DCN 657

376

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVHOSP GREAT LAKES

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*********If any responses are classified, attach separate classified annex*********

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	~~22,920~~ 12 723	11 939	N/A	~~26,491~~ 11409	16 592	NA
FAMILY OF AD	~~16,274~~ 15 952	13 285		~~22,570~~ 14263	20 963	
SUBTOTAL	~~39,194~~ 28675	25 224		~~49,061~~ 25672	37 555	
RETIRED AND FAMILY MEMBERS UNDER 65	~~22,625~~ 15057	15 057		~~21,422~~ 14695	14695	
RETIRED AND FAMILY MEMBERS OVER 65[4]	~~5,910~~ 5790	5790		~~7,445~~ 7373	7373	28 [illegible]
OTHER	~~858~~ 8430	7001		~~1,259~~ 8306	6877	
TOTAL	~~68,587~~ 57 952	53 072		~~79,187~~	66 500	

BUMED MED 825 GSA 6/14/94

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

RAPS FY 92 BASELINE V5.12

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

The above RAPS numbers do not include student and recruit populations.

R

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	136
Set Up Beds[1]:	~~244~~ 92 VR BUMED 8741 10/3/94 R
Expanded Bed Capacity[2]:	718

SPW BUMED 8741 9/23/94 R

[1]Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2]The number of beds that can be used in wards or rooms designed for patient bed. Beds are spaced on 6 foot centers and include imbedded electrical and gas (oxygen and vacuum) utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electric utilities is not considered in this definition.

ENCLOSURE (1)

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	136
Set Up Beds[1]:	~~887~~ 92
Expanded Bed Capacity[2]:	887

BUMED MED 825 GSA 6/14/94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	107,360	72,668	31,710	211,738
ADMISSIONS	2,186	969	668	3,822
LABORATORY TESTS (WEIGHTED)[1]				2,257,886
RADIOLOGY PROCEDURES (WEIGHTED)[1]				147,541
PHARMACY UNITS (WEIGHTED)[1]				552,087
OTHER (SPECIFY)				0

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

The source for the above data is the Worldwide Outpatient Reporting System (WORS) and Statistical Assignment Sets 002 and 003 of the DOD Medical Expense and Performance Reporting System (MEPRS) neither of which collects ancillary data by beneficiary status.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS				215,992
ADMISSIONS				4,067
LABORATORY TESTS (WEIGHTED)[1]				3,521,551
RADIOLOGY PROCEDURES (WEIGHTED)[1]				265,095
PHARMACY UNITS (WEIGHTED)[1]				553,486
OTHER (SPECIFY)				

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

WORKLOAD AND PERFORMANCE DATA CONTAINED IN THE MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM AND THE WORLDWIDE OUTPATIENT REPORTING SYSTEM DOES NOT IDENTIFY PATIENT CATEGORIES FOR THE ABOVE ANCILLARY DATA

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS				264,672
ADMISSIONS				7,305
LABORATORY TESTS (WEIGHTED)[1]				1,610,096
RADIOLOGY PROCEDURES (WEIGHTED)[1]				32,102
PHARMACY UNITS (WEIGHTED)[1]				654,311
OTHER (SPECIFY)				

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

Radiology and Laboratory procedures are unfactored vice factored values since the source of the CHAMPUS data (MCQA) does not provide factored CHAMPUS values. The Pharmacy unit number reflect ONLY the FY93 direct care weighted value since CHAMPUS data is not available.

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	28	28	28	28	28	28	28	28
SPECIALTY CARE[2]	36	36	36	36	36	36	36	36
PHYSICIAN EXTENDERS[3]	7	7	7	7	7	7	7	7
INDEPENDENT DUTY CORPSMEN	15	15	15	15	15	15	15	15
TOTAL	86	86	86	86	86	86	86	86

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

The above provider staffing is based on the most recent Authorized Manning Document (AMD).

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	10,881
SPECIALTY CARE[2]	12,882
PHYSICIAN EXTENDER[3]	114
TOTAL	23,847

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

The source of this data is the Managed Care Query Application (MCQA).

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 5,106,784,000

Kenosha County	128,000
Racine County	175,000
Dupage County	782,000
Cook County	5,105,000,000
Lake County	516,000
McHenry County	183,000

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Northwest Community Hospital	Other	18		
EHS Good Shepherd Hospital	Church	18		MOU/Health Direct
MacNeal Hospital	Other	34		MOU/Health Direct
Bethany Hospital	Other	30		MOU/Health Direct
Chicago Osteopathic Hospital and Medical Centers	Other	9		
Chicago-Read Mental Health Ctr	State	25		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Children's Memorial Hospital	Children's	28		
Columbus Hospital	Church	28		
Cook County Hospital	County	31		
Doctor's Hospital of Hyde Park	Other	38		
Edgewater Medical Center	Corporation	23		
Grant Hospital of Chicago	Other	28		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
HCA Chicago Lakeshore Hospital	Corporation	25		
Holy Cross Hospital	Other	37		MOU/Health Direct
Illinois Masonic Medical Center	Other	27		
Illinois State Psychiatric Institute	State	31		
Loretto Hospital	Church	29		
Louis A Weiss Memorial Hospital	Other	25		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Mercy Hospital & Medical Center	Church	34		
Methodist Hospital of Chicago	Other	25		
Mount Sinai Hospital and Medical Center of Chicago	Other	33		
Northwestern Memorial Hospital	Other	30		MOU/Health Direct
Norwegian-American Hospital	Other	29		
Our Lady of Resurrection Medical Center	Church	25		
Ravenswood Hospital Medical Ctr	Other	25		
Rehabilitation Institute of Chicago	Other	30		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Resurrection Medical Center	Church	22		
Rush-Presbyterian St. Lukes Medical Center	Other	22		
Saint Cabrini Hospital	Church	31		
Saint Mary of Nazareth Hospital Center	CHurch	29		
Schwab Rehabilitation Hospital and Care Network	Other	33		
Shriners Hopsitals for Crippled Children	Children's	27		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
St. Elizabeth's Hospital	Church	29		
St. Joseph Hospital and Health Care Center	Church	27		MOU/Health Direct
Swedish Covenant Hospital	Church	24		MOU/Health Direct
Thorek Hopsital and Medical Center	Other	26		
University of Chicago Hospitals	Other	38		MOU/Health Direct

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
University of Illinois Hospital and Clinics	State	31		
Veterans Administration West Side Medical Center	VA	31		
Veterans Affiars Lakeside Medical Center	VA	30		
Forest Hospital	Individual	34		MOU/Health Direct
Hospital Family Hospital	Other	34		
EHS Good Samaritan Hospital	Church	35		MOU/Health Direct

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Elgin Mental Health Center	State	32		
Saint Joseph Hospital	Church	32		MOU/Health Direct
Sherman Hospital	Other	26		
Alexian Brothers Medical Center	Church	22		MOU/Health Direct
Elmhurst Memorial Hospital	Other	29		
Evanston Hospital	Other	16		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
St. Francis Hospital	Church	21		MOU/Health Direct
HCA Riveredge Hospital	Corporation	30		
Delnor-Community Hospital	Other	38		
Glenoaks Medical Center	Church	29		
Highland Park Hospital	Other	9		Partnership/MOU-Health Direct
Veterans Affairs Edward Hines Jr., Hospital	VA	31		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Hinsdale Hospital	Church	34		
Surburban Hospital and Sanitarium of Cook County	Hospital District	34		
HCA Woodland Hospital	Corporation	22		
Hoffman Estates Medical Center	Corporation	22		
LaGrange Memorial Health Systems	Other	36		
Lake Forest Hospital	Other	5		MOU/Health Direct

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Condell Medical Center	Other	5		MOU/Health Direct
Foster G. McGraw Hospital Loyola Univ or Chicago	Other	30		
Northern Illinois Medical Center	Other	22		MOU/Health Direct
Gottleib Memorial Hospital	Other	28		MOU/Health Direct
Westlake Community Hospital	Other	28		MOU/Health Direct
VA Medical Center North Chicago	VA	0		Contract/MOU

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Oak Park Hospital	Church	30		
West Suburban Hospital Medical Center	Other	29		
Lutheran General Health System	Church	21		
Rush North Shore Medical Center	Other	19		
CPC Streamwood Hospital	Corporation	26		
St. Therese Medical Center	Church	2		MOU/Health Direct

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Victory Memorial Hospital	Other	2		MOU/Health Direct
Marianjoy Rehabilitation Hospital and Clinics	Church	33		
Central Dupage Hospital	Other	34		MOU/Health Direct
Woodstock Memorial Hospital	Other	31		
Midwestern Regional Medical Center	Corporation	9		
Memorial Hospital	Other	30		

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
Kenosha Hopsital and Medical Center	Other	18		
St. Catherine's Hospital	Church	20		
St. Mary's Medical Center	Church	27		
St. Luke's Hospital	Other	27		

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Northwest Community Hospital	390	Y	76.5	Med/Surg
EHS Good Sheperd Hospital	162	Y	54.9	Med/Surg
MacNeal Hospital	427	Y	50.1	Med/Surg
Bethany Hospital	146	Y	70.5	Med/Surg
Chicago Osteopathic Hospital	262	N	46.9	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Chicago-Read Mental Health Center	594	N	90.1	Med/Surg
Children's Memorial Hospital	240	Y	80.4	General
Columbus Hospital	302	Y	66.6	Med/Surg
Cook County Hospital	932	Y	72.1	Med/Surg
Doctors Hospital of Hyde Park	141	Y	57.2	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Edgewater Medical Center	173	Y	71.1	Med/Surg
Grant Hospital of Chicago	337	Y	63.1	Med/Surg
HCA Chicago Lakeshore Hospital	102	Y	65.7	Psychiatric
Holy Cross Hospital	319	Y	75.9	Med/Surg
Illinois Masonic Medical Center	703	Y	81.2	Med/Surg

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.
[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Illinois State Psychiatric Institute	182	Y	79.1	Psychiatric
Loretto Hospital	185	Y	54.7	Med/Surg
Luois A. Weiss Memorial Hospital	288	Y	70.0	Med/Surg
Mercy Hospital & Medical Center	488	Y	68.2	Med/Surg
Methodist Hospital of Chicago	189	Y	48.3	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Mount Sinai Hospital & Med Center of Chicago	357	Y	77.6	Med/Surg
Northwestern Memorial Hospital	674	Y	64.0	Med/Surg
Norwegian-American Hospital	206	Y	53.9	Med/Surg
Our Lady of Resurrection Med Ctr	273	Y	73.6	Med/Surg
Ravenswood Hospital Med Ctr	333	Y	76.6	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Rehabilitation Institute of Chicago	176	Y	86.9	Rehabilitation
Resurrection Medical Center	691	Y	83.6	Med/Surg
Rush-Presbyterian, St. Luke's Medical Center	823	Y	80.0	Med/Surg
Saint Cabrini Hospital	190	N	57.5	Med/Surg
Saint Mary of Nazareth Hospital Center	285	Y	79.3	Med/Surg

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Schwab Rehabilitation Hospital and Care Network	77	Y	85.7	Rehabilitation
Shriner's Hospitals for Crippled Children	60	Y	48.3	Orthopaedic
St. Elizabeth's Hospital	226	Y	72.9	Med/Surg
St. Hoseph Hospital & Health Care Center	493	Y	60.2	Med/Surg
Swedish Covenant Hospital	285	Y	82.5	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Thorek Hospital and Medical Center	136	Y	53.6	Med/Surg
University of Chicago Hospital	610	Y	81.8	Med/Surg
University of Illinois Hospital and Clinics	415	Y	75.3	Med/Surg
Veterans Administration West Side Medical Center	385	Y	78.2	Med/Surg
Veterans Affairs Lakeside Medical Center	262	Y	74.8	Med/SUrg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Forest Hospital	170	Y	45.3	Psychiatric
Holy Family Hospital	252	Y	41.0	Med/Surg
EHS Good Samaritan Hospital	316	Y	66.8	Med/Surg
Elgin Mental Health Center	784	Y	96.8	Psychiatric
Saint Joseph Hospital	280	Y	41.1	Med/Surg

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sherman Hospital	341	Y	55.1	Med/Surg
Alexian Brothers Medical Center	381	Y	59.8	Med/Surg
Elmhurst Memorial Hospital	388	Y	66.8	Med/Surg
Evanston Hospital	557	Y	80.9	Med/Surg
St. Francis Hospital	560	Y	70.0	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
HCA Riveredge Hospital	210	Y	64.8	TB/Respiratory Diseases
Delnor-Community Hospital	118	Y	67.8	Med/Surg
Glenoaks Medical Center	122	Y	53.3	Med/Surg
Highland Park Hospital	293	Y	52.6	Med/Surg
Veterans Affairs Edward Hines Jr. Hospital	1022	Y	78.4	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Hinsdale Hospital	436	Y	57.1	Med/Surg
Surburban Hospital and Sanitarium of Cook County	70	Y	67.1	Psychiatric
HCA Woodland Hospital	100	Y	33.0	Psychiatric
Hoffman Estates Medical Center	185	Y	66.5	Med/Surg
LaGrange Memorial Health Systems	246	Y	68.8	Med/Surg

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Lake Forest Hospital	249	Y	75.9	Med/Surg
Condell Medical Center	175	Y	62.3	Med/Surg
Foster G. McGraw Hospital Loyola Univ of Chicago	561	Y	86.8	Med/Surg
Northern Illinois Medical Center	158	Y	65.2	Med/Surg
Gottleib Memorial Hospital	252	Y	60.3	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Westlake Community Hospital	230	Y	72.0	Med/Surg
VA Medical Center North Chicago	1000	Y	82.2	Med/Surg
Oak Park Hospital	190	Y	62.1	Med/Surg
West Suburban Hospital Medical Center	370	Y	40.5	Med/Surg
Lutheran General Health System	643	Y	79.7	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Rush North Shore Medical Center	240	Y	70	Med/Surg
CPC Streamwood Hospital	100	Y	35	Psychiatric
St. Therese Medical Center	254	Y	63.4	Med/Surg
Victory Memorial Hospital	279	Y	58.1	Med/Surg
Marianjoy Rehabilitation Hospital and Clinic	106	Y	87.7	Rehabilitation

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.
[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Central Dupage Hospital	338	Y	60.9	Med/Surg
Woodstock Memorial Hospital	137	Y	48.2	Med/Surg
Midwestern Regional Medical Ctr	85	Y	52.9	Other
Memorial Hospital	89	Y	44.9	Med/Surg
Kenosha Hospital and Medical Center	147	Y	44.9	Med/Surg

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
St. Catherine's Hospital	184	Y	60.3	Med/Surg
St. Mary's Medical Center	226	Y	66.8	Med/Surg
St. Luke's Hospital	219	Y	66.2	Med/Surg

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

UIC: 0620A

	EDUCATIONAL INSTITUTION:	
X	FORMAL SCHOOL:	Navy Hospital Corps School
	CAX	

Type of Training Facility/CCN	School	Type of Training	FY 1994 Requirement			FY 2001[1] Requirement		
			A	B	C	A	B	C
171-20 Cl.	HM A	IS(E)	3,094	362	1,120,028	2,592	362	938,304
171-20 Lab	HM A	IS(E)	3,094	198[2] [3]	612,612	2,592	198	513,216

A= Students per year
B= Number of hours each student spends in this training facility for the type of training received.
C= A x B

[1] Based upon extrapolating FY97/8 data.

[2] 12 hours are conducted at the Great Lakes Navy Hospital.

[3] 76 hours are conducted at the North Chicago Veterans Affairs Medical Center.

UIC: 0620A

	EDUCATIONAL INSTITUTION:	
X	FORMAL SCHOOL:	Navy Hospital Corps School
	CAX	

Type Training Facility/CCN	Total Number	Design Capacity (PN)	Capacity [1] (Student HRS/YR)
171-20 CL	14	55	1,540,000
171-20 Lab	5	55	550,000

[1] Based on 8 hours per day, 250 days per year.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

C.R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/27/94
Date

NAVAL HOSPITAL GREAT LAKES
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

Signature

15 JUN 1994

ACTING CHIEF BUMED
Title

Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM
NAME (Please type or print)

Signature

ACTING
Title

28 JUN 1994
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

C. R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

26 Sep 1994
Date

Naval Hospital, Great Lakes, IL
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/3/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING

Title 10 OCT 1994 Date

376

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NH GREAT LAKES
ACTIVITY UIC: 00211

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

Naval Hospital Great Lakes provides continuously improving, high quality health care to satisfy customer needs and meet the mission of the Uniformed Services.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
Service Schools Command	43906	Great Lakes, IL	1281
Naval Hospital	00211	Great Lakes, IL	
Recruit Training Command	0763A	Great Lakes, IL	459
Naval Training Center	00210	Great Lakes, IL	389
Naval Dental Clinic	68326	Great Lakes, IL	228
MEPCOM	PCW37NAA	Great Lakes, IL	116
Transient Personnel Unit	32458	Great Lakes, IL	39
Navy Brig	45822	Great Lakes, IL	31
Office of Medical/Dental Affairs	68092	Great Lakes, IL	
Naval Dental Research Institute	65786	Great Lakes, IL	20
Naval Hospital Corps School	0620A	Great Lakes, IL	151
Naval Drug Screening Lab	68849	Great Lakes, IL	8
Naval Air Station Glenview	00275	Glenview, IL	
Construction Battalion Unit 401	66446	Great Lakes, IL	70
DRMO	SX1335		

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
Personnel Support Activity	68598	Great Lakes, IL	
REDCOM-13	68330		
U.S.A. Medical Department (Veterinary Corps)	W58CFB	Great Lakes, IL	
Navy Public Works Center	65113	Great Lakes, IL	
Coast Guard Air Station	Z70099	Chicago, IL	
NAVDAF	68579	Great Lakes, IL	
MEPCOM Chicago	PCS1VBAA	Chicago, IL	38
MEPCOM Milwaukee	PCW191AA	Milwaukee, WI	23
Navy Legal Services	68369	Great Lakes, IL	22

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

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3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	2151	114006	8.00	35.13
ACTIVE DUTY NON N/MC	206	8742	3.20	2.08
TOTAL ACTIVE DUTY	2357	122748		37.21
FAMILY OF AD	952	69078	1.84	4.42
RETIRED AND FAMILY MEMBERS UNDER 65	334	17664	3.30	5.39
RETIRED AND FAMILY MEMBERS OVER 65	266	15296	3.30	5.39
OTHER	0	0	0	0
TOTAL	3909	224786		47.02

What is your occupancy rate for FY 1994 to date? 35.3%

Revised pg

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	2151	114006	8.00	35.13
ACTIVE DUTY NON N/MC	206	8742	3.20	2.08
TOTAL ACTIVE DUTY	2357	122748		37.21
FAMILY OF AD	952	69078	1.84	4.42
RETIRED AND FAMILY MEMBERS UNDER 65	600	32960	3.30	5.39
RETIRED AND FAMILY MEMBERS OVER 65	0	0	0	0
OTHER	0	0	0	0
TOTAL	3909	224786		47.02

What is your occupancy rate for FY 1994 to date? 35.3%

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	259,451	307,519	331,932	333,317	333,848	333,848	333,848
ADMISS.	4,512	5,348	5,772	5,796	5,806	5,806	5,806

Please show all assumptions and calculations in the space below:

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training, rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service	not known	not known
Physical Fitness		
MWR		
BEQ		
Gate Guard/Security		
TOTAL =	56.32	

BUMED-822
MJS, 14 Jun 99

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
ORAL AND MAXILLOFACIAL SURGERY/RESIDENCY	2	1	1	1	1	1	1	1
DENTAL GENERAL PRACTICE RESIDENCY	4	5	5	5	5	5	5	5

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
ORAL AND MAXILLOFACIAL SURGERY	F	80%	ACCREDITED BY AMERICAN DENTAL ASSOCIATION NOT ACGME
GENERAL PRACTICE RESIDENCY	F	NA	ACCREDITED BY AMERICAN DENTAL ASSOCIATION NOT ACGME

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

NOTE: The following table summarizes the buildings maintained on inventory record under UIC 00211. BRMEDCL NRTC GLAKES, UIC 45009, and BRMEDCL NTC GLAKES, UIC 32579, are included in this summary since these facilities are Class II real property assets recorded under UIC 00211. BRMEDCL NRTC-IN GLAKES, UIC 45009, is a Class II real property asset recorded under UIC 00210. BRMEDCL MCSA KANS CITY, UIC 47522, and BRMEDCL CLEVELAND, UIC 46387, utilize GSA leased space; therefore, there is no real property record maintained.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
61010	1H, ADMIN, HRO	13,413	85	ADEQ
31013	LABORATORY	4,075		ADEQ
31013	LABORATORY	1,478		SBST
31029	ANIMAL LAB	1,761		ADEQ
31029	ANIMAL LAB	549		SBST
61010	INSTRUCTION	3,568		SBST
31031	MED LABORATORY	4,489		ADEQ
31031	MED LABORATORY	3,892		SBST
14160	PHOTO LAB	650		ADEQ
14160	PHOTO LAB	35		SBST
31915	COLD STORAGE	1,010		ADEQ
31915	COLD STORAGE	88		SBST
31025	BIOLOGICAL LAB	3,585		ADEQ
31025	BIOLOGICAL LAB	971		SBST
17110	INSTRUCTION	1,677		ADEQ
17110	INSTRUCTION	1,002		SBST
61010	ADMIN, NDRI	3,188		ADEQ
61010	ADMIN, NDRI	1,005		SBST
72112	14H, BEQ E5-E6	28,084	52	SBST
72113	BEQ E7-E9	2,250		SBST
72112	14B-H, BEQ MC E5	1,168 12,440	51	SBST
72111	BEQ E1-E4			SBST
51010	38H, HOSP SAFETY	1,800	48	ADEQ
51010	FAC MGMT	5,919		ADEQ
53020	DRUG LAB	16,936		ADEQ
61010	OMDA	18,395		ADEQ
31029	43H, ANIMAL LAB	4,489	85	ADEQ
31029	ANIMAL LAB	1,398		SBST
32110	TECH SVCS LAB	590		ADEQ
61010	ADMIN	582		ADEQ
61010	ADMIN	184		SBST
17125	COLD STORAGE	528		ADEQ
17125	COLD STORAGE	1,125		SBST
31031	MED LAB	2,726		ADEQ
31031	MED LAB	2,205		SBST
61077	ADMIN STORAGE	385		ADEQ
61077	ADMIN STORAGE	568		SBST
21910	68H, PEST CONTROL	6,210	52	ADEQ
14310	GARAGE	6,030		ADEQ
54010	73, DENTAL ADMIN	13,602	51	ADEQ
74037	79H, GARAGE	1,600	49	ADEQ
74043	80H, GYM	11,000	48	ADEQ
74053	INDOOR POOL	9,988		ADEQ
51077	81H, MED STORAGE	51,244	52	ADEQ
61010	ADMIN	3,680		ADEQ
51077	STORAGE	2,700		ADEQ
73075	89H, PUBLIC TOILET	210	25	ADEQ
73010	108H, FIRE STATION	3,680	51	ADEQ
73025	109A, SENTRY BLDG	80	4	ADEQ
51077	111H, STORAGE	3,224	42	ADEQ
72114	128H, BEQ A SCHOOL	28,100	24	ADEQ
72114	129H, BEQ A SCHOOL	81,172	25	ADEQ
17120	130H, HOS CORPS SCHL	83,420	20	ADEQ
72111	131H, BEQ A SCHOOL	126,572	1	ADEQ

54010	152, LABORATORY	3,744	50	ADEQ
74001 51010 21870 73081 74009 74004	200H, NEX HOSPITAL MED REPAIR SUBSTANCE ABUSE NEX MISC. NEX CAFETERIA	3,781 467,649 2,000 13,975 1,103 2,786	34	ADEQ ADEQ ADEQ ADEQ ADEQ ADEQ
89009	211H, KITCHEN EXHAUST	1,105	34	ADEQ
51077	212H, OXYGEN STORAGE	600	34	ADEQ
51077	218H, STORAGE	280	32	ADEQ
72111	219H, BEQ	41,381	29	ADEQ
55010 14310 54010	237, MED CLINIC GARAGE DENTAL CLINIC	30,969 1,520 20,000	18	ADEQ ADEQ ADEQ
54010 55010	1017, DENTAL CLINIC MED CLINIC	27,304 48,307	30	ADEQ ADEQ

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-301	Bachelor Enlisted Quarters (E1-E4) Construction (Building 131H)	1990	$9.8M

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-500	Naval Hospital Modernization (Building 200H)	1997	$14.7M

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-569	Collocate Army/Navy Dental Research Institutes (Various Buildings)	1995	$5.2M

P-584	NTC Branch Medical Clinic Expansion (Building 237)	1995	$5.9M
P-586	RTC Inprocessing Clinic Expansion (Building 1523)	1995	$3.9M
P-590	RTC Branch Medical Clinic Expansion (Building 1017)	1995	$3.1M
P-604	RTC Branch Dental Clinic Expansion (Building 1017)	1995	$9.3M

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME NDRI Building 1H				
2. UIC N68509	3. CATEGORY CODE 61010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 46,436	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY GREAT LAKES		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	90	10		B12	
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	90	10		B12	
(8) LOGISTICS	95	5		B12	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	95	5		A11	
(B) HVAC	90	10		A01,E01	
(C) PLUMBING	90	10		A02	
(D) ELECTRICAL SVCS.	95	5		A06	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BEQ 14H				
2. UIC N00211	3. CATEGORY CODE 72112	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 30,334	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				

(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	95	5		B12	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	95	5		A02	
(D) ELECTRICAL SVCS.	95	5		A05	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BEQ 14BH				
2. UIC N00211	3. CATEGORY CODE 72111	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 13,608	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	5	95		B12	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	95	5		A02	
(D) ELECTRICAL SVCS.	95	5		A05,B03	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME NDSL Building 38H				
2. UIC N00211	3. CATEGORY CODE 61010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 43,050	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	95	5		A11	
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 56

1. FACILITY NAME NDRI Building 43H

2. UIC N68509	3. CATEGORY CODE 31029	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 14,780	B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY GREAT LAKES	B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	95	5		A12	
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	95	5		A12	
(8) LOGISTICS	95	5		A12	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	95	5		A01	
(C) PLUMBING	95	5		A02	
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	95	5		A06	
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 56

1. FACILITY NAME PEST CONTROL (PWC) GARAGE (NAVHOSP) Building 68H			
2. UIC N00211	3. CATEGORY CODE 21910	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 12,240	B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY Great Lakes	B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B HVAC	95	5		A01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 56

1. FACILITY NAME NAVAL DENTAL CENTER Building 73

2. UIC N00211	3. CATEGORY CODE 54010	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 13,602	B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY Great Lakes	B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	95	5		A11	
(B) HVAC	95	5		E01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	95	5		E03	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME GARAGE Building 79H				
2. UIC N00211	3. CATEGORY CODE 74037	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 1,600	B. NORMAL BEDS N/A		C.DTRS N\A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME GYM/POOL Building 80H				
2. UIC N00211	3. CATEGORY CODE 74043	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 20,988	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	95	5	A12		
(B) HVAC	95	5	A01		
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	95	5	E03		
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 56

1. FACILITY NAME MEDICAL STORAGE Building 81H

2. UIC N00211	3. CATEGORY CODE 51077	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 57,624	B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY Great Lakes	B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	95	5		A11	
(B) HVAC	95	5		A01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	95	5		A05	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME PUBLIC TOILET Building 89H				
2. UIC N00211	3. CATEGORY CODE 73075	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 210	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME FIRE STATION Building 108H					
2. UIC N00211	3. CATEGORY CODE 73010		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 3,680		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes			B.STATE IL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	90	10		F09	
(B) HVAC	90	10		A01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME SENTRY BLDG 109AH				
2. UIC N00211	3. CATEGORY CODE 73025	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 80	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	N/A				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME VETRINARIAN CLINIC Building 111H				
2. UIC N00211	3. CATEGORY CODE 51077	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 3,224	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BEQ 128H				
2. UIC N00211	3. CATEGORY CODE 72114	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 28,100	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BEQ 129H				
2. UIC N00211	3. CATEGORY CODE 72114	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 81,172	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 56

1. FACILITY NAME HOSPITAL CORPS SCHOOL Building 130H

2. UIC N00211	3. CATEGORY CODE 17120	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 83,420	B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY Great Lakes	B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	95	5		A01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 56

1. FACILITY NAME BEQ 131H			
2. UIC N00211	3. CATEGORY CODE 72111	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 126,572	B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY Great Lakes	B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	ADEQUATE	SUBSTANDARD	INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME DENTAL LABORATORY Building 152					
2. UIC N00211	3. CATEGORY CODE 54010		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 3,744		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes			B.STATE IL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	95	5		B12	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	95	5		E03	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 56

1. FACILITY NAME NAVAL HOSPITAL Building 200H

2. UIC N00211	3. CATEGRY CODE 51010	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 491,294	B. NORMAL BEDS 244	C.DTRS 13
6. LOCATION	A. CITY Great Lakes	B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	95	5		A12	
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	95	5		B12	
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	95	5		A11	
(B) HVAC	95	5		A02,C02	
(C) PLUMBING	95	5		A03	
(D) ELECTRICAL SVCS.	95	5		C03	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME KITCHEN EXHAUST Building 211H				
2. UIC N00211	3. CATEGRY CODE 89009	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 1,105	B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	N/A				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME OXYGEN STORAGE Building 212H					
2. UIC N00211	3. CATEGORY CODE 51077		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 600		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY Great Lakes			B.STATE IL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	N/A				
(C) PLUMBING	N/A				
(D) ELECTRICAL SVCS.	95	5		B15	
(E) ELECTRICAL DISTRIBUTION	N/A				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 56

1. FACILITY NAME Storage Building 218H			
2. UIC N00211	3. CATEGORY CODE 51077	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 280	B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY Great Lakes	B STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100			C09	
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	95	5		E03	
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 56

1. FACILITY NAME BEQ 219H			
2. UIC N00211	3. CATEGORY CODE 72111	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 41,381	B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY Great Lakes	B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100			E13	
(B) HVAC	100				
(C) PLUMBING	95	5		C02	
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BRANCH CLINIC Building 237				
2. UIC N00211	3. CATEGORY CODE 55010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 52,489	B. NORMAL BEDS N/A		C.DTRS 35
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME BRANCH CLINIC, RTC Building 1017				
2. UIC N00211	3. CATEGORY CODE 55010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 52,489	B. NORMAL BEDS N/A		C.DTRS 45
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	95	5		E09	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	90	10		A12	
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	95	5		A01,C01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO 56
1. FACILITY NAME MEDICAL/DENTAL INPROCESSING CLINICS Building 1523				
2. UIC N00210	3. CATEGORY CODE 55010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 31,460	B. NORMAL BEDS N/A		C.DTRS 16
6. LOCATION	A. CITY Great Lakes		B.STATE IL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character

- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters

- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: August 1991
FULL ACCREDITATION: YES
LIFE SAFETY MANAGEMENT SCORE: 4/2 (Record as 1,2,3,4,or 5)

Original score received during the JCAHO Survey in August 1991 was 4. After reviewing a written progress report submitted by Naval Hospital in January 1993, JCAHO changed the score to 2 in June 1993.

