DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 5040.2B
BUMED-M00IG
20 Jan 2004

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: BUREAU OF MEDICINE AND SURGERY MEDICAL INSPECTOR GENERAL (MEDINSGEN) INSPECTION PROGRAM

Ref: (a) SECNAVINST 5040.3A
(b) SECNAVINST 5430.57F

Encl: (1) NAVMED 5040/1 (9-2003), MEDINSGEN Great Idea/Systemic Challenge Submission Form
(2) Readiness, Optimization, Integration, Alignment, Covenant Leadership Assessment Areas Report Format
(3) MEDINSGEN Report Distribution Matrix

1. Purpose. To publish objectives, policies, and procedures of the Bureau of Medicine and Surgery (BUMED) Medical Inspector General Inspection Program. This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 5040.2A.

3. Authority. References (a) and (b) set forth echelon I policies and procedures for Naval Command Inspection Programs, identify claimancy inspection authorities, and direct responsible authorities to fulfill inspection requirements.

4. Scope. Inspections conducted by MEDINSGEN are restricted to:

a. Medical treatment facilities (MTFs), in conjunction with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

b. Dental treatment facilities (DTFs).

c. Other claimancy 18 activities.

5. Program Objectives

a. Provide actionable recommendations resulting from inspection findings to commanders, commanding officers, and officers in charge for improving organizational performance, safety, readiness, efficiency, and effectiveness and staff quality of life. Findings, initial or repeat, are briefed to the BUMED Chief of Staff (M09B) to ensure adequate attention is given and/or resources made available to correct such findings. If indicated, MEDINSGEN conducts a focused re-inspection in a 6-12 month period to ensure appropriate action/resolution.

b. Identify systemic issues that impede delivery of health care or readiness support, and deliver issues to BUMED Chief of Staff for further action and/or resolution.

c. Recognize, commend, and promote individual and team excellence in customer service (Navy Medical Inspector General conducts onsite individual and team formal recognition for superior customer service).

d. Promote enterprise-wide organizational improvement through dissemination of field generated great ideas, innovations, and shared challenges. Enclosure (1) is the form for field input.

6. Program Areas. MEDINSGEN has three inspection program areas of responsibility. All three inspection program areas are assessed concurrently during any site visit. One comprehensive report integrates the three areas. Site visit notification is provided on a 30-45 day notice. See enclosure (2) for format, scope, and content of these combined programs.

a. Immediate Superior in Command (ISIC) Inspection Program. The focus of this inspection program is administrative compliance with laws, regulations, and special high risk areas of claimancy interest following general guidance of references (a) and (b).

b. MTF Command Performance and JCAHO Accreditation Survey Program. The command performance/JCAHO accreditation survey is a concurrent assessment. MEDINSGEN determines site selection, coordinates with JCAHO surveyors, and participates in survey interviews and facility walk around. Partnership with JCAHO allows the MEDINSGEN staff to capture Joint Commission concerns for dissemination throughout Navy Medicine while simultaneously providing a source of information and clarification to JCAHO surveyors regarding military unique factors.

c. Readiness, Optimization, Integration, Alignment, and Covenant (ROIAC) Leadership Assessment Program. This assessment involves site visits to claimancy 18 activities in a geographic area; interviews with MTF/DTF, other claimancy 18 personnel, customer and patient groups, warfighters, local civilian community; and site visits to other Department of Defense (DOD)/Department of Veterans Affairs (VA) facilities in the area. Attention is given to five focus areas:

(1) Readiness - warfighter support and deployment readiness.

(2) Optimization - delivering health care effectively and efficiently.

(3) Integration - maximizing partnerships.

(4) Alignment - horizontal and vertical process alignment.

(5) Covenant Leadership - taking care of ship and crew.

7. Report Distribution. MEDINSGEN report distribution is displayed in enclosure (3).

8. Action

a. MEDINSGEN

(1) Establish and maintain echelon II (BUMED/Navy Medicine) liaison with the JCAHO for the purpose of information sharing and survey coordination.

(2) Deliver periodic Navy Medicine ROAIC leadership update reports to Navy Medicine leadership.

(3) Conduct MEDINSGEN site assessments (inspections) on a 1-4 year cycle.

(4) Provide site-specific summary to Chief BUMED, Vice Chief BUMED and Chief of Staff for information.

b. Echelon III (claimancy 18) Commands and Activities

(1) Facilitate local liaison, coordination, and logistical requirements necessary for MEDINSGEN site visits.

(2) Conduct inspections of Echelon IV activities under your cognizance using enclosure (2) of this instruction as a guide.

