requirements of the DoD financial management regulation, Federal appropriation law, and other higher authority guidance to ensure reimbursable support agreements meet all financial criteria. Works with accounting and budget to ensure reimbursement methodology and accounting requirements are correctly articulated within the reimbursable agreements. Adheres to statutory requirements for non-reimbursable agreements requiring Institutional Review Board (IRB), Navy Assurance, and data sharing involving personally identifiable information and prohibited health information. Provides technical assistance and coordination of cross-agency and cross-organization sharing agreements.

(c) Readiness Workload Collection. Coordinates with human resources and other NMRTC elements to ensure usage of G-codes for capture of readiness related time resource allocation, capturing readiness-related workload and cost pools. Transmits civilian time and attendance data per Defense Finance and Accounting System regulations.

(4) Occupational Safety Officer. Coordinates the accomplishment of the objectives of the Naval Occupational Safety and Health Program. Provides technical support including promotion of safety training and education in support of the operational and readiness mission. Maintains required data on accident investigation, analysis, and reporting, hazard identification and control, proper use of personal protective equipment, safety instruction, and occupational safety and health surveys.

(5) Pastoral Service. Direct advisor to the CO on all matters pertaining to religious, moral, and sensitive personal issues regarding command personnel. Responsible for managing and facilitating the command religious program and coordination of affiliated activities as directed.

(6) Chief Quality Officer. Principal advisor to the CO for all aspects of clinical quality and patient safety related to non-MTF, readiness-related healthcare operations. Provides guidance and advice on quality management to CO.

(7) Command Security Manager. Manages the command's Personnel, Information, and Industrial Security Program as the CO's direct representative and has cognizance of all command information, personnel, and industrial security functions and ensures that the security program is

coordinated and inclusive of all requirements per DON policy. Oversees Security Management Program consisting of the above mentioned security programs. NMRTC will implement the Personnel, Information, Industrial, and Operations Security Programs. Ensures that personnel security investigations, clearances and accesses are properly vetted and recorded by coordinating clearance adjudication with DoD Central Adjudication Facility and related entities. Ensures proper handling of classified materials, safeguarding classified, and controlled unclassified information released to industry, and denying adversaries access to critical information.

(8) Command Career Counselor. Serves as principal advisor to the CO and CMC on enlisted career development. Plans, develops, and implements career information programs and policies for the ISIC, incorporating relevant guidance from Navy Personnel Command; BUMED, and Navy Medicine Readiness and Training Region elements. Provides on-site analysis and evaluation of subordinate command programs, ensuring rating and staffing requirements. Oversees retention and attrition management programs. Reviews and analyzes local application(s) of regional Career Development and Transition Assistance Management Programs.

(9) Sexual Assault Prevention and Response (SAPR) POC. Serves as principal advisor to the CO on SAPR initiatives. Provides statistical data on sexual assault cases to ISIC and other regional command elements as appropriate.

(10) Diversity and Inclusion. Serves as the principal advisor to the CO, NMRTC, and senior leadership on diversity training, outreach opportunities for recruiting, retention efforts, and professional requirements for future NAVMED leaders.

(11) Equal Opportunity. Serves as the principal advisor to the CO as Command Climate Specialist (CCS) on all matters pertaining to equal opportunity. Serves as the principal advisor to the CO as Command Managed Equal Employment Opportunity (CMEO) officer.

(12) Command Evaluator. Tracks compliance with Navy and Navy Medicine's Medical Inspector General's Office inspection programs. Coordinates related external visits to the NMRTC, handles hotline complaints and other command inquiries as directed.

(13) Senior Corps Representatives. The command shall have a primary designee assigned for each medical department corps. Each senior corps representative will be assigned as part of a milestone billet (e.g., senior nursing executive or director for administration) or by the CO in conjunction with the respective Corps Chief's office. The senior corps representative serves as their corps' SME and facilitates-related issues. Actively engages in regular meetings with their ISIC and BUMED to discuss corps direction and goals. Provides counsel to the CO and works with key stakeholders regarding practice, competency, education, training, and

manpower issues, as needed. Provides advice and counsel regarding career development of Corps personnel assigned to command to ensure readiness and skills sustainment in support of a ready medical force.

c. NMRTU Directorate. Principal advisor to the CO for matters related to NMRTUs. Promotes and executes the policies of the CO pertaining to readiness and installation support services at the outlying NMRTUs. Advises the XO on the day-to-day operations of the NMRTU and executes guidance from the CO with respect to the NMRTU distributed operations. The NMRTU Director provides oversight, support, and management with respective NMRTU officers in charge (OIC). Coordinates with other NMRTC Directors and assures special programs and support are aligned among core facility program managers and installation stakeholders. At NMRTC Jacksonville, the NMRTU Director will have direct oversight and responsibility for the following units.

