DCN 223

375

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL HOSPITAL CORPUS CHRISTI, TX
ACTIVITY UIC: 000285

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

April 4, 1994

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

ENCL 4

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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 emergency and routine medical care for the student pilots, aviation training personnel, mine warfare command and other activie duty military personnel in the South Texas area.
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* Provide aviation physiology, water survival and emergency egress training to aviation commands in South Texas. Naval Hospital Corpus Christi has the only Naval Aviation Physiological Training Unit located between Pensacola, FL and San Diego, CA.

* Provide a comprehensive range of emergency, inpatient and outpatient services to active duty personnel, their family members, retirees and other beneficiaries in South Texas. This includes military personnel and their family members from Ingleside Naval Station (NAVSTA), Kingsville Naval Air Station (NAS), various locations throughout South Texas and military personnel from other foreign governments assigned to this area.

* Provide occupational health, industrial hygiene and preventive medicine services for commands located on/near NAS Corpus Christi and widely dispersed reserve units in South Texas.

* Provide training to hospital staff and assigned reserve personnel for the performance of their contingency and wartime duties and missions.

* Operate a 30 bed Alcohol Rehabilitation Department which provides for the treatment and rehabilitation of multi-service active duty military personnel with alcoholism diagnoses.

* Provide healthcare for the large number of retirees, and their family members, who visit South Texas annually as "Winter Texans". This 'Ghost Population" is estimated at 14,000 personnel and can not be considered in our population calculations since they are not permanent residents of our catchment area.

* Provide a full range of support functions and requirements for three stand alone clinics located at NAS Dallas, NAS Kingsville and NAVSTA Ingleside.

* Serve as the NAS Corpus Christi base disaster center for mass casualties, including those of hurricanes.

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)
US Coast Guard Air Station	Z20245	Corpus Christi, TX	405
Flight Students	30515	Corpus Christi, TX	393
Naval Hospital	00285	Corpus Christi, TX	333
UPT	42094	Corpus Christi, TX	194
NAVRECRUITDIST	62419	Houston, TX	148
NAS Corpus Christi	00216	Corpus Christi, TX	133
TRARON 27	0406A	Corpus Christi, TX	77
COMINEWARCOM	57011	Corpus Christi, TX	64
Chief of Naval Air Training (CNATRA)	63110	Corpus Christi, TX	62
TRARON 31	0410A	Corpus Christi, TX	60
TRARON 28	0407A	Corpus Christi, TX	48
CBU 407	66629	Corpus Christi, TX	47
COMTRAWING FOUR	52812	Corpus Christi, TX	41
NAVY RESERVE CTR	61968	Houston, TX	41
MINEWARINSPGRP	39055	Corpus Christi, TX	29
NASA	64152	Houston, TX	20
NAVOCEANCOM DET	65769	Corpus Christi, TX	17
Personnel Support Activity Det	43100	Corpus Christi, TX	17
Naval Reserve Ctr	61978	Corpus Christi, TX	16
N/MC Reserve Ctr	68449	Orange Grove, TX	15
Naval Branch Dental Clinic	41788	Corpus Christi, TX	14

NLSO	68368	Corpus Christi, TX	13
DECCA	48875	Corpus Christi, TX	13
Dep Meds	46890	Corpus Christi, TX	11
Corpus Christi Army Depot (CCAD)	W45N7V	Corpus Christi, TX	10
DEP MEDS FH 15	47537	Corpus Christi, TX	9
MIUWU 108	81998	Corpus Christi, TX	9
Naval Hosp Pats	31638	Corpus Christi, TX	6
NROTC Rice University	63219	Houston, TX	6
NROTC Prairie View A&M University	66074	Prairie View, TX	6
Student Med Dept Univ of Houston	44546	Houston, TX	5
NATMSACT CAU	49151	Corpus Christi, TX	5
MEPS	66574	Houston, TX	5
SOUTH NAVFACENG	44215	Corpus Christi, TX	4
COOP Mine Unit	55223	Galveston,TX	4
DEPT NAVSI	64181	Galveston, TX	4
NAVEX	39223	Corpus Christi, TX	4
NATMSACT	68929	Corpus Christi, TX	4
Naval Brig	30037	Corpus Christi, TX	3
Student EEAP, Texas A&M Univ	43982	Corpus Christi, TX	3
CAAC Center	68113	Corpus Christi, TX	3
CSD	45678	Houston, TX	2
Student ECP, Rice University	46527	Houston, TX	2
NAS Chase Field	60376	Beeville, TX	2
4TH MARDIV-HS CO/1STBAT 23RD MAR	67643	Corpus Christi, TX	2
Dir 8TH MEDCORPS	44740	Houston, TX	1

Student AEPR, Univ of Houston	45093	Houston, TX	1
Student Med Dept, TX A&M Univ	45259	Corpus Christi, TX	1
I & I Staff	45375	Galveston, TX	1
Naval Hosp Neu Dut	45894	Corpus Christi, TX	1
Student MECP, TX A&M Univ	47223	Corpus Christi, TX	1
NAVCRRUITPRRO Stat	47865	Bryan, TX	1
USNA South Central Region Det	49742	Corpus Christi, TX	1
I & I Staff	67708	Corpus Christ, TX	1
CNATRA Public Affairs	68217	Corpus Christi, TX	1
SEE NOTE 1 BELOW		Ingleside, TX	2234
SEE NOTE 2 BELOW		Kingsville, TX	1061
SEE NOTE 3 BELOW		Dallas, TX	3053

NOTE 1: INCLUDED IN OUR SUPPORT AREA IS THE ENTIRE ACTIVE DUTY POPULATION OF INGLESIDE NAVAL STATION. SEE THEIR INPUT FOR A BREAKDOWN OF UNITS AND UIC DATA.

NOTE 2: INCLUDED IN OUR SUPPORT AREA IS THE ENTIRE ACTIVE DUTY POPULATION OF KINGSVILLE NAVAL AIR STATION. SEE THEIR INPUT FOR A BREAKDOWN OF UNITS AND UIC DATA.

NOTE 3: ALTHOUGH OUTSIDE OF OUR CATCHMENT AREA, THE ACTIVITY DUTY POPULATION OF DALLAS NAVAL AIR STATION DOES UTILIZE OUR MEDICAL TREATMENT FACILITY. SEE THEIR INPUT FOR A BREAKDOWN OF UNITS AND UIC DATA.

