

DETAILED INSPECTION CHECKLIST

FA	SC	STMT	TEXT
500			HEALTH SERVICE SUPPORT Functional Area Manager: HSS Point of Contact: HMC MATTHEW LEONARD/ CAPT ROBERT ALONZO (DSN) 224-4477 (COML) (703) 614-4477 Date Last Revised: 15 MAY 2011
500	01		ADMINISTRATION
500	01	001	Is the Functional Area Checklist readily available and used by both the Marine Unit and supporting Medical Clinic as a guide to review medical areas? Reference MCO 5040.6H
500	02		INDIVIDUAL MEDICAL READINESS
500	02	001	Is the Medical Readiness Reporting System (MRRS) program properly maintained and utilized to track Individual Medical Readiness (IMR)? Reference MARADMIN 346/06
500	02	002	Are all required immunizations tracked utilizing the MRRS database? Reference MARADMIN 346/06; MARADMIN 631/10
500	02	003	Is the unit's Fully Medically Ready (FMR) metric at or above 75%? Reference DODI 6025.19; MARADMIN 346/06
500	02	004	Is the unit's Medical Readiness Indeterminate (MRI) metric below 10%? Reference MARADMIN 631/10
500	02	005	Are Preventive Health Assessments (PHA) being conducted annually in accordance with the reference? Reference SECNAVINST 6120.3
500	03		MEDICAL LEADERSHIP
500	03	001	Does the unit commander provide for adequate facilities, equipment and resources to directly support space, equipment and other resource requirements needed to deliver quality health care, treatment and services? Reference NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-4

- 500 03 002 Are treatments and services planned, designed and monitored so that they are consistent with the operational unit's vision, mission, and goals?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-4
- 500 03 003 Does the unit leadership continuously monitor the effectiveness of a performance improvement program?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-4
- 500 03 004 Does the performance improvement program collect data based on leadership priorities to conduct comparative analyses, monitor, and improve performance?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-12
- 500 03 005 Is an ongoing, proactive program for identifying and reducing unanticipated adverse events and safety risks to patients defined and implemented?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-12
- 500 03 006 Were adverse privileging actions or limitations of a providers privileges related to the focused review of a privileged provider's performance or peer review fair hearing and appeals are compliant with BUMEDINST 6320.67A?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-4
- 500 04 PROVISIONS OF CARE
- 500 04 001 Are at least two identifiers used whenever administering medications, drawing blood samples and other specimens for clinical testing, or performing treatments or procedures?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-5
- 500 04 002 When a patient is routinely referred for consultative evaluation or continued care, was appropriate information related to the care, treatment or services provided by the aid station communicated to the outside provider(s), to include the reason for referral, the patient's physical and psychosocial status, a summary of care, treatment, and services provided and progress toward goals, and a list of current medications as well as documentation of consultation reports in the medical record?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-5

- 500 04 004 Were responses to life-threatening emergencies handled in accordance with local policies and procedures (e.g. access to local EMS i.e. 911)?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-5
- 500 04 005 Are emergency medications as defined by law, regulation, and local policy, sealed and stored in containers in such a way that staff can readily determine that the contents are complete and have not expired?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-5
- 500 04 006 Are emergency medications as defined by law, regulation, and local policy, and supplies replaced prior to expiration or as soon as possible after their use?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-5
- 500 04 007 Are there local policies and procedures regarding the use of minimal complexity diagnostic tests, including identifying staff members who are permitted to perform testing?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-5
- 500 05 MEDICATION MANAGEMENT
- 500 05 001 Was only medication approved in writing by the Aid Station's respective Division, Wing, or Group Surgeon maintained, stocked, dispensed, or administered by the Aid Station?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-7
- 500 05 002 Are medications and immunizations stored, maintained, and verified in a manner that ensures product stability, appropriate temperature storage, and unauthorized access?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-7
- 500 05 003 Is there a process to address how unused, expired or returned medications are managed and all expired; damaged and/or contaminated medications are segregated until they are removed?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-7