(1) NMRTU Albany. Separate NMRTU Mission, Functions, and Tasks will be promulgated for this unit.

(2) NMRTU Key West. Separate NMRTU Mission, Functions, and Tasks will be promulgated for this unit.

(3) NMRTU Kings Bay. Separate NMRTU Mission, Functions, and Tasks will be promulgated for this unit.

(4) NMRTU Mayport. Separate NMRTU Mission, Functions, and Tasks will be promulgated for this unit.

(5) NMRTU Jacksonville. Separate NMRTU Mission, Functions, and Tasks will be promulgated for this unit.

d. Platform Support Directorate. Responsible to the CO for administrative matters related to human capital and total force management in support of NMRTC platforms and supported command stakeholders. Administers relevant Navy command programs included within command inspection areas of review by the Naval Inspector General. Executes the CO's intent via oversight and technical assistance for the effective and efficient management of military and administrative operations of the NMRTC. Coordinates and directs policies and procedures relative to NMRTC administration. Manages the preparation, tasking, and response process from higher authority to subordinate units. Responsible for liaison with medical services in management of the operational forces. The Platform Support Directorate consists of the following elements.

(1) Human Resources. Analyzes work processes and identifies the right number of staff to provide directorate operations and services. Provides manpower (billets and positions) and personnel (people) support to NMRTC Jacksonville and its subordinate commands. These functional areas are broken down further in the following tasking bulletized lists:

(a) Manpower. Organized to efficiently provide for the following taskings.

1. Assists in planning, analyzing, and monitoring of manpower assets for directorates within NMRTC Jacksonville and subordinate commands.

2. Interprets and analyzes manpower directives to ensure compliance and consistency.

3. Provides consultation and professional guidance to subordinate commands on various manpower reports and systems, such as the activity manning document (AMD) and the Total Force Manpower Management System (TFMMS).

4. Coordinates with ISIC for execution of manpower requests and human resource system resolution. Per reference (a), and with assistance and additional guidance from the regional command and BUMED-M1 as needed, the NMRTC should ensure total force manpower management is a comprehensive methodical process of determining, validating, documenting, and using manpower requirements to inform budget decisions.

5. Prioritizes manpower requirements based on readiness and mission requirements, and personnel executability; and translating authorizations into a demand signal for personnel, training, and education processes. This includes continual AMD review and consistent processing of manpower change requests (MCR) to BUMED office via regional command office for review, as well as focused reviews contained in Inspector General and Chief of Naval Operations checklists.

6. Under the direction of higher authority, manages organizational design efforts for the command. Serves as the single point for organizational reporting.

(b) Personnel. Organized to efficiently provide for the following taskings.

1. Provides administrative and program support essential to the direction and operational readiness of military and civilian personnel programs.

2. Fulfills duties of Command Pay and Personnel Administrator. Administers the command's Special Pays Program for NMRTC personnel. Pay and Personnel Administrative Support System (PASS) Coordinator. Ensure all aspects of pay and personnel support are accomplished through coordination with command personnel and personnel support detachment

and familiarity with relevant directives and manuals. Monitor policy changes impacting pay, personnel, and transportation entitlements of command personnel.

3. Provides consultation and guidance on military and civilian personnel issues to include retention, advancement, retirement, staffing and assignments, compensation management (civilian), career management, and performance management.

4. Tracks and manages personnel data within information systems including the Defense Medical Human Resources System – internet (DMHRSi), the Expeditionary Medicine Platform Augmentation Readiness and Training System (EMPARTS), Individual Augment Portal, Defense Civilian Personnel Data System, Personnel Security Program, and other human resource systems as required by Navy and NAVMED.

5. Coordinates with regional readiness command for execution of manpower requests and human resource system resolution and ensures “Fit-to-Fill” policies are executed and measures reported to higher authority, as required.

6. Liaises with ISIC, DHA, and other higher authorities on civilian and military personnel requests and human resource system issue resolution, as directed.

7. Administers the Navy military and civilian command awards programs, in conjunction with the CO and necessary delegates, including the awards board, Equal Employment Opportunity and Command Managed Equal Opportunity representative(s), public affairs, etc., as directed.

8. Ensures oversight and execution of decedent affairs and personnel casualty reporting responsibilities are carried out per applicable service instructions.

(c) Reserve Support. Provides command oversight of the Navy Reserve (NR) NMRTC Jacksonville. Coordinates and integrates the NR NMRTC Jacksonville training and exercise event planning. Facilitates Reserve Component utilization through development of standard procedures for pre-deployment preparation. Executes operational requirements to maintain Navy Reserve force personnel in the highest state of mobilization readiness. Ensures flexibility in meeting personnel readiness requirements in support of operational missions in response to fleet requirements. Assists the commander in Reserve matters and supports reserve personnel requirements and placements at NMRTC Jacksonville.