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

Revised pg

BRAC DATA CALL #27

1. 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 categorizations 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 M/MC	564	30,794	3.9	9.2
ACTIVE DUTY NON M/MC	117	3,352	14.9	4.9
TOTAL ACTIVE DUTY	681	34,146	[illegible]	14.0
FAMILY OF AD	653	42,796	1.9	2.0
RETIRED AND FAMILY MEMBERS UNDER 55	650	28,672	2.9	3.0
RETIRED AND FAMILY MEMBERS OVER 55	292	14,770	3.5	4.9
OTHER	12	1,400	15.6	0.5
TOTAL	2,288	125,342	[illegible]	25.3

What is your occupancy rate for FY 1994 to date? 25.3

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	564	30,794	5.9	9.2
ACTIVE DUTY NON N/MC	117	3,852	14.9	4.8
TOTAL ACTIVE DUTY	681	34,646		14.0
FAMILY OF AD	655	42,786	1.8	3.3
RETIRED AND FAMILY MEMBERS UNDER 65	942	43,442	2.9	7.5
RETIRED AND FAMILY MEMBERS OVER 65	NOTE 1	NOTE 1	NOTE 1	NOTE 1
OTHER	10	4,468	16.6	0.5
TOTAL	2,288	125,342		25.3

NOTE 1: THE "942" TOTAL FIGURE INCLUDES ALL RETIRED AND FAMILY MEMBERS. SAME APPLIES TO ALL FIGURES USED ACROSS THIS CHART FOR RETIRED AND FAMILY MEMBERS.

What is your occupancy rate for FY 1994 to date? 25.5

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	127,849	138,077	150,504	152,010	153,529	154,000	155,000
ADMISS.	2,385	2,838	3,349	3,516	3,692	3,750	3,750

Please show all assumptions and calculations in the space below:

The above projections are based on past record of outpatient visits and admissions with current population demographics. With the increases in active duty outyear population quantities expected (FY 95: 4,946, FY 96: 5,907, FY 97: 7009) and the corresponding increases in active duty dependents associated with this increases, the above figures are viewed as very realistic in numbers. There are no previous BRAC actions or force structure reductions remaining to be accomplished which will impact our catchment area. Our catchment area is increasing over the next three year period and we expect an increase in workload requirements in several areas. The Region Six TRICARE contact is scheduled to begin in May 1995. Some relief in workload is forseen in the latter part of FY 95 as a result of the program startup. Population acceptance and enrollment in the TRICARE program will be the primary factors in determining the success of the program.

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 Inspections	182 Hrs	3
Mosquito Survey	60 Hrs	2
Heat Stress Readings	72 Hrs	1
Animal Bite Reports	4.5 Hrs	1
Water & Ice Bacteria Tests	24 Hrs	2
Home Day Care Inspections	4 Hrs	1
STD Interviews	6.45 Hrs	1
Food Service Physicals	11.5 Hrs	1
Health Record Screenings	28 Hrs	2
De-rat Certifications	7.5 Hrs	2
Sanitation Inspections	64.5 Hrs	2
Bloodborne Pathogens Training	6.5 Hrs	1
Food Service Training	22.5 Hrs	2
HIV/STD Training	4.5 Hrs	1
Tuberculosis Counseling	10.5 Hrs	1
Disease Alert Reports	6 Hrs	1
State Disease Reports	2.5 Hrs	1
Reviews/Meetings/Briefings	136 Hrs	4
Morbidity Reports	44 Hrs	2
Occupational Health Training/TAD	114 Hrs	4
Industrial Health Surveys (Baselines and Qtr/Annuals)	960 Hrs	5
Industrial Health Services (Consults/Specials/Others)	432 Hrs	5

Industrial Workplace Monitoring	517 Hrs	5
Facility Plan Reviews	47 Hrs	3
Laboratory Services	122 Hrs	5
Industrial Health Training/TAD	307 Hrs	5

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 THIS LOCATION								

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 THIS LOCATION			

[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]
17120	Eject Seat Trng (Pilot Training)	800	20	Adequate
21920	Equipment Shed (Yard Storage)	432	15	Adequate
44130	Chemical Storage (Treat Cooling Water)	500	8	Adequate
53045	Veterinary Clinic (Pet Care)	1,798	7	Adequate
51010	Hospital (Health Care)	221,892	20	Adequate
75030	Training Pool Pump House (Also Storage)	1,080	47	Adequate
74089	Training Pool Bath House (Lockers)	900	42	Adequate
81159	Generator Bldg (Emergency Power)	192	7	Adequate
82109	Boiler Bldg (Steam Plant for Hospital)	1,044	12	Adequate
51077	Warehouse (Supply & Facility Storage)	6,000	8	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:
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 of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
C2-84	Construct Emergency Vehicle Garage, Bldg H-100	FY 91	$164,120
C2-87	Construct Ground Water Drainage System, Bldg H-100	FY 91	$118,000
R2-88	Repair Emergency Monitoring Control System, Bldg H-100	FY 91	$208,848
R4-89	Replace Cooling Tower, Bldg H-100	FY 91	$286,200
P1-90	Life Safety Impovements, Bldg H-100	FY 92	$5.977M
RC1-89	Repair/Upgrade Nurse Call System, Bldg H-100	FY 92	$192,000
R1-92	Replace Roof, Bldg H-100	FY 94	$552,258

NOTE: NONE OF THE ABOVE PROJECTS WERE ASSOCIATED WITH OR AS A RESULT OF 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
R2-92	Repair Air Handlers and Ductwork, Bldg H-100	FY 94	$1.4M
R1-94	Construct Additional Parking Lots and Repair Existing Parking Lots, Bldg H-100	TBD	$250K
R2-94	Replace Air Conditioning Chillers, Bldg H-100	TBD	$950K
R3-88	Replace Supplemental Feed and Machine Station, Bldg H-100	TBD	$300K
RC-85	Repair/Improvements to Corridors, Bldg H-100	TBD	$200K

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
NONE			

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 CORPUS CHRISTI					
2. UIC: 00285	3. CATEGORY CODE:510-10		4. NO. OF BUILDINGS; 10		PERMAMENT
5. SIZE	A. GSF: 234,638		B. NORMAL BEDS: 195		C.DTRS: 12
6. LOCATION	A. CITY: Corpus Christi			B.STATE: Texas	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80		20	B17	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7)LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	100				
(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	100				
(B) HVAC	70		30	F01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

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: NOV 1991

FULL ACCREDITATION: Yes

LIFE SAFETY MANAGEMENT SCORE: __4__ (Record as 1,2,3,4,or 5)

NOTE: Life Safety Management Score updated to "1" in March 1992.

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 Naval Hospital Corpus Christi is the only military treatment facility within 150 mile area. Clients of all groups come as far away as the Rio Grande border area (approximately 150 miles) to receive medical treatment in our facility. If this facility were not available, then these patients would be required to travel 300 miles to receive medical support from the next closest military treatment facility. In addition, the aviation training programs in our area receive the full range of military medicine support as does all of the personnel assigned to the ever increasing number of ships homeported at Naval Station Ingleside. Our staff, along with the Ingleside and Kingsville Medical Clinic staff personnel, provide a much needed range of medical services to all the active duty, dependent and retired service personnel over a great distance of area in South Texas.

