



DEPARTMENT OF THE NAVY

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

IN REPLY REFER TO
BUMEDINST 5430.7 CH-1
BUMED-312
12 Aug 96

BUMED INSTRUCTION 5430.7 CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery

Subj: ORGANIZATION MANUAL FOR NAVAL MEDICAL AND DENTAL TREATMENT FACILITIES (MTFs AND DTFs)

Encl: (1) Revised Page 5 and Replacement Page 6 of Enclosure (1) to the Basic Instruction

1. Purpose. To revise the committees required by the Joint Commission on Accreditation of Healthcare Organizations.

2. Action. Remove pages 5 and 6 of enclosure (1) to the basic instruction and replace with enclosure (1). Retain this change transmittal in front of the basic instruction.


HAROLD M. KOENIG

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BUMED INSTRUCTION 5430.7

From: Chief, Bureau of Medicine and Surgery

Subj: ORGANIZATION MANUAL FOR NAVAL MEDICAL AND DENTAL TREATMENT FACILITIES (MTFs and DTFs)

Ref: (a) OPNAVINST 3120.32C

Encl: (1) Organization Manual Guide for Naval Medical and Dental Treatment Facilities
(2) Medical Treatment Facilities Organization Charts
(3) Dental Treatment Facilities Organization Charts

1. Purpose. To provide guidelines for developing organization manuals for all naval MTFs and DTFs under the primary and technical control of the Chief, Bureau of Medicine and Surgery (BUMED) following the standard Navy organizational structure in reference (a).

2. Cancellation. NAVMEDCOMINST 5450.1.

3. Applicability

a. The Organization Manual Guide and organization charts, enclosures (1) through (3), will be followed in establishing the internal organizational structure for all naval MTFs and DTFs under the primary and technical control of Chief, BUMED.

b. Review of the command organization manual shall be an agenda item during Medical Inspector General visits.

4. Action. Naval MTFs and DTFs will ensure that their organizations are consistent with the guidelines in enclosures (1) through (3). Organization manuals, including organization charts and functional statements for all organizational structural entities, shall be developed and maintained by each command. The manual shall provide an accurate depiction of the actual services provided at the activity and all accompanying support activities.


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Distribution: (See next page.)



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ORGANIZATION MANUAL GUIDE
FOR NAVAL MEDICAL AND DENTAL TREATMENT FACILITIES

1. Introduction

a. Organization of Naval Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs). The varying size, mission, and functions of naval treatment facilities make it impractical for all of them to be organized exactly the same. Although uniformity of organizational structure is important, sufficient latitude is permitted to encourage commands to operate in the most efficient and effective manner.

b. Basic Principles. The following must be considered in creating the optimum MTF or DTF organization:

(1) It must carry out the goals and objectives of the organization in the most effective and efficient manner.

(2) All essential functions of the organization must be delineated as to specific responsibilities for appropriate segments of the organization.

(3) It must provide clear definition of individual duties, responsibilities, authority, and organizational relationships.

c. MTF Categories. Naval MTFs can be divided into four categories based on size and function, enclosure (2):

(1) Naval Medical Clinics. MTFs with no inpatient care and few services only require a simple organizational structure.

(2) Small Hospitals. MTFs with fewer than 50 beds in use, no residency training programs, and limited specialty services. The organization shall be simple.

(3) Community Hospitals. Medium-sized hospitals with multiple specialty services. May also have a family practice residency training program. The organizational structure shall vary based on the size and scope of services.

(4) Naval Medical Centers. Major teaching hospitals with multiple residency training programs. Their size and complexity require organizations with several directors.

d. DTF Categories. Naval DTFs can be divided into two categories based on size and function, enclosure (3):

(1) Major Naval Dental Centers (NAVDENCENS). NAVDENCENS with graduate training responsibilities. Full range of

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specialty services available and with multiple, large branch dental clinics (BRDENCLINICs). Their large size and complexity require organizations with several directors.

(2) Other Naval Dental Centers. NAVDENCENS with varying numbers of large and small BRDENCLINICs with specialty care organic within the command but not present at each BRDENCLINIC. Clinics provide support to a diverse mix of fleet and shore support units, training commands, and recruit inprocessing facilities.

e. Each MTF's and DTF's organization manual shall reflect the mission assigned by the Chief of Naval Operations (OPNAV) and the functions and tasks assigned by the responsible line commander (RLC). The manual shall define the relationships and functions of the commander or commanding officer (CO), deputy commander or executive officer (XO), special assistants, directorates, departments, and divisions, and include organizational charts.

f. Relationships with a lead agent must be defined, if the MTF or DTF is located within a TRICARE region.

2. Specific Guidelines

a. Commander or CO. Naval MTF or DTF commander or CO authority and responsibilities are in reference (a).

b. Deputy Commander or XO. Naval MTFs or DTFs shall have an XO (deputy commander in the case of NAVMEDCENS) who assumes command in the absence of the commander or CO. At smaller facilities, the XO may have dual responsibilities as a director. Authority and responsibilities are in reference (a).

c. Special Assistants. The following positions may be appropriate for assignment to naval MTFs or DTFs. Others may be appointed as indicated by regulations, directives from higher authority, or at the commander's or CO's discretion:

<u>Special Assistant</u>	<u>Responsible to</u>	<u>Authority</u>
Chaplain	CO	BUMED
Command Evaluation Officer	CO	OPNAVINST 5000.52A
Command Master Chief	CO	OPNAVINST 1306.2C
Occupational Safety & Health (OSH) Manager	CO	OPNAVINST 5100.23D

<u>Special Assistant</u>	<u>Responsible to</u>	<u>Authority</u>
Staff Judge Advocate	CO	UCMJ 6(b)
Administrative Assistant	XO	OPNAVINST 3120.32C
Information Systems Officer	XO	BUMED
Public Affairs Officer	XO	OPNAVINST 3120.32C
Security Officer	XO	OPNAVINST 5530.14B

d. Directors. Directors are the senior leaders who manage large portions of the organization and work directly with the XO. The number of directors shall vary depending on the size of the organization and complexity of its functions. The number shall be limited so that as many personnel as possible can work directly to meet the mission. Directors may not be necessary at a small MTF. See enclosures (2) and (3) for the recommended organization based on MTF or DTF size.