(2) Fleet Support. Provides facility management, Antiterrorism and Force Protection, safety and occupational health management, and other management functions in support of NMRTC operations. Oversees sustainment, restoration, and maintenance tasks at the NMRTC, including non-medical military construction (MILCON) programs in coordination with necessary oversight organizations and commands, as required. Ensures the NMRTC regional

facilities infrastructure is maintained and developed according to the needs of the Navy. Provides logistical support in an efficient, fiscally responsible manner. Continually reviews that installations are safe, healthy, and supportive to NMRTC mission execution. Responsible for monitoring the effectiveness of training, unit exercise, and sustainment plans.

(a) Procurement. Manages the procurement, storage, and shipping of collateral equipment required as part of facilities construction or renovation in coordination with Navy Expeditionary Group Health Facility Planning Projects Officer (HFPPO). Track budget of collateral equipment required as part of facilities construction or renovation in coordination with Navy Expeditionary Group HFPPOs and Resource Management. Manages and supervises the appropriate use of government purchase card accounts for assigned personnel.

(b) Equipment Management. Coordinates the collateral equipment requirements, budget estimates, and procurement strategies for all new construction and existing facility major modernization projects within the NMRTC AOR. Reviews and coordinates the BUMED triennial equipment inventory.

(c) Building Management. Manages NMRTC and NMRTU facility lifecycle management and modernization, sustainment, and restoration program. Conducts, analyses, and produces documentation to support MILCON planning, design, programming, and funding. Provides guidance and consultation for facilities management proposals and recommends funding for special projects, including flexible space requirements and installation in coordination with DHA.

(d) Materials Management. Plans, administers, directs, and controls all aspects of supply, contracting, and equipment management within NMRTC scope of mission and function.

(3) Logistics. Provides logistical management support, coordination, oversight, and direction to NMRTC supported activities. Provides functional guidance and assessment of military and other logistical materiel systems used. These systems include, but are not limited to, the Defense Property Accounting System; Defense Medical Logistics Standards Support; and the Standard Procurement System. Provides oversight and direction to NMRTC-supported activities on medical logistics support systems, contractual agreements, information architecture, and technologies necessary to perform their mission. Reviews and validates user requirements to include training system availability to reflect changing fleet requirements. Ensures any major change requirements are reflected in the appropriate contracting vehicles, and are included in budget models for out-year planning purposes. Manages the Regional Equipment Program Review Committee. Coordinates operations and maintenance and other procurements equipment budget submissions.

(4) Mission Assurance (MA)

(a) Operations Management. Provides administrative management support services for effective, efficient command operations including mail distribution, transportation, and Quarterdeck operations within NMRTC scope of mission and function.

(b) Security. Implements the Command's physical security program. Provides technical support and oversight of NMRTC and subordinate units' physical security, anti-terrorism and force protection, insider threat program, and other policy, guidance, information, procedures, and responsibilities for the protection of military personnel, facilities, and equipment within NMRTC against terrorist and active attacker acts. Coordinates installation access and safety with related offices, to include Command Pass Coordinator, Command Personnel Security Manager, Command Safety Office, Installation Emergency Response, and watch-standers (as applicable).

(c) Urinalysis. Maintains cognizance and oversight of the command's Urinalysis Testing Program.

(5) Operational Analytics. Provides oversight of information management and technology for the NMRTC and its NMRTUs, especially with respect to service requirements and integration. Oversees NMRTC's coordination of the delivery of information technology, readiness analytics, readiness informatics, and operational integration of virtual health, in coordination with relevant oversight organizations and commands, as required. Ensures the NMRTC IT service requirements are identified and maintained according to the DoD technology and information standards and needs, in support of Navy service requirements. Readiness Analytics leverages data analytics to enhance medical readiness and to inform decision making at the unit and platform level. Monitors and interprets performance of enterprise-established NMRTC metrics that reflect the NMRTC's ability to enhance expeditionary medicine readiness and optimize the warfighter. Collaborates with BUMED and expeditionary commands to identify initiatives aimed at optimizing the readiness of the warfighter. Reviews data quality and provides recommendations to ensure capture of high quality and relevant data. Serves as the primary source of NMRTC input to the Quadruple Aim Performance Plan (QPP). Develops a cross-functional QPP team with NMRTC, NMRTU, MTF, and tenant command representation to develop NMRTC QPP input. Serves as lead team in developing estimate of personnel time devoted to readiness activities and QPP Critical Readiness-based initiatives. Monitors progress of QPP Critical initiatives and report on impact to warfighter, platform, and expeditionary readiness. Liaises with regional clinicians and BUMED for support to meet local informatics needs. Collaborate with research and training commands to support the development of new solutions which support warfighter optimization. Serves as the primary point of contact to the NMRTC CO for all QPP issues related to readiness. Communicates the innovations and lessons learned at the NMRTC level to BUMED leadership to highlight best practices and share information across the enterprise.