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

The city of Corpus Christi has excellent logistical support capabilities. Airlift via the local international airport will handle all the largest wide-body aircraft. Railhead onload and offload locations exist at several locations throughout the city. Corpus Christi has an active deep-water port facility that also has full access to railhead locations. Ground transportation capabilities are superior to most locations due to accessible sea port operations as well as interstate highway connections which lead directly into the city.

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): __.5__ (Located on the NAS).
The next closest location is the city commercial airfield which is located 22 land miles from the hospital.

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

The importance of our location regarding out mobilization is the ease with which our personnel could be deployed to their assigned locations (see section 11). The ability to deploy by military

air transport is of great value. Since our personnel are not tasked to deploy with any significant amounts of materials or cargo, transportation requirements are considered fully supportable.

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

A drive of 20 to 25 minutes is average for personnel that live in the area of Corpus Christi proper. Personnel that live in the Ingleside area have about a 45 minute drive and those in the Kingsville area have a one (1) hour drive.

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?

There are nine (9) major hospitals and assorted specialty hospitals (psychiatric) in the catchment area. Competition and demand for health care professionals is high. It is difficult to recruit ancillary, primary and other health care professionals in this environment. Incentives are often required to recruit and retain those currently on staff in critical skill areas. The process and time required to hire nursing staff is extremely long. These issues are further compounded by the uncertainty of federal employment caused by the various issues surrounding closure, realignment and downsizing of the military forces in the area.

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.

The closure of this facility would be one of extreme mission impact on the Navy and Marine Corps. The aviation medicine support provided to the military aviation training program by our facility is substantial and significant. Naval Hospital Corpus Christi has the **ONLY** Navy Aviation Physiological Training Unit (APTU) located between Pensacola, FL and San Diego, CA. With over 500 aviation personnel assigned (instructors and students) at Corpus Christi NAS alone and the additional 700 plus aviation personnel at Kingsville NAS, the APTU provides a direct and measurable aspect of military training and readiness. Add to this the military medicine provided by our flight surgeons and military medicine personnel staff and our importance is greatly enhanced. Our military medicine staff along with the staff of our branch clinic and Navy Station (NAVSTA) Ingleside are, and will continue in the future, to provide medical support for the increasing number of active duty personnel being homeported at NAVSTA Ingleside. Current active duty population growth figures for NAVSTA Ingleside are from approximately 1700 personnel in 1994 to over 3100 personnel by the end of 1997.

In addition to the above, a Level III Alcohol Rehabilitation and Detoxification (ARD) Program is operated for active duty patients of all services. A fully operational mental health facility for active duty members is established as well as a functioning family advocacy division. Our preventive medicine and industrial hygiene departments provide basewide services to both host and tenant activities on NAS Corpus Christi, NAS Kingsville and NAVSTA Ingleside. The dental clinic and optometry department met the needs of all active duty personnel. We provide medical support for Navy Recruiting Center personnel (approximately 150) as far away as Houston (200 miles). This is just one of a number of units we support that is assigned outside the 40 mile catchment area but supported by our facility. The emergency room staff supports the 24 hours a day requirement of all base personnel, including the needs of the civilian work force assigned to Corpus Christi Army Depot.

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.

Corpus Christi Naval Air Station is located in Neuces Country. There are, according to the Texas State Board of Medical Examiners Demographics dated 3 May 1994, 562 Medical Doctors (M.D.) and 34 Doctors of Osteopathy (D.O.) for a total of 596 physicians to support a county population of approximately 326,000. The surrounding countries within our catchment area have an estimated population of 120,000 with on a total of 71 physicians (48 M.D. and 23 D.O.) to support the population. Most of the medical support provided in our catchment area comes from the Corpus Christi municipal city area. The elimination of our facility would have a measurable impact on the care of our beneficiary population. Certain disciplines could absorb the additional while others would have more of an impact. There is only one (1) aerospace medicine physician in the entire county. There are 43 pediatrics physicians in the county and shifting our workload to this area would have an large impact. Also with our population expected to rise, we anticipate an increase in the pediatrics workload requirements. Currently, all obstetrics requirements are provided through the local economy since we do not have this capability within the hospital.

Since January 1994 this facility is currently accomplishing over 80 same day surgeries per month which amounting to over 160 procedures per month. It is hoped to increase this quantity with some minor increases in operating room staff personnel. By "minor increases" we mean that a two to three person overall increase in certain special skill areas would increase our capability by a range of 50 to 65 more surgeries per month.

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.

Departure of the active duty personnel and dependent population would result in a residual eligible population of approximately 11,000 individuals. Add to that our "Ghost Population" of Winter Texans (approximately 14,000) eligible to use military medical facilities and the number of residual eligible population becomes significant. There is a reported excess of hospital "available beds" within the Corpus Christi area, but the real issue would be the availability of the various medical disciplines to support the retired population which fluctuates greatly within the year. The most current listings available (Texas State Board of Medical Examiners, 3 May 1994) indicate there would be a shortage in some areas. Example of this are in the areas of allergy/immunology which has only five (5) physicians listed in the county, dermatology which has only seven (7) listed and oncology which has only four (4) listed in the county.

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 local community has the capability to absorb our current inpatient workload.

R

1. Mobilization. What are your facility's mobilization equirements?

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
MAG-31	MCAS Beauforrt	2
MAG-27	MCAS Jacksonville	3
FLT HOSP	#4	19
FLT HOSP	#8	17
FLT HOSP	#15	29
NAV HOSP	Rota	13
NAV HOSP	Roosevelt Roads	2
1st Marine Brigade	Kaneohe	3

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

b. What additional workload could you perform if you did ot have this requirement and its associated training? Please how all assumptions and calculations used in arriving at your onclusions.

he command is funded to train approximately 15 personnel per ear. This training is "Fleet Hospital Training" and is of a 12 ay duration including travel time. This calculates to 180 work ays (15 personnel x 12 days) lost due to meeting this training equirement. This loss affects direct and indirect patient upport in various hospital areas.

c. Please provide the total number of your expanded beds[1] hat are currently fully "stubbed" (i.e. the number of beds that an be used in wards or rooms designed for patient beds. Beds re spaced on 6 foot centers and include embedded electrical and s utility support for each bed. Beds must be set up and ready thin 72 hours). Use of portable gas or electrical utilities is ot considered in this definition.

Number of "stubbed" expanded beds[1]: ~~195~~ 65 R

Use the bed definitions as they appear in BUMEDINST 6320.69 nd 6321.3.