(1) MTF Directors. The organization must be designed to promote close cooperation among the various parts. In keeping with Navy personnel structure, it is important to include representatives of the Medical Corps, Nurse Corps, Medical Service Corps, and enlisted personnel in senior management to maintain a broad perspective on the issues. A command may desire that all personnel of a service, ward, or clinic be under the direct control of a specific directorate or department. In this situation the command's senior officer of a specific corps would not have direct control over all personnel in their corps, but would still function as advisor for career development, provide input on fitness reports, and establish standards for professional practice.

(a) A separate director of BRMEDCLINICs is appropriate only at larger commands with multiple clinics. A separate director of occupational health and preventive medicine is necessary only when a command has a large proportion of preventive medicine and occupational health personnel. Branch clinics and occupational and preventive medicine could also be combined into one directorate. Full-time directors of medical, surgical, and ancillary services are only necessary at the larger hospitals. Part-time assistant directors may be justified at medium-sized hospitals.

(b) Large teaching hospitals may find it necessary to create additional directors (or deputy directors) for logistics, base operations, planning, etc., to better meet the needs of their customers.

(2) DTF Directors

(a) Directors of BRDENCLINICs are the senior leaders at each BRDENCLINIC. The director is ordered by the Bureau of Naval Personnel (BUPERS) or selected from within command senior leadership by the CO. Each BRDENCLINIC shall have one director who is responsible for providing comprehensive, high quality outpatient oral health care to eligible beneficiaries. BRDENCLINIC directors shall report to the XO (see enclosure (3) charts).

(b) The director for administration (DFA) is considered on an equal standing with the clinical directors and oversees the administrative support services necessary for the smooth functioning of the DTF and its BRDENCLINICs.

(c) Those DTFs with residency programs or extensive teaching responsibilities may establish a director for education (DFE) or similarly designated position. The DFE shall be responsible for the development and execution of all educational programs relating to residency training, general practice residency, and advanced clinical programs (ACP). Those commands without additional educational or training commitments may assign the command training officer as a special assistant.

e. Departments. In keeping with standard Navy organizational structure, major functions shall be established as departments and, if large, may be further subdivided into divisions. Commands have flexibility in assigning departments to the appropriate directorate.

f. MTF Ambulatory Care Services

(1) There are many ways to structure ambulatory care clinics. In choosing the best organization for the command, the following issues must be addressed: Who is responsible for the clinic? Who controls the different categories of clinic personnel? Who manages day-to-day clinic operations? Who is responsible for support services such as appointments and records? Responsibility, authority, and accountability must be clearly defined.

(2) Each command has the flexibility to choose its own most effective ambulatory care management structure. Commonly used options include:

(a) Clinics (and maybe inpatient services) are organized along "product lines" with common management and sharing of resources and personnel.

(b) Each clinical department controls all personnel (doctors, nurses, corpsmen, and civilians) assigned to its clinic and manages all aspects of the clinic operation.

(c) An ambulatory care directorate directly manages all clinic personnel in a collegial relationship with each clinical department operating a clinic.

(d) A few clinics are administratively clustered together and assigned a manager to oversee some or most management functions. Personnel, equipment, and facilities can be shared and shifted as needed.

g. Comptroller. The Navy Comptroller Manual requires that the comptroller report directly to the commanding officer (can be via the XO) for resource management and workload functions. The comptroller will be a director or department for these functional responsibilities to avoid diffusing authority and potentially creating a conflict of interest due to the prescribed certification process which remains the sole responsibility of the commanding officer and the comptroller. With the increasing importance of sound business decisions in the delivery of health care, it is important for the comptroller to have a position of high visibility in senior management and be involved in all major resource decisions.

h. Governing Body. There shall be a committee or council of senior leadership which meets regularly to address major policy, resource, management, and managed care issues. It would normally include at least the CO, XO, directors, comptroller, and command master chief. This committee could be a resource management council, executive committee of the governing body, or the executive steering council when total quality leadership is well established.

i. Committees

(1) Required MTF Committees are those committees required by the Joint Commission on Accreditation for Healthcare Organizations (JCAHO), i.e., executive committee of the medical staff. Larger MTFs have a separate credentials committee and teaching hospitals are required to have a graduate medical education committee. The structure, duties, and responsibilities of these committees are delineated in the JCAHO Manual, the Graduate Medical Education Directory, BUMED directives, and directives from higher authority. R)

(2) DTF Committees. The executive committee of the dental staff and the safety committee are required by instruction