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported? **Response: The Naval Hospital is located less than 1/2 mile from the Recruit Training Command (AOB 59,000 projected) and Service School Command (AOB 8000 projected). Additionally, over 60% of total beneficiary population served reside within 20 miles.**

b. What are the nearest air, rail, sea and ground transportation nodes?
Response: Milwaukee Int'l Airport
Ohare Int'l Airport (Chicago)
AMTRAK (Chicago)
Greyhound Bus (Chicago/Milwaukee)
Local Bus and Taxi readily available
Commuter Trains to/from Milwaukee & Chicago
Waukegan Regional Airport, Waukegan, IL

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): **10 Waukegan Airport**
25 Ohare Int'l Airport
35 Milwaukee Int'l Airport

d. What is the importance of your location given your mobilization requirements?
Response: Naval Hospital Great Lakes is located between Milwaukee and Chicago with easy access to both airports. The area is rich in providers of all specialties with over 100 hospitals (5 teaching) with an average occupancy rate of less than 70%.

e. On the average, how long does it take your current clients/customers to reach your facility?
Response: Active Duty patients - less than 15 minutes.
Patients living within 20 miles - 30-45 minutes.
Patients living greater than 20 miles - 1 hour or more.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

NONE

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

Response: The Naval Hospital supports Branch Clinics located at the Recruit Training Center and Naval Training Center. These Branch Clinics provide primary health care for all recruits, Service School Command students, and staff. If the facility were closed, the local community could readily absorb the additional patient load in the form of dependents, retirees and dependents of retirees. However, health care issues specific to the active duty personnel would be difficult to manage, especially in terms of returning the service members to duty, medical boards, etc.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

Response: Yes. However, if no change to the beneficiary population includes the active duty personnel. Problems identified in the preceding response would exist. Bottom line - there are enough civilian providers and hospitals in the area to handle any additional patient load. There are no provisions to manage active duty patients from an administrative aspect.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Response: Yes. Naval Hospital Great Lakes is located in a corridor between Chicago and Milwaukee. This area has an extraordinary abundance of providers and treatments facilities. As other documentation demonstrates, there are over 25,000 providers of all medical specialties located within the catchment area. Additionally there are over 100 hospitals (5 teaching) in the catchment area.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

Response: Yes. There are over 100 hospitals (approximately 20K beds) in the catchment area, with an average occupancy rate of less than 70%. Enclosed documentation provides specific facility data.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS GUADALCANAL (LPH-7)	07352	6
2D MARINE DIVISION CAMP LEJ	08321	41
USS INCHON (LPH-12)	20009	1
USS SAIPAN (LHA-2)	20632	2
USS BELLEAU WOOD (LHA-3)	20633	1
DET A, 1ST MARINE AIR WING	41975	2
FLEET HOSPITAL #15 (500-CBTZ)	45399	3
USNS COMFORT (T-AH 20)	46246	15
FLEET HOSPITAL #20 (500-CBTZ)	46977	85
2D MARINE AIR WING	57080	5
U.S. NAVHOSP GUANTANAMO BAY	61564	11
ASWBPL I, MACGUIRE AFB	65388	3
U.S. NAVAL HOSPITAL NAPLES	66096	23
2D FORCE SERVICE SUPPORT GROUP	68408	13
FLEET HOSPITAL #1 (250-CBTZ)	68681	2
FLEET HOSPITAL #2 (250-CBTZ)	68682	1
FLEET HOSPITAL #2 (500-CBTZ)	68683	183
FLEET HOSPITAL #4 (500-CBTZ)	68684	5
FLEET HOSPITAL #5 (500-CBTZ)	68685	34
2D MARDIV (ADV. ELEMENT)	MPS2D	2
2D FSSG (ADV. ELEMENT)	MPS2F	9

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

	Hours spend in operational training	FTE	Mobilization Staff FTE
Physicians	607	.30	
Dentists	444	.22	
DirCare Prof	145	.07	
Nurse	1070	.53	
DirCare Para	3778	1.87	
Admin/Log	2075	1.03	4.00

Since there are not enough FTEs by direct health care providers in operational training, measurable patient workload would not have been generated or recaptured. However, it can be assumed that without operational requirements or training and staff to monitor it, that the 6.90 FTE's of Direct Care Para-professional and Admin/Logistic could have been reassigned within the command instead of requiring additional billets under BRAC.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 718 - R

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

ENCLOSURE (2)

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

	Hours spend in operational training	FTE	Mobilization Staff FTE
Physicians	607	.30	
Dentists	444	.22	
DirCare Prof	145	.07	
Nurse	1070	.53	
DirCare Para	3778	1.87	
Admin/Log	2075	1.03	4.00

Since there are not enough FTEs by direct health care providers in operational training, measurable patient workload would not have been generated or recaptured. However, it can be assumed that without operational requirements or training and staff to monitor it, that the 6.90 FTE's of Direct Care Para-professional and Admin/Logistic could have been reassigned within the command instead of requiring additional billets under BRAC.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 718

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	2253	1856	876
OUTPATIENT	473	301	111

13. Supplemental Care. Please complete the following table for supplemental care:

DATA UNAVAILABLE

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD						
AD FAMILY						
OTHER						
TOTAL						

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

R

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992 R	FY 1993 R	FY 1994 *
TOTAL COSTS	20,597,191 ~~32,629,815~~	23,052,339 ~~34,792,984~~	6,497,269
TOTAL OUTPATIENT VISITS	~~343,499~~ 154,059	~~405,247~~ 215,992	111,165
AVERAGE COST PER VISIT	~~94.17~~ 133.70	~~84.96~~ 106.73	58.09

*FY1994 data not available at BUMED on EIS Numbers not changed. CFW

51R CFW BUMED-823
11/1/94

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	32,629,815	34,792,984	6,497,269
TOTAL OUTPATIENT VISITS	343,499	405,247	111,165
AVERAGE COST PER VISIT	94.17	84.96	58.09

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

TABLE A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	18,076,949	18,124,228	2,859,597

TABLE B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	40,757	120,382	25,707
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	589,433	611,536	135,953
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	630,190	731,918	161,660
E. TOTAL E EXPENSES (ALL ACCOUNTS)	33,569,364	27,469,820	4,458,074
F. % SELECTED E EXPENSES (D/E)*	0.018772	0.026644	0.036262

* Record as a decimal to 6 digits.

(See p. 56R)

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AMSS, 14 Jun 94

TABLE C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	5,399,706	5,772,393	816,633
H. E EXPENSES TO REMOVE FROM MEPRS A (F*G)	101,363	153,799	29,612
I AREA REFERENCE LABORATORIES (FAA)	0	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	0
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	609,252	563,993	136,508
M. DECEDENT AFFAIRS (FDD)	42,314	45,592	5,809
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	651,566	609,585	142,317
Q. E EXPENSES INCLUDED IN ROW P	34,965	51,623	6,388
R. E EXPENSES TO REMOVE FROM ROW P (P*Q)	656	1,375	231
S. OTHER F'S LESS E (P-R)	650,910	608,210	142,086

TABLE D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	3530.4412	3623.6200	812.2556
U. TOTAL WORK UNITS (MWUS)	12,734.6431	13,111.1549	3334.2252
V. PERCENT INPATIENT (IWU/MWU)	0.277231	0.276376	0.243611
W. FINAL OTHER F EXPENSES (S*V)	180,452	168,094	34,613
X. FINAL F EXPENSES (K+W)	180,452	168,094	34,613
Y. TOTAL CETEGORY III EXPENSES (A-H+X)	18,156,038	18,138,523	2,864,598

(See p. 56R)

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TABLE D:

CATEGORY	FY 1992	FY 1993	FY 1994
Z. NUMBER OF BIOMETRICS DISPOSITIONS	3751	3850	863
AA. TOTAL MEPRS DISPOSITIONS	3751	3850	863
BB. ADJUSTED DISOSITIONS (Z/AA)	1	1	1
CC. ADJUSTED MEPRS EXPENSES (Y*BB)	18,156,038	18,138,523	2,864,598
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	3516.234	2082.1995	763.7364
EE. COST PER RWP (CC/DD)	5,164	8,711	3,751
FF. TOTAL CATEGORY II RWPS	1130.4843	1809.2490	172.4905
GG. TOTAL CATEGORY II COST (EE*FF)	5,837,821	15,760,368	647,012
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	12,318,217	2,378,155	2,217,586
II. TOTAL CATEGORY III RWPS (DD-FF)	2385.7497	272.9505	591.2459
JJ. COST PER CATEGORY III RWP (HH/II)	5,163	8,173	3,751

2. Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

3. Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Exceeding Length of Stay (ADELS). **Due to system problems with the RCMAS system at NAVHOSP Great Lakes, we are unable to verify accuracy of the RWP and OBD category data. For example, when we retreive admission numbers for FY93, the RCMAS system provider admission statistics for 18 months, vice 12 months. This problem has been reported. Due to this discrepancy, the validity of the data used for this enclosure is questionable.**

	FY92 RWPs	FY92 OBD	FY93 RWPs	FY93 OBD	FY94 RWPs	FY94 OBD
Period Totals	**3516.234**	**26733**	**2082.1995**	**22359**	**763.7364**	**4337**
Potential Outpt Proc.	**856.8160**	**3081**	**538.1690**	**1833**	**172.4905**	**143**
DXNNH	**5.8843**	**54**	**3.7995**	**17**	**0**	**0**
Outlier LOS Active	**267.7840**	**3847**	**1267.2805**	**16499**	**0**	**0**

(See p. 56R)

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MAA, 14 Jun 94

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MSL, 14 Jun 94

ABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDS (OCCUPIED BED DAYS)	26,733	22,359	4,337
LL. CATEGORY II (AS DEFINED IN FF) OBDs	6,982	18,349	143
MM. CATEGORY III OBDs (KK-LL)	19,751	4,010	4194
NN. AVERAGE DAYS/RWP (MM/II)	8.278	14.691	7.093
OO. ADD ON PER RWP (NN*77)	637.406	1131.207	546.161
PP. TOTAL COST PER RWP (JJ+00)	5,800	9,844	4,297
QQ. CIVILIAN PAY COST (PP*.15)	870	1,477	645
RR. MILITARY PAY COST (PP*.56)	3,248	5,513	2,406
SS. OTHER COSTS (PP*.29)	1,682	2,855	1,246
TT. CIVILIAN PAY RAISES (QQ*1.037*1.0297)	928.98	1,577	689
UU. MILITARY PAY RAISES (RR*1.037*1.0165)	3,424	5,811	2,536
VV. UNFUNDED CIVILIAN RETIREMENT (TT*1.147)	1,066	1,809	790
WW. CIVILIAN ASSET USE CHARGE (VV*1.04)	1,109	1,881	822
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3,561	6,043	2,637
YY. OTHER ASSET USE CHARGES (SS*1.04)	1,749	2,969	1,296
ZZ. OTHER COSTS DEFLATOR FACTOR (YY*1.083)	1,894	3,215	1,404
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	6,564	11,139	4,863

(See p. 56R)

BUMED-822
MSS, 14 Jun 94

TABLE A:

NH GREAT LAKES

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	18315583	18344190	

FY 94 NOT CURRENTLY AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	40771	133461	
C. EDUCATION AND TRAINING (EBF)	593243	1134947	
D. TOTAL EXP EBE AND EBF	634014	1268408	0
E. TOTAL E EXPENSES	30177282	31941854	
F. % SELECTED E EXPENSES (D/E)	0.021010	0.039710	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	4651228	5440781	
H. E EXPENSES TO REMOVE FROM A (FxG)	97720.65	216052.9	ERR
I. AREA REF LABS (FAA)	0	0	
J. CLINICAL INVEST (FAH)	0	0	
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	502781	584197	
M. DECEDENT AFFAIRS (FDD)	42525	48713	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	545306	632910	0
E EXPENSE (FAL)	27271	62887	
E EXPENSE (FDD)	8058	12061	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	35329	74948	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	742.2498	2976.178	ERR
S. OTHER F'S LESS E (P-R)	544563.8	629933.8	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	3530.37	4503.27	
U MWU	7856.84	9422.65	
V PERCENT INPATIENT	0.449337	0.47792	ERR
W. FINAL OTHER F EXP (SxV)	244692.7	301057.8	ERR
X FINAL F EXP (K+W)	244692.7	301057.8	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	18462555	18429195	ERR
Z NUMBER BIOMETRICS DISPOS	3638	3707	
AA. TOTAL MEPRS DISP	3751	3852	
BB. ADJ DISPOS (Z/AA)	0.969875	0.962357	ERR
CC ADJ MERPS EXP (YxBB)	17906365	17735469	ERR
DD. TOTAL RWP	3561.244	3743.454	
EE COST PER RWP (CC/DD)	5028.121	4737.728	ERR
CATEGORY II RWPS			
(DXNNH)	4.1785	5.9597	
(PAS)	738.7573	979.0628	
(ADELS)	145.183	177.7676	
FF. TOTAL CAT II RWPS	888.1188	1162.79	0
GG. TOTAL CAT II COST (EExFF)	4465569	5508984	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	13440796	12226485	ERR
II. TOTAL CAT III RWPS (DD-FF)	2673.125	2580.664	0
JJ. COST PER CAT III RWP (HH/II)	5028.121	4737.728	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	23488	20361	
CAT II OBDS			
(DXNNH)	50	45	
(PAS)	2433	2440	
(ADELS)	2627	2914	
LL TOTAL CAT II OBD	5110	5397	0
MM CAT III OBDS (KK-LL)	18378	14964	0
NN. AVG DAYS/RWP (MM/II)	6.875099	5.798508	ERR
OO. ADD ON PER RWP (NNx77)	529.3826	446.4851	ERR
PP. TOTAL COST PER RWP (JJ+OO)	5557.503	5184.214	ERR
QQ. CIVILIAN PAY COST (PPx.15)	833.6255	777.632	ERR
RR. MILITARY PAY COST (PPx.56)	3112.202	2903.18	ERR
SS. OTHER COSTS (PPx.29)	1611.676	1503.422	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	890.1444	830.3546	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3280.605	3060.251	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1308.512	1220.621	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1360.853	1269.446	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3411.829	3182.661	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1676.143	1563.559	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1815.263	1693.334	ERR
ADJ CAT III COST/RWP	6587.945	6145.441	ERR

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15. Quality of Life.

NOTE: Data pertaining to this question was forwarded by Naval Training Center (NTC), Great Lakes, UIC 00210, in responding to Data Call #23 through CNET. Please reference part "D" of the "Features and Capabilities" section of data call #23 as submitted by NTC Great Lakes to obtain the requested data.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time (min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			

Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

C.R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/27/94
Date

NAVAL HOSPITAL GREAT LAKES
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM
NAME (Please type or print)

Signature

ACTING
Title

29 JUN 1994
Date

DEPARTMENT OF THE NAVAL INSTALLATIONS
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Revised pg 5

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

C. R. DE KREY, CAPT, MSC, USN
NAME

Signature

COMMANDING OFFICER
Title

15 Aug 94
Date

NAVAL HOSPITAL, GREAT LAKES
Activity

Revised pg 5

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 8-29-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) — Signature

Title — Date 9/6/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

C. R. DE KREY, CAPT, MSC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

26 Sep 1994
Date

Naval Hospital, Great Lakes, IL
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/3/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 11 OCT 1994 Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X Nov 2, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 11/3/94 Date

Document Separator

377

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL GROTON (UIC 61726)

CATEGORY.....Personnel Support
SUB-CATEGORY.....Medical
TYPES.....Clinics, Hospitals, and Medical Centers

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Groton

MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

2001 Projected (straight line)

TYPE	ACTUAL FY 1993 *			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	16,072	11,321		13,777	9009	
FAMILY OF AD	19,593	13,992		17,511	11,142	
SUBTOTAL	35,665	25,313		31,288	20,151	
RETIRED AND FAMILY MEMBERS UNDER 65	13,793	10,103		13,367	9780	
RETIRED AND FAMILY MEMBERS OVER 65[4]	5,447	3,730		7,230	4929	17369
OTHER	4,393	2,470		2,519	2660	
TOTAL	59,298	41,616		54,404	37,520	

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.
[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.
[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.

*93 Projected based on 92 baseline (per Code 08 instructions)

**Straight line projections based on FY93-FY94 data.

TOTAL P.02

37

Revised pg

Encl (1)

R

NAVAL HOSPITAL GROTON (UIC 61726)

MISSION REQUIREMENTS

1. **Population.** Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY93	PROJ FY99
AD	9,191	7,224
FAMILY OF AD	14,032	11,123
SUBTOTAL	23,223	18,347
RETIRED AND FAMILY MEMBERS UNDER 65	10,668	9,949
RETIRED AND FAMILY MEMBERS OVER 65 (1)	3,886	4,790
OTHER	1,691	1,913
TOTAL	39,468	34,999

Note: THE FOLLOWING APPLIES TO ALL FACILITIES. THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES. IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT REGION POPULATION (SEE TRICARE POLICY GUIDELINES) IN ADDITION TO YOUR 40 MILE CATCHMENT AREA POPULATION. EXPLAIN ANY UNIQUE FEATURES OF YOUR CATCHMENT AREA.(1) THIS SECTION MUST BE COMPLETED.

2. **BED CAPACITY.** Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds (1) : 25
Set Up Beds (1) : 75
Expanded Bed Capacity (2) : ~~139~~ 96 R, NHGROTON, CODE NH11 CP 9/23/94

(1) Use the definitions in BUMEDINST 6320.69 AND 6321.3 .
(2) The number of beds that can be used in wards or rooms

3 R (9/23/94)

NAVAL HOSPITAL GROTON (UIC 61726)

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2. **BED CAPACITY.** Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds (1) : 25
Set Up Beds (1) : 75
Expanded Bed Capacity (2) : ~~139~~ 133 BUMED-822, MSS 1 Jun 94

(1) Use the definitions in BUMEDINST 6320.69 AND 6321.3 .
(2) The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed.

Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.
NAVAL HOSPITAL GROTON (UIC 61726)

Following questions are designed to designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (ie, your maximum capacity given requirements of the community you support.

3. Workload. Complete the following table FY 93: NAVAL HOSPITAL GROTON (no branch clinic info)

	ACTIVE DUTY	FAMILY AND ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	121,505	81,521	41,916	244,942
ADMISSIONS	897	840	692	2429*
LABORATORY TESTS (WEIGHTED)				1,290,766
RADIOLOGY PROCEDURES (WEIGHTED				130,248
PHARMACY UNITS (WEIGHTED)				293,157
OTHER (SPECIFY)	N/A			

BUMED-822, MSS
1 Jun 94

*Does not include Same Day Surgery: total with Same Day Surgery is 3397.

Ancillary Services workload is not collected by beneficiary category.

NAVAL HOSPITAL GROTON (UIC 61726)

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. Show all calculations and assumptions in the space below.

	ACTIVE DUTY	FAMILY AND ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	121,505	81,521	41,916	244,942
ADMISSIONS	897	840	692	2429*
LABORATORY TESTS (WEIGHTED)				1,290,766
RADIOLOGY PROCEDURES (WEIGHTED				130,248
PHARMACY UNITS (WEIGHTED)				293,157
OTHER (SPECIFY)	N/A	→		

BUMED-822, MSS
1 Jun 94

* Does not include Same Day Surgery: total with Same Day Surgery is 3397.

Ancillary Services workload is not collected by beneficiary category.

NAVAL HOSPITAL GROTON (UCI 61726)

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for you catchment area. Show all calculations and assumptions in the space below.

	ACTIVE DUTY	FAMILY AND ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS				303,501
ADMISSIONS				4,151
LABORATORY TESTS (WEIGHTED)				1,613,186
RADIOLOGY PROCEDURES (WEIGHTED				162,569
PHARMACY UNITS (WEIGHTED)				365,780
OTHER (SPECIFY)	N/A	→		

BUMED 822, [illegible] 1 Jun 94

Total inpatient and outpatient (visits and admissions) assumes champus recapture. Champus workload data from Champus management reports. Direct care data from Executive Information System (EIS). Ancillary workload determined by using average weighted work unit per (visit + occupied bed day) x (visits + occupied bed days).

Data is not collected in all categories requested. data for supported population is shown as total numbers.

Total reflects the anticipated recapture of all CHAMPUS and direct healthcare in the catchment area. The "demand effect," i.e. the disproportionate increase in MTFworkload when CHAMPUS workload is recaptured ("ghost population" and absence of cost), has not been calculated in these numbers.

GROTON, #26 1/97

Revised pg

NAVAL HOSPITAL GROTON (UIC 61726)

4. MILITARY STAFFING. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE (1)	12	12	~~N/A~~ 12	~~N/A~~ 12	~~N/A~~ 6	~~N/A~~ 6	~~N/A~~ 6	~~N/A~~ 6
SPECIALTY CARE (2)	14	12	~~N/A~~ 12	~~N/A~~ 12	~~N/A~~ 9	~~N/A~~ 9	~~N/A~~ 9	~~N/A~~ 9
PHYSICIAN EXTENDER (3)	~~2~~ 4	~~2~~ 4	~~N/A~~ 4	~~N/A~~ 4	~~N/A~~ 4	~~N/A~~ 4	~~N/A~~ 4	~~N/A~~ 4
INDEPENDENT DUTY CORPSMAN	~~5~~ 10	~~5~~ 10	~~N/A~~ 10	~~N/A~~ 10	~~N/A~~ 6	~~N/A~~ 6	~~N/A~~ 6	~~N/A~~ 6
TOTAL	33	~~33~~ 31	~~N/A~~ 31	~~N/A~~ 31	~~N/A~~ 25	~~N/A~~ 25	~~N/A~~ 25	~~N/A~~ 25

(1) This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

(2) This is all other physician providers not included in the primary care category.

(3) This includes Physician Assistants and Nurse Practioners.

BUMED (MED-312A) JMCC
1 Aug 94

NAVAL HOSPITAL GROTON (UIC 61726)

4. **MILITARY STAFFING.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE (1)	12	12	N/A	N/A	N/A	N/A	N/A	N/A
SPECIALTY CARE (2)	14	12	N/A	N/A	N/A	N/A	N/A	N/A
PHYSICIAN EXTENDER (3)	2	2	N/A	N/A	N/A	N/A	N/A	N/A
INDEPENDENT DUTY CORPSMAN	5	5	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	33	33	N/A	N/A	N/A	N/A	N/A	N/A

(1) This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

(2) This is all other physician providers not included in the primary care category.

(3) This includes Physician Assistants and Nurse Practioners.

NAVAL HOSPITAL GROTON-UIC 61726

5. **COMMUNITY PROVIDERS:** Complete the following table for civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the MTF with a radius of 40 miles. If you are required to use another boundry please define the geographical region and the reason for its use.

PROVIDER TYPE	**CURRENT**
PRIMARY CARE (1)	894
SPECIALTY CARE (2)	1256
PHYSICIAN EXTENDER (3)	N/A
TOTAL	2150

(1) This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

(2) This is all other physician providers not included in the primary care category.

(3) This includes Physician Assistants and Nurse Practioners.

*DATA FROM DONELY MARKETING

6. **REGIONAL POPULATION:** Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundry please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 1,088,279*

*1992 Population based on 1990 U.S. Census Data

7. **Regional Community Hospitals.** Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE (1)	DRIVING TIME	RELATIONSHIP(2)
L&M	NFP **	8	20	
BACKUS	NFP	15	30	
WESTERLY	NFP	22	30	MRI, Radiology (MOU)

(1) Distance in driving miles from your facility

(2) List any partnerships, MOU's, contracts etc with this facility

**NFP- NOT FOR PROFIT

NAVAL HOSPITAL GROTON (UIC 61726)

7a. **Regional Community Hospitals.** For each facility listed in the preceding table complete the following table:

FACILITY NAME	BEDS (1)	JCAHO APPROVED	OCCUPANCY (1)	UNIQUE FEATURES (2)
L & M	309	Y	73%	TRAUMA CENTER 3 OCC. HEALTH, NICU, ONCOLOGY
BACKUS	211	Y	77%	AIDS
WESTERLY	141	Y	55%	AIDS

(1) Use definitions as noted in the American Hospital Association publication Hospital Statistics.

(2) Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

NAVAL HOSPITAL GROTON (UIC 61726)

8. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-*xx*, 179-*xx* CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A	N/A	N/A						

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B
N/A FOR THIS COMMAND

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
TRAINING CLASSROOM/171	3	54	108864

(3) Describe how the Student HRS/YR value in the preceding table was derived.

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. D. HANDY, CAPT, MC, USN
NAME (Please type or print)

R D Handy
Signature

COMMANDING OFFICER
Title

25 MAY 1994
Date

NAVAL HOSPITAL GROTON
Activity

9570

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-2-90

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR. | J.B. Greene Jr

NAME (Please type or print) | Signature

ACTING | 8 JUNE 1994

Title | Date

Revision
Pg 3

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. D. HANDY, CAPT, MC, USN
NAME (Please type or print)

R D Handy
Signature

COMMANDING OFFICER
Title

16 JUNE 1994
Date

NAVAL HOSPITAL GROTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

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NAME (Please type or print) _____ Signature _____

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Activity _____

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MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date July 6, 1994

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR. _____ Signature _____
NAME (Please type or print)

ACTING _____ 11 JUL 1994
Title Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN | D F Hagen

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 8-2-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR. | J B Greene Jr

NAME (Please type or print) | Signature

ACTING | 16 AUG 1994

Title | Date

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ACTIVITY COMMANDER

J. W. BRICKEEN, CAPT, MSC, USN
NAME (Please type or print)

J. W. Brickeen
Signature

COMMANDING OFFICER (Acting)
Title

23 September 1994
Date

NAVAL HOSPITAL GROTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 10 OCT 1994 Date

377

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Naval Hospital Groton
ACTIVITY UIC: 61726

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

Provide a comprehensive range of emergency, outpatient and inpatient health care service to active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services. Ensure that all assigned military personnel are both aware of and are properly trained for the performance of their assigned contingency and wartime duties. Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Provide, as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units of the operating forces. Subject to the availability of space and resources, provide the maximum range and amount of comprehensive health care services possible for other authorized persons as prescribed by title 10, U.S. Code and other applicable directives. Conduct appropriate education programs for assigned military personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained. Participate as an integral element of the Navy and Tri-Service Regional Health Care System. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters and other emergencies. Maintain requisite quality health care standards so as to ensure successful accreditation and recognition by appropriate government and civilian agencies and commissions, to include the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Additionally, Naval Hospital Groton provides the following unique services:

*Contact lens program for submarine personnel.
*Only facility in northeast equipped with nuclear decontamination abilities.
*Hyperbaric medicine and chamber (used in civilian emergencies).
*Psychiatric support to submarine community.
*Industrial hygiene surveys for all of Connecticut, western Massachusetts, and New York.
*Radiation health surveys for all of the northeast coast, from Argentia Newfoundland to Philadelphia to Great Lakes.