(a) Warrior Health Information Center (WHIC). The primary function of the WHIC is to provide organized collection, processing, display, and rapid dissemination of pertinent NMRTC readiness information to aid in both strategic and tactical decision making in support of the readiness and training mission. The majority of metrics and reporting templates will be created at a higher echelon and distributed to the NMRTC. NMRTC Readiness Analytics and Informatics staff will use those reports to tailor their readiness WHIC to the needs of their Command and tenant units within their area of responsibility.

(b) Information Management. Coordinates with the Deputy Assistant Director Information Operations (DADIO) and DHA J-6 to ensure the identification of all IT requirements and delivery of enterprise IT services outlined in Defense Health Agency-Interim Procedures Memorandum 18-006, DADIO and DHA J-6 Enterprise Support Activity, telecommunication services, and mobile device necessary to support NMRTC are delivered. The virtual health and IT SMEs or project leads will coordinate to ensure requirements and capabilities are developed in support of operational forces around the globe. These points of contact at the NMRTC will participate in MTF, BUMED, interagency, and joint efforts to standardize and govern the integration of tools and processes to improve readiness, access-to-care, and eliminate distance barriers-to-care. Assists BUMED, operational forces, dental elements, and medical units in clarifying and supporting standards, guidelines, and IT requirements for the delivery of healthcare to support warfighters and planning for future operational requirements. Oversees content management for both NMRTC web services and SharePoint sites.

e. Warfighter Optimization Directorate. This directorate organizes its operations and maintains focus on proactively monitoring and executing measures that optimize the readiness of the warfighting and operational forces. Serves as single POC for all things “medical” to supported commands throughout the AOR. Provides installation support and responsible to optimize health, performance, and resilience of operational forces via channels to include Health Assessment processes: Periodic Health Assessment (PHA), Mental Health Assessment (MHA), Post Deployment Health Assessment (PDHA), and Post Deployment Health Reassessment (PDHRA), Embedded Mental Health, Individual Medical Readiness, Integrated Disability Evaluation System (IDES), Wellness and Health Promotion, Human Performance, Human Systems Integration, Industrial Hygiene, Occupational Health, Environmental Health, Food Protection, family advocacy program, Substance Abuse Program, emergency management and Continuity of Operations and Planning, Public Health Laboratories, Medical Examiner and Forensics, indicated Naval Air Training and Operating Procedures Standardization Investigations, and others. Also focused on meeting the tailored-medical readiness needs of the Operational Units (e.g., Personnel Reliability Program, Aviation Medicine, Dive Medicine, Undersea Medicine, Special Duty Training, Operational Training, Overseas Screening and Training, Radiation Health, Hearing, Dental, Safety, and Occupational Health).

(1) Mission Optimization. Primary liaison in providing operational medical support to the fleet surgeons and to the force medical officers of the Navy and Marine Corps commands aligned to the installation. Coordinates participation in contingency response and doctrine implementation; monitors medical readiness, and directs budget submitting office (BSO) 18 actions in the health service support of operational forces. Provides medical capabilities to meet the tailored-needs of operational units aligned to the installation such as aviation medicine, undersea medicine, and surface medicine. Develops, analyzes, and coordinates all non-MTF provided healthcare services and operations for Naval Air Station (NAS) Jacksonville (include child UICs). Assists BUMED, operational forces, and medical units in clarifying and supporting compliance with professional standards, guidelines, and program requirements for the delivery of healthcare to support warfighters and planning for future operational requirements.

(a) Non-MTF Engagement. Liaison with units aligned to installation. Through data-informed decision making, identifies requirements of operational forces to attain and maintain full medical readiness status. Reduces barriers to access, time away from training and operations, reduce occurrence and recurrence, and time-in limited duty status. Increases number of convening authorities to include appropriate NMRTUs. Tracks dashboards of unit medical readiness to facilitate a more proactive approach in meeting needs of the units aligned. Facilitates programs providing care within MTFs, at work centers, in gym facilities, near barracks, etc., to increase access to care. Supports virtual health capabilities to provide means for medical asset engagement for Sailors, Marines, and other Service members. Identifies requirements to meet unique needs of operational units aligned to the installation.

(b) Training for Non-Medical Personnel. Assist installation units in the facilitation and provision of tactical combat casualty care (TCCC) capability for all combatants training to enhance the ability of all Sailors and Marines to contribute to their unit's ability to maintain lethality. Support development and execution of this training and reviewing and revising, as required, based on changes in operating environments and adversary capabilities.