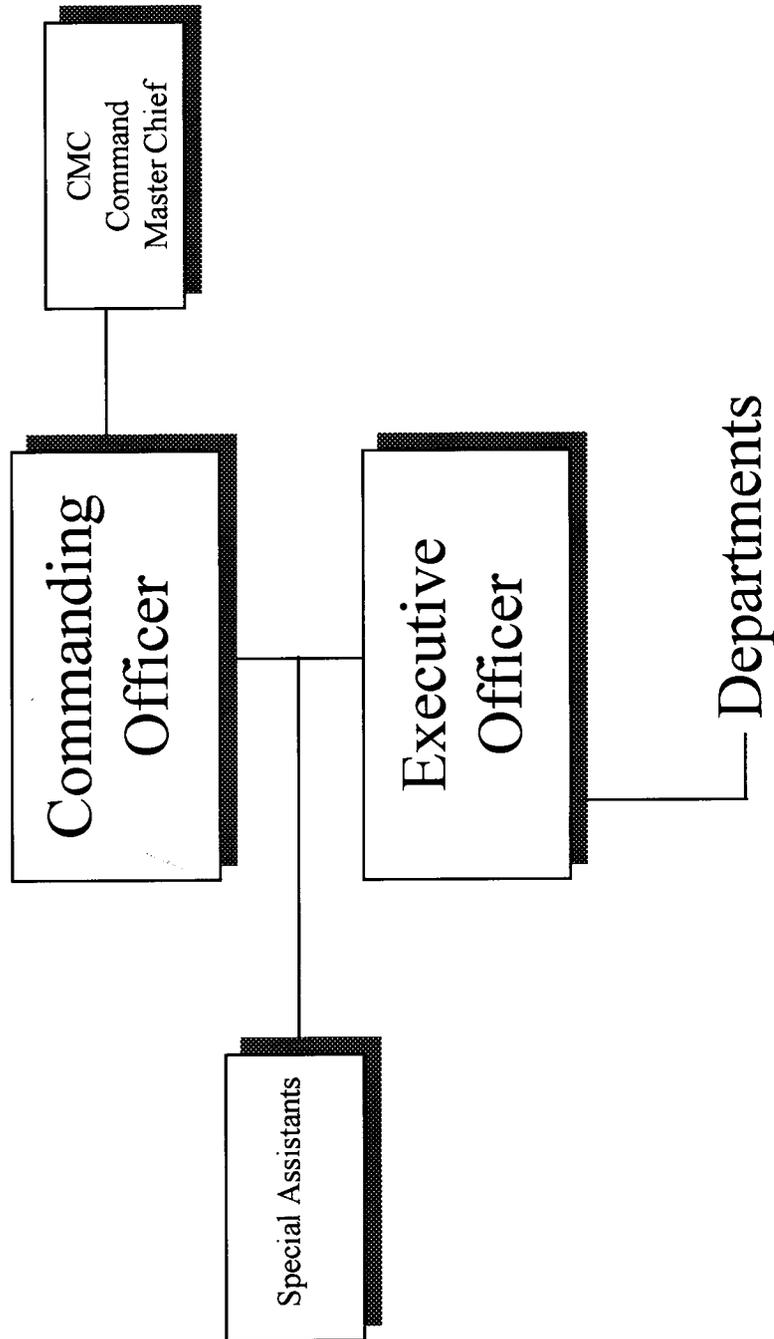
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or regulation. DTFs should, where possible, streamline both the number and membership of committees while encouraging participation at all levels of the DTF staff.

(3) Optional Committees. Other standing committees as required by Chief, BUMED and higher authority shall be appointed by the CO.