*Audiological services for all of Connecticut, wetsren Massachusetts, and New York.
*Occupational health for all of Connecticut, western Massachusetts, and New York.
*Consulting Occupational Medicine Services to all DoD activities in NY, NJ, CT, MA, and RI.
*Military medicine services to fleet and Sub School, area recruiting commands, and reserve centers.
*Support Coast Guard Academy for Emergency Room, Occupational Medicine, Orthopedic, and other specialties.
*Federal disaster preparedness coordinators. Mass casualty, decompression, radiologiocal, and underseas medical expertise.
*Blood bank.
*COG 9L medical supplies to all fleet units.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SUBMARINE SUPPORT FAC	68316	GROTON	1374
SUBMARINE SCHOOL: STU	30565	GROTON	1022
SUBMARINE SCHOOL: INSTRUCTORS	42135	GROTON	743
NAVAL HOSPITAL	61726	GROTON	481
SUBASE NEW LONDON	00129	GROTON	256
USS PITTSBURGH	21030	GROTON	169
USS ARCHERFISH	20041	GROTON	152

USS CITY OF CORPUS CHRISTI	20832	GROTON	151
USS SAN JUAN	21312	GROTON	151
USS ANNAPOLIS	21690	GROTON	150
USS BOSTON	20830	GROTON	150
USS PARGO	05137	GROTON	150
USS WHALE	05131	GROTON	150
USS GATO	05126	GROTON	148
USS GROTON	20785	GROTON	148
USS ALEXANDRIA	21465	GROTON	147
USS SPRINGFIELD	21691	GROTON	146
USS GREENLING	05122	GROTON	144
USS ALBUQUERQUE	21001	GROTON	143
USS DALLAS	20811	GROTON	143
USS COLUMBUS	21692	GROTON	136
USS NEBRASKA	21461	GROTON	121
SECURITY	47010	GROTON	118
USS SANTA FE	21693	GROTON	101
SUBMARINE GROUP TWO	55429	GROTON	80
SSBN 740 BLUE	48579	GROTON	64
PERSUPDET	43339	GROTON	60
SUB SCOL: SUPPORT	00750	GROTON	56
NAVAL DENTAL CLINIC	35760	GROTON	42
CB UNIT 414	66922	GROTON	41
SUB SCOL: SSEP	42914	GROTON	37

NUMI	35877	GROTON	34
COMMUNICATION	33250	GROTON	31
FLEET TECH SUP OFFICE	0034A	GROTON	30
NAVSUBMEDRES	66596	GROTON	28
NAUTILUS	00591	GROTON	26
NUWC	70024	GROTON	25
NR1	20165	GROTON	23
SUB SCOL: SSEP	42915	GROTON	19
NLSO	35493	GROTON	18
BRIG	67590	GROTON	17
NAVAL SECURITY GROUP	47685	GROTON	16
NAVAL SECURITY GROUP	35459	GROTON	14
PERSUPACT	68628	GROTON	12
SSBN 740 GOLD	48580	GROTON	10
NAVAL SECURITY GROUP	65991	GROTON	8
CAAC	68136	GROTON	7
CAAC	68493	GROTON	4
NAVAL SECURITY GROUP	33389	GROTON	4
PUBLIC AFFAIRS	66761	GROTON	3
NAVY CHAMPUS	49306	GROTON	1
NAVY EXCHANGE	61115	GROTON	1

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

DMIS through March. Actual/Projected

BENEFICIARY TYPE	ADMISSIONS (To Date/Projected)	OUTPATIENT VISITS (To Date/Projected)	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	370/740	51407/102814	2.1	2.6
ACTIVE DUTY NON N/MC	85/170	2105/4210	2.0	0.4
TOTAL ACTIVE DUTY	455/910	53512/107024		3.0
FAMILY OF AD	679/1358	33724/67448	1.9	4.8
RETIRED AND FAMILY MEMBERS UNDER 65	391/782	9740/19480	2.0	2.6
RETIRED AND FAMILY MEMBERS OVER 65	68/136	Note 1	6.2	2.1
OTHER	283/566	7138/14276	3.4	3.7
TOTAL	1876/3752	104114/208228		16.2

Note 1: Outpatient visits are not reported by age of Retired and Family Members.

What is your occupancy rate for FY 1994 to date? 75%

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	210000	210000	210000	210000	210000	210000	210000
ADMISS.	4500	4500	4500	4500	4500	4500	4500

Please show all assumptions and calculations in the space below:

Current projections for FY 1994 are for 210,000 outpatient visits and 4,500 admissions. Currently, Groton is scheduled to receive the Naval Nuclear Power School in the FY 1995 to FY 1997 time frame. Additionally, five SSN's will be moving to Groton as a result of BRAC actions in FY 1995. To date, we have not received information regarding an increase in provider or support billets. We are not currently providing healthcare for our entire population, and without an increase in funding, and staffing, can only assume that our workload will remain constant.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training, rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Rifle range for Marines	10	50
Standby ambulance support	30	40
Support to shipboard commands	100	10
Food service inspections	30	3
Water inspections	10	2
Barracks inspections	30	3
Reporting of Communicable disease	100	1
Medical standby for MEDEVAC	3	6
Dietary	5	1
CHAMPUS lectures	5	1
Industrial hygiene support	100	10
Medical standby for PFT	10	6

*percent of time based on a work day, i.e. Rifle Range: an average of 50 taskings per year, each tasking would take 100% of that person's work day.

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GROTON

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

No Graduate Medical Education provided at Naval Hospital Groton.

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

No Graduate Medical Education performed at Naval Hospital Groton.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	Naval Hospital Groton	161873	21	3 Substandard
51010	Military Medicine	10482	50	Inadecuate

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

Encl (2)

9570

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[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code: 51010
2. What makes it inadequate? Cannot maintain humidity control in the Operating Suite, C-3.
3. What use is being made of the facility? Hospital
4. What is the cost to upgrade the facility to substandard? N/A
5. What other use could be made of the facility and at what cost? None
6. Current improvement plans and programmed funding: Special Project RA1-89(2)HVAC Repairs B449; 1.8 M FY96
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? Yes, see #2 above.

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994.** Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
72006	Repair to OR floors	88	52K
R1-91(1)	Repairs to Medical gass system	92	99K
R1-91(2)	Repairs to Fire Alarm system	93	147K
RA1-89(1)	Repairs to A/C	94	878K
RC1-85	Elevator repairs	89	259K
82017	Repairs to Galley floor	90	62K

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
RA1-89(2)	Repairs to A/C	96	1.8M
RC1-91	Retrofit special care unit	96	115K
P-130	Utilities Modernization	Unprgmd	1.7M
N/A	"DDC" A/C control system	95	Unkwn
N/A	Fuel cell installation	95	Unkwn

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-307	Medical/Dental Clinic	95	6M

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAVAL HOSPITAL GROTON				
2. UIC N61726	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 161,873	B. NORMAL BEDS 124		C.DTRS
6. LOCATION	A. CITY GROTON		B.STATE CT	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	95	5%		C17	
(4) DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	90	10%		A12	
(9) INPATIENT NURSING UNITS	80	20%		AC12, 17	
(10) LABOR-DEL-NURSERY				N/A	
(11) OUTPATIENT CLINICS	90	10%		A-B-C 12,7	
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	85		15%	AC 01,16,17	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	75		25%	AC 01, 17	
(C) PLUMBING	90	10%		A 02	
(D) ELECTRICAL SVCS.	85	15%		C D 06	
(E) ELECTRICAL DISTRIBUTION	85	15%		C D 06	

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GROTON

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAVAL HOSPITAL GROTON				
2. UIC N61726	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 161,873	B. NORMAL BEDS 124		C.DTRS
6. LOCATION	A. CITY GROTON		B.STATE CT	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	95			C17	
(4) DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	90			A12	
(9) INPATIENT NURSING UNITS	80			AC12, 17	
(10) LABOR-DEL-NURSERY				N/A	
(11) OUTPATIENT CLINICS	90			A-B-C 12,7	
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	85			AC 01,16,17	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	75			AC 01, 17	
(C) PLUMBING	90			A 02	
(D) ELECTRICAL SVCS.	85			C D 06	
(E) ELECTRICAL DISTRIBUTION	85			C D 06	

(F) EMERGENCY POWER	100		✓	✓	

Revised pg

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO

1. FACILITY NAME Military Medicine			
2. UIC N61726	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 10,482	B. NORMAL BEDS	C.DTRS
6. LOCATION	A. CITY GROTON	B.STATE CT	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	5%		95	DE-18	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	90	10%		BC-12, 17	
(4)DENTAL				N/A	
(5) EMERGENCY SVCS.				N/A	
(6) FOOD SERVICES				N/A	
(7)LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS				N/A	
(10) LABOR-DEL-NURSERY				N/A	
(11) OUTPATIENT CLINICS	50%		.50	BC 09	
(12) PHARMACY	100				
(13) RADIOLOGY	90		10%	A-01, 05	
(14) SURGICAL SUITE				N/A	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	90	10%		AD 9-12. 17	
(B) HVAC	40%		60%	AO1, 17	
(C) PLUMBING	80	20%		A 02	
(D) ELECTRICAL SVCS.	90	10%		A-05	
(E) ELECTRICAL DISTRIBUTION	100				

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P. 15 REVISED
GROTON

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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
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7. FACILITY ASSESSMENT				

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING			95	DE-18	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	90			BC-12, 17	
(4)DENTAL				N/A	
(5) EMERGENCY SVCS.				N/A	
(6) FOOD SERVICES				N/A	
(7)LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS				N/A	
(10) LABOR-DEL-NURSERY				N/A	
(11) OUTPATIENT CLINICS			50	BC 09	
(12) PHARMACY	100				
(13) RADIOLOGY	90			A-01, 05	
(14) SURGICAL SUITE				N/A	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	90			AD 9-12. 17	
(B) HVAC				A01, 17	
(C) PLUMBING	80			A 02	
(D) ELECTRICAL SVCS.	90			A-05	
(E) ELECTRICAL DISTRIBUTION	100				

(F) EMERGENCY POWER				N/A	

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of

a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: _12/91_

FULL ACCREDITATION: Yes/No

LIFE SAFETY MANAGEMENT SCORE: __3__ (Record as 1,2,3,4,or 5)

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

We are the only DoD hospital in New England. We are centrally located to our beneficiary population. 90% of our beneficiaries live within 20 miles of the main hospital. All afloat units are stationed on the base where the hospital is located.

b. What are the nearest air, rail, sea and ground transportation nodes?

Groton/ New London Airport - 5 miles
New London Amtrak Station - 3 miles
New London Ferry terminal - 3 miles

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 45 miles. T.F. Green Airport, Providence, Rhode Island.

d. What is the importance of your location given your mobilization requirements?

No distinct advantages or disadvantages.

e. On the average, how long does it take your current clients/customers to reach your facility?

10 minutes for dependents. 5 minutes for active duty at their place of duty.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Cost of living in New England, when compared to the rest of the United States is somewhat higher. Other than this factor, there is really no distinct advantages or disadvantages.

FEATURES AND CAPABILITIES

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

All care needed would have to be delivered by the private sector or our patients would have to be medically evacuated to the closest MTF.

Our dependent and retired population would suffer an increased financial burden by securing care from local providers.

Active duty members would experience greater lost time from work as they would have to seek care away from the facility, experiencing greater expense to the parent command. The loss of our diving medical officers would adversely impact the operational capabilities of our fleet as would the absence of our occupational health and preventive medicine staff.

Sophisticated diagnostic equipment purchased by this command at considerable expense would go unused (at least here).

All dependents and retirees would lose valuable services including the pharmacy, lab and radiology, all of which perform work at lower cost to the patient than CHAMPUS or other alternatives.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

The answer is a qualified yes.

There are 11 inpatient medical/surgical and 12 specialty institutions within the Groton catchment area. On average, there are:

- 422 med/surg inpatient beds available per day
- 195 specialty beds available per day

There are 2,150 physicians in the Groton Catchment Area serving a total population of 1,088,2798. This gives a 1:506 ratio of physician/# of people. The national average is 1:613.

There are three well-established community hospitals within 20 miles of Naval Hospital Groton. All currently have excess inpatient capacity. Two nationally recognized centers of excellence (Harvard and Yale) are within two hours of the MTF.

There currently exists a shortage of family practice

providers within the community. Also, most pediatricians in the catchment area are not accepting new patients and those that are, do not usually accept CHAMPUS. These could be problem areas for our beneficiaries.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

If one is to assume that the remaining population is made up of the retirees and their family members, then the answer is yes.

As stated in question 10a, the local community healthcare system could probably absorb the additional workload if all the beneficiaries remained (and the MTF closed). It would follow then, that if only the retirees and their family members remained, the local healthcare system could accommodate them.

Our current retired and retired family member population (including survivors) is estimated at 15,276. It should be noted that approximately 1/3 of this population (5,092) is not eligible for CHAMPUS (they are Medicare eligible).

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

Again, as reported in question 10a, the answer is a qualified yes. All three local community hospitals have excess inpatient bed capacity. Our admissions for FY93 were 2,429 (data from SEARS reports), well within the excess capacity at local civilian hospitals noted in question 10a.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS Guadalcanal	7352	2
2nd MARDIV	8321	17
MAG-31	9131	1
USS Saipan	20632	4
USS Belleau Wood	20623	4
USS Wasp	21560	2
Flt Hosp #1	68681	1
USNS Comfort	46246	42
DEPMED	46873	13
Flt Hosp #20	46977	42
USNH Guantanomo	61564	1
USNH Naples	66096	4
3rd FSSG	67436	1
2nd FSSG	68408	4
Flt Hosp #2	68682	5
Flt Hosp #3	68683	34
Flt Hosp #4	68684	5
Flt Hosp #5	68685	5
2nd MAW	MPS2W	3

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

R

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

The average annual training requirement for these members is one week.

Based on this assumption, 7.3 man years annually are expended for training these members. Annual workload (outpatient visits and occupied bed days) divided by the total number of staff man years equals an average amount of workload per man year. (See formula below):

$$\frac{\text{Total Workload (OBD or OPV)}}{\text{Total Staff}} = \text{Workload per man year}$$

Potential workload lost to readiness training requirements:

(Workload per man year) x 7.3 man years = 63.29 OBD
2,893.36 OPV

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 96 R

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	1511	1349	1218 proj.
OUTPATIENT	242	150	126 proj.

23 R (10-3-94) VR BUMED 824
10/3/94

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

The average annual training requirement for these members is one week.

Based on this assumption, 7.3 man years annually are expended for training these members. Annual workload (outpatient visits and occupied bed days) divided by the total number of staff man years equals an average amount of workload per man year. (See formula below):

$$\frac{\text{Total Workload (OBD or OPV)}}{\text{Total Staff}} = \text{Workload per man year}$$

Potential workload lost to readiness training requirements:

(Workload per man year) x 7.3 man years = 63.29 OBD
2,893.36 OPV

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 96

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	1511	1349	1218 proj.
OUTPATIENT	242	150	126 proj.

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD			1302	1346	466	735
AD FAMILY			206	129	51	33
OTHER			305	223	197	141
TOTAL		1559	1813	1698	714	909

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

Note: 1. FY94 is year to date through March 1994.
2. FY92 data was not collected in the manner requested. Only total costs are available.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	15,120,147.00	21,218,942.00	Not Available
TOTAL OUTPATIENT VISITS	188,589	238,957	
AVERAGE COST PER VISIT	80.18	88.80	

SEE BUMED-823
1 Jun 94

All data for section 14 was extracted from the Executive Information System (EIS). The data was compared to the MEPR for the years stated and it reconciles. Data values were compared with similar sized facilities and found to be comensurate. Per LT Schaffer MED-08, FY 94 data is unavailable and sections Z and AA through ZZ will be completed at BUMED.

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	6602937	7336910	

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	N/A	N/A	
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	678079	864600	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	678079	864600	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	10173174	15403543	
F. % SELECTED E EXPENSES (D÷E)	0.066654	0.056129	.

Refer to pg 26R

Sent BUMED-823 1 Jun 94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	898021	1280923	
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	59857	71897	
I. AREA REFERENCE LABORATORIES (FAA)	N/A	N/A	
J. CLINICAL INVESTIGATION PROGRAM (FAH)	8535	1381	
K. TOTAL SELECTED F (I+J)	8535	1381	
L. CONTINUING HEALTH EDUCATION (FAL)	110095	110626	
M. DECEDENT AFFAIRS (FDD)	0	66	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONSTRUCTION (FDF)	N/A	N/A	
P. TOTAL (L+M+N+O)	110095	110692	
Q. E EXPENSES INCLUDED IN ROW P	8535	1381	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	569	77	
S. OTHER F'S LESS E (P-R)	109526	110615	

Refer to pg 26R

FCD BUNED-82
1 Jun 94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	2059.19	8178.96	
U. TOTAL WORK UNITS (MWU)[2]	7008.36	2353.42	
V. PERCENT INPATIENT (IWU÷AWU)	0.29382	0.287741	
W. FINAL OTHER F EXPENSES (S×V)	32181	31828	
X. FINAL F EXPENSES (K+W)	40716	33209	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	6583796	729822	
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPRS DISPOSITIONS	2339	2426	
BB. ADJUSTED DISPOSITIONS (Z÷AA)			
CC. ADJUSTED MEPRS EXPENSES (Y×BB)			
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)			
EE. COST PER RWP (CC÷DD)			
FF. TOTAL CATEGORY II RWPs[3]			
GG. TOTAL CATEGORY II COST (EE×FF)			
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)			
II. TOTAL CATEGORY III RWPs (DD-FF)			
JJ. COST PER CATEGORY III RWP (HH÷II)			

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

Refer to pg 26R
Copy BUMED-823
1 Jun 94

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)			
LL. CATEGORY II (AS DEFINED IN FF) OBDs			
MM. CATEGORY III OBDs (KK-LL)			
NN. AVERAGE DAYS/RWP (MM÷II)			
OO. ADD ON PER RWP (NN×77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PP×.15)			
RR. MILITARY PAY COST (PP×.56)			
SS. OTHER COSTS (PP×.29)			
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)			
UU. MILITARY PAY RAISES (RR×1.037×1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)			
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)			
XX. MILITARY ASSET USE CHARGE (UU×1.04)			
YY. OTHER ASSET USE CHARGES (SS×1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

Return by 26 Sept 1994 signed -823 1 January

GROTON

TABLE A:

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	6602937	7336910	

FY 94 INFORMATION NOT AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0	0	
C. EDUCATION AND TRAINING (EBF)	678079	864600	
D. TOTAL EXP EBE AND EBF	678079	864600	0
E. TOTAL E EXPENSES	10173174	15403543	
F. % SELECTED E EXPENSES (D/E)	0.066654	0.056130	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	898021	1280923	
H. E EXPENSES TO REMOVE FROM A (FxG)	59856.36	71898.14	ERR
I. AREA REF LABS (FAA)	0	0	
J. CLINICAL INVEST (FAH)	8535	1381	
K. TOTAL SELECTED F (I+J)	8535	1381	0
L. CONTINUING HEALTH ED (FAL)	110095	110626	
M. DECEDENT AFFAIRS (FDD)	0	0	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	110095	110626	0
E EXPENSE (FAL)	0	0	
E EXPENSE (FDD)	0	0	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	0	0	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	0	0	ERR
S. OTHER F'S LESS E (P-R)	110095	110626	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	2059.19	2352.42	
U MWU	7008.36	8178.96	
V PERCENT INPATIENT	0.293819	0.287618	ERR
W. FINAL OTHER F EXP (SxV)	32348.01	31818.08	ERR
X FINAL F EXP (K+W)	40883.01	33199.08	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	6583964	7298211	ERR
Z NUMBER BIOMETRICS DISPOS	2328	2416	
AA. TOTAL MEPRS DISP	2339	2425	
BB. ADJ DISPOS (Z/AA)	0.995297	0.996289	ERR
CC ADJ MERPS EXP (YxBB)	6553000	7271125	ERR
DD. TOTAL RWP	1836.756	1922.918	
EE COST PER RWP (CC/DD)	3567.703	3781.297	ERR
CATEGORY II RWPS			
(DXNNH)	9.4014	1.0514	
(PAS)	651.0499	673.0875	
(ADELS)	8.5512	1.5091	
FF. TOTAL CAT II RWPS	669.0025	675.648	0
GG. TOTAL CAT II COST (EExFF)	2386802	2554826	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	4166198	4716299	ERR
II. TOTAL CAT III RWPS (DD-FF)	1167.754	1247.27	0
JJ. COST PER CAT III RWP (HH/II)	3567.703	3781.297	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	5367	5208	
CAT II OBDS			
(DXNNH)	59	10	
(PAS)	1378	1359	
(ADELS)	79	42	
LL TOTAL CAT II OBD	1516	1411	0
MM CAT III OBDS (KK-LL)	3851	3797	0
NN. AVG DAYS/RWP (MM/II)	3.297785	3.044248	ERR
OO. ADD ON PER RWP (NNx77)	253.9294	234.4071	ERR
PP. TOTAL COST PER RWP (JJ+OO)	3821.633	4016.705	ERR
QQ. CIVILIAN PAY COST (PPx.15)	573.2449	602.5557	ERR
RR. MILITARY PAY COST (PPx.56)	2140.114	2248.794	ERR
SS. OTHER COSTS (PPx.29)	1108.273	1164.534	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	612.1103	643.1947	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2255.917	2370.478	ERR
VV. UNFUNDED CIV RET (TTx1.47)	899.8021	945.4965	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	935.7942	983.3163	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2346.154	2465.297	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1152.604	1211.135	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1248.271	1311.663	ERR
ADJ CAT III COST/RWP	4530.218	4760.274	ERR

15. Quality of Life.

Naval Hospital Groton is a tenant of the Naval Submarine Base New London. As such, the answers to the quality of life section has been provided by Naval Submarine Base New London, UIC 00129, under a separate BRAC data call.

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
* BOQ, BLDG D, CCN72412	19	19	19	21,822				
* BOQ, BLDG M, CCN77411	57	57	57	50,832				
* BOQ, BLDG 379, CCN-72411	32	32	32	27,708		71,874		
* BEQ-455, CCN-72211 & 12	230	140			230	62,239		
BEQ-429, CCN-72114	405	134			405	62,239		
BEQ-430, CCN-72114	581	OPEN BAY			581	66,363		
BEQ-434, CCN-72111 & 12	207	134			207	66,363		
BEQ-435, CCN-72111 & 12	198	132			198			
BEQ-442, CCN-72111 & 12	110	67			110	35,068		
BEQ-447, CCN-72113 & 12	60	114			60	53,625		
BEQ-462, CCN 72140 DISCIPLINARY	19	5	19	9,968				
BEQ-488, CCN-72111 & 12	339	220			339	118,344		
BEQ-492, CCN-72111 & 12	437	275			437	152,477		

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ-534, CCN-72111	407	232	407	91,375				
TOTAL	3,101	1,561	534	201,705	2,567	688,592		

Note: This table lists all berthing facilities at Naval Submarine Base New London. The facilities utilized by Naval Hospital Groton personnel are highlighted in **bold characters** and denoted by an asterik (*).

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. W. BRICKEEN, CAPT, MSC, USN
NAME (Please type or print)

J. W. Brickeen
Signature

COMMANDING OFFICER (Acting)
Title

12 September 1994
Date

NAVAL HOSPITAL GROTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

X Signature

ACTING CHIEF BUMED
Title

X 9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

9/21/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. D. HANDY, CAPT, MC, USN
NAME (Please type or print)

R D Handy
Signature

COMMANDING OFFICER
Title

25 MAY 1994
Date

NAVAL HOSPITAL GROTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GROSVE JR

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 6/9/94

Revision
pg 10, 13, 15

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. D. HANDY, CAPT, MC, USN NAME (Please type or print)	RDHandy Signature
COMMANDING OFFICER Title	16 JUNE 1994 Date
NAVAL HOSPITAL GROTON Activity	

Revision
pg 10, 13, 15

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date July 6, 1994

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 11 JUL 1994

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) _____ Signature J B Greene Jr

ACTING

Title _____ Date 11 OCT 1994

Document Separator

379

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL
JACKSONVILLE, FLORIDA

UIC 00232

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 1999**		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	29,599 *	29,599	N/A	26,664	26,664	N/A
FAMILY OF AD	41,606	41,606	N/A	38,194	38,194	N/A
SUBTOTAL	71,205	71,205	N/A	64,858	64,858	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	34,945	34,945	N/A	36,311	36,311	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	10,730	10,730	N/A	11,149	11,149	N/A
OTHER	8,471	8,471	N/A	8,802	8,802	N/A
TOTAL	125,351	125,351	N/A	121,120	121,120	N/A

* This figure differs by (-615) from RAPS. We verified active duty numbers against the three area Base Loading figures.

** DMIS RAPS data currently project out only as far as 1999. We have no other data source for projections past that fiscal year.

Note: The population figures do not reflect the "unknown downsizing factor" for this catchment area.

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

R

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	131
Set Up Beds[1]:	45
Expanded Bed Capacity[2]:	228*

R

* This revision based on a survey of in-house beds and beds available from storage to be used in rooms that have utilities as required by BUMED instructions.

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

5 R (9-29-94) VR Bumed 8240 10-3-94

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	~~85~~ 131
Set Up Beds[1]:	~~91~~ 45
Expanded Bed Capacity[2]:	~~176~~ 496

BUMED-822
mdt, 3 Jun 94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	86,483	153,277	96,198	335,958
ADMISSIONS	2,889	4,407	2,323	9,619
LABORATORY TESTS (WEIGHTED)[1]	1,351,919	2,385,462	1,490,457	5,227,838
RADIOLOGY PROCEDURES (WEIGHTED)[1]	162,558	286,834	179,217	628,609
PHARMACY UNITS (WEIGHTED)[1]	219,865	387,952	242,396	850,213
OTHER (SPECIFY) ***				9,815

***OTHER (U.S. COAST GUARD, RESERVES, ETC.)
OUTPATIENT VISITS - 9,716
ADMISSIONS - 99

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	95,142	168,605	105,818	369,554
ADMISSIONS	3,178	4,848	2,555	10,581
LABORATORY TESTS (WEIGHTED)[1]	1,487,111	2,624,008	1,693,503	5,750,622
RADIOLOGY PROCEDURES (WEIGHTED)[1]	178,814	315,517	197,139	691,470
PHARMACY UNITS (WEIGHTED)[1]	241,852	426,747	266,636	935,234
OTHER (SPECIFY)				10,797

*****Other includes U.S. Coast Guard, Reserves, etc.)**

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

***These figures were calculated as a straight 10% increase over FY-93 data, assuming 10% as the increase in productivity if we increased the workweek to 50-55 hrs per week for Military Staff. We had to estimate in this fashion because utilization rates for each patient category differ greatly for each primary and specialty care area, and would have to be computed separately. It could possibly be done, but would require about three full weeks to prepare. As an example, we know that our AD primary utilization rate averages about 5.1 visits per year per AD member, and non-AD averages about 4.8. However, for children it averages approximately 5.3 visits annually. Each population segment would have to be determined separately for Primary Care and then recomputed for admissions, specialty care, surgery rates, etc. The ancillary information presents another unique set of problems, and that data is also not readily available in the prescribed format.

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	86,483	321,902	224,032	632,417
ADMISSIONS	2,889	7,941	3,565	14,395
LABORATORY TESTS (WEIGHTED)[1]	1,351,919	5,008,795	3,470,256	9,830,970
RADIOLOGY PROCEDURES (WEIGHTED)[1]	162,558	601,957	416,700	1,181,215
PHARMACY UNITS (WEIGHTED)[1]	219,865	814,412	564,560	1,598,837
OTHER (SPECIFY)				

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

*****Estimate for visits and admissions are based on current workload plus the local CHAMPUS usage, although CHAMPUS data may have included data from Georgia Branch Clinics that would not come to this facility. Ancillary procedures based on a rate per visit multiplied by estimated visits.**

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	79	79	79	79	79	79	79	79
SPECIALTY CARE[2]	55	55	55	55	55	55	55	55
PHYSICIAN EXTENDERS[3]	11	11	11	11	11	11	11	11
INDEPENDENT DUTY CORPSMEN	18	18	18	18	18	18	18	18
TOTAL	163	163	163	163	163	163	163	163

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

*1. Primary Care include 39 (GME) Family Practice Residents.
*2. Includes Dentists, Pathologists, Radiologists, 2 Pulmonologists, 2 Gastroenterologists, and 1 Cardiologist.
*3. Includes Nurse Anesthetist.

**This activity does not have an approved Efficiency Review. Data provided using an Activity Manning Document that is less than accurate and does not provide authorizations through the outyears.

***Including pediatric subspecialties and OB/GYN as primary care medical officers is fallacious.

4. Staffing. ***CONTRACT PROVIDERS***

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	16	16	16	16	16	16	---	---
SPECIALTY CARE[2]	---	---	---	---	---	---	---	---
PHYSICIAN EXTENDERS[3]	10	10	10	10	10	10	---	---
INDEPENDENT DUTY CORPSMEN	---	---	---	---	---	---	---	---
TOTAL	26	26	26	26	26	26	---	---

1. Primary Care - This includes (4) Primary Care Physicians, (8) E.R. Physicians, (2) OB/GYN Physicians, and (2) NAVCARE Physicians.