(2) Warfighter Resilience and Wellness. Develops, analyzes, and coordinates all Resilience and Wellness programs for NAS Jacksonville (including NMRTU installations). Assists in clarifying and supporting compliance with professional standards, guidelines, and program requirements for the delivery of programs designed to improve resilience and overall wellness to support warfighters. Aligns medical resources to optimize health and resilience for every individual to prepare the total force to meet the health challenges of the full range of military operations. Provides and implements a centralized plan for Caregiver Occupational Stress Control.

(a) Mental and Psychological Health of the Warfighter. Implements policy, executes program development related to a variety of functions associated with warfighter resilience, deployment-related illness and injuries, etc. Provides specialized care management for Wounded, Ill, and Injured (WII) Service members from point-of-injury through return-to-duty or reintegration, transition, and disability evaluation. Facilitates PDHRA program in concert with

other NMRTC elements. Additional liaison and oversight functions and tasks include, but are not limited to: onsite support to supported mental health and operational support assets, Navy Safe Harbor, WII Program, Psychological Health, and traumatic brain injury (TBI) liaison, as assigned.

(b) Substance Abuse Rehabilitation Program (SARP). Provides inter-disciplinary screenings, assessments, rehabilitative treatment, and educational services for military personnel and eligible beneficiaries. Provides treatment services for alcohol and other substance misuse. Substance Abuse Rehabilitation Program provides BUMED-approved continuing medical education training to healthcare providers and staff.

(c) Wellness Center and Health Promotion. Develops, manages, and supervises wellness, health promotion, command fitness, and patient education services. Designed to educate, encourage, and improve healthy lifestyle management through counseling and classes such as stress management, Ship-Shape, tobacco cessation, healthy eating, weight loss management, exercise, etc., with an ultimate goal of increased deployability among Service members.

(3) Operational Force Readiness. Primary consultant with oversight of administrative separation recommendations; blood banks; chemical, biological, radiological, nuclear, and high yield explosives; clinical practice guidelines; credentials oversight for the CO; disease management, Executive Committee of the Medical Staff; emergency medical service; influenza (Avian, H1N1, Pandemic); Integrated Disability Evaluation System; military vaccinations and operational medicine; Women's Health clinics to improve access and ultimately deployability for female Service members; physical readiness test waivers; Public Health Advisory Board; and referral management. Oversees and execute the IDES, limited duty, and PHA programs. Also includes other readiness and fleet-centric specialty functions with operational medical force assets to optimize health, performance, and resilience of operational forces such as aviation medicine, undersea medicine, optometry, etc. Administratively ensures deployment readiness. Aligns medical resources to meet the health challenges of the full range of military operations, and ensure every service member is confident that care is available anytime, anywhere. Assists and augments medical capabilities when requested (non-request for forces).

(a) Medical Readiness Center. Provides and coordinates outpatient care relative to active duty staff preparing for or returning from deployment. This function includes the tracking and reporting of individual medical readiness, pre and post deployment health assessments, and worldwide suitability and overseas duty screening for all Service members.

(b) Coordination of Care. Insures proper and appropriate case management and facilitates tracking of patient referrals throughout the care continuum.

(c) Warrior Optimization Coordinator. Ensures the appropriate level of care (e.g., care coordination, discharge planning, and other coordination services) for Sailors and Marines requiring special assistance to restore or maintain medical readiness status. Coordinates transfer of information when Service members require care outside the direct care system. Enhances continuity of care and decrease fragmentation by providing education, developing strategies, and intervening when required to restore or maintain readiness. Assesses, analyzes, and communicates location of medical personnel, location of Service members, patient medical status, overall unit medical readiness, and trends in medical incidents to COs, designated representatives, and organic medical assets. Provides real-time data of readiness requirements to COs to proactively address potential issues. Manages medical information and health records to support Service members as outlined in The Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Facilitates care to support disassociated Navy personnel, remote personnel, and executive medicine coordination.

(4) Force Health Protection. Coordinates requirements pertaining to prevention services and related functions. Maintains operational readiness by preventing disease and injury to active duty and federal employees.

(a) Industrial Hygiene. Provides comprehensive industrial hygiene support for NAS Jacksonville, tenants, and supported area units as assigned. Provides centralized technical and administrative management to NMRTU Albany, GA; Kings Bay, GA; Key West, FL; and Mayport, FL.

(b) Occupational Medicine. Provides comprehensive occupational medicine services during the pre-deployment and deployment periods, to include health surveillance, task certification, and injury prevention and management. Provides support for screening, tracking, and reporting occupational exposure to ionizing radiation.

(c) Occupational Safety. Implements safety rules, regulations, standard operating procedures, and programs per: BUMED guidance, Navy safety standards, Federal safety standards, Naval Occupational and Health, Occupational Safety and Health Administration, Life Safety and Fire Safety management programs, the Naval Safety Center, and other oversight agency policy.

(d) Hearing Conservation. Provides annual audiometric tests for the Hearing Conservation Program including audiometric tests for physicals and periodic health assessments.

