

# **Navy Medicine's Reserve Utilization Program Information Management System (MEDRUPMIS)**

## **Baseline Functional Requirements**

### **DESCRIPTION**

The Medical Reserve Utilization Program (MEDRUP) is Navy Medicine's solution for implementation of the Navy Total Force Policy. The Medical Reserve Utilization Program Management Information System (MEDRUPMIS) will be used to support the integration of the medical reserves in Programs 32 (8 Naval Reserve Naval Hospitals), Program 46 (4 Naval Reserve Fleet Hospitals), and Dental Augmentation (11 Naval Reserve Dental Commands) into the full spectrum of Navy Medicine's operational requirements.

### **PURPOSE**

This document defines the functional requirements for Navy Medicine's web accessible, scalable, information management system required to ensure successful implementation of the MEDRUP.

### **SCOPE**

This project is to create a web accessible, scalable, integrated management information system (MIS) that will support Medical Reserve Utilization Program (MEDRUP). The purpose of the MEDRUP is to optimize utilization of medical reservists. The initial phase of the program will support management of reserve Annual Training (AT), Second AT, ADT (Active Duty for Training) and Active Duty for Special Work (ADSW). This will be expanded in the future to include Inactive Duty Training (IDT) and Inactive Duty Training with Travel (IDTT). The secondary objective in creating MEDRUPMIS is to assist with management of Naval Reserve Naval Hospitals, Naval Reserve Fleet Hospitals, and Naval Reserve Dental Commands.

The MEDRUPMIS will provide the capability to:

- Collect medical contributory support requirements
- Process validation of these requirements
- Obtain reserve manpower information
- Provide nomination lists of reservists that match skill requirements
- Create a selection mechanism for matching reservists with requirements
- Establish a function to issue Billet Control Numbers
- Record execution of contributory support
- Provide standard and ad hoc reporting capability
- Provide unit management capability including reserve assignment information, specific training status, and mobilization billet specifications.

In order to obtain the data required to meet the capabilities described above, information interfaces will be established with the following Automated Information Systems:

- Central Credentials and Quality Assurance System (CCQAS) for clinical privileging authorization
- Reserve Training Support System (RTSS) for reservist demographics, medical readiness, unit assignment, and billet assignment data.
- Inactive Manpower Personnel Management Information System (IMAPMIS) for individual medical specialty information in the form of subspecialty code and additional qualification designators (AQDs).
- RESFMS for assessment of reserve contributory support.

The MEDRUPMIS will not input changes to any of the above databases. The MEDRUPMIS system administrator will direct errors or updates encountered to the source system administrators or individual reservists for corrective action.

The MEDRUPMIS will comply with DOD security standards for storage and transmission of sensitive non-classified information including Reservists Social Security Numbers. All sensitive information is protected per DOD security standards by being behind the I-Shield firewall. While in transmission, the information will be protected by Secure Socket Layer, completing compliance with DOD security standards.

## **SYSTEM OVERVIEW**

The MEDRUPMIS will be used to store requirements for reserve medical contributory support. These requirements will be entered by MTF RLOs; by N931 for operations and exercises from Fleet CINCs; by MED-31 for additional MTF needs; by MED-06 for DTF support; by MED-07 for medical readiness support; and by the reserve unit Training Officers for approved reservist training. These requirements, except for those designated as individual reservist training, will be validated by N931 (operations and exercises), MED-06 (DTF support) and MED-31 (MTF support).

For each facility specific validated requirement, the RLO will generate an automated nomination list of qualified reservists. From this list one will be selected and matched in the MIS to the requirement. Medical skill information on the reservists and approved clinical privileges are needed to complete this match. This information will be accessible to the Officer in Charge or Department Head of the reservist. The reservist will be requested to accept AT, Second AT, ADT, and ADSW to meet the requirement. If the reservist accepts the assignment, the existing AT, Second AT, ADT or ADSW process will be initiated through the associated Reserve Center. In order to process a request, a Billet Control Number is required. This will be provided by the gaining command and recorded in the MEDRUPMIS. Due to the changing environment Navy Medicine is required to support, there must be an overwrite and audit capability included in the MIS.