3. Physician Extenders - This includes (6) Primary Care Physician Assistants, (2) E.R. Physician Assistants, and (2) NAVCARE Physician Assistants.

Primary Care Physicians, E.R. Physicians, Primary Care Physician Assistants, and E.R. Physican Assistants (1 July 1993 - 31 May 1998).

OB/GYN Physicians (1 August 1993 - 30 June 1998).

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	872
SPECIALTY CARE[2]	1,013
PHYSICIAN EXTENDER[3]	408
TOTAL	2,293

[1] This includes General Practioners, Family Physicians, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physicians providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 1,092,073

***We have no source for the U.S. Census population exclusively for our 40-mile catchment area. The only source of population demographics that includes all of our catchment area is an NPDC Demographics 91 document that projects population by age and sex for the six-county area for 1996. The counties include:

	County	Males	Females	Total
a.	Baker	10,225	10,091	20,316
b.	Camden	20,498	19,404	39,902
c.	Clay	62,386	64,989	127,375
d.	Duval	356,351	391,501	747,852
e.	Nassau	25,767	25,848	51,615
f.	St. Johns	50,152	54,861	105,013
		525,379	566,694	1,092,073

A copy of the NPDC document is attached.

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
University	City of Jacksonville	15	25 minutes	2 MOUs - Cardiology and Supplemental Care
Baptist	Not for profit	15	20 minutes	2 MOUs - Sleep Study and Supplemental Care
Memorial	Not for profit	20	30 minutes	2 MOU - Family Practice (Rehab) & Supplemental Care
Methodist	Non-profit	15	20 minutes	1 MOU - Supplemental Care
St. Vincents	Daughters of Charity	8	15 minutes	3 MOUs - 2 Family Practice & Supplemental Care

FACILITY NAME	OWNER	DISTANCE1	DRIVING TIME	RELATIONSHIP[2]
Riverside	Daughters of Charity	9	15 minutes	2 MOUs
St. Lukes	Mayo Clinic	15	20 minutes	2 MOUs - Family Practice (Mayo) & Supplemental Care
Bradford	Not available	60	70 minutes	N/A
Nassau	Baptist Med	50	60 minutes	N/A
Putnam	HCA	50	60 minutes	N/A

1 Distance in driving miles from your facility
2 List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
University	504	Yes	70%	Regional Trauma
Baptist **	601	Yes	65%	High Risk OB, Childrens Hospital
Memorial	324	Yes	69.2%	Cardiac Care
Methodist	150	Yes	49.7%	Kidney transplant
St. Vincents	528	Yes	61.7%	Cardiac Care

**Includes Baptist Medical Center, Baptist Beaches and Wolfsons Childrens Hospital.

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Riverside	183	Yes	70.7%	N/A
St. Lukes	289	Yes	70%	Bone Marrow Transplant
Bradford	54	Yes	N/A	None
Nassau	54	Yes	N/A	None
Putnam	161	Yes	56.2%	None

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

***The definition listed in the AHA Hospital and the information required by paragraph (7) above is inconsistent. Per the AHA Publication a community hospital does not include federal hospitals (i.e. Naval Hospital).

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
Applied Instructional Bldg. 171-20	Naval Aviation Physiology Training Program	Aviation Physiology	2228	7.0	15596	2000	7.0	14000

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

00232 - NAVHOSP Jacksonville

~~15~~ 16 CPN BUMED-823
3 June 94

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-xx and 179-xx CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

00232 - Naval Hosp. Jacksonville

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
Applied Instructional Bldg. 171-20	2	18	3600/yr

(3) Describe how the Student HRS/YR value in the preceding table was derived.

Design capacity is driven by low pressure chamber training seats available, which is 18.

Capacity is driven by government contract for the contractor to operate the low pressure chamber, which 1.5 hours per training day (which is one flight per training day). Typical flight is 1 hour.

200 training days/yr x 1.0 (flt/day) x 18 = 3600

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 24 May 94

NAVAL HOSPITAL, JACKSONVILLE
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-3-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. Greene, Jr.
NAME (Please type or print)

Signature

Acting
Title

10 JUN 1994
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

D. V. Hollingsworth
Signature

Commanding Officer
Title

29 Sept 94
Date

Naval Hospital, Jacksonville
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING 10 OCT 1994

Title Date

379

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL HOSPITAL, JACKSONVILLE, FL
ACTIVITY UIC: 00232

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

- Provide comprehensive inpatient and ambulatory health care services to Navy and Marine Corps units of operating forces, shore activities, and other authorized beneficiaries as prescribed by Title 10, U.S. Code. The beneficiary population served is approximately 125,351 of which 29,599 are active duty.

- Develop, operate, and manage administrative and logistical plans and programs in compliance with current directives.

- Direct and coordinate the operation of the six subordinate health care activities under the command of NAVHOSPJAX.

- Maintain liaison with shore commands and units of the operating forces receiving medical, surgical and related care from the command.

- Conduct a patient education and public relations program to promote consumer awareness and satisfaction.

- Maintain standards of health care for accreditation and recognition as required by governmental and civilian agencies and commissions.

- Operate and effective Quality Improvement and Risk Management Program to assess and improve health care provided in both inpatient and ambulatory settings.

- Provide support to the Naval School of Health Sciences for the practical phase of formal training of Hospital Corpsmen and Dental Technicians.

- Provide on-the-job training for Hospital Corpsmen and Dental Technicians.

- Conduct selective rotation of personnel for education and training purposes to achieve more efficient and effective use of health care assets.

- Provide administrative and logistical support to the Navy Clinical Investigation Program as required.

- Execute Memoranda of Understanding and Interservice Support Agreements for purposes of mutual education, training or support services.

- Conduct the Decedent Affairs Program under the general supervision of BUMED as outlined in current directives.

- Provide medical equipment maintenance and repair services to assigned health care treatment facilities and commands in the local area as required.

- Operate equal opportunity programs in accordance with existing laws and regulations.

- Maintain liaison with and provide naval representation to various committees, groups, and organizations of a military, governmental, commercial, scientific or professional nature with regard to health care and related subjects as required.

- Provide or undertake such other appropriated functions as may be directed by higher authority.

- Develop and maintain designated personnel and material assets in an operationally ready status in support of the Mobile Medical Augmentation Readiness System.

- Establish an Occupational Safety and Health Program that will save patients, staff, and visitors from injury and illness, protect equipment, material and facilities from damage and assure the safe accomplishment of the mission.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).
*****ALL UNITS LOCATED ON BOARD NAS JACKSONVILLE*****

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVHOSP JAX	00232		1272
PATRON THREE ZERO (VP-30)	09047		731
NAS JACKSONVILLE	00207		517
HELANTISUBRON ONE (HS-1)	09371		444
PATRON TWO FOUR (VP-24)	09602		344
PATRON SIXTEEN (VP-16)	09229		335
PATRON FIVE (VP-5)	09630		332
PATRON FOUR FIVE (VP-45)	09665		327
PATRON FOUR NINE (VP-49)	09619		319
NAVCOMTELSTA JAX	68734		220
HELANTISUBRON FIVE (HS-5)	09488		206
HELANTISUBRON FIFTEEN (HS-15)	09205		202
HELANTISUBRON THREE (HS-3)	09163		198
NAVAIRES JAX	63099		184

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
HELANTISUBRON SEVEN (HS-7)	09988		183
NAMTRAGRUDET JAX	66051		172
PATRON SIX TWO (VP-62)	09162		136
NAVDENCLINIC, JAX	68444		126
FACSFAC JAX	53895		126
HELANTISUBRON NINE (HS-9)	09575		118
HELANTISUBRON SEVENTY FIVE (HS-75)	09031		102
FLTLOGGSUPPRON FIVE EIGHT	53911		97
PERSUPPDET JAX	43043		73
BMC, JAX	32573		60
FASOTRAGRULANT DET JAX	03498		59
CBU 410, JAX	66671		59
NASJAX BRIG	30505		45
NAVOCEANCOMFAC JAX	62362		44

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
COMPATWING 11	09461		40
NAVRESREDCOM REG EIGHG JAX	68358		35
NAVALCREHCEN JAX	68298		34
NAVABSCOLLUNIT JAX	43294		33
COMHSWING 1	52956		33
COMHELWINGS LANT (COMNAVACT JAX)	09697		32
NAVLEGSVCOFF JAX	68365		32
NAVMARRESCEN JAX	61926		32
NADEP JAX	65886		29
NAVY CAMPUS JAX	63325		25
NAVDISVECTECOL CONCEN JAX DVECC	62873		23
PERSUPPACT JAX	68585		17
NAVCOMTELSTA JAX	68560		16
NSC JAX	68836		15
VET ACTY US ARMY JAX	00102		15

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CAA CTR, JAX	68114		13
NAVY RECRUIT DIST JAX REG EIGHG JAX	ZZ035		12
PATWINGSLANT DET JAX	47688		10
ROICC JAX JAX	44226		08
NAVCURSERVDET JAX	31141		07
PUBLIC WORKS, JAX LANT (COMNAVACT JAX)	002X5		07
NAVDRUGLAB JAX	68850		05
CBU RES, 14 JAX	08913		05
NAESU DET JAX	30340		04
B CO 4TH AMPHIB BN USMCR	21833		03
NAVY EXCHANGE SERVICE CENTER	65920		03
JMPA AFO JAX	68792		02
FLTIMGCENLANT JAX	39225		01
NAVY AUDIT SITE JAX	62761		01

Activity wishes to replace P-8 with P-8R
BUMED-822
MSD, 3 Jun 94

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CAA CTR, JAX	68114		13
NAVY RECRUIT DIST JAX REG EIGHG JAX	ZZ035		12
PATWINGSLANT DET JAX	47688		10
ROTCC JAX JAX	44226		08
NAVCURSERVDET JAX	31141		07
PUBLIC WORKS, JAX LANT (COMNAVACT JAX)	002X5		07
NAVDRUGLAB JAX	68850		05
CBU RES, 14 JAX	08913		05
NAESU DET JAX	30340		04
B CO 4TH AMPHIB BN USMCR	21833		03
NAVY EXCHANGE SERVICE CENTER	65920		03
JMPA AFO JAX	68792		02
FLTIMGCENLANT JAX	39225		01
NAVY AUDIT SITE JAX	62761		0

8R BUMED-822
mdd, 3 Jun 94

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVY EXCHANGE NASJAX	6692X		01
NAVY EXCHANGE NAS JAX	6592X		01
NAVYMARTRIJUDICIARY OFFICE	31553		01
RADC JAX JAX	63188		01

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE **THIS FORMAT.**

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

OCT 93 - MAR 94

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY ***THRU FEB 94***	AVERAGE DAILY PATIENT LOAD ***THRU FEB 94***
ACTIVE DUTY N/MC	2,350	74,000	2.5	17
ACTIVE DUTY NON N/MC	150	3,250	2.5	1
TOTAL ACTIVE DUTY	2,500	77,250		18
FAMILY OF AD	4,600	220,000	2.5	34
RETIRED AND FAMILY MEMBERS UNDER 65	1,450	88,000	2.5	10
RETIRED AND FAMILY MEMBERS OVER 65	600	37,000	2.5	5
OTHER	100	11,000	2.5	1
TOTAL	6,750	356,000		50

***** - Admissions and outpatient visits are October-March 1994 data only.**
- Retired and Family information unavailable in requested form. The total is all Retired and Family of Retired.

What is your occupancy rate for FY 1994 to date? 51.9

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	436,952	434,204	412,737	412,812	414,957	414,957	414,957
ADMISS.	9,206	9,148	8,696	8,697	8,743	8,743	8,743

Please show all assumptions and calculations in the space below:

*** a. Outpatient Visits: For FY-94, Naval Hospital is averaging about 35,702 total outpatient visits monthly: 35,702 x 12 months = 428,424 projected outpatient visits. FY-94 beneficiary population = 125,053; 428,424/125,053 = 3.426 outpatient visit rate per beneficiary population for each subsequent FY provides the projected outpatient visits total for the associated FY.

b. Admissions: For FY-94, we are averaging about 754 admissions monthly: 754 x 12 = 9,048 projected admissions. FY-94 beneficiary population = 125,351; 9,048/125,351 = .072181314 admission rate per beneficiary population for each subsequent FY provides the projected admissions for the associated FY.

NOTE: The projected population figures <u>do not</u> reflect projected downsizing because we have not yet been provided with that information.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Sanitation Inspection	960 hrs	5
Habitability Inspections	360	5
Environmental Sanitation Inspection	360	5
Epidemiology	312	5
Water Sampling/Analysis	72	1
Mosquito Surveillance	240	1
Training	600	5
Health Cards	144	1
Preventive Medicine Admin	960	4

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM BUMED-822 MSS, 3 Jun 94	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Family Practice Residency	7	12	~~12~~ 14	13	13	13	13	13
GME-I; Family Practice Internship	13	13	13	13	13	13	13	13

*** The Family Practice Residency at Naval Hospital Jacksonville is a three year program but many residents are required to do operational tours prior to being eligible to complete the 2nd and 3rd years of residency. Due to a variety of reasons (end of obligated service, change in specialty choice, etc.) many more residents complete the GME-I year than the entire three-year residency. Therefore, the data reported for question 6 is broken down into 2 categories.

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
Family Practice Residency ***	F	105/108= 97.2%	

*** This program has been offering training since 1969. Information is available since 1983 and is reported since that time. Since 1989 there has been a 100% pass rate.

[1] Use F for fully accredited, P for probation, and N for not accredited.

[2] List the percentage of program graduates that achieve board certification.

[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
74078	SMOKING PAVILION	480	4	ADEQUATE
51077	DRUG LABORATORY	13,838	52	ADEQUATE
51077	HOSP/MED STORAGE	10,080	52	SUBSTANDARD
72111	BEQ	22,402	52	SUBSTANDARD

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	FAMILY PRACTICE CLINIC (VACANT)	14,272	52	SUBSTANDARD
21420/21910	TRANSPORTATION/PUBLIC WORKS (VACANT)	6,063	53	INADEQUATE
51010	MAIN HOSPITAL	341,360	27	ADEQUATE
61020	DATA PROCESSING	11,610	16	ADEQUATE

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51077	MED STORAGE	21,330	16	ADEQUATE
72111	BEQ	13,500	2	ADEQUATE

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code: **21420**
2. What makes it inadequate? **Code F09) Total Deterioration of Structure.**
3. What use is being made of the facility? **Vacant.**
4. What is the cost to upgrade the facility to substandard? **$1 million.**
5. What other use could be made of the facility and at what cost? **None.**
6. Current improvement plans and programmed funding: **MILCON P-185; Unfunded.**
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? **Yes.**

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-513	HOSPITAL CLINIC ADDITION	FY-89	$12M
P-828	FIRE PROTECTION UPGRADE	FY-91	$2.1M
RC9-85	UPGRADE HOSPITAL ELEVATORS	FY-90	$400K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-320	CONSTRUCT BEQ	FY-92	$2.4M
RCEA1-88	REPAIR NDSL (BUILDING H2033)	FY-91	$525K
REC2-89	RENOVATE CSSR	FY-93	$500K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
RC1-89	RENOVATE PEDIATRICS WARD	FY-93	$750K
RCEM1-91	RENOVATE LABOR AND DELIVERY WARD	FY-93	$750K

(None were results of BRAC realignments or closures).

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
CRA1-88	CONVERT/REPAIR ADMIN SPACES (BUILDING H2005)	1995	1.055 M
RE1-92	RENOVATE MAIN OPERATING SUITE	1995	$1.25 M
RCE4-91	RENOVATE FOOD SERVICES AREA	1995	$950K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R2-92	RENOVATE MAIN ELECTRICAL DISTRIBUTION EQUIPMENT	1995	$360K
R3-91	WEATHERPROOF HOSPITAL EXTERIOR	1995	$267K
R4-92	REPAIR BUILDING H2004 (BEQ)	1996	$693K

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-831	AVIATION PHYSIOLOGY TRAINING UNIT	1996	$2.62 M
P-832	MEDICAL FACILITY ADDITION	1996	$1.89 M

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME **Naval Hospital, Jacksonville, FL 32214-5000 (Hospital)**				
2. UIC **00232**	3. CATEGORY CODE	4. NO. OF BUILDINGS **1**		
5. SIZE	A. GSF **341,360**	B. NORMAL BEDS **137**		C.DTRS **5**
6. LOCATION	A. CITY **Jacksonville**		B.STATE **FL**	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	96%	4%	N/A	A18	
(2) ADMINISTRATION	90%	10%	N/A	B17	
(3) CENTRAL STERILE SVCS.	100%	N/A	N/A	N/A	
(4) DENTAL	90%	10%	N/A	B17	
(5) EMERGENCY SVCS.	100%	N/A	N/A	N/A	
(6) FOOD SERVICES	70%	30%	N/A	A12, B17	
(7) LABORATORIES	100%	N/A	N/A	N/A	
(8) LOGISTICS	100%	N/A	N/A	N/A	
(9) INPATIENT NURSING UNITS	70%	30%	N/A	A12, B17	
(10) LABOR-DEL-NURSERY	100%	0%	N/A	N/A	
(11) OUTPATIENT CLINICS	100%	N/A	N/A	N/A	
(12) PHARMACY	100%	N/A	N/A	N/A	
(13) RADIOLOGY	100%	N/A	N/A	N/A	
(14) SURGICAL SUITE	70%	30%	N/A	A12,B17,C16	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	85%	15%	N/A	A09	
(B) HVAC	80%	20%	N/A	A01	
(C) PLUMBING	80%	20%	N/A	A02	
(D) ELECTRICAL SVCS.	80%	20%	N/A	A06	
(E) ELECTRICAL DISTRIBUTION	90%	10%	N/A	A12	
(F) EMERGENCY POWER	100%	N/A	N/A	N/A	

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the

designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: October 1991

FULL ACCREDITATION: Yes

LIFE SAFETY MANAGEMENT SCORE: 1 (Record as 1,2,3,4,or 5)

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LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

The geographic location of the hospital is most unique. We are located on an Naval Air Station located on the St. John's River close to a major harbor. We are located within a ten mile radius of a major tertiary center of medical care in Jacksonville, Fl. Our central location within the southeast region makes us the ideal referral point for outlying Navy medical clinics such as Key West, FL and Kings Bay, GA. Proximity to the largest concentration of operational forces (air, surface, and submarine) in the southeast affords rapid response for emergent medical care, industrial hygiene or radiation health support.

b. What are the nearest air, rail, sea and ground transportation nodes?

Military Air - NAS Jacksonville - 2 miles
Commercial Air - Jacksonville Int'l Airport - 20 miles

Rail - Amtrak Station - 10 miles

Sea - Blount Island (Marine Transports/Commercial Freighters) - 15 miles

Ground Transportation - Jacksonville Transportation Authority - 10 miles

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): Military Airfield - 2 miles
Civilian Airfield - 20 miles

d. What is the importance of your location given your mobilization requirements?

N/A

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e. On the average, how long does it take your current clients/customers to reach your facility?

On a 20 mile radius, an average of 30 minutes.

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10-3-94

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

The geographic location of the hospital is most unique. We are located on an Naval Air Station located on the St. John's River close to a major harbor. We are located within a ten mile radius of a major tertiary center of medical care in Jacksonville, Fl. Our central location within the southeast region makes us the ideal referral point for outlying Navy medical clinics such as Key West, FL and Kings Bay, GA. Proximity to the largest concentration of operational forces (air, surface, and submarine) in the southeast affords rapid response for emergent medical care, industrial hygiene or radiation health support.

b. What are the nearest air, rail, sea and ground transportation nodes?

Military Air - NAS Jacksonville - 2 miles
Commercial Air - Jacksonville Int'l Airport - 20 miles

Rail - Amtrak Station - 10 miles

Sea - Blount Island (Marine Transports/Commercial Freighters) - 15 miles

Ground Transportation - Jacksonville Transportation Authority - 10 miles

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): Military Airfield - 2 miles
Civilian Airfield - 20 miles

d. What is the importance of your location given your mobilization requirements?

e. On the average, how long does it take your current clients/customers to reach your facility?

On a 20 mile radius, an average of 30 minutes.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Refer to BRAC #38 Naval Air Station Jacksonville.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

a. The Graduate Medical Education training program in Family Practice is the largest in the Navy, and one of the largest in the nation. Family Physicians play a vital role in supporting operational medicine in the Navy. Family Practice has become the most desired specialty in medicine today. The training of specialists in Family Practice has become crucial to the success of managed care initiatives in both the private sector and DoD.

b. The geographic location of the hospital is most unique. We are located on an Naval Air Station on the St. John's River close to a major harbor. We are located within a ten mile radius of a major tertiary center of medical care in Jacksonville, FL. Our central location within the southeast region makes us the ideal referral point for outlying Navy medical clinics such as Key West, FL and Kings Bay, GA. Proximity to the largest concentration of operational forces (air, surface and submarine) in the southeast affords rapid response for emergent medical care, industrial hygiene or radiation health support.

c. We have a large Occupational Health Department whose coverage spans six bases, and other MTFs as requested. Radiation health staff serves our own geographic area and most other MTFs in the southeast region (i.e. Key West, Guantanamo Bay, and Millington). The Industrial Hygiene Division is one of the few in the Navy which provides the National Institute for Occupational Safety and Health (NIOSH) sampling and evaluating airborne asbestos dust (phase contrast microscopy) and bulk asbestos identification (polarized light microscopy). Their proficiency in asbestos identification has consistently rated the best among field labs. The Occupational Medicine Division is one of the few in the Navy licensed by NIOSH to teach it's Pulmonary Function Testing certification course.

d. Naval Hospital provides the only Aviation Physiology Training Unit in Region 3, and the only one on the eastern shore from here to Norfolk. This unit trains approximately 1,000 aviators and air crew per year, and this training is mandatory every four years for aviation personnel.

e. Naval Hospital provides reserve training in excess of 33,700 manhours per year.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

The local healthcare infrastructure could absorb the additional workload, but it could not provide the administrative support for active duty, i.e. medical boards, disability determinations, communications with operational units, etc. If care were purchased from the local community, there would be an estimated 24% increase in cost. The local community has no knowledge of the occupational workplace (shipboard or aviation) and has no ability to provide the occupational health support. Aside from the Dept. of Labor, the Navy is the only significant source of professional industrial hygiene services within a 100 mile radius of Jacksonville. Aside from the Navy, we are aware of no radiation health or occupational optometry services available in northeast Florida or Georgia.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Yes, if the active duty and their families were to leave, the local community could provide care for the retired population.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

If our inpatient capability closed, the local community could absorb our inpatient workload.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
FLEET HOSP FOUR	68684	159
FLEET HOSP FIVE	68685	39
FLEET HOSP EIGHT	45392	182
FLEET HOSP FIFTEEN	66101	175
NAVHOSP ROTA SPAIN	66101	36
NAVHOSP ROOS ROADS	65428	32
SCOTT AIR FORCE BASE	64216	1

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS PELELIU	20160	1
1ST MARINE AIR WING ADV	MPS3W	2
MARINE BRIGADE KANEOHE	67339	71
MAG 29	52841	6
MAG 27	09167	13
MAG 31	09131	18
3RD FSSG	67436	18

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UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
1ST MARINE AIR WING	57079	7
MMART TEAM	00232	46
TASK FORCE SURGEON	00232	1

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.
***Has had minimal impact this fiscal year due to reserve support received for billets that were briefly activated in support of Somolia relief.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 228* R

* This number has been revised based on a survey of in-house beds and beds available from storage to be used in rooms that have utilities as required aby BUMED instructions. Revised based on PHONCON with Mr. Greg Atkinson on 27 SEP 94.

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

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UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
1ST MARINE AIR WING	57079	7
MMART TEAM	00232	46
TASK FORCE SURGEON	00232	1

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: _195_

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994 YTD THRU APRIL
INPATIENT	3843	3316	1804
OUTPATIENT	1963	1975	946

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	628	$668K	556	$933K	175	$514K
AD FAMILY	565	249K	483	195K	87	48K
OTHER	55	47K	130	123K	45	36K
TOTAL	1248	964K	1169	1251K	307	598K*

*THRU APRIL 1994

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994 YTD
TOTAL COSTS	31,155,186	35,803,356	20,534,678
TOTAL OUTPATIENT VISITS	300,209	345,674	215,734
AVERAGE COST PER VISIT	$104	$104	$95

*****FY-94 visit data is thru March 1994. Costs were estimated using FY-93 costs adjusted for known changes in FY-94.**

(Activity wishes to replace P. 32 with P. 32R) BUMED-822 MNS 13 Jun 94

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994 YTD
TOTAL COSTS	32,001,911	35,803,356	20,534,678
TOTAL OUTPATIENT VISITS	322,795	345,674	215,734
AVERAGE COST PER VISIT	$99	$104	$95

***FY-94 visit data is thru March 1994. Costs were estimated using FY-93 costs adjusted for known changes in FY-94.

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14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	26,774,787	32,457,297	not avail.

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	22,110	25,097	
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	1,045,584	1,029,571	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	1,067,694	1,054,668	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	24,330,042	27,817,018	
F. % SELECTED E EXPENSES (D-E)[1]	.043883	.037914	

[1] Record as a decimal to 6 digits.

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1. **FY-94 MEPRs expense unavailable - no EAS III processing of 94 data.**
2. **FY-93 Biometric dispositions are actual OCT-JUL and estimated for AUG-SEP based on average dispositions. Biometric data for FY-92 and FY-94 unavailable.**
3. **Relative Weighted Product data unavailable due to RCMAS system being down.**

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	5,687,038	5,923,816	not avail.
H. E EXPENSES TO REMOVE FROM MEPRS A (FxG)	249,564	224,596	
I. AREA REFERENCE LABORATORIES (FAA)	------	------	
J. CLINICAL INVESTIGATION PROGRAM (FAH)	492	------	
K. TOTAL SELECTED F (I+J)	492	------	
L. CONTINUING HEALTH EDUCATION (FAL)	342,165	329,584	
M. DECEDENT AFFAIRS (FDD)	28,956	62,633	

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CATEGORY	FY 1992	FY 1993	FY 1994
N. INITIAL OUTFITTING (FDE)	42,632	------	not avail
O. URGENT MINOR CONSTRUCTION (FDF)	------	------	
P. TOTAL (L+M+N+O)	413,753	392,217	
Q. E EXPENSES INCLUDED IN ROW P	15,287	19,759	
R. E EXPENSES TO REMOVE FROM ROW P (FxQ)	671	749	
S. OTHER F'S LESS E (P-R)	413,082	391,468	

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	8347.9144	8941.1672	
U. TOTAL WORK UNITS (MWU)2	21932.4617	23562.6586	
V. PERCENT INPATIENT (IWU DIVIDED ~~AWU~~ MWU	~~.614515~~ .3806191	~~.611509~~ .3794634	

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MAS

CATEGORY	FY 1992	FY 1993	FY 1994 YTD
W. FINAL OTHER F EXPENSES (SxV)	253,845	239,386	not avail
X. FINAL F EXPENSES (K+W)	254,337	239,386	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	26,779,560	32,472,087	
Z. NUMBER OF BIOMETRICS DISPOSITIONS	9,000	9,557	
AA. TOTAL MEPRS DISPOSITIONS	9,062	9,656	4,587
BB. ADJUSTED DISPOSITIONS (Z DIVIDED AA)	.9932	.9897	not avail.
CC. ADJUSTED MEPRS EXPENSES (YxBB)	26,597,459	32,137,625	

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CATEGORY	FY 1992	FY 1993	FY 1994
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	6448.194	6620.555	not avail.
EE. COST PER RWP (CC DIVIDED DD)	4,125	4,854	
FF. TOTAL CATEGORY II RWPs	1812.38	1889.17	
GG. TOTAL CATEGORY II COST (EExFF)	7,476,068	9,170,032	
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	19,121,391	22,967,593	
II. TOTAL CATEGORY III RWPs (DD-FF)	4635.81	4731.39	
JJ. COST PER CATEGORY III RWP (HH DIVIDED II)	4125	4854	

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CATEGORY	FY 1992	FY 1993	FY 1994 YTD
KK. TOTAL OBDs (OCCUPIED BED DAYS)	22,486	22,761	not avail
LL. CATEGORY II (AS DEFINED IN FF) OBDs	1812.38	1889.17	
MM. CATEGORY III OBDs (KK-LL)	20673.62	20871.83	
NN. AVERAGE DAYS/RWP (NNx77)	4.46	4.41	
OO. ADD ON PER RWP (MM DIVIDED II)	343.42	339.57	
PP. TOTAL COST PER RWP (JJ+OO)	4468.42	5193.57	
QQ. CIVILIAN CATEGORY III RWP (HH DIVIDED II)	670.26	779.04	

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CATEGORY	FY 1992	FY 1993	FY 1994
RR. MILITARY PAY COST (PPx.56)	2502.32	2908.40	not avail
SS. OTHER COSTS (PPx.29)	1295.84	1506.14	
TT. CIVILIAN PAY RAISES(QQX1.037X1.0297)	715.70	831.86	
UU. MILITARY PAY RAISES (RRX1.037X1.0165)	2637.72	3065.77	
VV. UNFUNDED CIVILIAN RETIREMENT (TTX1.147)	820.91	954.14	
WW. CIVILIAN ASSET USE CHARGE (VV X 1.04)	853.75	992.31	
XX. MILITARY ASSET USE CHARGE (UU X 1.04)	2743.23	3188.40	

CATEGORY	FY 1992	FY 1993	FY 1994
YY. OTHER ASSET USE CHARGES (SS X 1.04)	1347.67	1566.39	
ZZ. OTHER COSTS DEFLATOR FACTOR (YY X 1.083)	1459.53	1696.40	
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	5056.51	5877.11	

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MSS, 3 Jun 94

15. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

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(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

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[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

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(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	100%
Substandard	71%
Inadequate	0%

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? No change since FY-93. Reason for occupancy under 95% (or vacancy over 5%) = TRANSIENT PERSONNEL.

