2004 Health Services Inspection Guide – Air Reserve Component (ARC)

Introduction

Overview

The Health Services Inspection (HSI) Guide is a tool HSI inspectors use to evaluate programs and processes.

The Guide includes an overview of the background information and an extensive review of the criteria used during evaluations and the inspection process to include scoring.

Background

Health Services Inspections assess the ability of Air Force medical units to fulfill their peacetime and wartime missions. HSIs are conducted under authority of the Air Force Inspector General and operate from the Air Force Inspection Agency (AFIA), Kirtland AFB, New Mexico.

The Inspector General is our primary customer. Other senior leaders who receive our products and services are our end customers. These leaders include The Air Force Surgeon General (HQ USAF/SG), Air Reserve Components (ARC) leaders, MAJCOM surgeons, wing commanders and ARC medical unit leaders.

All of our customers require independent, objective assessments based on firsthand information and expert analysis. For HSIs, this includes evaluations of medical care as well as the effectiveness and efficiency of medical management of ARC units.

As a reminder to units receiving an HSI, *AFIA does not create health services policy*. These policies are developed by the Offices of the Assistant Secretary of Defense for Health Affairs, USAF/SG, ANG/SG, AFRC/SG and various civilian medical oversight agencies. AFIA/SG inspects compliance with these existing policies to include community standards of clinical practice.

Though this Guide is intended as a comprehensive manual for inspectors outlining the procedures of the HSI, it may not address all medical unit program and clinical requirements or specific special interest items. As a result, HSI inspectors are not limited to criteria described in this Guide.

However, updates to the HSI Guide are planned at least annually and incorporate changes in health care policies, regulatory guidance and as a result of coordination with higher headquarters staffs. Updates also improve focus on common problem areas found during inspections.

The most current HSI Guide is available on the AFIA website at https://www-4afia.kirtland.af.mil to assist units with developing self-inspection programs.

Solid self-inspection programs still prove to be the best approach to achieving "sustained performance" levels sought by senior leaders.

Inspection Schedules

The window of vulnerability for the HSI is between 45 and 60 months after the last HSI. AFIA/SG will send a reminder to the unit and wing commanders approximately 60-90 days before the upcoming inspection.

Re-inspections may occur as soon as 18-24 months for units receiving an overall rating of "Unsatisfactory" (ratings are defined below).

Following notification of an inspection date, a Project Officer should be appointed to handle inspection team logistical needs. A thorough Project Officer's Guide is available on the AFIA website at: https://www-4afia.kirtland.af.mil/Medical-Operations/sg-index.htm

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Exceptions to Scheduling

The following situations may result in an exception to scheduling:

1. ARC medical units, which deployed 40 percent or more of their assigned medical personnel for greater than 90 days, will not normally be inspected for 90 days following return from deployment.
2. Units undergoing major mission conversion should notify HQ AFIA/SG through their MAJCOM chain-of-command upon notification to negotiate inspection windows.
3. Changes in Unit Type Code (UTC) taskings or wartime mission, resulting in a 50 percent or more change in unit personnel authorizations or a significant addition/deletion in mobility equipment assemblages, may warrant a change of the inspection window.
4. Real world disasters or contingency operations at home station, which cause the unit to relocate or suspend operations, will result in the inspection window being delayed.
5. Units participating in a MAJCOM-level inspection involving 40 percent or more of the unit's personnel will not normally be subject to a simultaneous HSI.

Inspection Reporting

An HSI Field Memorandum Report contains the entire written results of the inspection. The report contains all component scores, an overall inspection rating, comments and inspection summaries.

A draft of the HSI report is left with the unit and wing commanders upon inspection outbrief. Verbal and E-mail summaries of reports are forwarded to USAF/SG and ANG/SG or AFRC/SG offices.

The final report is mailed to the unit and wing commanders, as well as other interested staff agencies, approximately 60 days following the inspection. An

electronic copy of the report is also posted to the AFIA website. Access to reports is controlled by passwords available from ANG/SG or AFRC/SG.