27R 9/23/94
SEE BUMED-823

Revised pg

1. 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
MAG-31	MCAS Beauforrt	2
MAG-27	MCAS Jacksonville	3
FLT HOSP	#4	19
FLT HOSP	#8	17
FLT HOSP	#15	29
NAV HOSP	Rota	13
NAV HOSP	Roosevelt Roads	2
1st Marine Brigade	Kaneohe	3

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.

The command is funded to train approximately 15 personnel per year. This training is "Fleet Hospital Training" and is of a 12 day duration including travel time. This calculates to 180 work days (15 personnel x 12 days) lost due to meeting this training requirement. This loss affects direct and indirect patient support in various hospital areas.

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~~ 65 BUMED-822 mss, 21 Jun 94

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

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
MAG-31	MCAS Beauforrt	2
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FLT HOSP	#4	19
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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.

The command is funded to train approximately 15 personnel per year. This training is "Fleet Hospital Training" and is of a 12 day duration including travel time. This calculates to 180 work days (15 personnel x 12 days) lost due to meeting this training requirement. This loss affects direct and indirect patient support in various hospital areas.

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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
INPATIENT	790	1110	1250
OUTPATIENT	156	178	210

NOTE: THE ABOVE FIGURES ARE INCLUSIVE FOR CORPUS CHRISTI, INGLESIDE AND KINGSVILLE. ALL NAS DOCUMENTS FOR THE THREE LOCATIONS ARE ISSUED BY NAVAL HOSPITAL CORPUS CHRISTI HOSPITAL UNDER ONE FACILITY NUMBER ("0118").

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[1]					
	FY 1992*		FY 1993 (SEE NOTE 3 BELOW)		FY 1994 (SEE NOTE 4 BELOW) (PROJECTIONS)	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	138*	$330.9	93	$210.4	105	$225K
AD FAMILY	16*	$3.3	16	$1.6	20	$2.0K
OTHER	115*	$41.4	115	$22.6	120	$35K
TOTAL	269*	$375.6	224	$234.6	245	$262K

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

[2] The total cost in thousands of dollars.

* = FY 1992 DATA (QUANTITY AND DOLLAR AMOUNTS) ARE INCLUSIVE OF CORPUS CHRISTI, BEEVILE, DALLAS, KINGSVILLE AND INGLESIDE. PROCEDURES WERE NOT IN EFFECT TO BREAK OUT THE DIFFERENT LOCATIONS. ALL FUNDS WERE PAID BY THE NAVAL HOSPITAL CORPUS CHRISTI FISCAL OFFICE VIA OUR BUDGET.

3. NOTE: FY 93 FIGURES FOR CLINIC LOCATIONS ARE AS FOLLOWS:

ONLY ACTIVE DUTY (AD) FIGURES ARE AVAILABLE BY LOCATION.

LOCATION	AD	FY 93 COSTS
BEEVILLE	3	$ 13.8K
DALLAS	43	$193.4K
INGLESIDE	3	$ 13.5K
KINGSVILLE	7	$ 37.0K
TOTAL	53	$257.7K

4. NOTE: FY 94 PROJECTIONS FOR CLINIC LOCATIONS ARE AS FOLLOWS: PROJECTIONS ARE ACTIVE DUTY (AD) ONLY

LOCATION	AD	FY 94 PROJECTED COSTS
DALLAS	75	$225K
INGLESIDE	15	$ 45K
KINGSVILLE	15	$ 45K
TOTAL	105	$315K

BEEVILLE IS A CLOSED LOCATION BY FY 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).

NOTE: THE FOLLOWING ARE "INCLUSIVE" COSTS FOR THE CORPUS CHRISTI NAS HOSPITAL AND ALL BRANCH LOCATION CLINICS.

CATEGORY	FY 1992	FY 1993	FY 1994 *
TOTAL COSTS	$16,244,904	$18,921,073	$22,072,000
TOTAL OUTPATIENT VISITS	139,003	157,260	178,000
AVERAGE COST PER VISIT	$116.87	$120.32	$124.00

* = THESE ARE PROJECTED COSTS FOR FY 1994.

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)	$6,541,616	$7,531,290	UNAVAILABLE

NOTE: ABOVE FIGURES INCLUDES ALL BRANCH CLINICS.

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)	$567,739	$572,983	UNAVAILABLE
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	$567,739	$572,983	UNAVAILABLE
E. TOTAL E EXPENSES (ALL ACCOUNTS)	$11,664,788	$14,682,825	UNAVAILABLE
F. % SELECTED E EXPENSES (D÷E)[1]	.840032	.755424	UNAVAILABLE

[1] Record as a decimal to 6 digits.

Refer to 31R
SPCC BUMED-823
3 Jun 94

CORPUS CHRISTI

TABLE A:

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	6541616	7531290	

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)	524183	503765	
D. TOTAL EXP EBE AND EBF	524183	503765	0
E. TOTAL E EXPENSES	9851211	12650320	
F. % SELECTED E EXPENSES (D/E)	0.053210	0.039822	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	1885273	2465656	
H. E EXPENSES TO REMOVE FROM A (FxG)	100315.4	98188.12	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)	30621	96395	
M. DECEDENT AFFAIRS (FDD)	15225	7609	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	45846	104004	0
E EXPENSE (FAL)	5341	17560	
E EXPENSE (FDD)	12440	7160	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	17781	24720	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	946.1271	984.4076	ERR
S. OTHER F'S LESS E (P-R)	44899.87	103019.6	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	1681.3	1881.98	
U MWU	4314.69	5001.36	
V PERCENT INPATIENT	0.389669	0.376294	ERR
W. FINAL OTHER F EXP (SxV)	17496.08	38765.62	ERR
X FINAL F EXP (K+W)	17496.08	38765.62	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	6458797	7471867	ERR
Z NUMBER BIOMETRICS DISPOS	1622	1859	
AA. TOTAL MEPRS DISP	1728	1902	
BB. ADJ DISPOS (Z/AA)	0.938657	0.977392	ERR
CC ADJ MERPS EXP (YxBB)	6062597	7302945	ERR
DD. TOTAL RWP	1278.58	1496.456	
EE COST PER RWP (CC/DD)	4741.664	4880.16	ERR
CATEGORY II RWPS			
(DXNNH)	1.4358	0.8577	
(PAS)	380.4313	524.909	
(ADELS)	39.3459	8.2443	
FF. TOTAL CAT II RWPS	421.213	534.011	0
GG. TOTAL CAT II COST (EExFF)	1997251	2606059	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	4065347	4696886	ERR
II. TOTAL CAT III RWPS (DD-FF)	857.367	962.445	0
JJ. COST PER CAT III RWP (HH/II)	4741.664	4880.16	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	10719	8727	
CAT II OBDS			
(DXNNH)	4	3	
(PAS)	739	881	
(ADELS)	1182	295	
LL TOTAL CAT II OBD	1975	1179	0
MM CAT III OBDS (KK-LL)	8744	7548	0
NN. AVG DAYS/RWP (MM/II)	10.19867	7.842526	ERR
OO. ADD ON PER RWP (NNx77)	785.2973	603.8745	ERR
PP. TOTAL COST PER RWP (JJ+OO)	5526.962	5484.035	ERR
QQ. CIVILIAN PAY COST (PPx.15)	829.0443	822.6052	ERR
RR. MILITARY PAY COST (PPx.56)	3095.099	3071.059	ERR
SS. OTHER COSTS (PPx.29)	1602.819	1590.37	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	885.2526	878.3769	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3262.576	3237.236	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1301.321	1291.214	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1353.374	1342.863	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3393.079	3366.725	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1666.932	1653.985	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1805.287	1791.268	ERR
ADJ CAT III COST/RWP	6551.74	6500.854	ERR