9. Report and Form

a. The Readiness, Optimization, Integration, Alignment, Covenant Leadership Assessment Areas Report Format is assigned report control symbol MED 5040-1. This form is available as a Word document at the "Forms" tab on the Naval Medicine Web site at: http://navalmedicine.med.navy.mil/default.cfm?seltab=directives.

b. NAVMED 5040/1 (9-2003), MEDINSGEN Great Idea/Systemic Challenge Submission Form, is available at the "Forms" tab on the Naval Medicine Web site at: http://navalmedicine.med.navy.mil/default.cfm?seltab=directives.

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Available at: http://navalmedicine.med.navy.mil/default.cfm?seltab=directives

Date Submitted: _____
Date Received: _____

MEDINSGEN POSITION PAPER

☐ Best Practice/Innovation/Great Idea ☐ Systemic Challenge

Issue/Topic(one sentence):

Discussion/Background:

Recommendation:

Has this issue been brought to the attention of higher authority? If so, please comment on their response/current status:

Originator: _____ E-mail: _____ Phone: _____

Command: _____

Other involved POC(s)/E-mail/Phone/Command: _____

Attach any additional information/documentation required to support topic:

READINESS, OPTIMIZATION, INTEGRATION, ALIGNMENT, COVENANT
LEADERSHIP ASSESSMENT AREAS REPORT FORMAT (MED 5040-1)

1. **READINESS** "Are we (subject Activity) ready to deploy in harm's way?"

   a. Deployment Readiness
      (1) Management of Medical Augmentation Platform Program.
      (2) Deployable Platform Readiness and Reporting.
      (3) Platform Specific Training.
      (4) Individual Medical Readiness (IMR).

   b. Support of Warfighter Readiness
      (1) Fitness, Health, and Injury Prevention.
      (2) Fleet Liaison Program Management.
      (3) Management of Limited Duty (LIMDU) Program.

   c. Homeland Security Readiness
      (1) Contingency and Disaster Planning (Base/Community).
      (2) Chemical, Biological, and Radiological Training.
      (3) Immunization Tracking (Civilian and Non-Deploying Personnel).

2. **OPTIMIZATION** "Are we (subject Activity) delivering health care effectively and efficiently?"

   a. Quality Health Care
      (1) Patient Safety.
      (2) Health Insurance Portability and Accountability Act (HIPAA).
      (3) Performance Improvement Program (Outcomes/Metrics).
      (4) Patient Satisfactory/Loyalty Programs.
      (5) Patient Education and Training Programs.
      (6) Family Centered Care.
      (7) Perinatal Services.
      (8) Navy Medicine Online.
      (9) Population Health.

   b. Access
      (1) Productivity (capacity, enrollment, empanelment, Relative Value Units).
      (2) Beneficiary access to primary, specialty, and preventive care.
      (3) Ease of access to care (telephone system, follow-up appointments, wait times, etc.).
      (4) Consult tracking and care continuity.
      (5) TRICARE Online.

c. Fiscal Stewardship
   (1) Comptroller Organization.
   (2) Financial Reporting.
   (3) Budget Formulation and Execution.
   (4) Memoranda of Understanding/Sharing Agreements.
   (5) Command Evaluation Program.
   (6) Management Control Review.
   (7) Civilian Time and Attendance.
   (8) Travel Program.
   (9) Third Party Collection (TPC)/Third Party Liability (TPL)-Patient Administration.
   (10) Time and Attendance Program/Policy.
   (11) Collection Agency.
   (12) Operating Target (OPTAR) Program.
   (13) Accounting Functions.
   (14) Data Quality.
   (15) Purchased/Supplemental Civilian Health Care/Active Duty Claims Payment Program.

d. Materiel Management/Logistics
   (1) Government Purchase Card Program.
   (2) Acquisition Management.
   (3) Equipment Management.
   (4) Contracting Officer Representative (COR) Operation.
   (5) Ethics Compliance.

3. INTEGRATION "Are we (subject Activity) maximizing partnerships?"

a. Veterans Affairs/DOD Sharing
   (1) Facilities.
   (2) Services.
   (3) Training.

b. Civilian Community Integration
   (1) County Medical/Dental Society.
   (2) County Public Health.
   (3) County Emergency Medical Services.
   (4) Community Hospital.

c. Reserve Integration
   (1) Reserve Liaison Officer.
   (2) Coordination of Annual Training (AT).
   (3) Contingency Backfill.

4. ALIGNMENT "Are we (subject Activity) aligned?"

a. Navy Medicine Vision
   (1) Strategic Plan.
   (2) Business Plan.

b. Navy and Marine Corps Vision (Sea Power-21)
   (1) Sea Shield.
   (2) Sea Strike.
   (3) Sea Basing.
   (4) Force Net.