(e) Preventive Medicine. Manages comprehensive Environmental Health, Preventive Medicine, and Epidemiological Programs onboard NAS Jacksonville and subordinate NMRTU home installations. Provides technical guidance and oversight of the command's healthcare-associated infection prevention and control program in an operational environment; ensures command adherence to BUMED and Centers for Disease Control and Prevention instructions and regulations.

(f) Dental Services. Oversees and tracks completion of a wide range of readiness related general and specialty dental care, including routine and emergency examinations, dental prophylaxis, comprehensive dentistry, endodontics, periodontics, oral and maxillofacial surgery and prosthodontics. General dentistry provides annual dental examinations, treatment planning, radiographic review, routine and emergency consultations, and referral services.

(g) Countermeasures. Administers and documents immunizations for active duty Service members. Consults on matters and plans interventions required to maintain readiness and support deployment requirements, including Force Health Protection pre-deployment consultation and administering pre-travel medicine and personal countermeasures.

(h) Emergency Management and Defense Support to Civil Authorities (DSCA). Coordinates disaster preparedness exercises (e.g., for natural and medical disasters; chemical, biological, radiological, nuclear, and high explosives response; hostile or terrorist actions) and command participation in support of local area exercises. Represents the CO in the planning, development, training, implementation, and executions of tools for DSCA.

(i) Veterinary Care. Provides direction and oversight for veterinary care, as assigned.

(j) Installation-Specific Needs Support. Coordinates medical support to installation-specific medical and Corpsmen needs such as firing-range coverage, auxiliary security force implementation, special events, mass casualty training and response, and other requests for medical support.

f. Expeditionary Medicine Directorate. This directorate maintains focus on monitoring and maximizing the readiness of the medical force, to include proactive management of platform and individual readiness, continual oversight and coordination by the plans, operations, and medical intelligence (POMI) office, and proactive integration with force development, unit leadership, and MTF placements.

(1) Currency and Readiness. Manages oversight of force knowledge, skills, and abilities (KSA) sustainment pertaining to: level of clinical competency related to workload, NRMTC requirements and service-specific functions (i.e., medical boards), military-required and specified training (i.e., firefighting and rifle training), and platform training for clinical and non-clinical skills to meet the requirements of operational medical platforms and expeditionary medicine demand signals. Includes individual readiness, including medical and physical fitness, training, administrative, personal, and family readiness. Communicates requirements and deficiencies to the personnel department in platform support to address staffing assignments. Communicates the overall individual readiness of personnel to operational platform commanders.

(2) Platform Readiness. In coordination with BUMED, and the Human Resources or Personnel Office, facilitates the operational currency and competency requirements of Operational Medical Platforms aligned to NMRTC. Communicates the overall operational readiness of medical personnel to operational platform Commanders.

(a) NAVMED's Augmentation Program (NMAP). Serves as the critical linkage between the NMRTC's deployable forces and BUMED, associated MTFs, and U.S. Fleet Forces Command and supported Combatant Commanders across the globe via the region chain of command. This program function provides liaison function to supported commands through for the execution of the NMAP training, preparation, deployment, and support cycle. Coordinates training dates, MTF participation, message traffic, and logistical issues associated with NMAP. Conducts readiness reviews of sourcing commands to verify NMAP readiness and overall program conformity. Reviews, validates, and determines the sourcing and tasks as appropriate all military temporary support requests within the NMRTC.

(b) Readiness Reporting. Executes readiness reporting for all operational units assigned to the NMRTC. All NMRTCs will report the medical operational readiness of their units in accordance with applicable guidelines. Ensures staff are adequately trained in EMPARTS and the Medical Readiness Reporting System. Ensures all members are assigned to platforms and receive notification of readiness and training requirements. Monitors platform readiness scores and collaborates with BUMED via the regional command for EMPARTS and DMHRSi needs and platform management to resolve any discrepancies. Tracks commander's assessments for each operational unit within the NMRTC to ensure they are updated and approved by the units CO monthly. Continually monitors EMPARTS to ensure data accuracy and platform assignments. Reports discrepancies to BUMED leadership via the regional command as needed.

(c) Partnership Integration. Liaison function, in coordination with the DHA, in the establishment of joint partnerships between NMRTC, DHA, and other organizations and facilities (e.g., other MTFs, Veterans Affairs, civilian hospitals, community) to maximize readiness of medical personnel and maintain experience required for clinical and non-clinical KSAs. NMRTCs have will evaluate the training readiness needs of their assets and review cooperative agreements to provide sharing and understanding in support of readiness.

g. Force Development Directorate. Tracks compliance via Learning Management System coordinator, for all professional, operational, and other required training programs for NMRTC personnel, including requirements for officer, enlisted, and civil service members of NMRTC Jacksonville. Provides direction that facilitates ongoing growth of personnel in the delivery of competency-based patient care and is responsible for accurate documentation of all educational activities including individual training record program. Manages education services including needs analysis, development, implementation, and evaluation. Designs and develops teaching

and learning aids for NMRTC leadership. Provides solutions to optimize learning environments. Assists and tracks competence assessment and validation process within NMRTC. Provides in-Service education, continuing education, and command orientation of all newly reporting personnel.