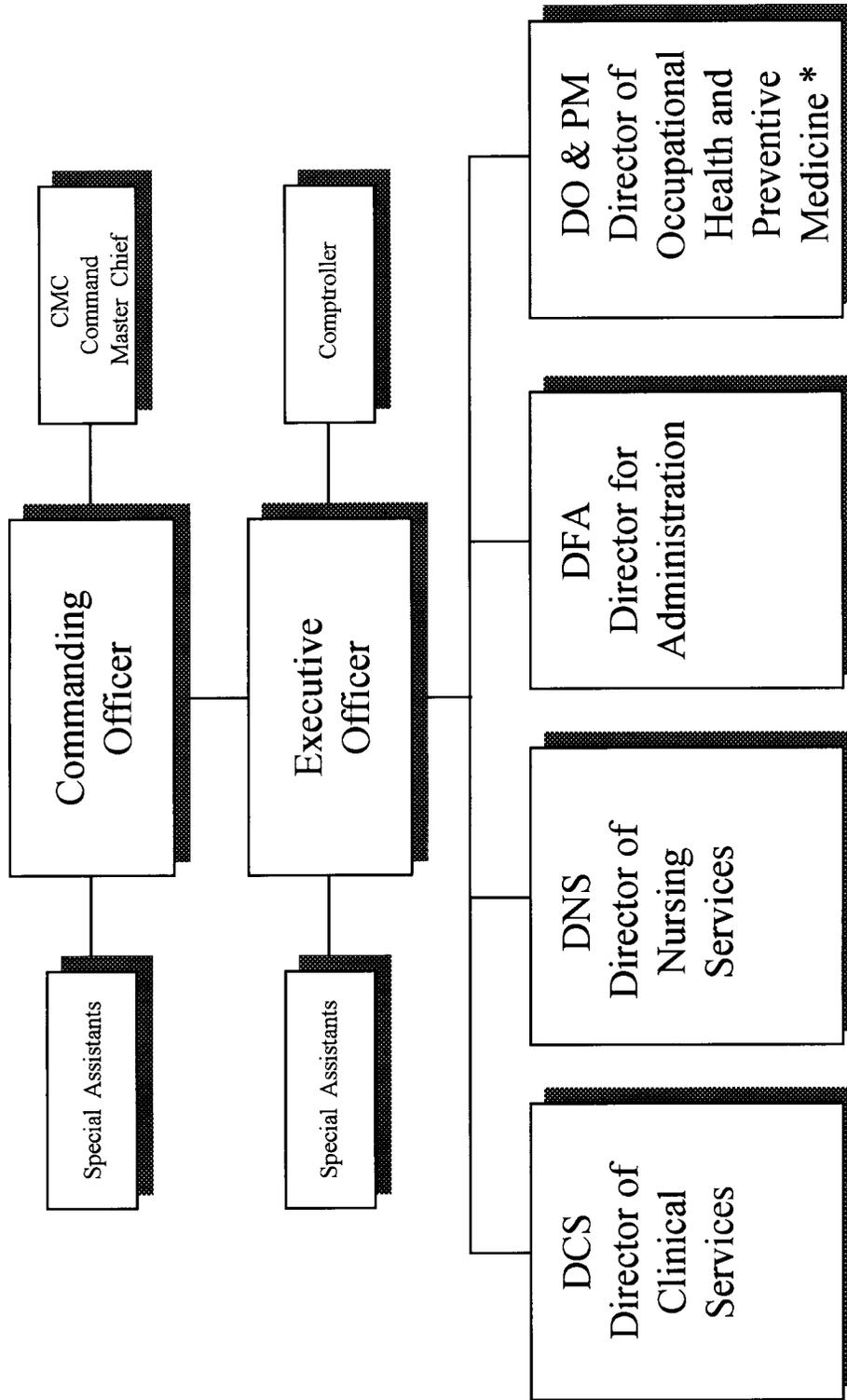
Naval Medical Clinic

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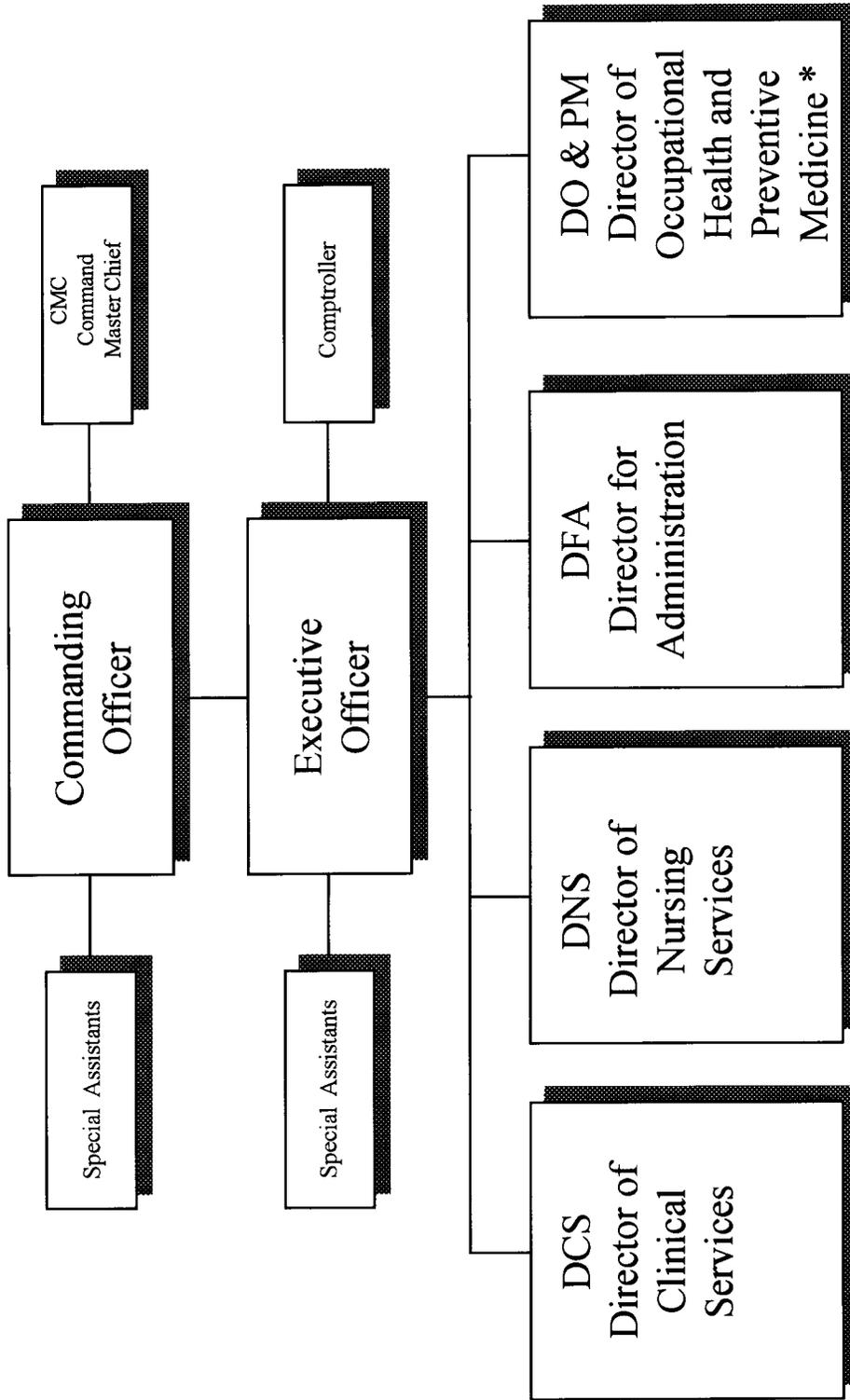
Enclosure (2)

Naval Medical Clinic



* Denotes directorate is optional if the size and scope of services warrant a separate directorate.