When a reservist reports to duty, the duty assignment and activity point of contact will be recorded in the MEDRUPMIS. This information will be used to generate standard contributory support reports locally and at a BUMED level. Ad hoc reporting capability will be required by BUMED, Commander Naval Surface Reserve Force (CNSRF) Medical Directorate in New Orleans, and RLOs.

The system will contain capabilities that support NRNH, NRFH, and NRDC management including the ability to electronically view reserve unit manning documents and validate that medical reservists are properly assigned to mobilization billets. The MIS will also have the capability to record special information as free text for each reservist.

At the Detachment or Department level there will be capability to designate reservists that have been approved for training and are therefore not available to be nominated to meet local or global requirements. There will also be a function that can be used to designate reservists who have performed repeated contributory support at their Gaining Command for assignments of choice. The actual assigning of this latter group of reservists will be done by the RLO with approval of the reserve unit CO.

The MEDRUPMIS will contain features of the modified Reserve Order Assignment Management Reporting System (ROAMRS) as specified. This Access Data Base system was developed by the Submarine Community to implement their Reserve Utilization Program. It has been modified by MED-07 to use as an interim system to implement the MEDRUP. It serves as a pilot program to test functionality and data requirements.

## **FUNCTIONAL REQUIREMENTS**

### 1.0 Web Accessible Integrated Management Information System.

#### ***General Features***

- 1.1 The system shall be web accessible on the World Wide Web to medical reservists with email addresses and an I-Shield account.
- 1.2 The system shall allow write access to BUMED and Navy Medical Treatment Facility (MTF) Reserve Liaison Officers (RLOs), Fleet Hospital RLOs, the Dental RLOs, and reserve unit COs/TOs.
- 1.3 The system shall allow access to authorized reservists and Navy organizations including the Commander Naval Reserve Force staff in New Orleans.
- 1.4 The system shall be scalable and easily adaptable for updates and changes.

- 1.5 The system shall comply with DOD security guidelines for storage and transport of sensitive non-classified information including reservist's social security numbers.
- 1.6 TFMMS interface moved to version 2.
- 1.7 The system shall interface with CCQAS for credentials and clinical privilege information.
- 1.8 The system shall interface with RTSS for reservist demographics, unit assignment, and billet assignment information.
- 1.9 The system shall interface with IMAPMIS for reservist medical specialty information.
- 1.10 The system shall obtain information from RESFMS in order to assess status of orders and contributory support executed.

Note – For 1.6, 1.7, 1.8, 1.9, 1.10 weekly extracts are acceptable in version 1 if interfaces are not feasible.

### ***Requirements Acquisition***

- 2.1 The system shall allow input of medical contributory support requirements as exemplified in the modified MROAMRS Access Program (attachment 1).
- 2.2 The system shall contain a field to identify the requirement as – MTF Support, Exercise or Mission, Dental or Medical Readiness to facilitate validation.
- 2.3 The system shall have drop down tables and other features to facilitate entering medical contributory support requirements.
- 2.4 The system shall display requirements based on a user's role and authorized access levels. This access may be limited to local information that would be site specific or granted for the entire database depending on user role.
- 2.5 The system shall have the ability to modify or change requirements previously entered.
- 2.6 The system shall have audit capability to store at least two fiscal years of requirements changes.
- 2.7 The system shall have the ability to reproduce new information entered in the system to facilitate entry of multiple requirements for the same activity.

- 2.8 The system shall allow an administrator to maintain and update a Unit Identification Code (UIC) table.
  - 2.8.1 The system shall identify parent/child relationships by UIC.
  - 2.8.2 The system shall identify REDCOM/Reserve Center relationships by UIC.
  - 2.8.3 The system shall identify medical reserve unit/detachment relationships by UIC.
- 2.9 The system shall contain narrative fields to describe and justify requirements.

### ***Requirements Validation***

- 3.1 The system shall have a function to allow BUMED Codes with designated validation authority to validate a requirement.
  - 3.1.1 MED-31 shall have input access to validate MTF support requirements.
  - 3.1.2 N931 shall have input access to validate mission and exercise requirements.
  - 3.1.3 MED-07 shall have input access to validate medical readiness and special requirements.
  - 3.1.4 MED-06 shall have input access to validate DTF requirements.
  - 3.1.5 Unit Training Officers shall have input access for reserve training requirements.
- 3.2 The system shall have the ability to make changes and store previous validation information in an audit file.
- 3.3 The system shall display a comment field required to be filled in for all non-approved (not-validated) requirements.