Preliminary scores will be given at the end of the inspection. The Director of Medical Operations (AFIA/SG) will validate the final unit score within 60 days of the inspection.

Falsifying documents or intentionally providing false information can lead to immediate termination of the inspection. Failure to fully cooperate with the inspection process can lead to deduction of points from the total score by AFIA/SG.

Response Reporting Requirements

Every critical discrepancy or program failure rating (Element raw score 0 or 1) identified in the report requires a written response to ANG/SG or AFRC/SG within 6 months of the inspection. Response Rules and a Response Worksheet format are available on the AFIA website. Required responses must address actions taken to correct every noncompliant item. Changes in policy, planning or procedures should be considered when summarizing actions.

The initial 6-month response may be an interim report if the item is not closed. However, corrections are expected to be completely resolved within 12 months following the inspection. If corrective actions extend beyond the suspense date, units are required to provide follow-up replies, including estimated completion dates.

Identified discrepancies that are not a critical discrepancy or programmatic failure are not reportable, but should still be addressed by unit executive management.

Summary

Recommended HSI preparation checklist for unit executive management and inspection project manager:

1. Be aware of HSI window of vulnerability.
2. Require up-to-date self-inspection programs that incorporate newly posted reference material and HSI changes from the AFIA website.
3. Upon notification of inspection dates, appoint a Project Officer to handle inspection team logistics.
4. Following inspection, review Response Rules (from AFIA website).
5. Receive final HSI report mailed from AFIA within 60 days.
6. Submit completed Response Worksheets within 6 months of inspection.
7. Follow up required inspection findings (Element raw score 0 and 1).
8. Follow marginal findings (Element raw score 2) through self-inspection.

Health Services Inspection Guide Format

The HSI Guide is divided into three categories, which are groupings of related functions. The categories cover major assessment areas of the medical unit and align the HSI process with Department of Defense Directives (DoDD), Department of Defense Instructions (DoDI), Air Force Policy Directives (AFPD), Air Force Instructions (AFI) and MAJCOM/local policy guidance. The major categories of the HSI Guide and the three-letter identifiers for each are:

Category 1: Expeditionary Medical Operations (EXO.1)
Category 2: In-Garrison Medical Operations (IGO.2)
Category 3: Leadership (LDR.3)

Table 1 is a *sample* illustration of the structure of a category. The **Category** is a logical grouping of functions. An **Area** is a discrete function organized under a particular category. In Table 1, the category entitled "Leadership" has one area assigned entitled "Organizational Management." Areas are listed in the HSI Guide Table of Contents and can also be located at the top of each element grouping.

Each Area is further subdivided into **Elements**, which are the key components of a specific process and the level at which activities are scored. For example, under the Area "Organizational Management," there are seven Elements that are the core components of this particular Area. They include "Executive Management," "Self-Inspection Program," "Support Agreements/Training Affiliation Agreements (TAA)," "Professional Medical Services Contracts/Blanket Purchase Agreement (BPA) Oversight," "Administration of the On-the-Job Training (OJT) Program," "Demand Reduction Program – Drug Testing" and "Customer Satisfaction/Patient Sensitivity."