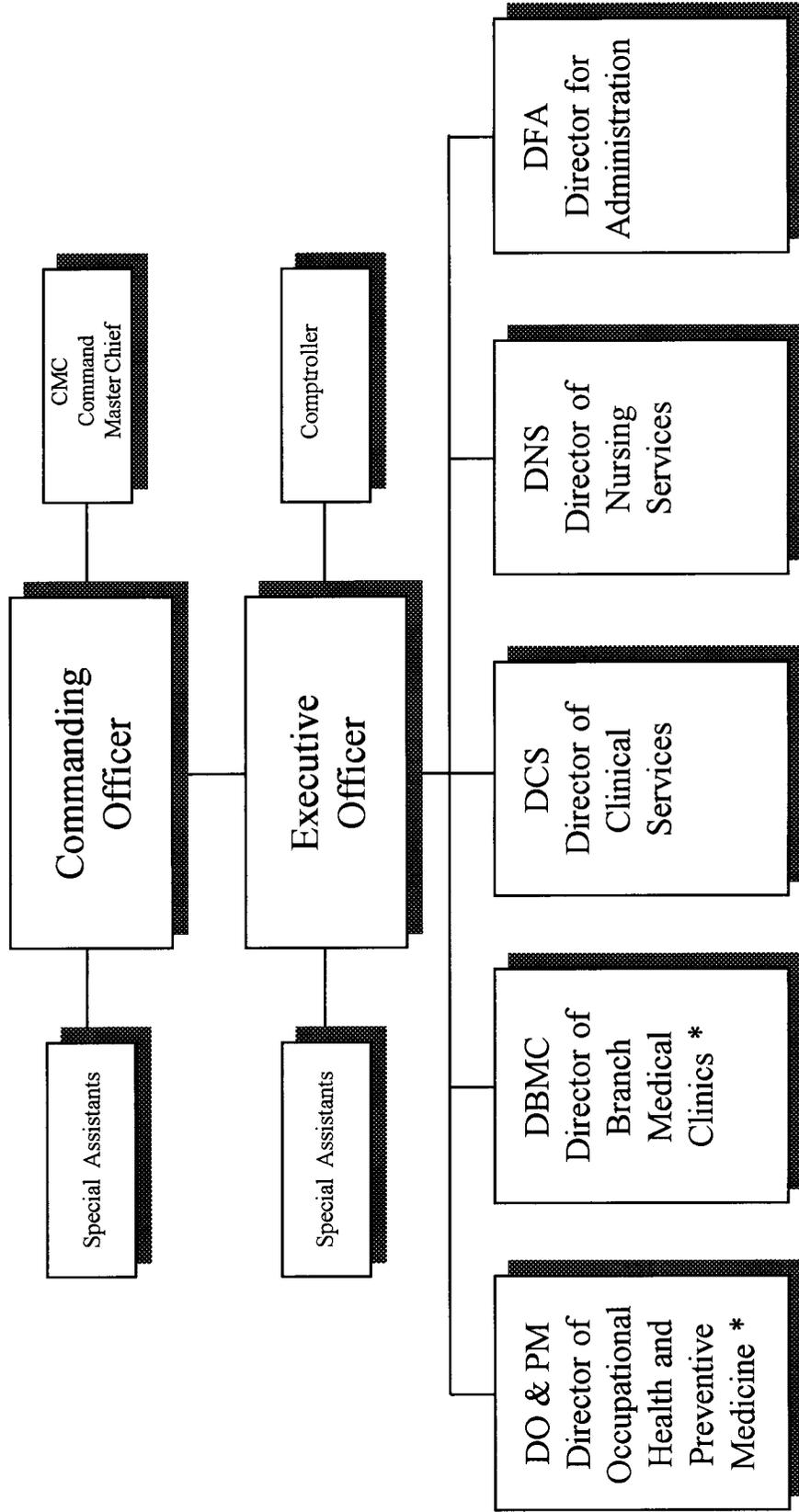
Small Hospital



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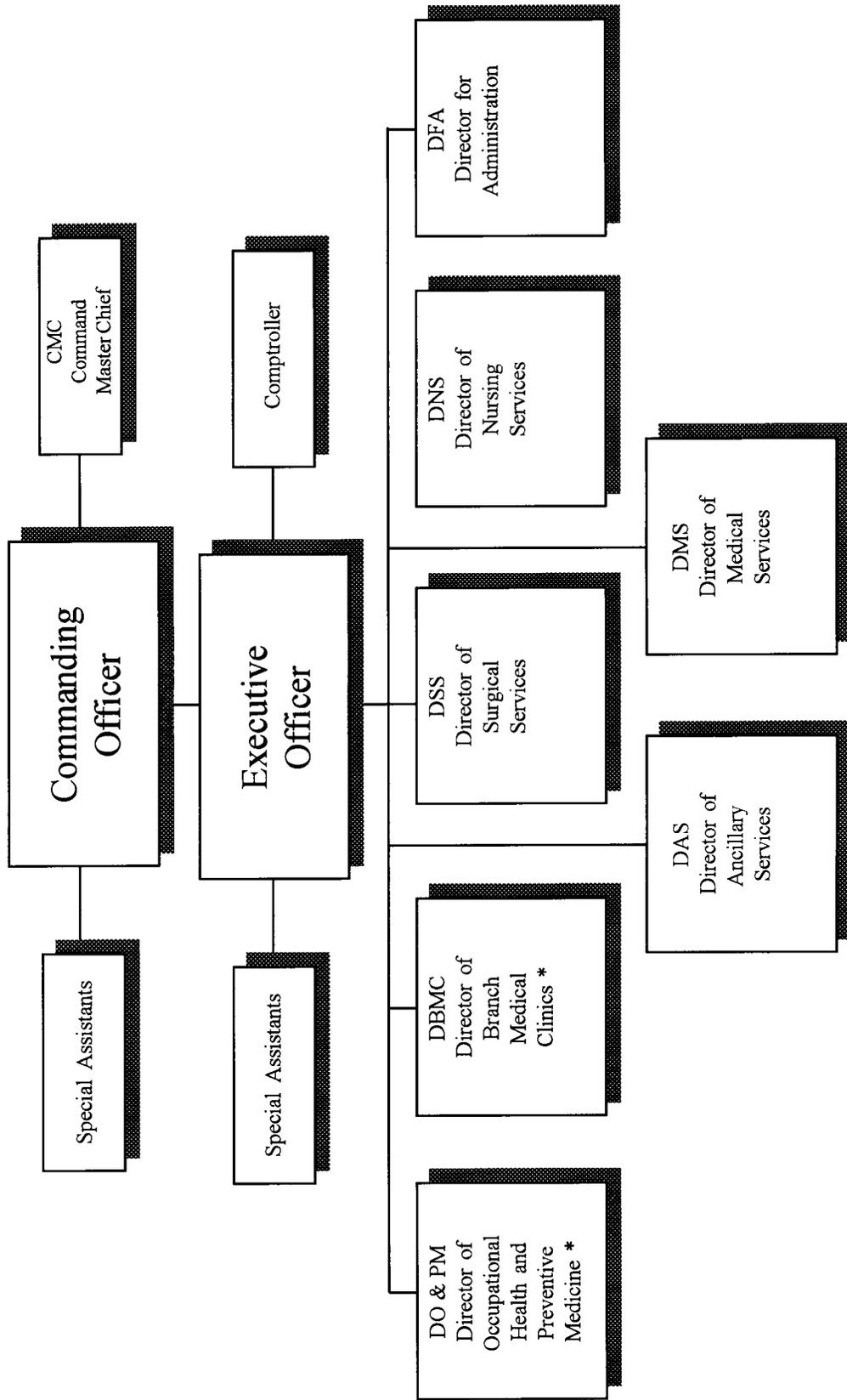
* Denotes directorate is optional if the size and scope of services warrant a separate directorate.