Note - For 3.1.1-3.1.5 input access refers to the ability to click a button to indicate a validated requirement (using an approve/disapprove indicator).

### ***Manpower Matching***

- 4.1 The system shall have direct access to SELRES demographics from RTSS.
- 4.2 The system shall have direct access to SELRES specialty skills and clinical privileging information from IMAPMIS and CCQAS.
  - 4.2.1 SELRES skill in the form of NOBCs/SSPs/AQDs will come from IMAPMIS.
  - 4.2.2 SELRES clinical privileges and expiration dates of privileges will come from CCQAS.
- 4.3 The system shall be able to display manpower and clinical skills data as exemplified in the MROAMRS program.
- 4.4 The system shall allow entry of reserve management information as depicted in the MROAMRS program.
- 4.5 The system shall generate a nomination list of eligible available (unmatched) reservists for each requirement as requested.

- 4.5.1 The system will generate a nomination list based on a hierarchy/sort order of first - designator, second - NOBC/SSP/AQD or NEC, and third - rate or rank.
- 4.6 The system shall provide a routine to select a reservist from a nomination list for a requirement.
  - 4.6.1 The system will take the reservist out of the resource pool for future matches for the fiscal year when an initial AT has been matched. A SELRES will have no more than one initial AT per year.
  - 4.6.2 The system will allow multiple matches for Second AT, ADT and ADSW as long as they do not conflict with dates the reservist is already serving on active duty.
  - 4.6.2 The system will show the requirement matched.
  - 4.6.3 The system will provide Officer In Charge and/or Department Head of the match and request that action be taken to notify the reservist.
  - 4.6.4 The system will provide a feature to approve or disapprove a match, allowing the OIC/DH to indicate whether the reservist is available or not available for the match.
  - 4.6.5 The system shall provide field to identify "black out" periods that an individual reservist is not available. This capability will require entry of narrative justification.
- 4.7 The system shall be able to display matches based on user access.
- 4.8 The system shall allow changes or overrides to matches and maintain an audit file.
- 4.9 The system shall have the capability to accept entry of a person not listed in the manpower pool as a temporary record.

### ***Monitoring Reserve Utilization***

- 5.1 The system shall provide a non-modifiable Billet Control Number recording feature with data fields as depicted in the MROAMRS model.
- 5.2 The system shall identify and display upon request unmet requirements and unmatched SELRES in a standard report with filters.

### ***Execution of Reserve Support***

- 6.1 The system shall contain a feature to store and report execution of reserve contributory support (the data comes from RESFMS).
- 6.2 The administrator shall have the capability to generate a discrepancy report when expected SELRES reporting, based on the Billet Control Number feature, does not occur.

- 6.3 The system shall provide a filtered report of expected reserve contributory support (e.g. the number of executions per UIC).

### ***Reserve Utilization Reporting***

- 7.1 The system shall produce standard filtered reports as specified.
- 7.2 The system shall have the ability to allow users to easily produce Ad Hoc reports.
- 7.2.1 Ad Hoc reports will be convertible to EXCEL, either using Oracle Discoverer or other Third Party software, depending on the cost and functionality provided by the alternatives.
- 7.3 The system shall have the ability to produce contributory support reports from orders executed data provided from RESFMS.
- 7.4 The system shall allow data extraction and downloading via a standard comma separated values (CSV) flat file, for selected reports to be specified.

### ***Reserve Unit Management***

- 8.1 The system shall be able to generate reserve unit manning documents.
- 8.2 The system shall be able to generate reserve mobilization billet requirements.
- 8.3 The system shall be able to perform automated checks between mobilization billet requirements and required skills of assigned SELRES and produce a discrepancy report.
- 8.4 The system shall have a feature that is capable of recording SELRES drills. This would identify who, when, what using freeform text fields which require no validation.
- 8.5 The system shall display status of clinical privileges and professional qualifications on medical providers.
- 8.6 The system shall contain a free text field for each SELRES assigned to a NRNH, NRFH and NRDC for recording miscellaneous information including special attributes, experience and availability for recall.