5. COVENANT LEADERSHIP "Are we (subject Activity) taking care of the ship and crew?"

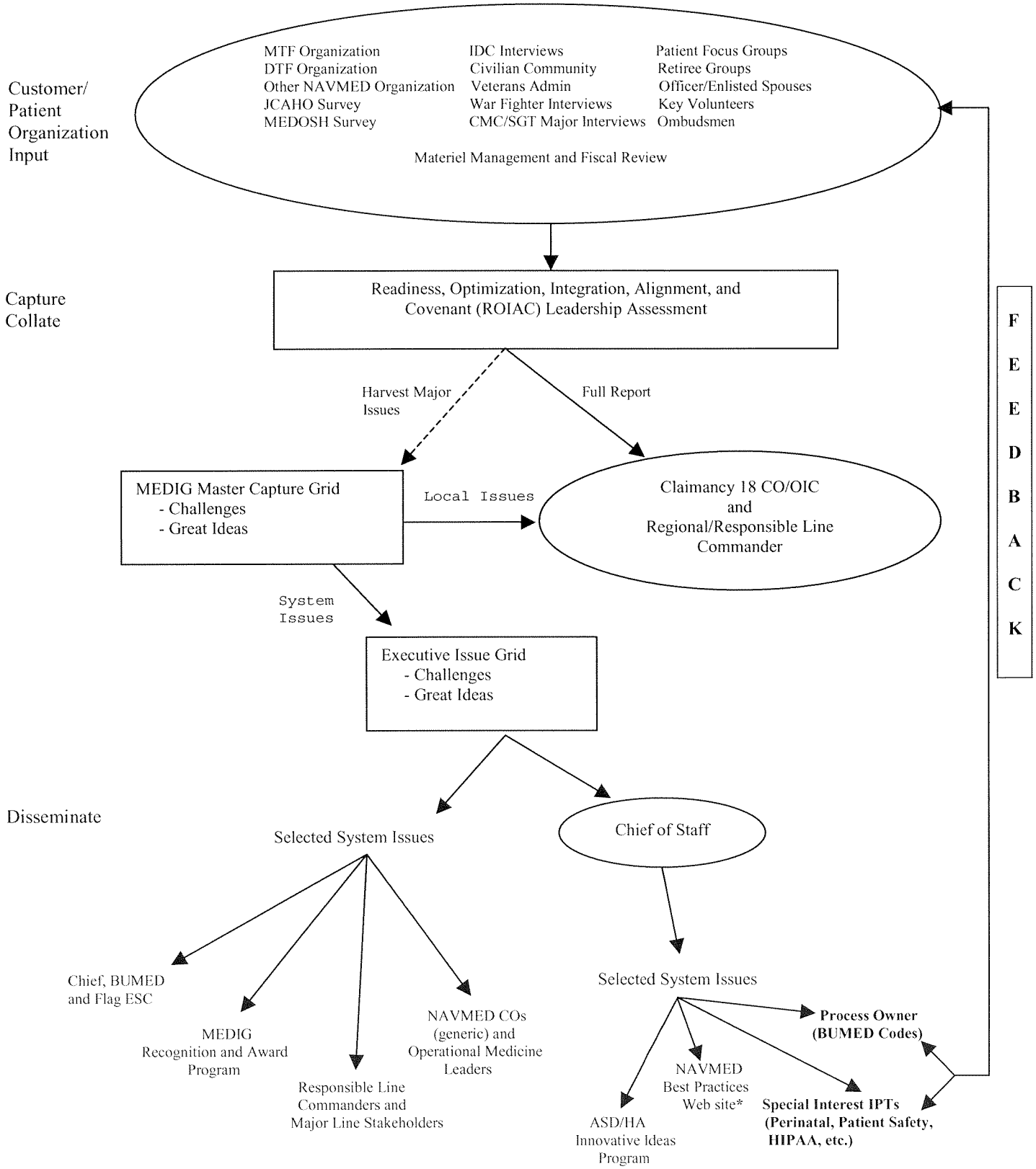
a. Medical Occupational Safety and Health (MEDOSH)
   (1) Safety.
   (2) Occupational Health.
   (3) Industrial Hygiene.

b. Quality of Service
   (1) Command Managed Equal Opportunity Program.
   (2) Staff Surveys.
   (3) Awards Program.
   (4) Sponsorship Program.

c. Current and Future Command Readiness Programs
   (1) Urinalysis Program.
   (2) Physical Fitness Assessment Program.
   (3) Staff Education and Training.
   (4) Staff Development (Individual Development Plans/Mentoring).
   (5) Career Development Boards Personnel.

d. Manpower
   (1) Personnel Management (Activity Manpower Document (AMD)/Billets).
   (2) Civilian Personnel Management/Human Resources Office (HRO).
   (3) Retention.

MEDINSGEN REPORT DISTRIBUTION MATRIX



* https://bumed.med.navy.mil/pmi/