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

Average on board = 5
Current on board = 4

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	4	100	
Spouse Employment (non-military)			
Other			
TOTAL	4	100	

(e) How many geographic bachelors do not live on base? Unable to obtain information.

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

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b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

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[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

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d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

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(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

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f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

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g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

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(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

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(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

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h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time (min)

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j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

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(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

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(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

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k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

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n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

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Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			

Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Revised

15. Quality of Life (NAVAL HOSPITAL, JACKSONVILLE)

O VR Bumed 824 9/16/94

a. Provide data on the Hospital's BOQs and BEQs. Provide this informaiton on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg.#, & CCN	Total no. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ-2034 (NAVHOSP JAX) E1-E4: 89 E5-E6: 10	112	56	104	92				
BEQ-2004 (NAVHOSP JAX) E1-E4: 93 E5-E6: 6 E7-E9: 1	100	38			100	90 Due to age of facility.		
BOQ-11 (NAS JAX, OLD) CWO-02: 4 03 and above: 7	111	111	11	400				
BOQ-845 (NAS JAX, NEW) CWO-02: 3 03 and above: 1	103	103			4	300 Due to lack of indiv temp controls		

b. In accordance with NAVFACINST 11010.44E, and inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the caregories above where inadeuqte facilities are identified provide the following informaiton:

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) EHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULE BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOU BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

Date 31 May 94

Naval Hospital, Jacksonville
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-3-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. Greene, Jr

NAME (Please type or print) _____ Signature _____

Acting

Title _____ Date 10 Jun 1994

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

D V Hollingsworth
Signature

Commanding Officer
Title

29 Sep 94
Date

Naval Hospital, Jacksonville
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL

Title | Date 10/4/94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) | Signature

ACTING

Title | Date 11 OCT 1994

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT W. F. LORENZEN, MSC, USN
NAME (Please type or print)

W F Lorenzen
Signature

Commanding Officer, Acting
Title

4 Oct 94
Date

Naval Hospital, Jacksonville
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X Oct 6, 94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING

Title 13 OCT 1994 Date

Document Separator

320

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:NAVAL HOSPITAL LEMOORE

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*********If any responses are classified, attach separate classified annex*********

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	5500	4813	N/A	~~9040~~ 4283	N/A	N/A
FAMILY OF AD	8200	8596		~~13476~~ 7655		
SUBTOTAL	13700	13409		22516		
RETIRED AND FAMILY MEMBERS UNDER 65	8870	8273		~~8849~~ 6037		
RETIRED AND FAMILY MEMBERS OVER 65[4]	1128	950		~~1389~~ 1500	10530	
OTHER	1281	2443		2493		
TOTAL	23698	25075		~~32754~~ 23,968		

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

CG BUMED-823
1 Jun 94

R

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	~~27~~ 37
Set Up Beds[1]:	32
Expanded Bed Capacity[2]:	37

R

R VR BUMED 824 9/30/94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	~~27~~ 37
Set Up Beds[1]:	32
Expanded Bed Capacity[2]:	37

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

CJW BUMED-823
1 Jun 94

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	26130	58530	42343	127003
ADMISSIONS	587	487	389	1463
LABORATORY TESTS (WEIGHTED)[1]	229032	404901	316967	950900
RADIOLOGY PROCEDURES (WEIGHTED)[1]	12592	23274	17938	53804
PHARMACY UNITS (WEIGHTED)[1]	73627	83717	92067	249411
OTHER (SPECIFY)	N/A			

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	26130	58530	42343	127003
ADMISSIONS	587	487	389	1463
LABORATORY TESTS (WEIGHTED)[1]	229032	404901	316967	950900
RADIOLOGY PROCEDURES (WEIGHTED)[1]	12592	23274	17938	53804
PHARMACY UNITS (WEIGHTED)[1]	73627	83717	92067	249411
OTHER (SPECIFY)	N/A			

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

** DUE TO SEVERE PHYSICAL PLANT LIMITATIONS, WE ARE OPERATING AT MAXIMUM CAPACITY.

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	26130	68765	49749	144644
ADMISSIONS	587	1089	870	2564
LABORATORY TESTS (WEIGHTED)[1]	229032	479037	375005	1083074
RADIOLOGY PROCEDURES (WEIGHTED)[1]	12592	27498	21193	61283
PHARMACY UNITS (WEIGHTED)[1]	73627	100228	110224	284079
OTHER (SPECIFY)				

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

1 - OVERALL, UTILIZED BUMED DESIGNED MODEL TO PROJECT MTF EQUIVALENT VISITS AND USING PERCENTAGE PROJECTED ADDITIONAL WORK TO FAMILY OF ACTIVE DUTY AND RETIRED AND FAMILY.
2- TOTAL OF LAB, RADIOLOGY AND PHARMACY: TOOK 13.9% INCREASE FROM OUTPATIENT VISITS AND APPLIED TO TOTAL FROM PREVIOUS TABLE. THEN THOSE WERE APPLIED TO FAMILY OF ACTIVE DUTY AND RETIRED IN SAME PERCENTAGE AS PREVIOUS TABLE FOR THESE TWO CATEGORIES.
3- ASSUMED NO CHANGE IN ACTIVE DUTY CARE.

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	~~19~~ 17	~~19~~ 17	~~19~~ 17	~~19~~ 17	~~19~~ 17	~~19~~ 17	~~19~~ 17	~~19~~ 17
SPECIALTY CARE[2]	~~8~~ 7	~~8~~ 7	~~8~~ 7	~~8~~ 7	~~8~~ 7	~~8~~ 7	~~8~~ 7	~~8~~ 7
PHYSICIAN EXTENDERS[3]	~~8~~ 8	~~8~~ 8	~~8~~ 8	~~8~~ 8	~~8~~ 8	~~8~~ 8	~~8~~ 8	~~8~~ 8
INDEPENDENT DUTY CORPSMEN	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1	~~2~~ 1
TOTAL	33	33	33	33	33	33	33	33

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

BUMED-823
1 Jun 94

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	361
SPECIALTY CARE[2]	633
PHYSICIAN EXTENDER[3]	264
TOTAL	1,258

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 969,651

TULARE COUNTY: TULARE 39,000; VISALIA 86,151
KINGS COUNTY: 111,200
FRESNO COUNTY: 733,300

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
FRESNO COMM HOSP & MED CTR	COMM HOSP OF CENTRAL CALIF	45 MI	60 MIN	
ST AGNES MED CTR	HOLY CROSS HEALTH SYSTEM CORP	50 MI	60 - 75 MIN	
VALLEY CHILDRENS HOSPITAL		45 MI	60 MIN	
HANFORD COMM HOSP	ADVENTIST HEALTH SYSTEM-WEST	18 MI	20 MIN	
CENTRAL VALLEY GEN HOSP	CATHOLIC HEALTH CORP	20 MI	25 MIN	MOU FOR MRIS
VALLEY MED CENTER	FRESNO COUNTY	45 MI	60 MIN	
VA MED CTR	VETERANS ADMIN	45 MI	60 MIN	
KAWEAH DELTA DISTRICT HOSP		35 MI	45 MIN	
VISALIA COMM HOSP	EPIC HEALTHCARE GROUP	35 MI	45 MIN	
TULARE DIST HOSP		42 MI	55 MIN	

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
FRESNO COMM HOSP & MED CTR	363	YES	71.6%	GRADUATE MED ED CTR REHAB FACILITY
ST AGNES MED CTR	323	YES	72.4%	
VALLEY CHILDRENS HOSP	173	YES	81.8%	GRADUATE MED ED CTR NED SCHOOL AFFILIATION REHAB FACILITY
HANFORD COMMUNITY HOSP	54	YES ✓	88.9%	
CENTRAL VALLEY GENERAL HOSP	66	YES ✓	36.4% 40	
VALLEY MEDICAL CENTER	326	YES	69.9%	REGIONAL TRAUMA CENTER GRADUATE MED ED CTR MED SCHOOL AFFILIATION TEACHING HOSP
VA MEDICAL CENTER	168	YES	68.9%	GRADUATE MED ED CTR MED SCHOOL AFFILIATION
KAWEAH DELTA DIST HOSP	181	YES ✓	98.5% 3	

B 51

VISALIA COMM HOSP	52	YES ✓	NON REPORTING	
TULARE DIST HOSP	86	YES	60.5%	

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

NAVAL HOSPITAL LEMOORE CA UIC 66095

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A								

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

CTW BUMED-823
1 Jun 94

15
~~13~~

NAVAL HOSPITAL LEMOORE CA UIC 66095

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-xx and 179-xx CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A			

(3) Describe how the Student HRS/YR value in the preceding table was derived.

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

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CCN BUMED-823
1 Jun 94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. H. VASQUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

23 MAY 1994
Date

NAVAL HOSPITAL, LEMOORE, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 8 JUNE 1994

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. W. HOLDEN
NAME (Please type or print)

Signature

COMMANDING OFFICER, ACTING
Title

29 SEPTEMBER 1994
Date

NAVAL HOSPITAL, LEMOORE, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

X D F Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

X 10/3/94

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

J B Greene Jr.

Signature

ACTING

Title

10 OCT 1994

Date

280

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:NAVAL HOSPITAL LEMOORE
ACTIVITY UIC:66095

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

We are Navy Medicine in the San Joaquin Valley.

Our primary mission is to ensure active duty members, primarily those associated with Strike Fighter Wing Pacific units, are combat ready through health promotion and managed care programs.

Our secondary mission is to ensure that the same quality medical is provided to all beneficiaries.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
DECA	HQCKLA	NAS LEMOORE	41
MARINE AV SUP GROUP	M68841	NAS LEMOORE	114
FASOTRAGRUPAC	N0347A	NAS LEMOORE	32
VFA-303	N09328	NAS LEMOORE	268
VFA-125	N09485	NAS LEMOORE	472
CSFWP	N09520	NAS LEMOORE	77
NASEU	N31225	NAS LEMOORE	27
NTCC	N33218	NAS LEMOORE	16
SFWPS	N35185	NAS LEMOORE	41
A/C OP DET	N35671	NAS LEMOORE	93
NLSO	N35501	NAS LEMOORE	8
DENTAL	N35723	NAS LEMOORE	28
PSD	N40377	NAS LEMOORE	42
ROICC	N44259	NAS LEMOORE	10

AIMD	N44321	NAS LEMOORE	481
NARCEN	N44280	NAS LEMOORE	52
NAVHOSP OMED	N46858	NAS LEMOORE	11
SECURITY	N46964	NAS LEMOORE	133
NAVAL TRNG SYSTEMS CTR	N61339	NAS LEMOORE	4
NAVY CAMPUS	N63015	NAS LEMOORE	3
PMTC NAWC	N63126	NAS LEMOORE	4
NADEP NORTH ISLAND	N65888	NAS LEMOORE	30
NAVOCEANCOMDET	N65903	NAS LEMOOE	13
NAMTRADET	N66060	NAS LEMOORE	105
NAVHOSP	N66095	NAS LEMOORE	297
CBU-406	N66650	NAS LEMOORE	40
CAAC	N68116	NAS LEMOORE	4
NAVDAF	N68452	NAS LEMOORE	18
NAVCALAB	N68833	NAS LEMOORE	13
U.S. ARMY MED DEPARTMENT	W62NO	NAS LEMOORE	4
DEFENSE INVEST SERVICE	WS52FN	NAS LEMOORE	1
VFA-146	N09063	NAS LEMOORE	242
VFA-113	N09092	NAS LEMOORE	242
VFA-94	N09295	NAS LEMOORE	242
VFA-151	N09558	NAS LEMOORE	242
VFA-22	N09561	NAS LEMOORE	242
VFA-25	N09637	NAS LEMOORE	242
CVW-9	N09738	NAS LEMOORE	30
VFA-137	N55142	NAS LEMOORE	242
VFA-97	N63923	NAS LEMOORE	242
VFA-147	N63925	NAS LEMOORE	242
VFA-27	N65185	NAS LEMOORE	242

NIS	N42953	NAS LEMOORE	7
FLTIMGCOMPAC	N42990	NAS LEMOORE	6

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	277	36995	2.4	1.65
ACTIVE DUTY NON N/MC	6	819	.4	.02
TOTAL ACTIVE DUTY	283	37814		1.67
FAMILY OF AD	917	49418	2.1	4.39
RETIRED AND FAMILY MEMBERS UNDER 65	126	17039	1.6	.74
RETIRED AND FAMILY MEMBERS OVER 65	35	4806	.5	.21
OTHER	30	2114	1.5	.11
TOTAL	1391	111191		7.12

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Bumed-823 30 Oct 94

What is your occupancy rate for FY 1994 to date? 26.3%

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3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	316	48116	2.8	1.74
ACTIVE DUTY NON N/MC	4	994	2.0	.02
TOTAL ACTIVE DUTY	320	49110		1.76
FAMILY OF AD	944	62284	1.8	5.20
RETIRED AND FAMILY MEMBERS UNDER 65	152	9544	1.7	.84
RETIRED AND FAMILY MEMBERS OVER 65	**	15218		
OTHER	36	2614	1.6	.20
TOTAL	1452	138770		8.0

** INFO ON RETIREES AND DEPENDENTS NOT AVAILABLE BY AGE.

What is your occupancy rate for FY 1994 to date? 21.6%

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	143,640	191,760	218,990	229,939	241,436	253,508	266,183
ADMISS.	1,651	2,204	2,517	2,643	2,775	2,914	3,060

Please show all assumptions and calculations in the space below:
FY95 THRU FY97 REFLECT BRAC III CHANGES, THEREAFTER ASSUMED A 5% INCREASE.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
PREVENTIVE MEDICINE SANITATION INSPECTIONS	210 HRS	3
NOSOCOMIAL INFECTION MEDICAL RECORD SCREEN	86 HRS	1
PREVENTIVE MEDICINE TRAINING	36 HRS	3
POTABLE WATER AND ICE SAMPLING - MICROBIOLOGY TESTING	225 HRS	2
COMMUNICABLE DISEASE INVESTIGATIONS	40 HRS	3
PREVENTIVE MEDICINE CONSULTATIONS	38 HRS	3
PEST CONTROL SURVEYS	210 HRS	3
IH SURVEYS	984 HRS	3
ASBESTOS LABORATORY SERVICE	216 HRS	4
ENGINEERING PLANS REVIEW & BRAC	240 HRS	1
RESPIRATOR, SOP, LESSON PLANS, REPORTS, & ANALYTICAL CALCULATIONS REVIEW	72 HRS	2
REPRODUCTIVE HAZARD & MEDICAL SURVEILLANCE SCREENINGS	72 HRS	2
EDUCATION AND TRAINING SERVICE	96 HRS	2
IH EQUIPMENT MAINTENANCE & CALIBRATION	96 HRS	2
TECHNICAL ASSISTANCE SERVICE	96 HRS	2
IH EMERGENCY SERVICE	48 HRS	2

* NUMBER OF HOURS SPENT AND STAFF NEEDED PER EVENT WILL SIGNIFICANTLY INCREASE AS THE BASE EXPANDS.

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
NOT APPLICABLE								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
NOT APPLICABLE			

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
	PROPERTY CARDS HELD BY NAS LEMOORE AND WILL BE REPORTED VIA THEIR DATA CALLS.			

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements**

at your facility completed (beneficial occupancy) during 1988 to 1994. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-90	LIFE SAFETY CODE UPGRADE	FY94	800K
P845	REPLACEMENT HOSPITAL	FY96	37M

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P845	REPLACEMENT HOSPITAL	FY97	9M

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

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MEDICAL FACILITIES CONDITION ASSESSMENT
NAVAL HOSPITAL, LEMOORE, CA.
MAY 1994

Call #27

REVISED 6/20/94

FUNCTION/SYSTEM	%ADEQ	%SUB	%INADEQ	DEF CODES
1. ACCESS & PARKING	61%	10% - ACCESS AND PARKING FOR EMERGENCY VEHICLES AND ER PATRONS	29%-232 PARKING SPACES OUT OF AN ALLOWANCE OF 326	E18, B18
2. ADMINISTRATION	50%	10%-NO CENTRALIZATION OF ADMIN FUNCTIONS	40%-LACK OF SPACE TO HOUSE ADMIN FUNCTIONS	B12
3. CENTRAL STERILE SVCS.	85%	5%-CONGESTION SUPPLY ISSUE & DELIVERIES	10% LACK OF STORAGE AND ADMIN SPACE	B12, C17
4. DENTAL	NA	NA	NA	NA
5. EMERGENCY SERV.	75%	10%-NO ADA RESTROOMS & ENTRANCE DOORS. 5%-EMERGENCY RECEIVING CONGESTION	10%-SEISMIC DAMAGE TO SLAB FLOOR	B16, B12, A10
6. FOOD SERVICE	75%	10%-SCULLERY & STEAM LINE REPLACEMENT 10%-ASBESTOS CEILING DETERIORATION 5%-SEISMIC DAMAGE TO SLAB FLOOR		A02, A11, A10
7. LABORATORIES	50%	10%-LACK OF POWER SUPPLY FOR LAB EQUIP 40%-LACK OF ADMIN, STORAGE & WORK SPACE		C06, B12
8. LOGISTICS	90%	5%-NO HAZMAT & FLAMM STORAGE 5%-NO LINEN STORAGE		B15,B10
9. INPATIENT NURSING UNITS	76%	20%-SEISMIC DAMAGE SLAB FLOOR WD A&C 2%-REPLACE NURSE CALL WD C	2%-LSC DOORS, WALL FINISH, SPRINKLERS WD C	A10, A08, A03
10. LABOR-DEL-NURSERY	68%	20%-SEISMIC DAMAGE SLAB FLOOR 10%-LACK OF CHANGE RMS AND STORAGE	2%-LSC DOORS, WALL FINISH, SPRINKLERS	A10, B12, A03
11. OUTPATIENT CLINICS	45%	10%-SEISMIC DAMAGE SLAB FLOOR 5%-REPLACE WALL HEAT EXCH UNITS	40%-LACK OF SPACE	A10, A01, B09
12. PHARMACY	53%	5%-LACK ELECT CAPACITY FOR DATA SYSTEMS 2%-SEISMIC DAMAGE SLAB FLOOR	40%-LACK OF SPACE FOR STORAGE , ADMIN AND PATIENT WAITING	B12, B06, A10
13. RADIOLOGY	63%	2%-REPLACE DRAIN PIPE SYSTEM	35% LACK OF SPACE FOR FILM, PT WAITING, ADMIN, DARK ROOM	B12, A02
14. SURGICAL SUITE	98%	2% SEISMIC DAMAGE SLAB FLOOR		A10
A. STRUCTURAL/SEISMIC	90%	10%-SEISMIC DAMAGE SLAB FLOOR		A09
B. HVAC	95%	5%-REPLACE WALL EXCHANGE UNITS		A01

Revised pg

C. PLUMBING	97%	2%-REPLACE/INCREASE CAPACITY DRAINS IN XRAY & SCULLERY. 1%-INCREASE HOT WATER CAPACITY		C02
D. ELECTRICAL SVCS.	100%			
E. ELECTRICAL DISTRIBUTION	95%	5% INCREASE ELECT SERVICE TO LAB, PHARM, ADMIN SPACES		C06
F. EMERGENCY POWER	95%	5%-REPLACE TRANSFER SWITCH DOES NOT MEET NEC STANDARDS		C07

MEDICAL FACILITIES CONDITION ASSESSMENT
NAVAL HOSPITAL, LEMOORE, CA.
MAY 1994

FUNCTION/SYSTEM	%ADEQ	%SUB	%INADEQ	DEF CODES
1. ACCESS & PARKING	61%	10% - ACCESS AND PARKING FOR EMERGENCY VEHICLES AND ER PATRONS	29%-232 PARKING SPACES OUT OF AN ALLOWANCE OF 326	E18, B18
2. ADMINISTRATION	50%	10%-NO CENTRALIZATION OF ADMIN FUNCTIONS	40%-LACK OF SPACE TO HOUSE ADMIN FUNCTIONS	B12
3. CENTRAL STERILE SVCS.		5%-CONGESTION SUPPLY ISSUE & DELIVERIES	10% LACK OF STORAGE AND ADMIN SPACE	B12, C17
4. DENTAL	NA	NA	NA	NA
5. EMERGENCY SERV.	75%	10%-NO ADA RESTROOMS & ENTRANCE DOORS. 5%-EMERGENCY RECEIVING CONGESTION	10%-SEISMIC DAMAGE TO SLAB FLOOR	B16, B12, A10
6. FOOD SERVICE	75%	10%-SCULLERY & STEAM LINE REPLACEMENT 10%-ASBESTOS CEILING DETERIORATION 5%-SEISMIC DAMAGE TO SLAB FLOOR		A02, A11, A10
7. LABORATORIES	50%	10%-LACK OF POWER SUPPLY FOR LAB EQUIP 40%-LACK OF ADMIN, STORAGE & WORK SPACE		C06, B12
8. LOGISTICS	90%	5%-NO HAZMAT & FLAMM STORAGE 5%-NO LINEN STORAGE		B15,B10
9. INPATIENT NURSING UNITS	76%	20%-SEISMIC DAMAGE SLAB FLOOR WD A&C 2%-REPLACE NURSE CALL WD C	2%-LSC DOORS, WALL FINISH, SPRINKLERS WD C	A10, A08, A03
10. LABOR-DEL-NURSERY	68%	20%-SEISMIC DAMAGE SLAB FLOOR 10%-LACK OF CHANGE RMS AND STORAGE	2%-LSC DOORS, WALL FINISH, SPRINKLERS	A10, B12, A03
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13. RADIOLOGY	63%	2%-REPLACE DRAIN PIPE SYSTEM	35% LACK OF SPACE FOR FILM, PT WAITING, ADMIN, DARK ROOM	B12, A02
14. SURGICAL SUITE	98%	2% SEISMIC DAMAGE SLAB FLOOR		A10
A. STRUCTURAL/SEISMIC		10%-SEISMIC DAMAGE SLAB FLOOR		A09
B. HVAC	95%	5%-REPLACE WALL EXCHANGE UNITS		A01

C. PLUMBING	97%	2%-REPLACE/INCREASE CAPACITY DRAINS IN XRAY & SCULLERY. 1%-INCREASE HOT WATER CAPACITY		C02
D. ELECTRICAL SVCS.	100%			
E. ELECTRICAL DISTRIBUTION	95%	5% INCREASE ELECT SERVICE TO LAB, PHARM, ADMIN SPACES		C06
F. EMERGENCY POWER	95%	5%-REPLACE TRANSFER SWITCH DOES NOT MEET NEC STANDARDS		C07

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: 22 - 23 MAY 1991
FULL ACCREDITATION: Yes
LIFE SAFETY MANAGEMENT SCORE: 1 (Record as 1,2,3,4,or 5)

* Grid score of 1 awarded for Life Safety Management Score on 18 Feb 92 after submissionof Implementation Status report for Type 1 recommendations awarded during May 1991 survey.

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported? WE ARE THE ONLY MTF NORTH OF LOS ANGELES AND SOUTH OF TRAVIS AFB, AS SUCH AN IMPORTANT RESOURCE FOR RETIREES. THE VAST MAJORITY OF ACTIVE DUTY AND THEIR DEPENDENTS LIVE WITHIN 20 MILES CREATING FEW ACCESS DIFFICULTIES.

b. What are the nearest air, rail, sea and ground transportation nodes?

AIR	FRESNO	40 MILES
	VISALIA	35 MILES
RAIL	HANFORD	18 MILES
SEA	SAN FRANCISCO	200 MILES
GROUND	INTERSTATE 5	20 MILES

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 7

d. What is the importance of your location given your mobilization requirements? IT IS NOT SIGNIFICANT, WE ARE WITHIN REASONABLE DISTANCE OF TRAVEL NODES.

e. On the average, how long does it take your current clients/customers to reach your facility?

ONBASE	5-7 MINUTES
LEMOORE	10-15 MINUTES
HANFORD	20-30 MINUTES
OTHER	1 HOUR

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? THE RURAL LOCATION OF THIS COMMUNITY DETERS MANY MEDICAL PROFESSIONALS FROM RELOCATING; AS WE DON'T HAVE MANY OF THE AMENITIES AND SERVICES FOUND IN MORE URBAN SETTINGS.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

NAVAL HOSPITAL LEMOORE IS THE ONLY NAVY MTF IN CALIFORNIA NORTH OF TWENTYNINE PALMS. THE PACIFIC FLEET'S STRIKE FIGHTER COMMUNITY IS LOCATED AT NAS LEMOORE. CLOSING THIS MTF WOULD PUT THE NEAREST DOD HOSPITAL 3.5 HOURS AWAY (TRAVIS AFB) AND THE NEAREST NAVY MTF AT LEAST 4 HOURS AWAY. ALTHOUGH A SMALL COMMUNITY HOSPITAL, OUR EXISTENCE IS VITAL TO THE STRIKE FIGHTER COMMUNITY. ALSO, THE BRANCH CLINIC AT FALLON WOULD BE WITHOUT SUPPORT OR WOULD HAVE A PARENT FACILITY IN SOUTHERN CALIFORNIA, FAR FROM NAS FALLON AND THE TOPGUN SCHOOL.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

THE VAST MAJORITY OF ACTIVE DUTY AND THEIR DEPENDENTS RESIDE EITHER ON BASE, IN LEMOORE (10 MINUTES EAST) OR HANFORD (20 MILES EAST). THE CLOSING OF OUR FACILITY WOULD SEVERLY TAX THE NUMBER OF PRIMARY CARE PROVIDERS IN THESE TOWNS AND THE OUTPATIENT CAPACITY OF THE TWO HOSPITALS LOCATED IN HANFORD. INPATIENT CARE COULD BE COVERED ADEQUATELY. UNLESS PRIMARY CARE PROVIDERS (PARTICULARLY OB/GYN AND PEDIATRICS) WOULD RELOCATE TO THESE TOWNS, OUR ACTIVE DUTY AND THEIR DEPENDENTS WOULD ENCOUNTER DIFFICULTY IN ACCESSING CARE. IF ONE EXAMINES THE ENTIRE CATCHMENT AREA, INCLUDING FRESNO AT THE NORTHERN EDGE, THE CAPACITY CERTAINLY EXISTS. HOWEVER, SINCE THE CONCENTRATION OF PROVIDERS IS AT THE EDGE OF THE 40 MILE LIMIT, TRAVEL DIFFICULTIES WOULD BE ENCOUNTERED, ESPECIALLY IN THE WINTER, WHEN HEAVY FOG MAKES DRIVING A DANGEROUS PROPOSITION. THE RETIREES, WHO ARE MORE GEOGRAPHICALLY DISPERSED WOULD HAVE LESS DIFFICULTY, ALTHOUGH THOSE LOCATED NEAR BASE WOULD FACE THE SAME TRAVEL DIFFICULTIES. CERTAINLY IN THE SHORT RUN, THE LOCAL COMMUNITY'S CAPACITY WOULD BE HEAVILY TAXED TRYING TO PROVIDE CARE FOR ALL OF THE BENEFICIARY POPULATION.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

YES, THE LOCAL COMMUNITY COULD ABSORB THE RESIDUAL ELIGIBLE POPULATION. THERE ABOUT 10,000 RETIREES AND THEIR ELIGIBLE DEPENDENTS IN OUR CATCHMENT AREA. THE RETIREES ARE MORE SPREAD OUT THAN THE ACTIVE DUTY AND DEPENDENT POPULATION. THIS WOULD ALLOW THE HEALTH CARE RESOURCES OF THE ENTIRE CATCHMENT AREA, INCLUDING THE TERTIARY FACILITIES IN FRESNO TO PICK UP THE CARE. SOME TRAVEL DIFFICULTY WOULD EXIST FOR RETIREES SEEKING SPECIALTY CARE WHO RESIDE IN LEMOORE AND TO THE SOUTH AND WEST OF THE BASE. THE NUMBER OF SPECIALTY PROVIDERS IN THESE AREAS ARE LOW AND PEOPLE WOULD HAVE TO TRAVEL GREATER DISTANCES (AT LEAST IN THE SHORT RUN UNTIL PROVIDERS RELOCATED TO MEET DEMAND). OVERALL, HOWEVER, THE HEALTHCARE RESOURCES IN THIS CATCHMENT AREA COULD HANDLE THE RESIDUAL WORKLOAD.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

THUS FAR IN FY94, OUR AVERAGE DAILY PATIENT LOAD HAS BEEN 9. THERE IS EXCESS CAPACITY IN THE CATHCMENT AREA AND THE TWO CLOSEST HOSPITALS, IN HANFORD (20 MILES EAST) HAD OCCUPANCY RATES OF 88.9% AND 36.4%. THUS, IF ONE IGNORES THE UNIQUE REQUIREMENTS OF ACTIVE DUTY PERSONNEL, THE LOCAL COMMUNITY COULD ABSORB OUR INPATIENT LOAD BASED STRICTLY ON THE NUMBERS.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS NEW ORLEANS (LPH 11)	07202	1
USS TARAWA (LHA 1)	20550	1
USS ESSEX (LHD 2)	21533	1
3D MAW, CAMP PENDLETON	31053	11
DET 3D MAW, YUMA AZ	31055	4
USNS MERCY (T-AH 19)	46245	24
3D MARINE AIR WING	57081	4
3D FORCE SERV SUPPORT GROUP	67436	3
1ST FORCE SERV SUPP GROUP	67446	14
1ST MARINE DIVISION	67448	7
U.S. NAVAL HOSPITAL GUAM	68096	13
NAVMEDCLINIC PEARL HARBOR	68098	3
U.S. NAVHOSP YOKOSUKA	68292	11
U.S. NAVAL HOSPITAL OKINAWA	68470	17
FLTHOSP #1 (250 CBTZ0	68681	5
1ST MARDIV (ADV ELEMENT)	MPS1D	7
1ST FSSG (ADV ELEMENT)	MPS1F	5

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1ST FSSG (ADV ELEMENT)	MPS1F	5
3D FSSG (ADV ELEMENT)	MPS3F	8
FLTHOSP #2 (250 CBTZ)	68682	12
FLTHOSP #6 (500 CBTZ)	68686	13

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. ADDITIONAL WORKLOAD WOULD BE MINIMAL. THE NUMBER OF PERSONNEL SENT THROUGH TRAINING AT ANY ONE TIME IS LOW AND WORKLOAD CAN, FOR THE MOST PART, BE COVERED THROUGH FLEXIBLE INTERNAL STAFFING.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 37

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

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3D FSSG (ADV ELEMENT)	MPS3F	8
FLTHOSP #2 (250 CBTZ)	68682	12
FLTHOSP #6 (500 CBTZ)	68686	13

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. ADDITIONAL WORKLOAD WOULD BE MINIMAL. THE NUMBER OF PERSONNEL SENT THROUGH TRAINING AT ANY ONE TIME IS LOW AND WORKLOAD CAN, FOR THE MOST PART, BE COVERED THROUGH FLEXIBLE INTERNAL STAFFING.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 37

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	525	497	334 (AS OF 4/26)
OUTPATIENT	292	358	214 (AS OF 4/26)

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	326	248180	438	484100	159	75872
AD FAMILY	62	40020	97	34080	55	26562
OTHER	47	18630	69	27900	24	9571
TOTAL	435	306830	604	546080	238	112005

* CONSULTS AND ADMISSIONS ONLY; DOES NOT INCLUDE PROCEDURES

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	10,642,527	11,647,923	2,871,981
TOTAL OUTPATIENT VISITS	133,721	126,473	29,851
AVERAGE COST PER VISIT	79.59	92.10	96.21

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	5039759	5349656	1337414

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	69	563	141
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	41876	34501	8625
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	41945	35064	8766
E. TOTAL E EXPENSES (ALL ACCOUNTS)	5330013	6991227	1747819
F. % SELECTED E EXPENSES (D÷E)[1]	.00787	.005015	.005015

[1] Record as a decimal to 6 digits.