31R

Table C1

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	UNAVAILABLE	UNAVAILABLE	UNAVAILABLE
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	UNAVAILABLE	UNAVAILABLE	UNAVAILABLE
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)	$48,164	$139,149	UNAVAILABLE
M. DECEDENT AFFAIRS (FDD)	$15,225	$7,609	UNAVAILABLE
N. INITIAL OUTFITTING (FDE)	$135,737	0	UNAVAILABLE
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	UNAVAILABLE
P. TOTAL (L+M+N+O)	$199,126	$146,758	UNAVAILABLE
Q. E EXPENSES INCLUDED IN ROW P	UNAVAILABLE	UNAVAILABLE	UNAVAILABLE
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	UNAVAILABLE	UNAVAILABLE	UNAVAILABLE
S. OTHER F'S LESS E (P-R)	UNAVAILABLE	UNAVAILABLE	UNAVAILABLE

Refer to 31R
SPW BUMED-823
3 Jun 94

Table D:

NOTE; ALL INFORMATION ITEMS "*" ARE UNAVAILABLE AT THIS LOCATION. SEE NOTE BELOW.

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	3891.50	4001.75	*
U. TOTAL WORK UNITS (MWU)[2]	4216.60	4483.45	*
V. PERCENT INPATIENT (IWU÷AWU)	89%	85%	*
W. FINAL OTHER F EXPENSES (SxV)	*	*	*
X. FINAL F EXPENSES (K+W)	*	*	*
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	*	*	*
Z. NUMBER OF BIOMETRICS DISPOSITIONS	*	*	*
AA. TOTAL MEPRS DISPOSITIONS	1728	1902	*
BB. ADJUSTED DISPOSITIONS (Z÷AA)	*	*	*
CC. ADJUSTED MEPRS EXPENSES (YxBB)	*	*	*
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	*	*	*
EE. COST PER RWP (CC÷DD)	*	*	*
FF. TOTAL CATEGORY II RWPs	*	*	*
GG. TOTAL CATEGORY II COST (EExFF)	*	*	*
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	*	*	*
II. TOTAL CATEGORY III RWPs (DD-FF)	*	*	*
JJ. COST PER CATEGORY III RWP (HH÷II)	*	*	*

Refer to 31R
CTCW BUMED-823
3 Jun 94

[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).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

NOTE: ALL OPEN INFORMATION ITEMS IN THIS SECTION (EXCEPT KK) ARE UNAVAILABLE. SEE NOTE BELOW.

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	12,227	9,900	9,500 (EST)
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 (NNx77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PPx.15)			
RR. MILITARY PAY COST (PPx.56)			
SS. OTHER COSTS (PPx.29)			
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)			
UU. MILITARY PAY RAISES (RRx1.037x1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TTx1.147)			

Refer to 31R
SFW BUMED-823
3 June 94

WW. CIVILIAN ASSET USE CHARGE (VVx1.04)			
XX. MILITARY ASSET USE CHARGE (UUx1.04)			
YY. OTHER ASSET USE CHARGES (SSx1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YYx1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

NOTE: PER BUMED-822 DIRECTION IN E-MAIL MESSAGE OF 19 MAY 1994, THE SECTIONS IN THE ABOVE TABLES THAT DEAL WITH RELATIVE WEIGHTED PRODUCTS (RWPs), CATEGORIES II AND III, ARE NOT MEPRS DATA ITEMS -- THEY ARE BIOMETRICS DATA. THIS INFORMATIONS IS AVAILABLE IN THE "RETROSPECTIVE CASE MIX ANALYSIS SYSTEM (RCMAS). MTFs WITHOUT RCMAS WILL HAVE TO LEAVE THESE SECTIONS BLANK, AND BUMED WILL COMPLETE AT THE MAJOR CLAIMANT LEVEL.

Refer to 31R
SATW BUMED-823
3 Jun 94

15. Quality of Life. NOTE: ALL QUALITY OF LIFE ISSUES FOR THIS NAVAL AIR STATION WERE ANSWERED BY THE HOST BASE, UIC 00216, IN THEIR REPLY TO BRAC DATA CALLS NUMBERS 3 AND 20. SEE THEIR INPUT FOR ALL QUESTIONS IN THIS SECTION.

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?

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 1732 (E1-E4)	61	32	61	8,640				
BEQ 1736 (E1-E4)	58	58	58	7,830				
BEQ 1739 (E1-E4)	94	47	94	12,220				
BEQ 1746 (E5-E6)	184	184	184	46,920				
BEQ 1727	87	87	87	26,361				
BOQ 1281 (E7-E9, CWO-02, 03 AND ABOVE)	162	162	162	59,292				

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

B. G. UPTON
NAME (Please type or print)

[illegible] acting
Signature

COMMANDING OFFICER
Title

9-12-1994
Date

NAVAL HOSPITAL CORPUS CHRISTI, TX
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

DATA CALL 27

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

B. G. UPTON
NAME (Please type or print)

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Hospital Corpus Christi, TX
Activity

Encl 4

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. Greeney Jr. NAME (Please type or print) _____ Signature _____

Acting Title _____ 10 Jun 1994 Date

Revised pg 27

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 Signature

CHIEF BUMED/SURGEON GENERAL

Title Date June 22, 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)

R. R. SAREERAM

NAME (Please type or print) Signature

ACTING 28 JUN 1994

Title Date

pg 7

BRAC-95 CERTIFICATION
DATA CALL #27, QUESTION 3

Reference: SECNAVINCTE 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

B. G. UPTON, USN, MSC
NAME (Please type or print)

B G Upton
Signature

COMMANDING OFFICER
Title

17 AUGUST 1994
Date

NAVAL HOSPITAL CORPUS CHRISTI, TX
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 9-6-94

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 9/12/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