Community & Family Practice Teaching Hospital



* Denotes directorate is optional if the size and scope of services warrant a separate directorate, or they could be combined into a separate directorate.

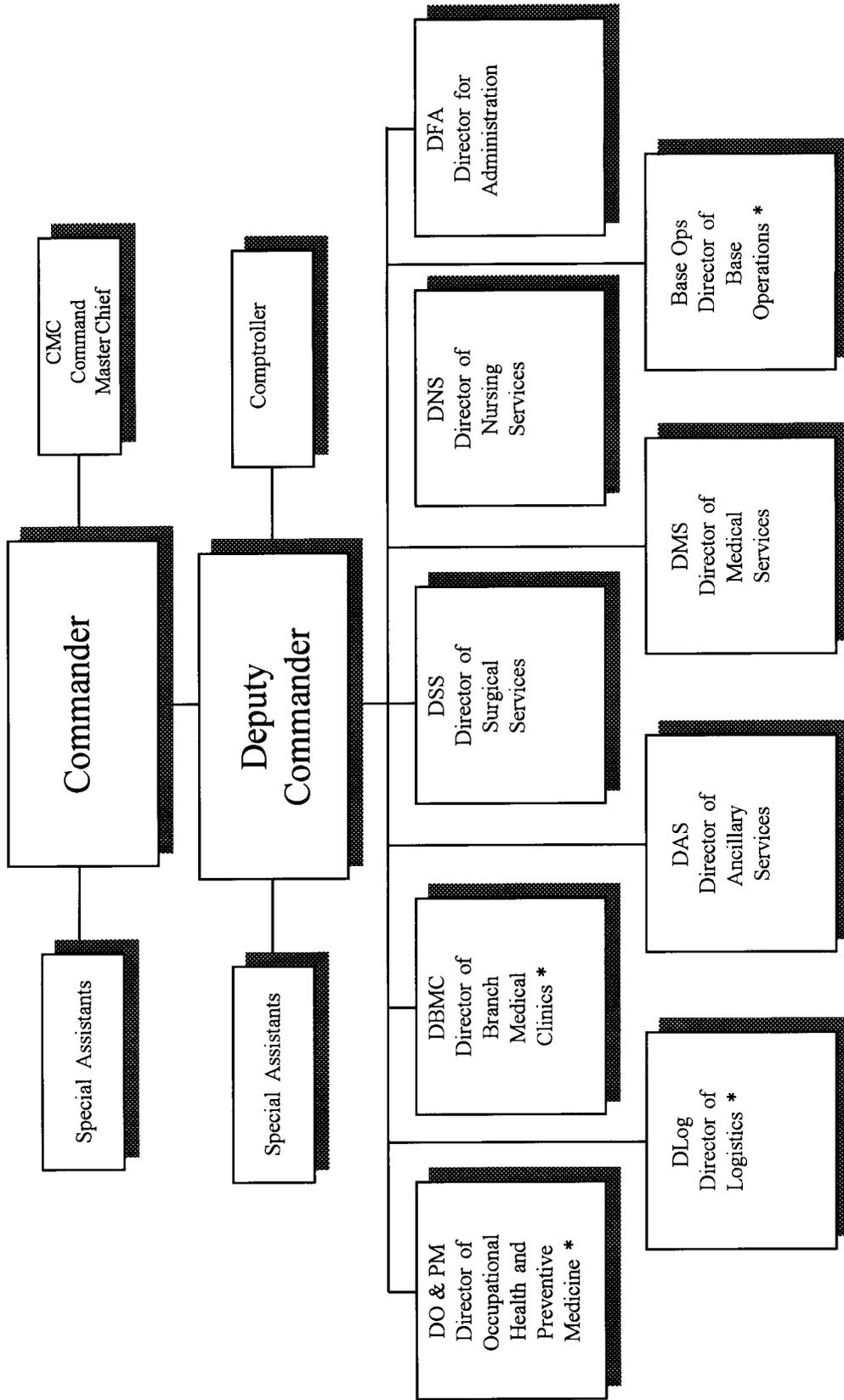
Community & Family Practice Teaching Hospital