(26)

See pg 26R
Stop Planned-82
1 Jan 94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	812806	1154279	288968
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	6396.78322	5788.709185	1449.1745
I. AREA REFERENCE LABORATORIES (FAA)	0	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	0
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	127605	117357	30343
M. DECEDENT AFFAIRS (FDD)	1450	1184	301
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	128755	118541	30644
Q. E EXPENSES INCLUDED IN ROW P	341	142	38
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	2.68367	0.71213	.19057
S. OTHER F'S LESS E (P-R)	128752.32	118540.29	30643.81

Refer to pg 26R
Capt Burnes-623
1 Jan 94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	1083.31432	979.0595	245.9344
U. TOTAL WORK UNITS (MWU)[2]	5390.58618	4876.5809	1192.3184
V. PERCENT INPATIENT (IWU÷AWU)	.2009641	.2007676	.2062657
W. FINAL OTHER F EXPENSES (S×V)	25874.59	23799.05	6320.77
X. FINAL F EXPENSES (K+W)	25874.59	23799.05	6320.77
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	5059236.80	5367666.30	1342285.60
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPRS DISPOSITIONS	1621	1465	366
BB. ADJUSTED DISPOSITIONS (Z+AA)			
CC. ADJUSTED MEPRS EXPENSES (Y×BB)			
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)			
EE. COST PER RWP (CC÷DD)			
FF. TOTAL CATEGORY II RWPs[3]			
GG. TOTAL CATEGORY II COST (EE×FF)			
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)			
II. TOTAL CATEGORY III RWPs (DD-FF)			
JJ. COST PER CATEGORY III RWP (HH÷II)			

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

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1 Jun 94

** THIS COMMAND DOES NOT HAVE RCMAS.

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	3133		
LL. CATEGORY II (AS DEFINED IN FF) OBDs			
MM. CATEGORY III OBDs (KK-LL)			
NN. AVERAGE DAYS/RWP (MM+II)			
OO. ADD ON PER RWP (NN×77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PP×.15)			
RR. MILITARY PAY COST (PP×.56)			
SS. OTHER COSTS (PP×.29)			
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)			
UU. MILITARY PAY RAISES (RR×1.037×1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)			
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)			
XX. MILITARY ASSET USE CHARGE (UU×1.04)			
YY. OTHER ASSET USE CHARGES (SS×1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)			

Refer to pg 262
CFEU Bumed-8227
1 Jun 94

ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

Replace to pg. 26R
Sub Bunsed-823
15-94

TABLE A: LEMOORE

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	5039860		

COMPLETE INFORMATION FOR FY 93 & FY 94 NOT CURRENTLY AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	300		
C. EDUCATION AND TRAINING (EBF)	234449		
D. TOTAL EXP EBE AND EBF	234749	0	0
E. TOTAL E EXPENSES	4876240		
F. % SELECTED E EXPENSES (D/E)	0.048141	ERR	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	683727		
H. E EXPENSES TO REMOVE FROM A (FxG)	32915.57	ERR	ERR
I. AREA REF LABS (FAA)	0		
J. CLINICAL INVEST (FAH)	0		
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	103725		
M. DECEDENT AFFAIRS (FDD)	216		
N. INITIAL OUTFITTING (FDE)	0		
O. URGENT MINOR CONST (FDF)	0		
P. TOTAL (L+M+N+O)	103941	0	0
E EXPENSE (FAL)	0		
E EXPENSE (FDD)	35		
E EXPENSE (FDE)	0		
E EXPENSE (FDF)	0		
Q. E XEPENSES INCLUDED IN ROW P	35	0	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	1.684949	ERR	ERR
S. OTHER F'S LESS E (P-R)	103939.3	ERR	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	1083.27		
U MWU	4909.46		
V PERCENT INPATIENT	0.22065	ERR	ERR
W. FINAL OTHER F EXP (SxV)	22934.16	ERR	ERR
X FINAL F EXP (K+W)	22934.16	ERR	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	5029879	ERR	ERR
Z NUMBER BIOMETRICS DISPOS	1613		
AA. TOTAL MEPRS DISP	1621		
BB. ADJ DISPOS (Z/AA)	0.995065	ERR	ERR
CC ADJ MERPS EXP (YxBB)	5005055	ERR	ERR
DD. TOTAL RWP	765.9227		
EE COST PER RWP (CC/DD)	6534.674	ERR	ERR
CATEGORY II RWPS			
(DXNNH)	0		
(PAS)	128.473		
(ADELS)	0		
FF. TOTAL CAT II RWPS	128.473	0	0
GG. TOTAL CAT II COST (EExFF)	839529.1	ERR	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	4165526	ERR	ERR
II. TOTAL CAT III RWPS (DD-FF)	637.4497	0	0
JJ. COST PER CAT III RWP (HH/II)	6534.674	ERR	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	2334		
CAT II OBDS			
(DXNNH)	0		
(PAS)	201		
(ADELS)	0		
LL TOTAL CAT II OBD	201	0	0
MM CAT III OBDS (KK-LL)	2133	0	0
NN. AVG DAYS/RWP (MM/II)	3.346146	ERR	ERR
OO. ADD ON PER RWP (NNx77)	257.6533	ERR	ERR
PP. TOTAL COST PER RWP (JJ+OO)	6792.327	ERR	ERR
QQ. CIVILIAN PAY COST (PPx.15)	1018.849	ERR	ERR
RR. MILITARY PAY COST (PPx.56)	3803.703	ERR	ERR
SS. OTHER COSTS (PPx.29)	1969.775	ERR	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	1087.926	ERR	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	4009.523	ERR	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1599.251	ERR	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1663.221	ERR	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	4169.904	ERR	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	2048.566	ERR	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	2218.597	ERR	ERR
ADJ CAT III COST/RWP	8051.722	ERR	ERR

(26)R

**** ALL FOLLOWING INFORMATION IS THE RESPONSIBILITY OF THE HOST COMMAND, NAS LEMOORE, AND WILL BE SUBMITTED VIA THEIR DATA CALLS. *****

15. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$AOB = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			

Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			

Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:_____

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
TOWERS D & F (E1-E6)	36	28	36	360'				
TOWERS 14 & 15 (E1-E6)	32	27	32	360'				
BOQ (E7-E9)	02	02	02	270'				
BOQ (CWO1-CWO2)	02	02	02	250'				
BOQ (03 & ABOVE)	04	04	04	400'				

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J.H. VASQUEZ	J.H. Vasquez
NAME (Please type or print)	Signature
COMMANDING OFFICER	9 Sep 94
Title	Date
NAVAL HOSPITAL LEMOORE	
Activity	

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9-14-99
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

9/21/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER:

J. H. VASQUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

23 MAY 1994
Date

NAVAL HOSPITAL, LEMOORE, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL

Title | Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE JR.

NAME (Please type or print) | Signature

ACTING

Title | Date 6/9/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

J. H. VASQUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

20 JUNE 1994
Date

NAVAL HOSPITAL LEMOORE
Activity

REVISION OF QUESTION 7E OF DATA CALL

DC 27
Revision Pg quest.
7E

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-20-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 07 JUL 1994

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J.H. VASQUEZ
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 30 August 94

NAVAL HOSPITAL, LEMOORE, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 11 OCT 1994 Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. W. HOLDEN
NAME (Please type or print)

Signature

COMMANDING OFFICER, ACTING
Title

29 SEPTEMBER 1994
Date

NAVAL HOSPITAL, LEMOORE, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/3/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING

Title 11 OCT 1994 Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL, MILLINGTON

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

Enclosure (1)

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Revised pg

MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 1999 (1)		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	8539	8539	8539	3200	3200	3200
FAMILY OF AD	11336	11336	11336	3803	3803	3803
SUBTOTAL	19875	19875	19875	7003	7003	7003
RETIRED AND FAMILY MEMBERS UNDER 65	18056	18056	18056	18911	18911	18911
RETIRED AND FAMILY MEMBERS OVER 65[4]	3406	3406	3406	3831	3831	3831
OTHER	0	0	0	0	0	0
TOTAL	41337	41337	41337	29745	29745	29745

(1) Projected out as far as we can go - FY-99.

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993		N/A	PROJECTED FY 2001		N/A
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	8539	8539	8539	~~7282~~ 2069	~~7282~~ 2069	7282
FAMILY OF AD	11336	11336	11336	~~9836~~ 5265	~~9836~~ 5265	9836
SUBTOTAL	19875	19875	19875	~~17118~~ 7334	~~17118~~ 7334	17118
RETIRED AND FAMILY MEMBERS UNDER 65	18056	18056	18056	~~17832~~ 15885	~~17832~~ 15885	17832
RETIRED AND FAMILY MEMBERS OVER 65[4]	3406	3406	3406	~~4582~~ 3026	~~4582~~ 3026	4582
OTHER	0	0	0	~~0~~ 1791	~~0~~ 1791	0
TOTAL	41337	41337	41337	~~39532~~ 28036	~~39532~~ 28036	39532

BUMED-8. mss 1 Jun 9

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

R

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	66	
Set Up Beds[1]:	36	NAVHOSPMILL (Code 01)
Expanded Bed Capacity[2]:	~~229~~ 106	RR 30Sep94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

4 R (30Sep94) VR BUMED 824 10/3/94

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	66
Set Up Beds[1]:	36
Expanded Bed Capacity[2]:	229

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	96,452	71,609	52,249	220,310
ADMISSIONS (2)	830	1,604	549	2,983
LABORATORY TESTS (WEIGHTED)[1]	--	--	--	2,618,192
RADIOLOGY PROCEDURES (WEIGHTED)[1]	--	--	--	155,170
PHARMACY UNITS (WEIGHTED)[1]	--	--	--	488,309
OTHER (SPECIFY)	--	--	--	--

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

1. Lab, Radiology, Pharmacy date not available by patient category.

2. Includes live births.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	98,812	73,319	53,466	225,597 (2)
ADMISSIONS	928	1,794	614	3,336 (3)
LABORATORY TESTS (WEIGHTED)[1]	--	--	--	2,812,178
RADIOLOGY PROCEDURES (WEIGHTED)[1]	--	--	--	155,170
PHARMACY UNITS (WEIGHTED)[1]	--	--	--	519,604
OTHER (SPECIFY)	--	--	--	--

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

(1) Anicllary services data not available by patient category.

(2) Full capacity based on unfilled appointments for scheduled clinics and the average daily patient workload times the number of providers for walk-in clinics.

(3) Full capacity based upon current operations. Obstetrics service scheduled for closure in last quarter FY-94, decreasing admissions by approximately 83 over amount shown.

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	96,799	100,356	83,312	280,467 (2)
ADMISSIONS	869	2,179	1,059	4,107 (3)
LABORATORY TESTS (WEIGHTED)[1]	--	--	--	2,691,925 (4)
RADIOLOGY PROCEDURES (WEIGHTED)[1]	--	--	--	156,246 (5)
PHARMACY UNITS (WEIGHTED)[1]	--	--	--	537,140 (6)
OTHER (SPECIFY) (10)				

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
(1) Ancillary data not available by patient category.
(2)(3)(4)(5) Direct care plus CHAMPUS plus Supplemental Care.
(6) Direct care plus estimated CHAMPUS prescriptions which cannot/are not filled at MTF. (Current workload plus 10%).
(10) Estimated 10% of catchment area eligible population does not use either MTF or CHAMPUS due to other helath insureance. Approximately 4000 people of ACDU Dependents, Retirees, and Retired Dependents.

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	~~31~~ 14	~~23~~ 14	~~23~~ 14	4	4	4	4	4
SPECIALTY CARE[2]	~~24~~ 11	~~24~~ 11	~~24~~ 11	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	~~12~~ 5	~~11~~ 5	~~11~~ 5	2	2	2	2	2
INDEPENDENT DUTY CORPSMEN	11	11	11	3	3	3	3	3
TOTAL	~~78~~ 41	~~69~~ 41	~~69~~ 41	9	9	9	9	9

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[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	281
SPECIALTY CARE[2]	704
PHYSICIAN EXTENDER[3]	-
TOTAL	985

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 996,473 Source: Shelby County Public Library

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE (1)	DRIVING TIME	RELATIONSHIP (2)
Methodist North	Civilian	5 Miles	15 Min	None
Methodist South	Civilian	24 Miles	40 Min	None
Methodist Central	Civilian	21 Miles	35 Min	None
Germantown Comm./ Methodist East	Civilian	13 miles	25 Min	None
Lebonheur Children	Civilian	21 Miles	35 Min	None
Charter Lakeside	Civilian	17 Miles	30 Min	None
Baptist Memorial	Civilian	21 Miles	35 Min	None
Regional Medical	Civilian	21 Miles	35 Min	None
Crittenden Memorial	Civilian	30 Miles	45 Min	None
St. Francis	Civilian	24 Miles	40 Min	None
St. Joseph	Civilian	21 Miles	35 Min	None
St. Jude Children	Civilian Non-Profit	21 Miles	35 Min	None
UT - W.F. Bowld	Civilian	21 Miles	35 Min	MOUs
Eastwood Medical	Civilian	30 Miles	45 Min	None
VA Medical	Government	21 Miles	35 Min	MOUs

(1) Distance in driving times from your facility.
(2) List any partnerships, MOUs, contracts, etc with this facility.

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Methodist North	174	Yes	75%	Near to base
Methodist South	113	Yes	75%	None
Methodist Central	591	Yes	75%	Teaching
Germantown Community	120	Yes	42.6%	None
Lebonehur	204	Yes	80.8%	Children
Charter Lakeside	174	Yes	71.2%	None
Baptist Memorial	1456	Yes	70.9%	None
Regional Med Ctr	467	Yes	81%	Trauma
Crittenden Memorial	53	Yes	64.2%	None
St Francis	784	Yes	76.9%	None
St Joseph	381	Yes	67.1%	None

St Jude	48	Yes	70.8%	Children
UT-W.F.Bowld	118	Yes	50.4%	Teaching
Eastwood Medical	179	Yes	72%	None
VA Hospital	956	Yes	58.3%	None

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-*xx*, 179-*xx* CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A								

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

Enclosure (1)

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A			

(3) Describe how the Student HRS/YR value in the preceding table was derived.

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M. A. BLOME'
NAME (Please type or print)

M A Blome
Signature

COMMANDING OFFICER
Title

24 MAY 94
Date

NAVAL HOSPITAL, MILLINGTON, TN
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL

Title | Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR

NAME (Please type or print) | Signature

ACTING

Title | Date 8 JUNE 1994

Revision pg 3

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M. A. BLOME'

NAME (Please type or print)

Signature

Commanding Officer

Title

3 June 94

Date

Naval Hospital, Millington, TN

Activity

Revision pg 5

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

X R I Ridenour
Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.
NAME (Please type or print)

J B Greene Jr
Signature

ACTING
Title

6/20/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. L. BUCK
NAME (Please type or print)

RL Buck
Signature

Acting, Commanding Officer
Title

3 October 1994
Date

Naval Hospital, Millington, TN 38054-5201
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 10 OCT 1994 Date

382

MILITARY VALUE ANALYSIS: DATA CALL WORKSHEET FOR: MEDICAL FACILITY: NAVAL HOSPITAL, MILLINGTON ACTIVITY UIC: N60002

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

May 24, 1994

**********If any responses are classified, attach separate classified annex**********

Enclosure (2)

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

The mission of Naval Hospital, Millington is to provide comprehensive health care services of the highest quality to all eligible beneficiaries. Mission priorities are: (1) support of active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services, (2) training military personnel for the performance of their assigned contingency and wartime duties, (3) provide health care services to dependents of active duty, retirees and their dependents, and other eligible personnel. Current beneficiary population includes: active duty - 11,388, dependents of active duty - 10,566; and local retired - 12,500.

The Memphis naval complex is home to the Chief of Naval Technical Training and a member of training commands. The naval hospital provides comprehensive health care services to a large student population, which in FY 92 was 18,312.

The hospital is a community family practice based hospital providing basic medical care in the following areas: Emergency Room, Acute Care, Gyn, Dermatology, ENT, General Surgery, Immunizations, Internal Medicine, Optometry/Opthalmology, Orthopedics, Pediatrics, Physical Therapy, Mental Health, Social Work, Urology, and Alcohol Rehabilitation.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAS	00639	Millington, TN	1513
NATTC	63093	Millington, TN	5174
MATSG-90	67290	Millington, TN	1726
CNTECHTRA	63111	Millington, TN	175
NATRAGRU	63115	Millington, TN	173
NAVHOSPMILL	60002	Millington, TN	690
NAVAIRES	63101	Millington, TN	690
PSD NAS	43322	Millington, TN	124
VP67	09175	Millington, TN	339
MAG41, DET A	03014	Millington, TN	541
NETPMSA DET	35577	Millington, TN	113
CBC 404	66628	Millington, TN	68
NAVOCEANCOMD ET	65776	Millington, TN	63
NAVLEG-SCOFF	68367	Millington, TN	20
NAVRESREDCOM REG 9	68348	Millington, TN	89

BRANCH DENTAL CL	41773	Millington, TN	58
DRMO	SY2402	Millington, TN	1
VETERINARIAN SERVICE	W2L8A	Millington, TN	7
ROICC	44221	Millington, TN	9
NAVMARTRI-JUDIC	49121	Millington, TN	1
NAVTRASYSCEN TSSA	61339	Millington, TN	10
NAVY CHAMPUS	63325	Millington, TN	3
NEX	65914	Millington, TN	452
NTSSG	43677	Millington, TN	49
ABFC FMP MMF-G	68824	Millington, TN	159
NTCC	68142	Millington, TN	16
HRO	68322	Millington, TN	19
TN ARMY NAT GRD REC	W8A9AA	Millington, TN	2
ARMY NAT GUARD	WTRWC	Millington, TN	81
DIS	68186	Millington, TN	1
DAO	43290	Millington, TN	4
DeCA	49025	Millington, TN	95
NIS	42937	Millington, TN	11
DET 4, 363D TTS	439CC	Millington, TN	57

RESINTPROFF EIGHT	47920	Millington, TN	110
NAVRESCRUIT COMDET 4	47766	Memphis, TN	17

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	760	83,591	5.25	11.37
ACTIVE DUTY NON N/MC	125	3,691	**15.54	5.96
TOTAL ACTIVE DUTY	885	87,282		17.33
FAMILY OF AD	*1,208	69,521	1.36	4.95
RETIRED AND FAMILY MEMBERS UNDER 65	576	49,830	2.06	3.32
RETIRED AND FAMILY MEMBERS OVER 65	30	2,621	2.85	0.18
OTHER	-	705	-	-
TOTAL	2,699	209,959		26.72***

What is your occupancy rate for FY 1994 to date? 40.5%

*Includes Newborns
**ALOS increase due to ARS stay
***Total ADPL includes Newborns

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	171,208	144,505	76,615	33,960	32,262	30,649	29,117
ADMISS.	1882	1561	600	0	0	0	0

Please show all assumptions and calculations in the space below:

FY95 - Reflect no OB visits or admissions at Naval Hospital, Millington due to close of OB clinic in FY94.

FY95 - Last six months reflect no ARD visits or admissions due to closure in Feb 1995.

FY97 - Per BUMED Force Structure reductions effective March 1997 Naval Hospital, Millington is downsized to Naval Medical Clinic Memphis with the following provider base: (No specialties) 2 Family Practice Physicians; 2 General Medical Officers; and 2 Primary Care Nurse Practioners.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT MEDICAL STANDBY FOR:	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Field Training	9.1%	23
Rifle Range	2.3%	06
Personnel Inspection Change of Commands	7.9%	20
MWR Activities Rode/Fun Fairs	3.1%	8
Food Service Sanitation Inspection	40%	4
Habitability Inspections	20%	1
Ice Sample Collection	5%	1
Public Use Sanitation Inspections	10%	1
Work Place Montioring	50%	1
Industrial Hygiene Surveys	50%	2
Family Home Care Inspections	10%	2

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
N/A								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
N/A			

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
72111	BEQ #98	13,029	26	Substandard B26,C41
72111	BEQ #114	10,714	20	Substandard B26
74089	Bathhouse #103	438	24	Adaquate
75030	Swimming Pool #104	--	24	Adaquate
75033	Det. Pool Facility	204	24	Adaquate
51010	Hospital #100	222,515	22	Substandard C12, C03
74054	Rec. Center #116	2,025	11	Adaquate
44130	HM/Flammable Str.	72	11	Adaquate
14310	Emergency Vehicle Garage	909	3	Adaquate
73066	Weather Shelter	47	22	Adaquate

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
C1-93	Construct Additional Paved Parking Lot	96	$77,400

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

Revised pg

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO

1. FACILITY NAME: Branch Medical Clinic, NAS Memphis

2. UIC: N60002	3. CATEGORY CODE: 550-10	4. NO. OF BUILDINGS S-771	
5. SIZE 57,310 SF Single Story	A. GSF Medical/Dental 34,182	B. NORMAL BEDS 0	C.DTRS 0
6. LOCATION R7	A. CITY Millington	B.STATE TN	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100	N/A	N/A		
(2) ADMINISTRATION	100	N/A	N/A		
(3)CENTRAL STERILE SVCS.	90	10	N/A	A10, A12	
(4)DENTAL	N/A	N/A	N/A		
(5) EMERGENCY SVCS.	100	N/A			
(6) FOOD SERVICES	N/A	N/A	N/A		
(7)LABORATORIES	90	10	N/A	A01, A06, A12	
(8) LOGISTICS	100	N/A	N/A		
(9) INPATIENT NURSING UNITS	N/A	N/A	N/A		
(10) LABOR-DEL-NURSERY	N/A	N/A	N/A		
(11) OUTPATIENT CLINICS	80	20	N/A	A08, A12	
(12) PHARMACY	100	N/A	N/A		
(13) RADIOLOGY	90	10	N/A	A06, A12	
(14) SURGICAL SUITE	N/A	N/A	N/A		
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	80	20	N/A	C10, A04, A06	
(B) HVAC	90	10	N/A	A01, A04, C10	
(C) PLUMBING	90	10	N/A	A02, C10	
(D) ELECTRICAL SVCS.	90	10	N/A	A06, A07, C10	
(E) ELECTRICAL DISTRIBUTION	90	10	N/A	A06, A07, C10	
(F) EMERGENCY POWER	90	10	N/A	A06, A07, C10	

Enclosure (1)

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO

1. FACILITY NAME: Branch Medical Clinic, NAS Memphis

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5. SIZE 57,310 SF Single Story	A. GSF Medical/Dental 34,182	B. NORMAL BEDS 0	C.DTRS 0
6. LOCATION R7	A. CITY Millington	B.STATE TN	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100	N/A	N/A		
(2) ADMINISTRATION	100	N/A	N/A		
(3)CENTRAL STERILE SVCS.	90	10	N/A	A10, A12	
(4)DENTAL	N/A	N/A	N/A		
(5) EMERGENCY SVCS.	100	N/A			
(6) FOOD SERVICES	N/A	N/A	N/A		
(7)LABORATORIES	90	10	N/A	A01, A06, A12	
(8) LOGISTICS	100	N/A	N/A		
(9) INPATIENT NURSING UNITS	N/A	N/A	N/A		
(10) LABOR-DEL-NURSERY	N/A	N/A	N/A		
(11) OUTPATIENT CLINICS	80	20	N/A	A08, A12	
(12) PHARMACY	100	N/A	N/A		
(13) RADIOLOGY	90	10	N/A	A06, A12	
(14) SURGICAL SUITE	N/A	N/A	N/A		
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	80	20	N/A	C10, A04, A06	
(B) HVAC	90	10	N/A	A01, A04, C10	
(C) PLUMBING	90	10	N/A	A02, C10	
(D) ELECTRICAL SVCS.	90	20	N/A	A06, A07, C10	
(E) ELECTRICAL DISTRIBUTION	90	10	N/A	A06, A07, C10	
(F) EMERGENCY POWER	90	10	N/A	A06, A07, C10	

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO: 0107

1. FACILITY NAME: Naval Hospital, Millington

2. UIC: N60002	CATAGORY CODE 510-10	BUILDING H-100	
5. SIZE 7 Story Bldg	A. GSF: 222,515	B. NORMAL BEDS 78/230	C. DTRS: 4
6. Location: R7	A. CITY: Millington	B: TN	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% Adequate	% Substandard	% Inadequate	Deficiency Codes
(1) ACCESS&PARKING	80	10	10	A18, E17
(2) ADMINISTRATION	75	N/A	25	B18, E17, C10
(3) CENTRAL STERILE SERVICES	90	10	10	B01, E12, C10
(4) DENTAL	90	20	N/A	C16, E7, C10
(5) EMERGENCY SVCS.	75	10	15	A12, C16, E12, C10
(6) FOOD SERVICES	80	10	10	A02, B03, A10, B12
(7) LABORATORIES	75	15	10	C03, A06, B15, E12
(8) LOGISTICS	80	10	10	A12, E12, C10
(9) INP NURSING UNITS	70	15	15	A12, E03, C10
(10) LABOR-DEL-NURSERY	70	15	15	A12, A03, C10
(11) O/P CLINICS	75	10	15	A12, A03, C10
(12) PHARMACY	75	10	15	a12, C10, E17
(13) RADIOLOGY	70	15	15	A12, E12, A06, C10
(14) SURGICAL SUITE	80	10	10	A12, A06, C10
(15) BUILDING				
(A) STRUCTURAL/SEISMIC	75	15	10	C10, D10
(B) HVAC	75	15	10	A15, A16, C10
(C) PLUMBING	80	10	10	A15, A16, C10
(D) ELECTRICAL SVCS.	80	10	10	A15, A16, C10
(E) ELECT. DISTRIB.	80	10	10	A15, A16, C10
(F) EMERGENCY POWER	70	10	20	A15, A16, C10

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE -- Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of

severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character

A - Physical Condition
B - Functional or Space Criteria
C - Design Criteria
D - Location or Siting Criteria
E - Nonexistence
F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters

01 - Heating, Ventilating and Air Conditioning (HVAC)
02 - Plumbing Fixtures
03 - Fire Protection/Life Safety Code
04 - Medical Gases
05 - Lighting Fixtures
06 - Power Capacity
07 - Emergency Generators
08 - Communications
09 - Building or Structure (total)
10 - Seismic Design
11 - Roof/Ceiling
12 - Building Interior/Configuration
13 - Sound Proofing/Excessive Noise
14 - Compliance of Installation with Master Plan
15 - OSHA Deficiency
16 - JCAH Deficiency
17 - Functionality

18 - Site Location
19 - Mission of the Base
20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: 13 Nov 1991
FULL ACCREDITATION: Yes/with Commendation
LIFE SAFETY MANAGEMENT SCORE: 2 (Record as 1,2,3,4,or 5)

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

The majority of active duty personnel work and live within a ten mile radius of hospital.

b. What are the nearest air, rail, sea and ground transportation nodes?