- 500 05 004 When there is a medication recall or discontinuation by the manufacturer or the Food and Drug Administration (FDA) for safety reasons, are medications retrieved and handled per policy and law or regulation?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-7
- 500 05 005 Are preprinted order sheets (overprints) approved by a designated Aid Station Medical Officer and are they reviewed and updated as needed to support clarity, accuracy and safety?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-7
- 500 05 006 Is there a peer review process to evaluate appropriateness of drug prescriptions?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-7
- 500 05 007 Before a medication is administered, is there a verification to ensure the medication is the correct one, that it has not expired, and that the correct dose is being given to the correct patient?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-7
- 500 05 008 Are there local policies and procedures that address prescriber notification along with entry into the performance improvement process in the event of an adverse drug reaction or medication error?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-7
- 500 05 009 Are health care providers aware of the current "Do not use abbreviation list" and ensure compliance?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-7
- 500 06 HEALTH RECORDS
- 500 06 001 Are health records maintained for all attached personnel?
Reference
NAVMED P-117 (MANMED), CHAP 16, ART 16-10
- 500 06 002 Are all medical records stored in a locked area, room, or file to ensure safekeeping unless a 24-hour watch is posted in the records office?
Reference
NAVMED P-117 (MANMED), CHAP 16, ART 16-9 AND 16-10

- 500 06 003 Was a charge-out control system for managing/tracking health records used?
Reference
NAVMED P-117 (MANMED), CHAP 16, ART 10, ART 16-28, PAR (3) (B) AND ART 16-37, PAR (11)
- 500 06 004 Were all health records requested for review by inspectors located or accounted for?
Reference
NAVMED P-117 (MANMED), CHAP 16, ART 16-10
- 500 06 005 Does the unit have a process in place to ensure the thorough annual verification of health records which encompasses all requirements per current instructions and directives (e.g. preprinted SF 600)?
Reference
NAVMED P-117 (MANMED), CHAP 16
- 500 06 006 Was verification of health records accomplished annually?
Reference
NAVMED P-117 (MANMED), CHAP 16, ART 16-23, PAR (6) AND ART 16-28, PAR (3)
- 500 06 007 Are the health records being closed upon the member's separation from active duty and delivered to the command maintaining the member's service record as required?
Reference
NAVMED P-117 (MANMED), CHAP 16, ART 16-20
- 500 06 008 Does the Marine unit ensure the delivery of medical records to the supporting medical facility?
Reference
NAVMED P-117 (MANMED), CHAP 16, ART 16-28, PAR 2 (B)
- 500 07 INFORMATION MANAGEMENT
- 500 07 001 Are controls to safeguard information and data, including patient records, against loss, destruction, and tampering developed and implemented?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-9
- 500 07 002 Is compliance with the policy of information security, information privacy, and confidentiality monitored by the Aid Station?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-9
- 500 07 003 Are entries made by non-independent practitioners that require countersignature defined?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-9

- 500 07 004 Are all medical record entries dated and authenticated by a written or electronic signature with the providers printed signature block?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-9
- 500 07 005 Is there sufficient information in each medical record entry to identify the patient, support the diagnosis, justify the care and treatment, and promote continuity of care between providers?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-9
- 500 07 006 Are patients routinely educated and records of communication with the patient regarding care, treatment, consultations and obtaining care and services documented in the medical record?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-9
- 500 07 007 Are comparative performance data and information from the Aid Station used within the major subordinate commands for decision making?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-9
- 500 07 008 Do providers and staff have ready access to current and authoritative knowledge-based information resources in print, electronic, internet, or audio forms to: acquire and maintain the knowledge and skills needed to maintain and improve competence; assist with clinical/service and management decision making; provide appropriate information and education to patients and families; and support performance improvement and patient safety activities?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-9
- 500 07 009 Do all members within the command who have been delegated authority by the Commander to use and disclose protected health information have a letter in writing delegating the authority?
Reference
DOD 6025.18R, C7.11
- 500 07 010 Do health care providers notify the Commander when a member presents with a mental health condition in accordance with the reference?
Reference
DTM 09-006, ATTACHMENT 2

500 08 PATIENT RIGHTS

500 08 001 Is there a Patient Bill of Rights that is employed by patients, health care providers, and clinic staff?

Reference

NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-10

500 08 002 Is informed consent documented according to local procedures to ensure patient education about the nature of the proposed procedure, treatment or service, to include potential risk, benefits and alternatives?

Reference

NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-10

500 08 003 Do clinical areas have designated spaces where privacy can be maintained during patient interactions with corpsmen and providers?

Reference

NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-10

500 08 004 Does a process exist for patients to submit compliments, comments, or complaints?

Reference

NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-10

500 09 ENVIRONMENTAL OF CARE

500 09 001 Are environmental tours conducted, at least every six months, to identify environmental deficiencies, hazards, and unsafe practices?

Reference

NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-6

500 09 002 Has a policy to prohibit smoking and other uses of tobacco in and around the Aid Station been implemented and enforced in compliance with federal standards?