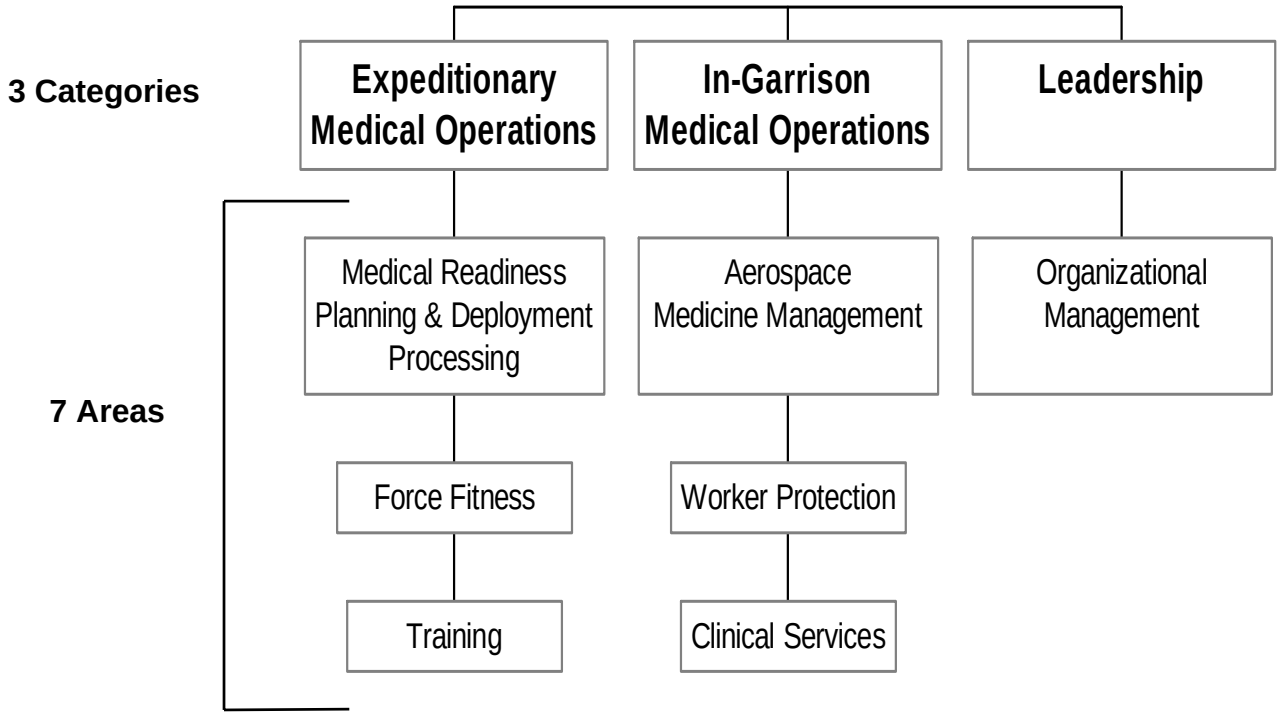
Table 2 reflects the reorganized HSI Guide structure for the Air Reserve Component.

Table 1: Structure of a Category

Category: Leadership (LDR.3)

Area	**LDR.3.1**	**Organizational Management**
Element	3.1.1	Executive Management
Element	3.1.2	Self-Inspection Program
Element	3.1.3	Support Agreements/Training Affiliation Agreements (TAA)
Element	3.1.4	Professional Medical Services Contracts/Blanket Purchase Agreement (BPA) Oversight
Element	3.1.5	Administration of the On-the-Job Training (OJT) Program
Element	3.1.6	Demand Reduction Program – Drug Testing
Element	3.1.7	Customer Satisfaction/Patient Sensitivity

Table 2: HSI Guide Structure



Scoring Methodology

Inspectors evaluate programs for compliance with established guidance, and they score elements utilizing specific scoring criteria in the HSI Guide. The following table shows the range of element scores and ratings, along with generalized scoring guidelines for each.

Raw Score	Element Rating	Sample Scoring Guidelines
4:	Meets criteria	Programs are efficiently managed and comply with applicable directives.
3:	Minor deficiency	Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.
2:	Major deficiency	Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.
1:	Critical deficiency	Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.
0:	Program failure	Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.
NA:	Not scored	

The *"raw scores"* listed above comprise one of two factors used to determine an Element's final or computed score. Any Element with a raw score of "0" – "Program failure" or "1" – Critical deficiency" is reportable in specific format (see Response Rules and Response Format documents).

The second factor in the computed score is the Element's "*weight*," which is a predetermined value of 1-5, with larger values correlating to greater mission criticality. Multiplying its weight times its raw score derives an Element's computed score. An Element's maximum possible score, which is used in evaluating Area performance, equals its weight times 4 (highest possible raw score).

Each "Area" also earns a numerical score, which is calculated by adding its entire constituent Elements' computed scores. The resulting sum is then divided by the Area's maximum possible score (sum of all Elements' maximum possible scores). This determines the percentage of possible points earned, which translates into the 'Area Rating' as shown below.