Memphis International Airport and Memphis - AMTRAC

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 1 Mile

d. What is the importance of your location given your mobilization requirements?

There is no significant impact of our location on our Mobilization requirements.

e. On the average, how long does it take your current clients/customers to reach your facility?

Average length of time for patients to reach the hospital is twenty minutes.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

The highly competitive healthcare market in the Memphis metropolitan ara has driven up the salary cost of certain healthcare professions, making the civilian service salary scale uncompetitive.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

Special arrangements would need to be made for the NAS Air Station flightline ambulance coverage through 30 September 1995. The proximity of the nearest hospital is five miles. Transportation time for patients would have a negative impact.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

The Naval Hospital, Millington catchment area has extensive civilian health care resources which can easily accomodate the beneficiary population. The AHA Guide to the Health Care Field (92 edition) documents the following:

12 Acute Care Hospitals
1 Psychiatric Hospital
5,283 Inpatient Beds
70% Average Occupancy Rate
985 Civilian Health Care Providers

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

The Naval Hospital, Millington catchment area has extensive civilian healthcare resources which can easily accomodate the beneficiary population. The AHA Guide to the Health Care Field (92 edition) documents the following:

12 Acute Care Hospitals
1 Psychiatric Hospital
5,283 Inpatient Beds
70% Average Occupancy Rate
985 Civilian Health Care Providers

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

The Naval Hospital, Millington catchment area has extensive civilian healthcare resouces which can easily accomodate the beneficiary population. The AHA Guide to the Health Care Field (92 edition) documents the following:

12 Acute Care Hospitals
1 Psychiatric Hospital
5,283 Inpatient Beds
70% Average Occupancy Rate
985 Civilian Health Care Providers

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS GUADALCANAL	07352	01
MAG 31, MCAS BEAUFORT	09131	01
MAG 27 MCAS JACKSONVILLE	09167	01
FLT HOSP #8	45392	45
FLT HOSP #15	45399	78
MAG 29 MCAS JACKSONVILLE	52841	01
1ST MARINE AIR WING	57079	09
U S NAVHOSP ROOSEVELT ROADS	65428	07
U S NAVHOSP ROTA	66101	19
1ST MARINE BRIGADE KANOHE	67339	52
3RD FORCE SUPPORT GROUP	67436	13
FLT HOSP # 4	68684	72
FLT HOSP # 5	68685	20
		319

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. If augmentation of current platform requirements were requested, 331 of 530 active staff personnel, drastic reduction in services would immediately follow until backfill of shortfalls by selected reservist was completed

R

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

NAVHOSP MILL (Code 01)
RR 30Sep94

Number of "stubbed" expanded beds[1]: ~~229~~ 106

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

26R (9/30/94) VRBUMED824 103-94

Enclosure (1)

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 229

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	1208	992	492
OUTPATIENT	155	416	161

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994/THRU MARCH	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD			837	457123	544	175872
AD FAMILY			253	121604	219	81036
OTHER			147	98472	137	41753
TOTAL	1014	664781	1237	677199	900	298661

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	16,421,210 ~~19,766,206~~	20,796,109 ~~24,015,706~~	4,813,015
TOTAL OUTPATIENT VISITS	~~190,197~~ 135,128	~~219,302~~ 155,043	52,471
AVERAGE COST PER VISIT	~~104~~ 121.52	~~109~~ 134.13	92

NOTE: FY 1994 reflects 1st Qtr information only per POC LT Schaffer.

BUMED-822
MSS, 1 Jun 94

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE	9,708,033	10,012,509	2,498,044

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

"Wrong Table" (see page 30R) BUMED-822 mss, 1 Jun 94

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)			
H. CLINIC INVESTIGATION PROGRAM (FAH)			
I. CONTINUING HEALTH PROGRAM (FAL)			
J. DECEDENT AFFAIRS (FDD)			
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)			
M. TOTAL (G+H+I+J+K+L)			

"Wrong Table" (see page 30R) BUMED-822 mss 1 Jun 94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE (A+M -F)			
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

TABLE A: MILLINGTON

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	9708033	10012509	

FY 94 NOT CURRENTLY AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0	0	
C. EDUCATION AND TRAINING (EBF)	470116	527047	
D. TOTAL EXP EBE AND EBF	470116	527047	0
E. TOTAL E EXPENSES	10886816	13971676	
F. % SELECTED E EXPENSES (D/E)	0.043182	0.037723	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	2009610	2610573	
H. E EXPENSES TO REMOVE FROM A (FxG)	86779.26	98477.42	ERR
I. AREA REF LABS (FAA)	0	0	
J. CLINICAL INVEST (FAH)	0	0	
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	108119	131024	
M. DECEDENT AFFAIRS (FDD)	0	0	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	108119	131024	0
E EXPENSE (FAL)	0	0	
E EXPENSE (FDD)	0	0	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	0	0	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	0	0	ERR
S. OTHER F'S LESS E (P-R)	108119	131024	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	2591.58	2115.04	
U MWU	6428.64	6076.68	
V PERCENT INPATIENT	0.40313	0.348058	ERR
W. FINAL OTHER F EXP (SxV)	43586.05	45604.01	ERR
X FINAL F EXP (K+W)	43586.05	45604.01	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	9664840	9959636	ERR
Z NUMBER BIOMETRICS DISPOS	3104	2621	
AA. TOTAL MEPRS DISP	3130	2644	
BB. ADJ DISPOS (Z/AA)	0.991693	0.991301	ERR
CC ADJ MERPS EXP (YxBB)	9584557	9872997	ERR
DD. TOTAL RWP	2023.714	1784.813	
EE COST PER RWP (CC/DD)	4736.122	5531.67	ERR
CATEGORY II RWPS			
(DXNNH)	0	0.4204	
(PAS)	561.0722	473.5683	
(ADELS)	31.7969	9.566	
FF. TOTAL CAT II RWPS	592.8691	483.5547	0
GG. TOTAL CAT II COST (EExFF)	2807900	2674865	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	6776656	7198132	ERR
II. TOTAL CAT III RWPS (DD-FF)	1430.845	1301.258	0
JJ. COST PER CAT III RWP (HH/II)	4736.122	5531.67	ERR

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TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	9914	8727	
CAT II OBDS			
(DXNNH)	0	1	
(PAS)	1180	884	
(ADELS)	885	128	
LL TOTAL CAT II OBD	2065	1023	0
MM CAT III OBDS (KK-LL)	7849	7704	0
NN. AVG DAYS/RWP (MM/II)	5.48557	5.920423	ERR
OO. ADD ON PER RWP (NNx77)	422.3889	455.8726	ERR
PP. TOTAL COST PER RWP (JJ+OO)	5158.511	5987.543	ERR
QQ. CIVILIAN PAY COST (PPx.15)	773.7767	898.1315	ERR
RR. MILITARY PAY COST (PPx.56)	2888.766	3352.024	ERR
SS. OTHER COSTS (PPx.29)	1495.968	1736.387	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	826.2379	959.0238	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3045.079	3534.458	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1214.57	1409.795	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1263.152	1466.156	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3166.882	3675.936	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1555.807	1805.843	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1684.939	1955.728	ERR
ADJ CAT III COST/RWP	6114.973	7097.72	ERR

15. Quality of Life. **Pages 26-51. NAVHOSP Millington is a tennant command under NAS Memphis. Host command NAS Memphis has not been tasked with a BRAC IV Military Value Analysis Data Call. (Info will be provided when NAS Memphis completes their military value data call). BUMED-822 MSS 1 Jun 94

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$AOB = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditoriu m	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			

Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			

Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			

Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			

Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			

Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			

Off Base Personnel - civilian			

GOVERNMENT EXPENSE
REPRODUCED AT

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ (H-98) CCN #72111	70	30 TOTAL { 20 rooms	60	280 SQ. FT.				
		10 rooms	10	140 SQ. FT.				
BEQ (H-114) CCN #72111	47	24 rooms	47	250 SQ. FT.				

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: NOT APPLICABLE

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M. A. BLOME'
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

9 September 1994
Date

NAVAL HOSPITAL, MILLINGTON, TN
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

9/21/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M. A. BLOME' — NAME (Please type or print)

M A Blome — Signature

COMMANDING OFFICER — Title

24 MAY 94 — Date

NAVAL HOSPITAL, MILLINGTON, TN — Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR.
NAME (Please type or print) _____ Signature _____

ACTING
Title _____ Date 6/9/94

Revision pg 14

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) x D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title July 15, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 7/22/94 Date

Recision pg 14

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

E. L. AMES
NAME (Please type or print)

Signature

Acting Commanding Officer
Title

6/20/94
Date

Naval Hospital, Millington, TN
Activity

Enclosure (1)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M. A. BLOME'
NAME (Please type or print)

Signature

Commanding Officer
Title

30 Sep 94
Date

Naval Hospital, Millington, TN
Activity

Enclosure (1)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) B Greene Jr Signature

ACTING

Title 11 OCT 1994 Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Naval Hospital, Newport, RI

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	13,427	5,022	N/A	13,237	4,130	N/A
FAMILY OF AD	18,669	8,152	N/A	18,354	6,797	N/A
SUBTOTAL	32,096	13,174	N/A	31,591	10,927	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	15,832	10,222	N/A	15,594	10,064	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	7,021	5,300	N/A	8,425	6,359	21515 N/A
OTHER	5,813	4,658	N/A	6,157	4,892	N/A
TOTAL	60,762	33,354	N/A	61,767	32,242	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	38	(ARD only)
Set Up Beds[1]:	38	(ARD only)
Expanded Bed Capacity[2]:	38	(ARD only)

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS*	64,512	62,095	37,681	164,288
ADMISSIONS**	655	1,029	433	2,117
LABORATORY TESTS (WEIGHTED)[1]***	536,942	522,811	310,861	1,370,614
RADIOLOGY PROCEDURES (WEIGHTED)[1]***	28,171	27,430	16,310	71,911
PHARMACY UNITS (WEIGHTED)[1]***	95,976	93,451	55,565	244,992
OTHER (SPECIFY)	N/A			BUMED-822, MSS 1 Jun 94

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

* Command total visits = 183,395, South Weymouth = 8,202, Argentia = 5,902.
** Admissions include external partnership and same day surgery. Only substance abuse is provided in-house.
*** Laboratory, radiology, pharmacy weighted procedures are not available by patient category. Data spread by % of outpatient visits. Categories listed above equal 97% of the total work units.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS*	62,770	56,286	41,306	160,362
ADMISSIONS**	568	1,106	469	2,143
LABORATORY TESTS (WEIGHTED)[1]***	429,254	374,222	275,163	1,078,639
RADIOLOGY PROCEDURES (WEIGHTED)[1]***	31,365	27,344	20,106	78,815
PHARMACY UNITS (WEIGHTED)[1]***	99,714	86,930	63,919	250,563
OTHER (SPECIFY)	N/A			BUMED-822, MSL, Jun 94

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

* Naval Hospital, Newport data only. South Weymouth Branch Clinic approximately 6756 visits. FY94's data used actual Oct 93 thru Mar 94 times 2.
** Admissions include ARD - Inhouse patients (AFBA) and the external partnership program including same-day surgery.
*** Laboratory, radiology and pharmacy data is not available by patient category. Data spread based on % of outpatient visits.

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	31,385	28,143	20,653	80,181
ADMISSIONS	284	553	235	1,072
LABORATORY TESTS (WEIGHTED)[1]	214,627	187,111	137,581	539,319
RADIOLOGY PROCEDURES (WEIGHTED)[1]	15,682	13,672	10,053	39,407
PHARMACY UNITS (WEIGHTED)[1]	49,857	43,465	31,959	125,281
OTHER (SPECIFY)	N/A			BUMED-822, MSS (Jun 94)

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

Data workunits for FY94 October thru March.

Admissions include substance abuse (in-house) and external partnership plus same-day surgery.

Same-day surgery, laboratory, radiology and pharmacy **is not available** by patient category. Workunits have been spread by % of visits to each patient category.

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	21	21	21	21	21	21	21	21
SPECIALTY CARE[2]	16	16	16	16	16	16	16	16
PHYSICIAN EXTENDERS[3]	6	6	6	6	6	6	6	6
INDEPENDENT DUTY CORPSMEN	9	9	9	9	9	9	9	9
TOTAL	52	52	52	52	52	52	52	52

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	789
SPECIALTY CARE[2]	2,971
PHYSICIAN EXTENDER[3]	389
TOTAL	4,149

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 1,003,464

* Utilized most recent Rhode Island Census of Population and Housing Summary as prepared by the RI Department of Economic Development, Research Division, 7 Jackson Walkway, Providence, RI 02903

* Although our catchment area includes scattered and small portions of Massachusetts, no Massachusetts population data has been included as it represents a small portion of the catchment area.

* The same rationale applies to Connecticut. Additionally, those cities/towns in Connecticut within our catchment area also overlap with Naval Hospital Groton's catchment area.

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Newport Hosp	Non-Gov't Not for profit	2 miles	5 minutes	External Partnership MOUs for emergency medical service, family advocacy, EMT training, infirmary patients
St Annes Hosp	Church operated	12 miles	25 minutes	None
Charlton Memorial Hosp	Non-Gov't Not for profit	15 miles	25-30 minutes	None
Rhode Island Hospital	Non-Gov't Not for profit	22 miles	35 minutes	None
Women and Infants Hosp	Non-Gov't Not for profit	22 miles	35 minutes	None
Emma Pendleton Bradley Hosp	Non-Gov't Not for profit	18 miles	25 minutes	None
St. Joseph Hosp	Church operated	30 miles	45 minutes	None
Memorial Hosp	Non-Gov't Not for profit	35 miles	55 minutes	MOU for family practice residents training
Butler Hospital	Non-Gov't Not for profit	25 miles	35 minutes	None
Miriam Hospital	Non-Gov't Not for profit	25 miles	35 minutes	None
Roger Williams Med Center	Non-Gov't Not for profit	25 miles	35 minutes	None

Veterans Affairs Med Center	Veterans Admin	25 miles	35 minutes	Sharing agreement for nursing/corpsman training
South County Hospital	Non-Gov't Not for profit	15 miles	20 minutes	None
Kent County Hospital	Non-Gov't Not for profit	15 miles	20 minutes	None
Westerly Hosp	Non-Gov't Not for profit	30 miles	50 minutes	None
Landmark Med Center	Non-Gov't Not for profit	40 miles	60 minutes	None

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

c. Training Facilities: UIC 68086, Naval Hospital, Newport

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-*xx*, 179-*xx* CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A								

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Newport Hospital	217	yes	57.1%	
St. Annes Hospital	178	yes	65.2%	
Charlton Memorial Hospital	332	yes	90.4%	
Rhode Island Hospital	687	yes	82.2%	Burn care unit, trauma center
Women and Infants Hospital	197	yes	94.4%	High risk obstetrics

[1] Use de: ation publication Hospital Statistic

[2] Such a: dical Education Center, etc. .

Only 5 of 16 reported occupancy. This resulted in a score of 1, the lowest score, so we did not push for occupancy for the remaining 11.

Cheri Lucas
DoDIG 10/28/94

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A			

(3) Describe how the Student HRS/YR value in the preceding table was derived.

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. R. COTE, CAPT, MSC, USN	RRCote
NAME (Please type or print)	Signature
COMMANDING OFFICER	5/24/94
Title	Date
NAVAL HOSPITAL, NEWPORT	
Activity	

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN | D F Hagen

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-2-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE JR. | J B Greene Jr

NAME (Please type or print) | Signature

ACTING | 8 JUNE 1994

Title | Date

384

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Naval Hospital, Newport, RI
ACTIVITY UIC: 68086

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

The primary mission of Naval Hospital, Newport is to provide accessible, quality, and cost-effective health care services to Active Duty personnel, their beneficiaries and the eligible retiree population. The medical treatment facility is responsible for health care services in support of Navy and Marine Corps shore activities and units of the operating forces.

The provision for the maximum amount and range of health care services possible for other authorized beneficiaries is to be rendered subject to availability of space and resources.

The medical activity is to conduct health education programs for assigned personnel and to ensure that all personnel are aware of and properly trained for the performance of their assigned contingency duties.

A proper state of material and personnel readiness is to be maintained at all times resulting in the command's ability to fulfill its wartime and contingency mission.

Quality health care standards must continuously be met in order to maintain accreditation by government and civilian agencies.

The health care activity is to cooperate at all times with civilian and other military authorities in matters pertaining to public health, disasters, and other emergencies.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
STU SWOSCOLCOM N	30465	Newport, RI	715
SIMA NPT NRMF	68829	Newport, RI	349
NH NEWPORT	68086	Newport, RI	301
S NWARCOL	30486	Newport, RI	289
SWOSCOLCOM	63190	Newport, RI	272
NWARCOL	42134	Newport, RI	240
S PREP NETC NPT	31176	Newport, RI	221
FFG 59 KAUFFMAN[1]	21390	Newport, RI	216
FFG 58 S B ROBER[1]	21352	Newport, RI	215
FFG 56 SIMPSON[1]	21350	Newport, RI	206
NETC NEWPORT	62661	Newport, RI	142
NETC NEWPORT GST	42130	Newport, RI	128
CBU 408	66647	Newport, RI	83
S NETC NPT	66949	Newport, RI	76
MCM 5 GUARDIAN	21406	Newport, RI	73
S OCS NETC NPT	42128	Newport, RI	69
NETC NPT OCS TNG	42115	Newport, RI	57
S SHIPMATREADGRP	41987	Newport, RI	47
NDC NEWPORT	66023	Newport, RI	47
CDS 6	52811	Newport, RI	39
S NETC NPT SEA	44246	Newport, RI	36
NWARCOL NPT	00124	Newport, RI	32
NBAND DC NPT	35400	Newport, RI	31
NJUSTSCOL NPT	62750	Newport, RI	31
PSD	43099	Newport, RI	30

NAPSCOL	56128	Newport, RI	29
NUSWCD NPT	66604	Newport, RI	26
NRRCREG1 NPT	68351	Newport, RI	25
NCTS NPT/EOB	00710	Newport, RI	24
NMCRRC PROV	61821	Providence, RI	21
STU NAVJUSTSCOL	30451	Newport, RI	19
S OC PREPSCH NPT	45223	Newport, RI	18
DECA NPT	49112	Newport, RI	17
NETC NPT BRIG	41729	Newport, RI	15
MOTU 4 DT NPT	42983	Newport, RI	14
SIMA NPT	68791	Newport, RI	13
NAVLEGSVOFF NPT	68340	Newport, RI	13
DMEDS NH NPT	46875	Newport, RI	12
SHIPS MATREADGR	41986	Newport, RI	12
NRC NEW BEDFORD	61808	New Bedford, MA	11
SWOSCOM NPT BOS	43269	Boston, MA	11
NETC NPT SEA CAD	43726	Newport, RI	10
ONI DET NPT	41745	Newport, RI	9
NNFED CO NPT	44221	Newport, RI	7
NTMOD NPT	62612	Newport, RI	7
SURFLTRSUPPG NPT	42967	Newport, RI	6
EODMU 2 NPT	30713	Newport, RI	6
NETC NPT INOCRTR	41511	Newport, RI	5
FMSTRPROSWOS NPT	41918	Newport, RI	4
DMEDS DNC NW PT	47005	Newport, RI	4
FISC NORVA DET	47313	Newport, RI	4
NETC NPT FSC	48641	Newport, RI	3
NCTS	68577	Newport, RI	3
COMDESCRON 6 NDC	49127	Newport, RI	3
NRRCREG 1/RPN	41883	Newport, RI	3

CMS TRNG NPT	43708	Newport, RI	3
NETC NPT DC T UN	47428	Newport, RI	2
NUNWATSC NPT NIF	47625	Newport, RI	2
NUSEAWARCEN DET	64281	Newport, RI	2
NAVINTACT NPT	49913	Newport, RI	1
NCIS NEREG NPT	63054	Newport, RI	1
PQMN SPEC NPT A	45992	Newport, RI	1
NAVREGCONTC NPTR	66975	Newport, RI	1
7 NCR	81387	Newport, RI	1
I&ISTF4TH PROV	45268	Providence, RI	1
NEXCH NPT	39235	Newport, RI	1
NCIS NEREG FCI	43120	Newport, RI	1
NETC NPT CAACTR	45766	Newport, RI	1
BOOST STUDENT[2]	12132	Newport, RI	265
BOOST STAFF[2]	13721	Newport, RI	23

[1] Deployed May 1994
[2] Activated May 1994

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	578	55,476	18	19
ACTIVE DUTY NON N/MC	74	7,294	18	
TOTAL ACTIVE DUTY	652	62,770		19
FAMILY OF AD	993	56,286	2	5
RETIRED AND FAMILY MEMBERS UNDER 65	280	23,544	6	3
RETIRED AND FAMILY MEMBERS OVER 65	211	17,762	6	2
OTHER	30	3,572	1	2
TOTAL	2,166	163,934		31

What is your occupancy rate for FY 1994 to date? 31

Revised pg

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	578	55,476	18	19
ACTIVE DUTY NON N/MC	74	7,294	18	19
TOTAL ACTIVE DUTY	652	62,770		
FAMILY OF AD	993	56,286	2	5
RETIRED AND FAMILY MEMBERS UNDER 65	491[1]	41,306[1]	6	5
RETIRED AND FAMILY MEMBERS OVER 65	see above[1]	see above[1]	6	5
OTHER	30	3,572	1	2
TOTAL	2,166	163,934		31

[1] Data not available by age.

What is your occupancy rate for FY 1994 to date? 31

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	149,312	145,949	143,774	144,044	144,444	144,844	145,244
ADMISS.	1,969	1,923	1,893	1,903	1,923	1943	1,963

Please show all assumptions and calculations in the space below:

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Fleet Hospital training	2 weeks	11
Operation Deep Freeze	90 days	2
Ultrasound training	90 days	1
12th Int'l Seapower Symposium	3 weeks	7
Chaplain School support	1 week	3
Operation Bulldog	90 days	3
Operation Gitmo	90 days	4
NavHosp Sigonella	90 days	1
Kings Bay Support	90 days	1
USS George Washington	30 days	4
BRCL Argentia Newfoundland	90 days	6
NavHosp Adak	90 days	1
USS Detroit	90 days	1
Bahrain	90 days	3
Operation Full Accounting	6 weeks	1
EOD team	45 days	1
Fire-Fighting School	90 days	15
Operation Agile Provider	10 days	35
NETC Weapons Qualifications	1 week	2
Yard Patrol Squadron	3 weeks	3

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
None								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
None			

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	Bldg 1, Main hospital (now only used for Outpatient and Admin)	147,566	81	Inadequate[1]
51077	Bldg 7: Housekeeping Laundry	2262	76	Adequate
72111	Bldg 7: BEQ not used	2262	76	Inadequate[2]
14160	Bldg 8: Photo lab	1275	75	Adequate
17110	Bldg 8: Education and Training	4325	75	Adequate
51020 72111	Bldg 31: Hospital Laundry - secured BEQ not used	6100 2494	41	Inadequate[3]
55010	Bldg 38: Outpatient Clinic	10050	45	Sub-Standard
74005	Bldg 38: NEX Snack Vending Machine Area	600	54	Adequate
55010	Bldg 43: Outpatient Clinic	26605	52	Adequate
73065	Bldg 43: Basement - Fallout Shelter	14895	52	Adequate
54010	Bdlg 43: Dental; Oral Surgery	1550	52	Adequate
44110	Bldg 44: General Warehouse	43176	52	Sub-Standard
61010	Bldg 44: Admin Space	7100	52	Sub-Standard
55010	Bldg 44: Medical Equipment Repair	4033	52	Sub-Standard
73081	Bldg 45: Alcohol Rehab Center	21187 9551	52	Adequate Inadequate[4]

21910	Bldg 46: Admin Spaces	3150	52	Adequate
21910	Bldg 46: Public Works Shop Spaces	4230	52	Adequate
71410	Bldg 49: Detached Garages for Housing	3051	46	Adequate
14311	Bldg 49: Operational Vehicle Storage	1526	46	Adequate
61010	Bldg 49: NIS Admin Offices	1525	46	Adequate
17110	Bldg 53: Academic Instruction Building	2691	52	Adequate
21977	Bldg 54: Public Works Storage	1800	51	Adequate
14311	Bldg 54: Operational Vehicle Storage	2202	51	Adequate
21920	Bldg 55: Grounds Equipment Shed	135	50	Adequate
73025	Bldg 57: Gate/Sentry House	36	52	Sub-Standard
73083	Bldg 62: Chapel by the Sea - Awaiting excess disposal	3000	47	Adequate
81159	Bldg 993: Emergency Generator	874	20	Adequate
55010	Bldg 39: Outpatient Clinic	10650	54	Sub-Standard

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

1

1. 51010 - Building 1: Main Hospital Building.
2. With an AIS backlog of $6.5 million and growing, it's impossible to keep this building operational for its intended purpose. The operating suite deficiencies fostered the Partnership Agreement with Newport Hospital to compensate for deficient facilities.
3. The building is now being used primarily for a command center, administrative offices and dislocated outpatient clinical departments.
4. The cost to upgrade the facility to substandard is difficult to estimate. Most of the AIS backlog pertains to Life Safety, JCAHO or NAVOSH requirements, therefore it would not be less than $6 million.
5. The building structure is in relatively good shape. Its configuration lends itself to bachelor quarters or admininstrative offices but in either case the renovations must include the $6 million in AIS backlog plus other inherent costs.
6. There are six unprogrammed special projects on hold and likely to be canceled once MILCON P-839 is completed.
7. YES, this facility's condition has resulted in C3 rating.

2

1. 72111/51077 Building 7: Linen Sorting, Unused BEQ Space
2. BEQ spaces have not been maintained and are in a shambles.
3. The laundry sorting area is on the first floor and is still used.
4. The cost to upgrade the facility to substandard for BEQ spaces would involve, at a minimum, correcting AIS backlog at $250,000.
5. No other uses are contemplated at this time.
6. No improvement plans are underway.
7. NO, facility condition did not contribute to C3 rating.

3

1. 51020/51077 Building 31: Hospital Laundry and BEQ
2. The Laundry was closed in an effort to save money by contracting the service. The BEQ has been out of operation and has not been maintained.
3. No current use at present time.
4. The cost to upgrade the facility to substandard would involve the complete removal of lead paint interior which is cracked and flaking badly. This would cost about $75,000. The BEQ spaces could be renovated for approximately $200,000.
5. The potential for some type of recreational facility has been discussed, however, it may not be economical to renovate it for that purpose.
6. No improvement plans are underway.
7. NO, facility condition did not contribute to C3 rating.

4

1. 73081 Building 45: Alcohol Rehabilitation Center
2. Several rooms in this facility have plumbing problems requiring the replacement of all pipe and drain lines as well as replacing most of the bathroom fixtures. The basement of this facility is inadequate due to the presence of friable asbestos pipe lagging which must be abated before the space can be utilized.
3. Almost one half of the available rooms are afflicted with these serious plumbing problems. The basement is intended for patients to use as a laundry and recreation area as well as a fallout shelter since only this building and Building 1 are on the emergency generator circuit.
4. The cost to replace the piping and drain lines would be about $125,000. The cost to remove and reinsulate the pipes covered with asbestos would come to approximately $80,000.
5. The facility was originally designed as a BEQ and would make a fine facility in that regard if the repairs described were implemented.
6. Life safety discrepancies with fire egress and asbestos abatement are presently in the works. No other improvement plans are underway.
7. YES, facility condition did contribute to C3 rating.