(1) Intern and Resident Graduate Medical Education (GME). In order to ensure continued accreditation and smooth operation of the GME program and alignment with the Military Health System concept of operations (CONOPS) for the transfer of administration and management of military MTFs to DHA authority, direction, and control of all elements of the GME program are included in the NMRTC MFTs. Given the collaborative nature of GME, the GME program will be administered in conjunction with the MTF.

(a) Responsibility for execution of the following GME functions and tasks will be maintained by the NMRTC, in alignment with oversight and governance from the DHA. The NMRTC supervises and directs the Family Medicine Residency program and assures compliance with the requirements of both the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Family Medicine (ABFM). Maintains full accreditation of the program by the ACGME Residency Review Committee for Family Medicine by ensuring all requirements for ACGME accreditation are within compliance. Ensures all programs conducted within their commands comply with current DoD, BUMED, and ACGME policies and requirements. Provides the Designated Institutional Official (DIO), the Program Director (PD), the faculty, GME program coordinator and other support personnel and resources as required by the ACGME. Fully participates in the Clinical Learning Environment Review. Maximizes graduation and national medical board pass rate so they meet the ACGME program requirements. Promotes an environment of scholarly activity as required by the ACGME. These functions and tasks are augmented by those delineated below:

(b) The DIO. Billeted position aligned within the NMRTC that is responsible for the oversight of the residency training program. The DIO serves in the senior leadership organization structure (such as the Board of Directors) of both the NMRTC and MTF. The DIO is responsible for GME oversight as well as maintenance of institutional accreditation per ACGME Institutional Requirements.

(c) The PD. Billeted position responsible for the operation of the program as well as governing and carrying out the activities required for graduate medical education. The PD must meet the qualifications as specified in the ACGME program-specific requirements. Seventy percent of the PD's time must be protected for administration, evaluation, teaching, resident precepting, and scholarship.

(d) GME Support Staff. Program coordinator and assistant program coordinator, who are direct reports to the PD and provide support necessary for the operation of the program.

(e) Research Director and Research Integrity Officer. Collateral duties of active duty officers assigned to hospital-MTFs affiliated with NMRTC Jacksonville, which are required for oversight in the conduct of research and scholarly activity.

(f) Senior Research Assistant. Assists with conducting research projects and scholarly activity.

(g) Medical Librarian. Facilitates ready access to specialty-specific and other appropriate reference material in print or electronic format for the residents as well as other command staff. Ensures medical databases with search capabilities are available to residents and command staff.

(h) GME Faculty. There must be a ratio of core faculty to current resident complement that cannot fall below one to four (no more than four residents per one faculty preceptor). The core faculty ratio cannot include the PD nor deployed faculty members. This will be assisted by maintaining four general schedule (GS) family medicine positions to support maintaining this ratio during times of platform deployment and heavy summer staff turnover. Core faculty must dedicate at least 60 percent of their time to the program, exclusive of patient care without residents. Assignment of GME faculty will abide by all applicable ACGME program requirements.

(i) Behavioral Health. Behavioral health faculty is a requirement of Family Medicine training and will be supported through an assigned active duty psychologist billet or a civil service position.

(j) Medical Students. Medical student training serves as a significant recruiting source of high quality candidates for the program and will be supported. All training requests should be reviewed and approved through the program coordinator or assistant program coordinator to ensure proper MOUs are in place to support training, base access, security requirement coordination (in coordination with other NMRTC elements), and electronic medical record access required for training.

(k) Space, Funding, and MOU Management. The following functions and tasks are additional, important areas to be managed within the GME Program. Space requirements include continuity clinic space with appropriate office space for faculty, residents, rotating medical students and direct residency support staff as well as faculty offices for required advising, resident counseling and clinic precepting and any necessary call rooms. Space is required for keeping the training records of program graduates for 50 years after graduation from the program. Funding and budget requirements necessary to provide required program elements are supported must be tracked and managed appropriately. MOUs must be maintained and supported to ensure that training rotations which occur outside of the command are conducted

with the appropriate legal authorization and protections. MOUs will also be maintained and supported for trainees from outside facilities that are rotating and performing training at Naval Hospital Jacksonville.