Reference

NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-6

500 09 003 Does the Aid Station control access to and egress from security-sensitive areas, to include medical records and medication storage areas and computer information display terminals, as appropriate?

Reference

NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-6

500 09 004 Is there a written management plan that is developed and maintained describing the processes established and implemented for the selecting, labeling, handling, storing, transporting, using, and disposing of infectious and regulated medical waste, including sharps from receipt or generation through use and/or final disposal?

Reference

NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-6

- 500 09 005 Has the Aid Station established their role in relation to a base-wide or community-wide emergency management program?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-6
- 500 09 006 Have Fire Bills been created and critiqued fire drills performed at a frequency no less than recommended by the National Fire Protection Association (NFPA) Standards?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-6
- 500 09 007 Are there processes for regularly inspecting, testing, and maintaining fire protection and fire safety systems, equipment, and components?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-6
- 500 09 008 Are all heat detectors, manual fire alarm boxes, and smoke alarms tested at least annually?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-6
- 500 09 009 Are all portable fire extinguishers clearly identified, inspected by Aid Station staff at least monthly, and maintained by certified personnel at least annually?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-6
- 500 09 010 Are Aid Station spaces clean and well maintained, with means of access and egress unencumbered?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-6
- 500 10 INFECTIOUS CONTROL
- 500 10 001 As part of an emergency plan, is there a plan for managing the influx of potentially infectious patients over an extended period?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-11
- 500 10 002 Does the Aid Station appropriately store, maintain, clean, disinfect, sterilize and/or dispose of supplies and equipment to include biomedical equipment preventive maintenance?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-11
- 500 10 003 Are patients and staff provided the appropriate personal protective equipment?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-11

- 500 10 004 Does the Aid Station appropriately limit unprotected exposure to pathogens, to include minimizing the risk of transmitting infections associated with the use of procedures and medical equipment?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-11
- 500 10 005 Are enhanced hand hygiene practices apparent in accordance with the CDC hand hygiene Guidelines?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-11
- 500 11 HUMAN RESOURCES
- 500 11 001 Are services within the Aid Station provided based on the availability of an adequate number and mix of staff and licensed practitioners?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-8
- 500 11 002 Are each privileged provider's qualifications consistent with their responsibilities in compliance with the reference?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-8;
BUMEDINST 6320.66 SERIES; OPNAVINST 6400.1;
MCO 6400.1
- 500 11 003 Do non-credentialed health care providers function under an individually specified listing of duties, responsibilities, and limitations?
Reference
OPNAVINST 6400.1; MCO 6400.1, APP A
- 500 11 004 Were non-credentialed health care providers properly supervised?
Reference
OPNAVINST 6400.1; MCO 6400.1, ENCL (3)
- 500 11 005 Is a physician supervisor performing and documenting by signature, an evaluation or review of the treatment rendered by each non-credentialed provider at required intervals?
Reference
OPNAVINST 6400.1; MCO 6400.1, ENCL (4), PAR 5
- 500 11 006 Was a credentials file available on each individual required to have same?
Reference
BUMEDINST 6320.23 SERIES PAR 10.C.;
OPNAVINST 6320.7; MCO 6320.4

- 500 12 INDEPENDENT DUTY CORPSMAN (IDC)
- 500 12 001 Does the command have an existing IDC Supervision Program conducted in accordance with the reference?
Reference
MCO 6400.1
- 500 12 002 Is the IDC Supervision Program directed and managed by a Physician Program Director, who is a credentialed and privileged physician?
Reference
MCO 6400.1
- 500 12 003 Does the Physician Program Director have an assigned senior enlisted Program Manager who is a certified IDC?
Reference
MCO 6400.1
- 500 12 004 Does each IDC participating in the IDC Supervision Program have an assigned Physician Supervisor and Assistant Program Manager?
Reference
MCO 6400.1
- 500 12 005 Are IDCs assigned to commands that do not have an IDC Supervision Program assigned to a Supervision Program of the medical department of a local Immediate Superior In Command (ISIC) or to the nearest Navy Medical Treatment Facility (MTF)?
Reference
MCO 6400.1
- 500 12 006 Does the Physician Program Director provide an annual report, with metrics on membership in the program and elements of certification, to the commanding officer?
Reference
MCO 6400.1
- 500 12 007 Are all Navy IDCs supervised by an assigned Physician?
Reference
MCO 6400.1
- 500 12 008 Does the command provide ongoing clinical training for the IDC and foster a supportive clinical relationship with the privileged Physician Supervisor?
Reference
MCO 6400.1
- 500 12 009 Do IDC's sign the medical record of each service member examined, treated, or referred for treatment?
Reference
MCO 6400.1