B. G. UPTON
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

23 Sep 1994
DATE

NAVAL HOSPITAL CORPUS CHRISTI, TX
Activity

C. A. NAVARRO, LTJG, MSC, USNR
NAME

C A Navarro
Signature

Head, Patient Administration
Title

23 Sept 94
Date

NAVAL HOSPITAL CORPUS CHRISTI, TX
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 _____

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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

Document Separator

375

CAPACITY ANALYSIS: DATA CALL WORK SHEET FOR MEDICAL FACILITY: NAVAL HOSPITAL CORPUS CHRISTI

UIC 00285

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

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

Encl 1

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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	5,499	2,204	N/A	7,028	2,928	N/A
FAMILY OF AD	8,191	4,142	N/A	11,010	5,505	N/A
SUBTOTAL	13,690	6,346	N/A	18,038	8,433	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	8,126	5,010	N/A	9,812	6,010	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	2,436	1,596	N/A	3,066	1,950	N/A
OTHER	1,925	1,435	N/A	2,190	1,600	N/A
TOTAL	26,187	14,345	N/A	33,106	17,993	N/A

** = DATA IS RAPS FY 99 PROJECTIONS UPDATED TO REFLECT INBOUND UNITS.

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 SPECIIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPING 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

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

Operating Beds[1]:	~~55~~ 42
Set Up Beds[2]:	~~8~~ 23
Expanded Bed Capacity[3]:	~~195~~ 65

R CTEW BUMED-823 10/3/94

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

4 R CTEW BUMED 823 9/23/94

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]:	5542
Set Up Beds[1]:	823
Expanded Bed Capacity[2]:	1965

[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	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	34,184	37,546	45,493	4,224	121,447
ADMISSIONS	608	511	760	10	1,889
LABORATORY TESTS (WEIGHTED)[1]	**SEE * BELOW**				850,456.8
RADIOLOGY PROCEDURES (WEIGHTED)[1]	**SEE * BELOW**				67,847
PHARMACY UNITS (WEIGHTED)[1]	**SEE * BELOW**				298,573.97
OTHER (SPECIFY)	N/A	N/A	N/A	N/A	N/A

*** = DATA IS NOT AVAILABLE IN BREAKOUT FORM FOR THIS PARAGRAPH, 3a AND 3b.**

[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/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	35,893	39,423	52,203	127,609
ADMISSIONS	638	537	809	1,984
LABORATORY TESTS (WEIGHTED)[1]				892,979.6
RADIOLOGY PROCEDURES (WEIGHTED)[1]				71,240
PHARMACY UNITS (WEIGHTED)[1]				313,502.66
OTHER (SPECIFY)				N/A

ASSUMPTIONS USED: Current capacity of the facility could be increased by an estimated five percent (5%) over current workload though various means. We are attempting to increase our 1993 workload accomplishments by improved scheduling methods, procedures discovered as a result of QA and I programs, and in some cases redistribution of current work force within departments. The ability to work more cost effective is one of our prime goals as the increase in workload resulting from the Ingleside buildup continues.

[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.
Input: Data by beneficiary area breakdown is not available for FY 1993 and therefore no means exists to provide this breakdown for question 3a or 3b.

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/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	34,868	38,297	50,711	123,876
ADMISSIONS	620	521	785	1,926
LABORATORY TESTS (WEIGHTED)[1]				867,465.9
RADIOLOGY PROCEDURES (WEIGHTED)[1]				69,204
PHARMACY UNITS (WEIGHTED)[1]				304,545.44
OTHER (SPECIFY)				N/A

ASSUMPTIONS USED: It is estimated the current workload plus approximately two percent (2%) represents the maximum demand of our supported population which is not met. This is based on backlogs in various functions such as radiology and optomology which represent a current demand which we are unable to meet at the requested time of need. Individuals which are seen by a clinic and then released to CHAMPUS for care, have received their initial "demand" for care from our facility.

[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.

CORPUS CHRISTI, #26 Revised pg

Jan 97

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]	12 ~~8~~	~~14~~ 12	12 ~~18~~	~~17~~ ~~12~~ 7	~~17~~ ~~12~~ 7	~~17~~ ~~12~~ 7	~~17~~ ~~12~~ 7	~~17~~ ~~12~~ 7
SPECIALTY CARE[2]	6 ~~15~~	~~22~~ 6	~~28~~ 6	~~24~~ ~~16~~ 4	~~24~~ ~~16~~ 4	~~24~~ ~~16~~ 4	~~24~~ ~~16~~ 4	~~24~~ ~~16~~ 4
PHYSICIAN EXTENDERS[3]	~~0~~ ~~4~~ 2	2 ~~4~~ ~~0~~	~~0~~ 2 ~~4~~	~~0~~ ~~4~~ 2	~~0~~ ~~4~~ 2	~~0~~ ~~4~~ 2	~~0~~ 2 ~~4~~	~~0~~ ~~4~~ 2
INDEPENDENT DUTY CORPSMEN	~~0~~ ~~2~~* 4	4 ~~2~~ ~~0~~	~~0~~ ~~3~~ 4	~~0~~ ~~3~~ 3	~~0~~ ~~3~~ 3	~~0~~ ~~3~~ 3	~~0~~ ~~3~~ 3	~~0~~ ~~3~~ 3
TOTAL	18 ~~28~~ 24	24 ~~22~~ ~~18~~	18 ~~43~~ 24	~~48~~ 16 ~~18~~	~~48~~ 16 ~~18~~	~~48~~ 16 ~~18~~	~~48~~ 16 ~~18~~	~~48~~ 16 ~~18~~

* = FIVE AUTHORIZED, THREE ASSIGNED BUT ONLY TWO INVOLVED WITH PATIENT CARE.

** = PROJECTIONS PAST 1998 REMAIN CONSTANT DUE TO NO DATA AVAILABLE ON INCREASE IN ACTIVITY DUTY POPULATION FOR ENTIRE CATCHMENT AREA.

[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.

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]	12 ~~8~~	~~14~~ 12	12 ~~18~~	~~17~~ 12	~~17~~ 12	~~17~~ 12	~~17~~ 12	~~17~~ 12
SPECIALTY CARE[2]	6 ~~15~~	~~22~~ 6	~~23~~ 6	~~24~~ 6	~~24~~ 6	~~24~~ 6	~~24~~ 6	~~24~~ 6
PHYSICIAN EXTENDERS[3]	0 ~~1~~	~~1~~ 0	0 ~~1~~	0 ~~1~~	0 ~~1~~	0 ~~1~~	0 ~~1~~	0 ~~1~~
INDEPENDENT DUTY CORPSMEN	0 ~~2~~*	2 0	0 ~~3~~	0 ~~3~~	0 ~~3~~	0 ~~3~~	0 ~~3~~	0 ~~3~~
TOTAL	18 ~~28~~	~~41~~ 18	18 ~~45~~	~~48~~ 18	~~48~~ 18	~~48~~ 18	~~48~~ 18	~~48~~ 18

* = FIVE AUTHORIZED, THREE ASSIGNED BUT ONLY TWO INVOLVED WITH PATIENT CARE.