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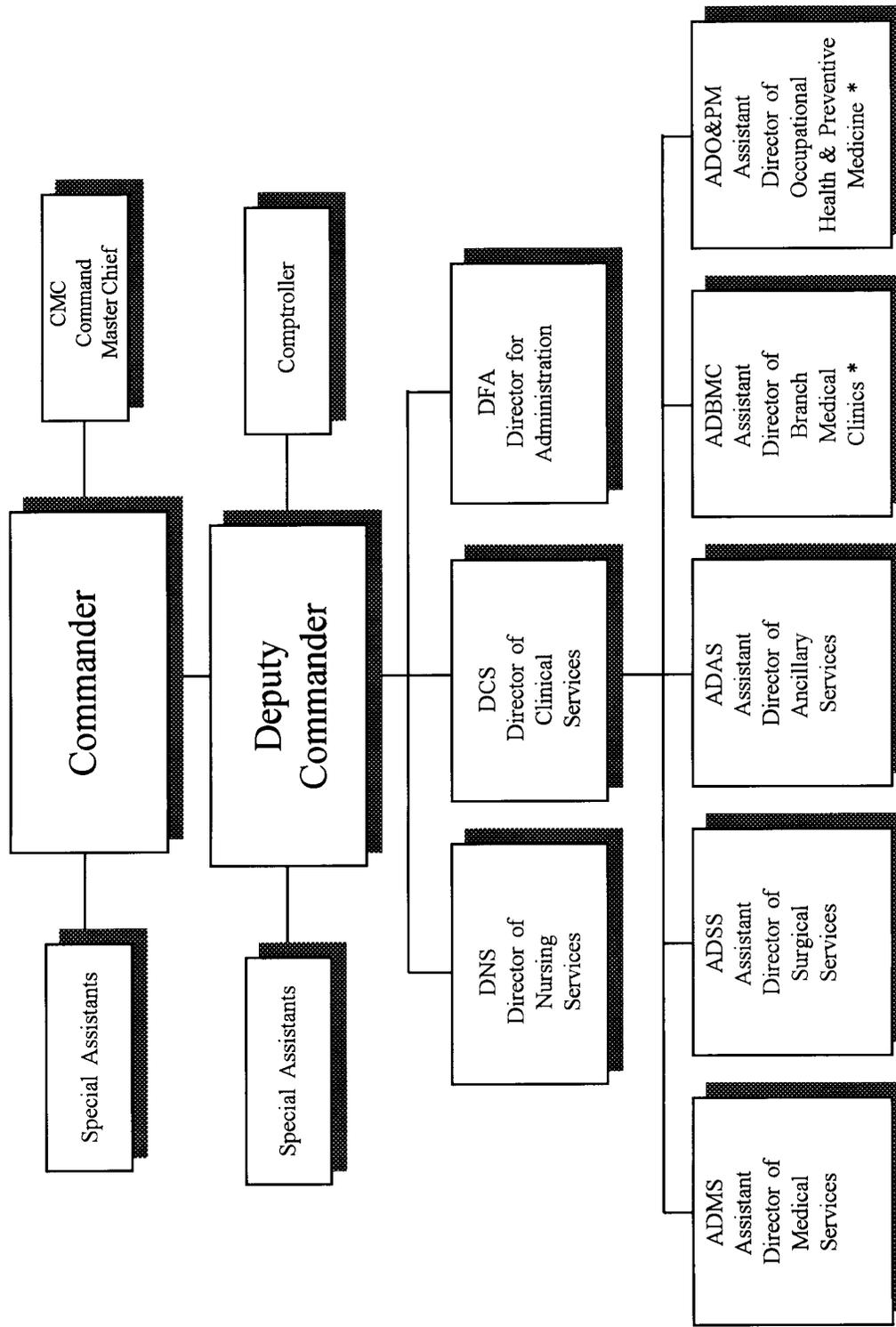
* Denotes directorate is optional if the size and scope of services warrant a separate directorate; or they could be combined into a single directorate

Tertiary Teaching Hospital



* Denotes directorate is optional if the size and scope of services warrant a separate directorate