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994. Indicate if the capital improvement is a result of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
RC10-87	Repairs to Photo Lab, Bldg. 8	FY87	75,400
CR11-87	Repairs/alterations to attic walkways, Bldg. 1.	FY87	47,400
	Asbestos cleanup in attic, Bldg. 1	FY87	20,700
	Replace heating system, emergency lights, Bldg. 53	FY87	25,600
	Construct gas storage area, Bldg. 44	FY88	9,600
	Asbestos abatement, Bldg. 43	FY88	39,000
C3-83	HVAC modifications to Bldgs 1, 38, 39, 44 & 45	FY88	103,300
86-C-8911	Asbestos cleanup/walkway installed, OR Bldg 1	FY88	57,700
RC4-82	Renovation of ARC, Bldg. 45	FY89	563,000
88-C-1742	Renovation of third floor, Bldg. 1	FY89	129,900
C1-87	Alterations to Oral Surgery, Bldg. 43	FY90	29,300
CR1-89	Alterations and repairs, ER, Bldg. 1	FY90	335,739
R3-89	Repairs to seawall	FY90	87,000
91-M-1740	Repair soffit, Bldg. 1	FY91	24,918
92-C-1606	Alterations for new x-ray machine, Bldg. 43	FY92	24,800
WR 001-92	Renovations of x-ray rooms, Bldg. 1	FY92	50,000
92-C-1652	Replace HVAC system in OR, Bldg. 1	FY92	84,500
92-C-1605	Replace stairs and ramps, Bldg. 38, 39, 43	FY92	102,000
92-C-1659	Replace interior signs, Bldg. 1	FY92	15,000
91-C-1710	Fire separation improvements, Bldg. 43	FY92	45,000
92-C-1633	Replace windows and gutters, Bldg. 38, 39	FY92	145,000
92-C-1654	Repair roof, Bldg. 43	FY92	168,000
93-M-1762	Replace flagpole, Bldg. 1	FY93	25,000
92-C-1670	Repave parking lot between Bldg. 1 & 45	FY92	55,000
93-M-1991	Installation of new fire alarm system, Bldg. 45	FY93	18,000
93-M-7025	New compressor for AC, Ward G, Bldg. 1	FY93	22,000

93-M-7026	New AC for radiology room, Bldg. 1	FY93	6,000
93-C-1644	Replace top courses of brick veneer, Bldg. 43	FY93	78,000
93-C-1689	Replace exterior signs	FY93	22,000
93-C-1656	Replace hot/cold water pipes, Bldg. 43	FY93	143,000
93-C-1657	Replace heating system, Bldg. 43	FY93	113,000
93-C-1612	Replace flooring, Bldg. 38	FY93	33,000
92-C-1653	New head facility Urgent Care Clinic, Bldg. 1	FY92	65,100

7c. Planned Capital Improvements. List the project number, funding year, and value of the non-BRAC related capital improvements planned for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-839	MILCON, Comprehensive Healthcare Clinic	FY92/94	18,000,000
RCE1-91	Renovations to Bldg. 44	FY95-97	1,500,000
RC1-94	Renovations to Bldg. 43	FY96	275,000

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the BRAC related capital improvements planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE

No projects directed in this area.

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Naval Hospital, Newport				
2. UIC 68086	3. CATEGORY CODE 510	4. NO. OF BUILDINGS 18		
5. SIZE	A. GSF 340,041SF	B. NORMAL BEDS None		C.DTRS
6. LOCATION	A. CITY Newport		B.STATE RI	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	50	40	10	A17, A14, B17	
(2) ADMINISTRATION	30	70	0	A15, A08, B01, B09	
(3)CENTRAL STERILE SVCS.		100		A09, B01	
(4)DENTAL	80	20		B04, B17	
(5) EMERGENCY SVCS.		30	70	B12, A17, B01, A04	
(6) FOOD SERVICES	10	15	75	A12, B17, A06	
(7)LABORATORIES	25	35	40	A12, B17, B01, A06	
(8) LOGISTICS	55	30	15	B12, A11, B15, C03	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	10	80	10	B12, A17, B01, C03	
(12) PHARMACY	25	75		B18, A12, A09	
(13) RADIOLOGY	15	65	20	B18, A12, A09	
(14) SURGICAL SUITE		90	10	A16, B18, A09	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	80	15	5	A11, A09	
(B) HVAC	15	15	70	A01, B01, A17, B18	

(C) PLUMBING	20	10	70	A17, B02	
(D) ELECTRICAL SVCS.	40	15	45	A06, B05, B15	
(E) ELECTRICAL DISTRIBUTION	80	20		C06	
(F) EMERGENCY POWER	90	10		A17	

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as

having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: 20-22 Jan 1993

FULL ACCREDITATION: Yes

LIFE SAFETY MANAGEMENT SCORE: _2_ (Record as 1,2,3,4,or 5)

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

* Evaluation of this command's geographical distribution of health care beneficiaries by zip code shows that over 80% of our beneficiaries live within a 10 mile radius of Naval Hospital, Newport. Viewing the demand for emergency/urgent care, this command's proximity to its patients is extremely important due to both the availability of care and its reduced cost to the patient.

b. What are the nearest air, rail, sea and ground transportation nodes?

* AIR - T.F. Green Airport, Warwick, RI
  RAIL - AMTRAC, Kingston, RI
  SEA - Military: Pier 2, Middletown, RI Civilian: Providence, RI
  GROUND - Bus service available in Newport and Providence, RI

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 20

d. What is the importance of your location given your mobilization requirements?

* In relation to mobilization requirements, there is no particular significance of our location considering our mobilization taskings. This fact was exhibited during Desert Shield/Storm. Naval Hospital, Newport faced the same challenges successfully addressed by all other medical commands.

e. On the average, how long does it take your current clients/customers to reach your facility?

* 15-30 minutes

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

* Naval Hospital, Newport's geographical location is distant from major metropolitan areas and population centers. This, coupled with a small local labor pool of qualified applicants for positions required by this facility, consistently hinders the recruitment of qualified civilian personnel from the civilian community. Recruitment of qualified applicants from within DoD is severely limited due to the specializations and grades of Naval Hospital positions.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

* Initially, the source of health care costs for a beneficiary population of 34,000+ would be lost. With the loss, the cost of paying for the entitled care of our beneficiaries would increase dramatically to the budgets of the Navy and the Department of Defense.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

* Naval Hospital, Newport's focus is on primary care augmented by an external partnership with Newport Hospital for inpatient care. Newport Hospital, the only hospital on Aquidneck Island, is a 217 bed general medical and surgical hospital. Our beneficiaries on the Aquidneck Island, which comprise approximately 80% of our beneficiary population, would be adequately serviced for primary care and general medical and surgical needs. The majority of unique specialty care would have to be provided for off of Aquidneck Island.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

* Yes. Approximately 2/3 of the eligible beneficiary population for the Newport catchment area are retirees and their dependents. Half of those are Medicare eligible. Approximately one-third of the non-active duty/dependent population are enrolled in our Family Practice Program. Therefore, approximately 2/3 of the retiree/retiree dependent population already receive their treatment from the local health care community.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

* Yes. Currently, all of our inpatient workload is accomplished through the external partnership with the local civilian hospital.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NH GUANTANAMO BAY	61564	8
	46977	11
ASWBPL 1	65388	2
US NH NAPLES	66096	11
HQ FMFLANT	67026	1
2D FSSG	68408	1
FLT HOSP #2	68682	3
USS GUADALCANAL	07352	3
2D MARDIV	08321	22
USS SAIPAN	20632	1
USS BELLEAUWOOD	20633	1
FLT HOSP #8	45392	1
FLT HOSP #15	45399	1
T-AH 20 USNS COMFORT	46246	5
FLT HOSP #3	68683	49
FLT HOSP #4	68684	2
FLT HOSP #5	68685	4
1ST MARDIV	MPS2D	3
1ST FSSG	MPS2F	1

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. **None**

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 0

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	570	536	231
OUTPATIENT	201	202	107

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	1377	2,374,757	1361	1,439,221	789	831,999
AD FAMILY	344	176,110	379	168,592	182	84,138
OTHER	386	202,201	436	215,927	303	173,577
TOTAL	2107	2,753,068	2176	1,823,740	1274	1,089,714

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	17,426,470	19,865,384	6,723,582
TOTAL OUTPATIENT VISITS	159,694	168,217	67,176
AVERAGE COST PER VISIT	109.12	118.09	100.09

Changes / Additions
BUMED-822, mds
1 Jun 94

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

~~FY94 info provided by activity is all we have (FY94 data not readily available~~ mds

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	2,279,235	~~2,989,770~~ 2,672,338	935,330

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	0	0	0
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	818,538	~~716,642~~ 738,101	256,103
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	818,538	~~716,642~~ 738,101	256,103
E. TOTAL E EXPENSES (ALL ACCOUNTS)	~~12,614,198~~ 11,982,037	~~14,057,269~~ 12,824,372	4,027,682
F. % SELECTED E EXPENSES (D÷E)[1]	~~.064890~~ .068314	~~.05098~~ .057555	.063586

[1] Record as a decimal to 6 digits. *Naval Hospital, Newport has only substance abuse in-house. All other inpatient, including same-day surgery, is covered by our external partnership with Newport Hospital, a civilian private hospital.

Changes/Additions
BUMED-822, mas
1 Jun 94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	1,431,171	~~1,809,449~~ 1,510,723	496,847
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	~~92,869~~ 97,768.67	~~92,246~~ 86,948.99	31,592
I. AREA REFERENCE LABORATORIES (FAA)	0	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	0
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	~~357,172~~ 328,514	~~406,980~~ 410,602	158,885
M. DECEDENT AFFAIRS (FDD)	0	0	0
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	328,514 ~~357,172~~	410,602 ~~406,980~~	158,885
Q. E EXPENSES INCLUDED IN ROW P	32,137 ~~33,412~~	52,094 ~~48,472~~	15,115
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	~~2,168~~ 2195.399	~~2,487~~ 2998.247	961
S. OTHER F'S LESS E (P-R)	326,318.6 ~~355,004~~	407,603.8 ~~404,493~~	157,924

Changes/Additions

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Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	~~2,412~~ 2411.92	~~2,123~~ 2320.86	894
U. TOTAL WORK UNITS (MWU)[2]	~~7,076~~ 6701.45	~~6,545~~ 6373.32	2,618
V. PERCENT INPATIENT (IWU÷AWU)	~~.52~~ .35991	~~.48~~ .364152	.52
W. FINAL OTHER F EXPENSES (S×V)	~~184,602~~ 117,445.4	~~194,157~~ 148,429.9	53,674
X. FINAL F EXPENSES (K+W)	~~184,602~~ 117,445.4	~~194,157~~ 148,429.9	53,674
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	~~2,370,968~~ 2,298,912	~~3,091,681~~ 2,733,819	947,412
Z. NUMBER OF BIOMETRICS DISPOSITIONS	~~1,778~~ 1758	~~1,487~~ 1346	627
AA. TOTAL MEPRS DISPOSITIONS	~~2,443~~ 2448	~~2,155~~ 1487	907
BB. ADJUSTED DISPOSITIONS (Z÷AA)	~~.73~~ .718137	~~.69~~ .905178	.69
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	~~1,730,807~~ 1,650,934	~~2,133,260~~ 2,474,543	653,714
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	~~Not available~~ 1387.479	~~Not available~~ 922.1125	Not available
EE. COST PER RWP (CC÷DD)	~~N/A~~ 1189.88	~~N/A~~ 2683.613	N/A
FF. TOTAL CATEGORY II RWPs[3]	~~N/A~~ 443.348	~~N/A~~ 233.7319	N/A
GG. TOTAL CATEGORY II COST (EE×FF)	~~N/A~~ 527531.1	~~N/A~~ 627246	N/A
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	~~N/A~~ 1123403	~~N/A~~ 1847347	N/A
II. TOTAL CATEGORY III RWPs (DD-FF)	~~N/A~~ 944.131	~~N/A~~ 688.386	N/A
JJ. COST PER CATEGORY III RWP (HH÷II)	~~N/A~~ 1189.88	~~N/A~~ 2683.613	N/A

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

Changes / Additions
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TABLE E: BURDENING FOR ADD-ONS AND INFLATION

*OCT-FEB

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	~~17,718~~ 13,928	11,920	4,791*
LL. CATEGORY II (AS DEFINED IN FF) OBDs	~~N/A~~ 9278		
MM. CATEGORY III OBDs (KK-LL)	~~N/A~~ 4650		
NN. AVERAGE DAYS/RWP (MM÷II)	~~N/A~~ 4.925164		
OO. ADD ON PER RWP (NN×77)	~~N/A~~ 379.2376		
PP. TOTAL COST PER RWP (JJ+OO)	~~N/A~~ 1569.118		
QQ. CIVILIAN PAY COST (PP×.15)	~~N/A~~ 235.3677		
RR. MILITARY PAY COST (PP×.56)	~~N/A~~ 878.7061		
SS. OTHER COSTS (PP×.29)	~~N/A~~ 455.0442		
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	~~N/A~~ 251.3254		
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	~~N/A~~ 926.2534		
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	~~N/A~~ 369.4483		
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	~~N/A~~ 384.2262		
XX. MILITARY ASSET USE CHARGE (UU×1.04)	~~N/A~~ 963.3035		
YY. OTHER ASSET USE CHARGES (SS×1.04)	~~N/A~~ 473.246		
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	~~N/A~~ 512.5254		
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	~~N/A~~ 1860.055		

15. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	88	88	0	0
Officer	3	520	520	0	0
Officer	1 or 2	20	20	0	0
Enlisted	4+	134	134	0	0
Enlisted	3	553	553	0	0
Enlisted	1 or 2	536	536	0	0
Mobile Homes	N/A	0	0	0	0
Mobile Home lots	N/A	52	52	0	0

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1	Not applicable	N/A
	2	Not applicable	N/A
	3	Not applicable	N/A
	4+	0	12 months[1]
O-4/5	1	Not applicable	N/A
	2	Not applicable	N/A
	3	0	0
	4+	2	6 months[2]
O-1/2/3/CWO	1	Not applicable	N/A
	2	0	N/A
	3	0	N/A
	4+	0	N/A
E7-E9	1	0	N/A
	2	0	N/A
	3	0	N/A
	4+	0	N/A
E1-E6	1	0	N/A
	2	0	N/A
	3	0	N/A
	4+	0	N/A

[1] Waiting in a deferred status for quarters in a specific geographic area.

[2] Four bedroom 04/05 quarters undergoing major renovations.

[1] As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	Expense of private housing
2	Convenience to base
3	Security
4	Residing in military community
5	Service

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

31%

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	Staff 98 Student 92[1]
Substandard	N/A
Inadequate	N/A

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

In FY94 the staff occupancy rate will be below 98% as a result of the fleet being relocted from Newport to other homeports.

[1] In FY93 the occupancy rate for student quarters was 92% (student quarters remain vacant between graduation and commencement dates).

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	64
Substandard	43
Inadequate	60

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? No

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\textbf{AOB} = \frac{\text{(\# Geographic Bachelors x average number of days in barracks)}}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. See comments below[1]

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	Unknown	Unknown	See below[2]
Spouse Employment (non-military)	Unknown	Unknown	See below[2]
Other	Unknown	Unknown	See below[2]
TOTAL	56	100	

[1] NETC CBQ does not have accurate information on how many geographical bachelors live on local economy. An unknown number of geographical bachelors never check in when they learn of geographical bachelor berthing policy.

[2] NETC CBQ has not monitored family commitments/spouse employment as reasons for separation.

(e) How many geographic bachelors do not live on base? Unknown

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	40
Substandard	80
Inadequate	78

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? No

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. See comments below[1]

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	Unknown	Unknown	See below[2]
Spouse Employment (non-military)	Unknown	Unknown	See below[2]
Other	Unknown	Unknown	See below[2]
TOTAL	108	100	

[1] NETC CBQ does not have accurate information on how many GBs live on local economy. An unknown number of GBs never check in when they learn of GB berthing policy.

[2] NETC CBQ has not monitored family commitments/spouse employment as reasons for separation.

(e) How many geographic bachelors do not live on base? Unknown

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby[1]	Indoor Bays	13	Y
	Outdoor Bays	0	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling[1]	Lanes	24	N
Enlisted Club[1]	SF	14,838	Y
Officer's Club[1]	SF	33,360	Y
Library[1]	SF	10,000	N/A
Library	Books	79,000	N/A
Theater	Seats	0	N/A
ITT[1]	SF	1,334	N
Museum/Memorial	SF	0	N/A
Pool (indoor)[1]	Lanes	6	N
Pool (outdoor)	Lanes	0	N
Beach[1]	LF	300	N/A
Swimming Ponds	Each	0	N/A
Tennis CT[2]	Each	9	N/A
Gear Rental[1]	SF	7,025	Y
Vet Clinic[1]	SF	1,225	Y
Leisure Travel[1]	SF	522	Y
Picnic Areas[1]	Sites	7	N/A
Vehicle Storage Lot[1]	Spaces	150	Y
Game Room[1]	SF	5,289	Y

[1] Located adjuacent to Naval Hospital Newport facilites. Host UIC: 62661. Host Name: Naval Education and training Center. BSAT Data Call #23.
[2] Two courts belong to Naval Hospital Newport

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[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT[1] (outdoor)	Each	1	N/A
Basketball CT[1] (outdoor)	Each	2	N/A
Racquetball CT[1]	Each	5	N/A
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium[1]	SF	45,468	N/A
Fitness Center[1]	SF	1,800	N/A
Marina[1]	Berths	125	Y
Stables	Stalls	0	N/A
Softball Fld[1]	Each	5	N/A
Football Fld[1]	Each	1	N/A
Soccer Fld[1]	Each	1	N/A
Youth Center[1]	SF	4,500	Y
Baseball Fld	Each	1	N/A

[1] Located adjacent to Naval Hospital Newport facilities. Host UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

c. Is your library part of a regional interlibrary loan program? Yes

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	5	x	N/A	N/A	2	60
6-12 Mos	3	x	N/A	N/A	10	60
12-24 Mos	10	x	N/A	N/A	11	60
24-36 Mos	14	x	N/A	N/A	4	90
3-5 Yrs	38	x	N/A	N/A	13	75

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

A child care off-base program exists. The child care information and referral office or installation child development center provides information on 6 local private centers that can handle up to 117 infant/toddlers, 221 ages 3-6, 43 school age.

(4). How many "certified home care providers" are registered at your base? 24

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs). None

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange[1]	SF	62,126
Gas Station[1]	SF	3,684*
Auto Repair	SF	***included**
Auto Parts Store	SF	***included**
Commissary[1]	SF	32,160
Mini-Mart[1]	SF	2,886
Package Store[1]	SF	6,077
Fast Food Restaurants[1] (incl 4 snack bars)	Each	6[2]
Bank/Credit Union[1]	Each	1
Family Service Center[1]	SF	6,000
Laundromat[1]	SF	300
Dry Cleaners[1]	Each	1
ARC	PN	56
Chapel[1]	PN	225
FSC[1] Classrm/Auditorium	PN	20
Optical Shop[3]	SF	1,000
Navy Lodge[1]	SF	10,400
Post Office[1]	SF	2,525
SATO Travel[1]	SF	600
Armed Forces YMCA[1]	SF	6,500
American Red Cross[1]	SF	100
Navy-Marine Corp Relief[1]	SF	6,800

[1] Located adjacent to Naval Hospital, Newport facilites. Host UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.
[2] 1 Snack bar located at Naval Hospital, Newport.
[3] NEX Optical Shop located in Naval Hospital, Newport.

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)
Providence, RI	30
Boston, MA	75
Fall River/New Bedford, MA	26 (avg)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	239.09	133.77
E2	239.09	150.35
E3	232.34	171.20
E4	269.67	188.21
E5	302.60	211.27
E6	310.92	211.65
E7	363.05	252.20
E8	379.00	286.52
E9	457.40	347.22
W1	352.73	267.89
W2	355.90	279.14
W3	385.68	313.52
W4	343.23	304.32
O1E	278.39	206.50
O2E	311.38	248.26
O3E	364.93	308.73
O1	269.46	198.56
O2	265.58	207.58
O3	298.95	251.69
O4	353.02	306.99
O5	432.47	357.64
O6	421.76	349.09
O7	355.45	288.80

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency	389	315	48
Apartment (1-2 Bedroom)	586	374	80
Apartment (3+ Bedroom)	726	580	99
Single Family Home (3 Bedroom)	969	780	104
Single Family Home (4+ Bedroom)	1,123	871	125
Town House (2 Bedroom)	731	641	90
Town House (3+ Bedroom)	815	698	106
Condominium (2 Bedroom)	713	563	78
Condominium (3+ Bedroom)	813	631	92

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	96
Apartment (1-2 Bedroom)	70
Apartment (3+ Bedroom)	68
Single Family Home (3 Bedroom)	98
Single Family Home (4+ Bedroom)	96
Town House (2 Bedroom)	75
Town House (3+ Bedroom)	70
Condominium (2 Bedroom)	75
Condominium (3+ Bedroom)	70

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	116,335
Single Family Home (4+ Bedroom)	144,063
Town House (2 Bedroom)	73,450
Town House (3+ Bedroom)	140,625
Condominium (2 Bedroom)	68,200
Condominium (3+ Bedroom)	114,375

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January	335	422	89
February	346	436	89
March	364	454	99
April	364	472	103
May	383	497	103
June	395	498	105
July	398	511	108
August	392	498	106
September	387	481	107
October	383	491	106
November	369	470	99
December	351	455	97

(5) Describe the principle housing cost drivers in your local area.

The Newport Area is a historic waterfront, tourist area located on an island connected by two 4-lane bridges and one 2-lane bridge to the mainland. Housing on the island is more expensive than that located on the mainland. Naval Schools located in Newort, combined with the tourist nature of the area create a high demand for short-term rentals.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area[3]
DC[1] OS[2]	0	25-57
EM[1] EN[2]	0	27-53
EN[1] BM[2]	0	53-40
IC[1] EM[2]	0	12-27
HT[2] DC[2]	0	10-25

[1] Rotation of 60-24 service member
[2] Rotation of 60-36 service member
[3] First number applies to 60-24, second number to 60-36

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)
Newport County	76	5	10
Washington County	4	12	20
Bristol County (RI)	4	15	30
Bristol County (MA)	6	15	25
Other	10	25	35+

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

This information is being provided by HOST UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

This information is being provided by HOST UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

This information is being provided by HOST UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

This information is being provided by HOST UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

This information is being provided by Host UIC: 62661. Host Name: Naval Education and Training Center. BSAT Data Call #23.

15. Quality of Life (revised to indicate BEQ/BOQ) R (26 SEP 94)

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ, 347, 721-11	116	2					116[1]	13,323
BEQ, 348, 721-11	58	1					58[1]	6,660
BEQ, 447, 721-11	240	120			240	60,332		
BEQ, 689, 721-11	216	108	216	43,956				
BEQ, 345, 721-12	104	36					104[2]	19,985
BEQ, 346, 721-12	104	36					104[2]	19,985
BEQ, 441, 721-12	38	19			38	9,200		
BEQ, 688, 721-12	60	60	60	29,415				
BEQ, 441, 721-13	15	15			15[3]	7,270		
BOQ, 172,724-11	95	95	11	5,000			84[4]	42,174
BOQ, 442, 724-11	120	120	120	57,895				
BOQ, 443, 724-11	110	110	110	58,860				
BOQ, 444, 724-11	100	100	100	52,038				
BOQ, 678, 724-11	100	100			100[5]	45,378		
BOQ, 685, 724-11	44	44					44[6]	19,760

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
347; 721-11	116	2					116[1]	13,323
348; 721-11	58	1					58[1]	6,660
447; 721-11	240	120			240	60,332		
689; 721-11	216	108	216	43,956				
345; 721-12	104	36					104[2]	19,985
346; 721-12	104	36					104[2]	19,985
441; 721-12	38	19			38	9,200		
688; 721-12	60	60	60	29,415				
441; 721-13	15	15			15[3]	7,270		
172; 724-11	95	95	11	5,000			84[4]	42,174
442; 724-11	120	120	120	57,895				
443; 724-11	110	110	110	58,860				
444; 724-11	100	100	100	52,038				
678; 724-11	100	100			100[5]	45,378		
685; 724-11	44	44					44[6]	19,760

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BOQ, 172, 724-12	2	2	2	800				
BOQ, 442, 724-12	1	1	1	965				
BOQ, 18, 724-12	2	2	2	3,810				

NOTES:
[1] Open bay/gang head floor layout.
[2] Central gang heads and three person rooms.
[3] Central gang heads; used for transient billeting
[4] Room configuration too small to meet current criteria.
[5] Each room shares a bath and head with another room.

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
172; 724-12	2	2	2	800				
442; 724-12	1	1	1	965				
18; 724-12	2	2	2	3,813				

NOTES:
[1] Open bay/gang head floor layout.
[2] Central gang heads and three person rooms.
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(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

(1) Facility type/code: BEQ, 347, 721-11
(2) What makes it inadequate? Open bay floor configuration with gang heads.
(3) What use is being made of the facility? Transient/overflow.
(4) What is the cost to upgrade the facility to substandard? $1,000,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to admin space, at $400,000.
(6) Current improvement plans and programmed funding: Convert portion to admin; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 348, 721-11
(2) What makes it inadequate? Open bay floor configuration with gang heads.
(3) What use is being made of the facility? Transient/overflow.
(4) What is the cost to upgrade the facility to substandard? $500,000 to upgrade. **R (27 Sep 94)**
(5) What other use could be made of the facility and at what cost? Convert to admin space, at $200,000. **R (27 Sep 94)**
(6) Current improvement plans and programmed funding: Convert to admin space, no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 345, 721-12.
(2) What makes it inadequate? Gang head configuration with three persons to some rooms.
(3) What use is being made of the facility? House E5-E6's due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Retained for transients and geographical bachelors/no funding needed.
(6) Current improvement plans and programmed funding: Convert to house transients and geographical bachelors; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 347, 721-11
(2) What makes it inadequate? Open bay floor configuration with gang heads.
(3) What use is being made of the facility? Transient/overflow.
(4) What is the cost to upgrade the facility to substandard? $1,000,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to admin space, at $400,000.
(6) Current improvement plans and programmed funding: Convert portion to admin; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 348, 721-11
(2) What makes it inadequate? Open bay floor configuration with gang heads.
(3) What use is being made of the facility? Transient/overflow.
(4) What is the cost to upgrade the facility to substandard? $1,000,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to admin space, at $400,000.
(6) Current improvement plans and programmed funding: Convert to admin space, no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 345, 721-12.
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(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Retained for transients and geographical bachelors/no funding needed.
(6) Current improvement plans and programmed funding: Convert to house transients and geographical bachelors; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 346, 721-12
(2) What makes it inadequate? Gang head configuration with three persons to some rooms.
(3) What use is being made of the facility? House E5-E6's due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to admin space/$600,000.
(6) Current improvement plans and programmed funding: Convert portion to admin; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

R (27 Sep 94)

(1) Facility type/code: BOQ, 172, 724-11
(2) What makes it inadequate? Rooms share heads with another room.
(3) What use is being made of the facility? House CWO-02s due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to forty-two O-3 and above officers quarters; project has been programmed and awarded.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BOQ, 685, 724-11
(2) What makes it inadequate? Facility has deteriorated beyond economical repairs.
(3) What use is being made of the facility? House CWO-02s due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? No applicable.
(5) What other use could be made of the facility and at what cost? No other use.
(6) Current improvement plans and programmed funding: Demolish, no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BEQ, 346, 721-12
(2) What makes it inadequate? Gang head configuration with three persons to some rooms.
(3) What use is being made of the facility? House E5-E6's due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to admin space/$400,000.
(6) Current improvement plans and programmed funding: Convert portion to admin; no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BOQ, 172, 724-11
(2) What makes it inadequate? Rooms share heads with another room.
(3) What use is being made of the facility? House CWO-O2s due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? $1,600,000 to upgrade.
(5) What other use could be made of the facility and at what cost? Convert to forty-two O-3 and above officers quarters/$1,600,000.
(6) Current improvement plans and programmed funding: Convert to forty-two O3 and above officers quarters; project has been programmed and awarded.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

(1) Facility type/code: BOQ, 685, 724-11.
(2) What makes it inadequate? Facility has deteriorated beyond economical repairs.
(3) What use is being made of the facility? House CWO-O2s due to lack of adequate facilities.
(4) What is the cost to upgrade the facility to substandard? Not applicable.
(5) What other use could be made of the facility and at what cost? No other use.
(6) Current improvement plans and programmed funding: Demolish, no programmed funding.
(7) Has this facility condition resulted in C3 or C4 designation on your baserep? Yes, C-3.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. R. COTE, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

9 Sept 94
Date

NAVAL HOSPITAL, NEWPORT
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

9/21/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. R. COTE, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/23/94
Date

NAVAL HOSPITAL, NEWPORT
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-2-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR. | J B Greene Jr

NAME (Please type or print) | Signature

ACTING | 6/9/94

Title | Date

Revised pg 7

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. A. LOUGHNEY, CAPT, NC, USN
NAME (Please type or print)

J. A. Loughney
Signature

ACTING COMMANDING OFFICER
Title

16 August 94
Date

NAVAL HOSPITAL, NEWPORT
Activity

Revised pg 7

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

Date AUG 24 1994

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

9/6/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. A. LOUGHNEY, CAPT, NC, USN
NAME (Please type or print)

J A Loughney
Signature

ACTING COMMANDING OFFICER
Title

29 Sept. 94
Date

NAVAL HOSPITAL, NEWPORT
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date X 10/3/94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) — Signature

ACTING

Title — Date 11 OCT 1994