Area Result	**Area Rating**
94 – 100 %	Outstanding
85 – 93 %	Excellent
75 – 84 %	Satisfactory
70 – 74 %	Marginal
< 70 %	Unsatisfactory

Note: Each specific Element may have additional criteria to assist the inspector in determining the scoring.

The overall inspection score for the unit is simply the percentage of total points earned (sum of all Element computed scores) out of the maximum possible. The verbal rating scale for the HSI is as follows:

Overall Numeric Score	**Overall Verbal Rating**
94 – 100	Outstanding
85 – 93	Excellent
75 – 84	Satisfactory
70 – 74	Marginal
< 70	Unsatisfactory

Definitions for the verbal ratings are:

Outstanding – The grade given to indicate performance or operation far exceeds mission requirements. Procedures and activities are carried out in a far superior manner. Resources and programs are very efficiently managed and are of exceptional merit. Minimal deficiencies exist.

Excellent – The grade given to indicate performance or operation exceeds mission requirements. Procedures and activities are carried out in a superior manner. Resources and programs are very efficiently managed and relatively free of deficiencies.

Satisfactory – The grade given to indicate performance or operation meets mission requirements. Procedures and activities are carried out in an effective and competent manner. Resources and programs are efficiently managed. Minor deficiencies may exist, but do not impede or limit mission accomplishment.

Marginal – The grade given to indicate performance or operation does not meet some mission requirements. Procedures and activities are not carried out in an efficient manner. Resources and programs are not efficiently managed. Deficiencies exist that impede or limit mission accomplishment.

Unsatisfactory – The grade given to indicate performance or operation does not meet mission requirements. Procedures and activities are not carried out in an adequate manner. Resources and programs are not adequately managed. Significant deficiencies exist that preclude or seriously limit mission accomplishment.

Interview Protocols and the Inspection Process

In addition to the elements that describe what will be inspected, this Guide contains protocols that describe how the inspection will be conducted in a particular program or functional area. Sample protocols are included in this Guide. The protocols describe the "who, what, where and how" of inspection interviews and conferences. The amount of time spent on a particular aspect of the protocol will depend in part on the size of the unit being inspected.

The current inspection process focuses on sustained performance. While efforts to correct deficiencies "at the last minute" are laudable, scores for those areas will probably reflect the inspector's assessment of the program over a period of time.

Frequently, the Air Staff and/or MAJCOMs ask the IG to focus on particular issues (e.g., Special Interest Items or Special Emphasis Items). Accordingly, inspectors will occasionally ask questions during interviews that are not in the published inspection criteria. Unit OPRs will be requested to assist in data collection.

Benchmark Programs

Benchmark programs are programs, or portions of programs, which represent innovative methodologies that could be used by other similar units. Benchmark programs are included in the draft report pending final approval by AFIA/SG.

Inspectors may identify potential Benchmark Programs or a unit commander or program managers may nominate their own program. The format for submitting a Benchmark Program is available on the AFIA website.

If the inspectors agree that a program is a good Benchmark candidate, they include the nomination in the HSI report. AFIA/SG functional experts review the program nomination. Based on their recommendations, the Benchmark is approved by AFIA/SG and published.

Outstanding Performer Program

The Outstanding Performer Program will require unit commander and HSI team chief involvement in the selection process. Unit commanders may nominate **no more** than three individuals (civilian or military) for the inspection team to assess during the course of the inspection.

Nomination packages will consist of **no more** than 10 typed lines in bullet format, delineating mission accomplishments that make the person an Outstanding Performer. **Accomplishments must have a direct bearing on the programs/processes evaluated during the HSI. Nomination packages must be included with the HSI team chief documents.** HSI inspectors will review nominations and assess nominees based on HSI inspection results. The team chief will name the selected Outstanding Performer(s) during the HSI exit conference.

Additional Questions

We recommend that you thoroughly explore our website (https://www-4afia.kirtland.af.mil) and read the "Frequently Asked Questions" (FAQ). If you still have questions, please call DSN 246-2426.

Updates Published Annually

Current Edition: January 2004