Tertiary Teaching Hospital

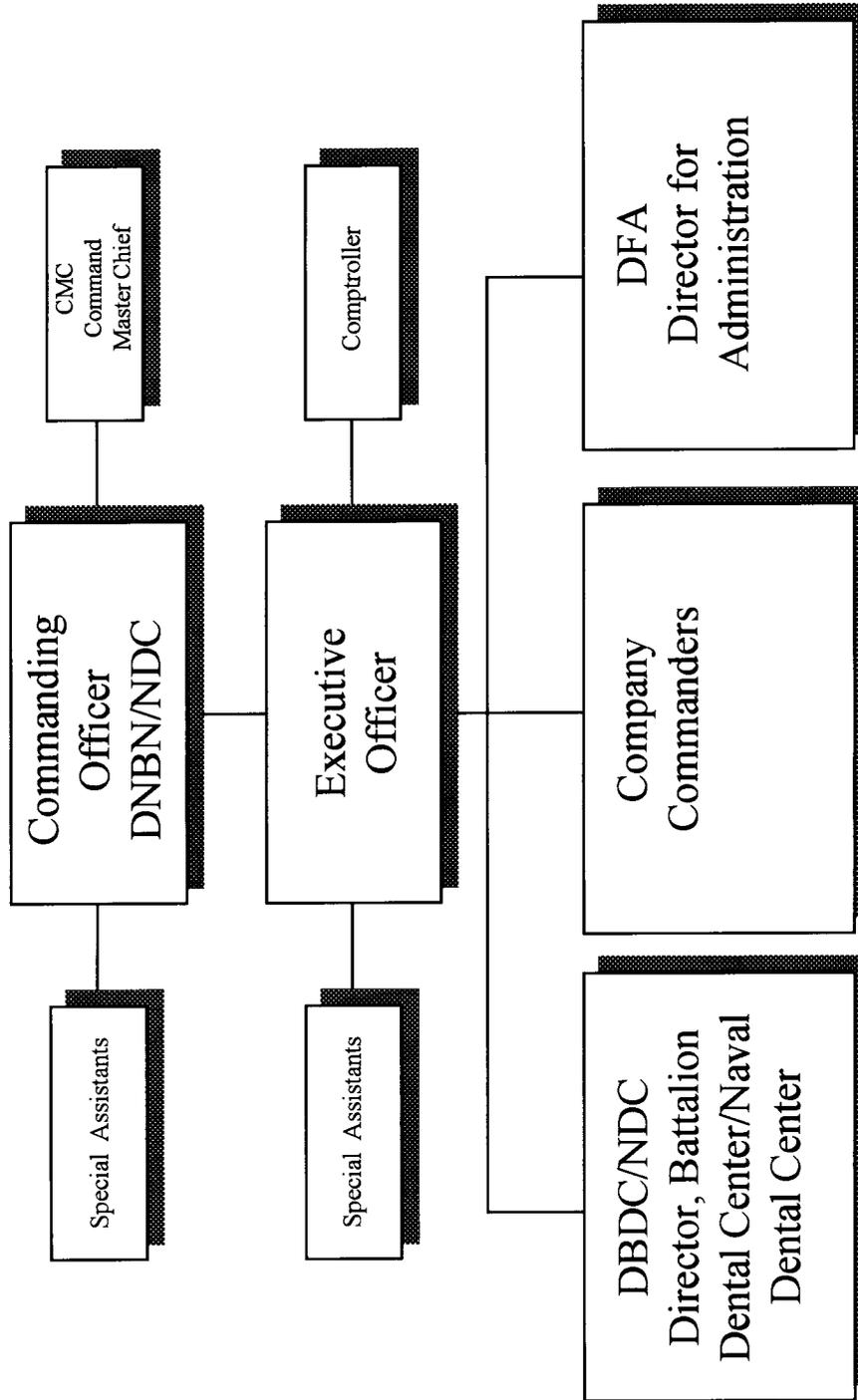


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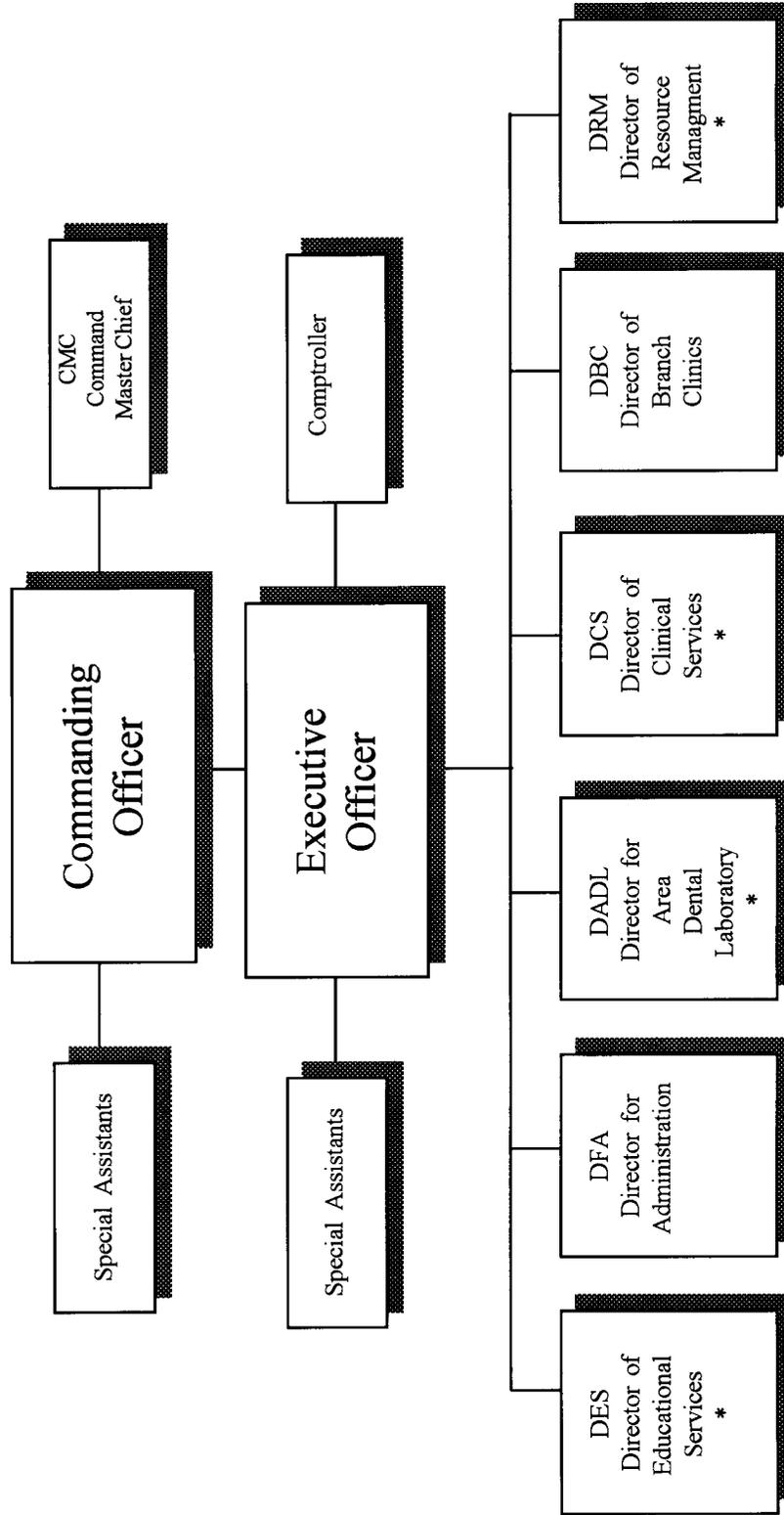
Consolidated Dental Battalion/ Naval Dental Centers

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Enclosure (3)

Major Naval Dental Center



* Denotes directorate is optional if the size and scope of services warrant a separate directorate

Other Naval Dental Center

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