** = PROJECTIONS PAST 1998 REMAIN CONSTANT DUE TO NO DATA AVAILABLE ON INCREASE IN ACTIVITY DUTY POPULATION FOR ENTIRE CATCHMENT AREA.

[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]	322
SPECIALTY CARE[2]	342
PHYSICIAN EXTENDER[3]	21(Note 1)
TOTAL	685

NOTE 1: There is no data available on Nurse Practitioner quantities.

[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: 445,827

Source of information is the US Census Bureau 1990 census for the five (5) countities within our catchment area as updated by the Nueces Country Engineering and City of Corpus Christi Planning Departments. Factoring data was the percentage changes in the 1980 to 1990 census data (US census is only accomplished every 10 years) and the measured population growth or decline over the past three years (1990 to 1993) for the five county areas.

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]
Spohn Hosp	Catholic	12	20 Min	OB Contract
Spohn Hosp South	Catholic	9	15 Min	Same As Above
Spohn Hosp Kleberg (Kingsville, TX)	Catholic	40	55 Min	NONE
Memorial Hosp	County	14	20 Min	NONE
Southside Community Hosp	County	10	15 Min	NONE
Driscoll Childrens Hosp	Private	10	15 Min	NONE
Bay Area Medical Center	Columbia	6	10 Min	NONE
Doctor's Regional Hosp	Columbia	11	15 Min	NONE
Riverside Hosp	Epic	30	35 Min	NONE
South Texas Rehabilitation	NME	8	15 Min	NONE
Charter Hosp	Charter	7	15 Min	NONE
Coastal Bend Hosp (Aransas Pass, TX)	Health Trust	30	35 Min	NONE
Bayview Psychiatric Hosp	BAHS	7	15 Min	NONE

NOTE: A VA CLINIC IS IN THE CITY BUT HAS NO INPATIENT CAPABILITY.

[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]
Spohn Hosp	301	Yes	79%	N/A
Spohn Hosp South	69	Yes	44%	N/A (OPENED FEB 94)
Spohn Hosp Kleberg	32	Yes	72%	N/A
Memorial Hosp	265	Yes	64%	Trauma Center
Southside Health Center	154	Yes	70%	N/A
Driscoll Childrens Hosp	102	Yes	77%	Unique Childrens Care Capability and has Pediatric Residency Program
Bay Area Medical Clinic	103	Yes	56%	N/A (OPENED SEPT 93)
Doctor's Regional Hosp	193	Yes	48%	N/A
Riverside Hosp	89	Yes	51%	N/A
South Texas Rehabilitation Hosp	80	Yes	60%	N/A
Charter Hosp	80	Yes	76%	N/A
Costal Bend Hosp	71	Yes	51%	N/A

Bayview Psychiatric Hosp	68	Yes	60%	N/A

[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.

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 THIS LOCATION								

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

(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 THIS LOCATION			

(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.

DATA CALL 26

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

B. G. UPTON
NAME (Please type or print)

Signature

Commanding Officer
Title

Date 27 May 1994

Naval Hospital Corpus Christi, TX
Activity

ENCL 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) Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-3-94 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) Signature

Acting Title 10 Jun 1994 Date

Cert for Recnd pg

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 _____

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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 8-2-94

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 16 AUG 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) _____ Signature X D F Hagen

CHIEF BUMED/SURGEON GENERAL

Title _____ Date X 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 J B Greene Jr.

ACTING

Title _____ Date 10 OCT 1994

374

..ITARY VALUE ANALYSIS:
..ATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL HOSPITAL, CHERRY POINT, NC
ACTIVITY UIC: 66094

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

May 23, 1994

If any responses are classified, attach separate classified annex

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MISSION REQUIREMENTS

1. Mission Statement. The primary mission of the Naval Hospital, Cherry Point, North Carolina, is to provide inpatient and outpatient health care support to the active duty members of the Navy and Marine Corps assigned to the Marine Corps Air Station and the Second Marine Aircraft Wing. This mission includes direct patient care, preventive medicine, and aviation physiology training, as well as staff advice to the Commanding General of the Air Station for disaster and contingency planning and other medical matters impacting on the operation of the Air Station. More specifically:

a. Provide a comprehensive range of emergency, inpatient, and ambulatory health care services to active duty personnel, their dependents, retirees, their dependents, and survivors.

b. Ensure all assigned military personnel are trained to perform their assigned contingency and wartime duties.

c. Provide health care services in support of the operation of the Navy and Marine Corps shore activities and units of the Operating Forces.

d. Provide occupational and environmental health/preventive medicine, and industrial hygiene services to civilian and military personnel of the Marine Corps Air Station and its tenant activities.

e. 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.

f. Maintain requisite quality health care standards to ensure successful accreditation and recognition by appropriate government and civilian agencies and commissions, to include the Joint Commission on Accreditation of Health care Organizations.

g. Provide medical coverage and emergency evacuation if needed as alternate landing site for NASA Space Shuttle program.

h. Provide in-patient nursing services:

(1) <u>The Family Medicine Division</u> is a level I in-patient adult and pediatric multi-service unit. The division provides nursing care to all eligible beneficiaries based on established policies and procedures. Capabilities include but are not limited to stable and acute medical and surgical adult and pediatric patients. Total available beds are 18 adult and pediatric patients. Average occupied bed days per day for the past 12 months was 8 per day.

(2) The Maternity Division is a combined in-patient antepartum, intrapartum, and post-partum unit. The division provides nursing care to all eligible beneficiaries based on established policies and procedures. Capabilities include professional nursing care for the uncomplicated as well as mild to moderately complicated obstetrical patients who are past 20 weeks gestation. Total available beds are 16 antepartum/post-partum and 3 labor beds. Average occupied beds per day for the past 12 months was 7 per day.

(3) The Newborn Nursery and Intermediate Care Division is a 15 bed level I unit with a 2 bed level II unit. The division provides professional nursing care to well neonates, pre-term, low birth weight, septic non-ventilator dependent neonates based on established policies and procedures. Average census was 7 babies per day.

i. Provide Aviation Physiology and water survival education and training to flight personnel and maintain the supporting training equipment and devices.