- 500 12 010 Does the IDC signature in the medical record include either printed or stamped name, rate, title, National Provider Identifier (NPI), or the last four digits of social security number until NPI is obtained?
Reference
MCO 6400.1
- 500 12 011 Do IDC's discuss with a physician, any patient who presents with worsening symptoms for two visits in a single episode of illness?
Reference
MCO 6400.1
- 500 12 012 Does the Physician Supervisor sign a Page 13 Administrative Remarks Form documenting their initial meeting with assigned IDC?
Reference
MCO 6400.1
- 500 12 013 Does the Page 13 contain the required remarks: "Qualified to perform clinical duties independent of direct supervision of a physician when deployed on land or sea or as applicable for a period of 2 years from last certification"?
Reference
MCO 6400.1
- 500 12 014 Are IDC's authorized in writing by their assigned Physician Supervisors to prescribe or provide medications carried on the IDC specific MTF formulary or authorized medical allowance list (AMAL)?
Reference
MCO 6400.1
- 500 12 015 Are IDC medication prescription exceptions (e.g. controlled medicinal) plainly stated in writing and a copy of the letter retained in the IDC Certification and Training Record with an additional copy provided to the pharmacy?
Reference
MCO 6400.1
- 500 12 016 Are specific certifications obtained and maintained by specific Independent Duty Corpsman NEC (i.e. 8402, 8403, 8425, 8494), in accordance with the reference?
Reference
MCO 6400.1
- 500 12 017 Does The Program Manager or Assistant Program Manager maintain a 6-part training record on each IDC which contains, at a minimum, the required sections per the reference?
Reference
MCO 6400.1

- 500 12 018 Is the IDC training record reviewed during the quality assurance process and at least quarterly by the Assistant Program Manager?
Reference
MCO 6400.1
- 500 12 019 Is the IDC training audited by the Program Director and Program Manager annually?
Reference
MCO 6400.1
- 500 12 020 Is documentation of all reviews and audits of the IDC training record listed within Section 6 per the reference?
Reference
MCO 6400.1
- 500 12 021 Upon transfer, does the IDC Program Manager forward the Certification and Training Record to the gaining command's Program Manager either via mail or electronically?
Reference
MCO 6400.1
- 500 12 022 Does the Program Manager retain a copy of the IDC Certification and Training Record until acknowledgement that the gaining command has received the record?
Reference
MCO 6400.1
- 500 12 023 Is the process of certification renewal performed every 2 years in accordance with the reference?
Reference
MCO 6400.1
- 500 12 024 Are quarterly documented health record reviews of 10 percent of the IDC's patient contact performed to assess clinical performance?
Reference
MCO 6400.1
- 500 12 025 Are quarterly evaluations for each IDC performed and a written report submitted to the Program Director semiannually via the Program Manager and filed in the IDC training record?
Reference
MCO 6400.1
- 500 12 026 Do all IDCs participate in a CME program and at a minimum, complete 15 CME units annually targeted at clinical competencies?
Reference
MCO 6400.1

- 500 13 TRAINING
- 500 13 001 Is the medical staff supporting Tactical Combat Casualty Care (TCCC) training in accordance with the reference?
Reference
MARADMIN 363/06
- 500 13 002 Is the medical staff supporting Combat Life Saver (CLS) Course training in accordance with the reference?
Reference
MARADMIN 363/06
- 500 13 003 Is Basic Life Support (BLS) certification current for all medical personnel assigned?
Reference
BUMEDINST 1500.15 SERIES, PAR 5.B.(1)
- 500 13 004 Is the medical department in compliance with the Marine Corps Heat Injury Prevention Program?
Reference
MCO 6200.1E
- 500 13 005 Upon assignment to the Aid Station, is each staff member oriented to Aid Station policies, procedures, specific job duties and responsibilities?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-8
- 500 13 006 Does training related to job orientation occur not only upon initial arrival to the workspace but whenever job responsibilities or duties change?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-8
- 500 13 007 Is on-going training documented along with intermittent assessments that validate an individual's competence to perform job responsibilities?
Reference
NAVMED P-117 (MANMED), CHG 129, CHAP 13, ART 13-8
- 500 13 008 Was periodic in-service education or refresher training in applicable areas of medical treatment provided and/or documented for each non-credentialed provider?
Reference
OPNAVINST 6400.1; MCO 6400.1, ENCL (4)