(2) Staff Education and Training (SEAT). The following list specifies tasks associated with functions performed by SEAT at NMRTC Jacksonville

- (a) Monitors and tracks staff development.
- (b) Coordinates continuing health education.
- (c) Facilitates requirement and resource sharing across MTFs (e.g., training, equipment, simulation, instructor support).
- (d) Collaborates with Federal government agencies, universities, and other institutions, consistent with Service education and training missions.
- (e) Oversees completion of operational readiness training requirements for assigned personnel consistent with current Naval Training Systems Plans, (e.g., Advance Trauma Life Support, TCCC, Trauma Nurse Core Course, En Route Care, weapons qualifications, Chemical Biological Radiological Nuclear Explosive, etc.) in coordination with other NMRTC office elements (e.g., Expeditionary Medicine departments, NMRTU Director, etc.). Where training opportunities exist but are controlled to outside entities (e.g., En Route Care, Medical Regulation Course, etc.), serves as ongoing point-of-contact and disseminates information to NRMTC members on how to register for courses held at distributed training sites.
- (f) Coordinates delivery of a full array of resuscitative medicine courses. May serve in a supporting relationship with MTF for such training requirements (e.g., Basic Life Support, Advance Cardiac Life Support, Pediatric Advance Life Support, etc.). Must define specific resources that will support MTF training requirements and RTC operational training requirements.
- (g) Coordinates scheduling, monitors completion, and reports status of required military training for medical personnel (e.g., general military training). NMRTC will be responsible for service-specific training requirements.
- (h) Oversees, documents, and reports status of individual medical specialty KSA completion.
- (i) Leads, coordinates, and tracks NMRTC-specific staff requirements to support partnership engagements to achieve readiness training requirements (that cannot be fulfilled by the supporting MTF) to include training affiliation agreements, etc.

(j) Procures, maintains, and manages medical training supplies and equipment allocated to supporting NMRTC readiness, education, and training requirements.

(k) Maintains and sustains a training cadre to support NMRTC operational readiness requirements in conjunction with other elements of the NMRTC structure for tracking, coordination, etc.

(l) Manages operational readiness training libraries and portfolios.

(m) Tracks staff compliance with professional medical requirements and credentials specific to Navy service-specified requirements.

(n) Coordinates with other elements of the NMRTC (e.g., expeditionary medicine, etc.) to support the command's training exercise and employment plan (TEEP).

(o) Monitors and supports medical readiness training utilizing available personnel, equipment, and supplies.

(p) Manages NAVMED learning management system, assigns mandatory training for staff, and tracks and reports completion for NMRTC personnel.

(q) Coordinates mobile training teams to execute exportable training courses at NMRTUs.

(r) Performs operational readiness evaluations of platforms in coordination with EMG Atlantic readiness and training elements.

(s) Supports requests for SMEs to support BUMED sponsored training requirements reviews (TRR).

(t) Collects, processes, and maintains actionable library of lessons learned to support improved corporate knowledge, in partnership with other NMRTC elements.

(3) Professional Military Education. Provides and implements a centralized training plan with DoD requirements for continuous professional military education. Ensures personnel develop and maintain an understanding of the expeditionary medical capability (e.g., platforms, CONOPS, etc.). Promotes specific Service courses such as Senior Enlisted Academy, the Advanced Medical Department Officer Course, duty under instruction, etc. Coordinates and tracks points-of-contact, registration procedures, etc., for professional development of assigned personnel, based on service-specific requirements, in partnership with other NMRTC elements and consultation to distributed training site points-of-contact. Organizes and supports medical readiness training and interventions in support of other NMRTC elements. Establishes very close, integrated relationship with other directorate elements, especially expeditionary medical directorates.

(4) Independent Duty Corpsmen (IDC) Program Management. The policy of NMRTC Jacksonville's IDC program management office is to identify and capitalize on all competencies of IDC in the deployed environment based on Service policies while addressing TJC constraints when these same personnel provide care within garrison MTFs and clinics. Subject to applicable NMRTC Service and DHA MTF policy, IDCs are authorized Navy enlisted personnel on clinical rotations who serve within the competencies of their particular Navy enlisted classification identifier. IDCs are designated non-privileged providers, working alongside primary care managers, medical doctors, nurse practitioners and physician assistants in the care of primary or specialty care settings at the MTF. Additionally, IDCs will deliver patient care for Service members under indirect supervision, allowing for evaluation, diagnosis, and treatment of military patients without being approved by a medical officer. Consistent with Service-specific policy and requirements, IDCs will work within established IDC-specific formularies to ensure that these non-privileged providers can adequately deliver patient care within their respective competencies. Whether at the NMRTC or day-to-day assignments at the MTF, IDCs will only serve Service members within their scope of practice without direct supervision, and may provide care to other beneficiaries under direct supervision of the physician supervisor only with the beneficiary's consent (or in the case of a minor with the sponsor's consent). The NMRTC PD will manage and document IDC clinical readiness per reference (b), as applicable.