Projected Missions

a. Cardiac/Intensive Care Unit: To provide patient care services to higher level acuity patients. A request has been made and is currently being reviewed by MED-03 to expand our mission to include the provision of patient care services to higher level acuity patients (FY-94).

b. Flight Line Clinic: To provide primary health care services for active duty members relocating to Cherry Point from NAS Cecil Field. MILCON Project P-500T is a $4.6 million BRAC III initiative that provides for a 25,133 GSF medical and dental facility at the Navy flight line complex. This clinic will provide health care services for the active duty members migrating from NAS Cecil Field (FY-96).

c. Indoor Water Survival Training pool: To provide year round water survival training to flight personnel. MILCON Project P-506T is a $2.95 million BRAC III initiative that will construct a 24,690 GSF Aviation Physiology Training building. This project provides for a 25 meter pool along with the necessary aviation training devices to complete the training mission (FY-95).

d. Allergy/Immunization Clinic: To provide a full range of allergy and immunization services not currently available in house for the beneficiary population.

e. Dermatology Clinic: To provide a full range of dermatology services not currently available in house for the beneficiary population.

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: NAVAL HOSPITAL / F17

2. What makes it inadequate? PHYSICAL CONDITION / AGE / INADEQUATE CAPACITY

3. What use is being made of the facility? REDUCED PATIENT CARE

4. What is the cost to upgrade the facility to substandard? $4.8 MILLION

5. What other use could be made of the facility and at what cost? ADMINISTRATIVE -- $ 6 MILLION

6. Current improvement plans and programmed funding: DEMOLITION / MILCON P-836

7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? YES

1. Facility Type/Code: ACADEMIC INSTRUCTION / F17

2. What makes it inadequate? AGE / INADEQUATE CAPACITY

3. What use is being made of the facility? REDUCED TRAINING

4. What is the cost to upgrade the facility to substandard? $107 THOUSAND

5. What other use could be made of the facility and at what cost? ADMINISTRATIVE -- / WAREHOUSE -- $ 107 THOUSAND

6. Current improvement plans and programmed funding: NONE / $0.00

THIS SHEET NO LONGER APPLICABLE DUE TO MOVE TO NEW HOSPITAL FACILITY OCT 94

7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? ~~YES~~ N/A R

R

18 R (9-30-94) VR Brumo 824 10-3-94

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 of BRAC realignments or closures. NO **R**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
RCI - 86	ELECTRICAL DISTRIBUTION SYS RPLC	1990	$ 2.3 MILLION

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-836	REPLACEMENT HOSPITAL/DENTAL CLINIC	1992	$23 MILLION

Note: Projects are completed.

 (9-30-94) VR BUMED 824 10/3/94

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. NO

PROJECT	DESCRIPTION	FUND YEAR	VALUE
RCI - 86	ELECTRICAL DISTRIBUTION SYS RPLC	1990	$ 2.3 MILLION

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-836	REPLACEMENT HOSPITAL/DENTAL CLINIC	1992	$23 MILLION

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-500T	FLIGHT LINE CLINIC	1996	$4.6 MILLION
P-506T	WATER SURVIVAL TRAINING POOL	1995	$2.95 MILLION

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

R

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

1. FACILITY NAME NAVAL HOSPITAL, CHERRY POINT, NC

2. UIC N66094	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 2	
5. SIZE 293 X 789	A. GSF 206,801	B. NORMAL BEDS 23	C.DTRS 27
6. LOCATION MCAS CHERRY POINT	A. CITY HAVELOCK	B.STATE NC	

7. FACILITY ASSESSMENT

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

 (9-30-94) VRBUMED824 10-3-94

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAVAL HOSPITAL, CHERRY POINT, NC				
2. UIC N66094	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 2		
5. SIZE 293 X 789	A. GSF 112,208	B. NORMAL BEDS 41		C.DTRS 15
6. LOCATION MCAS CHERRY POINT	A. CITY HAVELOCK		B.STATE NC	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80	10	10	B18	
(2) ADMINISTRATION		40	60	B17,B18	
(3) CENTRAL STERILE SVCS.			100	B17,F01,F02	
(4) DENTAL			100	B17,F01,F02	
(5) EMERGENCY SVCS.			100	B17,F01,F12	
(6) FOOD SERVICES			100	B17,F01,F12	
(7) LABORATORIES			100	B17,F01,F12	
(8) LOGISTICS			100	B17,F01,F12	
(9) INPATIENT NURSING UNITS			100	B17,F01,F12	
(10) LABOR-DEL-NURSERY			100	B17,F01,F12	
(11) OUTPATIENT CLINICS			100	B17,F01,F12	
(12) PHARMACY			100	B17,F01,F12	
(13) RADIOLOGY			100	B17,F01,F12	
(14) SURGICAL SUITE			100	B17,F01,F12	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC			100	C10	
(B) HVAC			100	C01, C17	
(C) PLUMBING			100	C02, C17	
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	90	10			
(F) EMERGENCY POWER	100				

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

DATE OF SURVEY: MAR 93
FULL ACCREDITATION: YES/No
LIFE SAFETY MANAGEMENT SCORE: 1 (Record as 1,2,3,4,or 5)

LOCATION:

8. Geographic Location. The Naval Hospital is located in DoD Region 8 near Havelock, North Carolina, in a five-county area consisting of Craven, Carteret, Pamlico, Jones, and Onslow counties. The primary alternative military health care resource is the Naval Hospital at Camp Lejeune, North Carolina, which is about 50 miles (75 minutes) from Cherry Point. There is also a NAVCARE clinic in Jacksonville, NC (near Camp Lejeune) and a Coast Guard Clinic at Atlantic Beach. Nearly all beneficiaries of these two facilities reside in the overlap of the two catchment areas. There is no nearby Veterans Administration (VA) facility. The two short stay, acute care civilian hospitals in the area, Craven County Regional Medical Center in New Bern and Carteret General Hospital in Morehead City, are located 12 miles (30 minutes) and 24 miles (35 minutes), respectively, away from the hospital, in opposite directions.

a. Naval Hospital, Cherry Point is the only military medical treatment facility in a 50-mile radius to serve our military beneficiaries. Naval Hospital, Camp Lejeune is operating at maximum capacity, and is unable to absorb our clientele. With about 60 births per month, the cost to provided these services under CHAMPUS would increase the government's cost as well as place undue financial hardship on our young servicemembers. Due to our rural location, the absence of a mass transit system, and major access roads, this hospital is logistically the only realistic means for our beneficiaries to receive adequate medical treatment.

b. Transportation modes include:

(1) Air. The nearest airport is in New Bern, North Carolina, about 20 miles from the hospital. It is a two terminal, two airline airport, providing basic shuttle service to two major airports, Charlotte and Raleigh.

(2) Rail. There is no passenger rail service within the Cherry Point area. The nearest Amtrak rail stations are located within a 90 mile radius.

(3) Sea. The nearest port is located in Morehead City, about 20 miles from the Air Station.

(4) Ground. There is no local mass transit (or other ground) system. Trailways Bus Lines does pick-up once per evening.

c. The hospital is located about two miles from the airfield onboard the Air Station with accommodations for C-9 aircraft. The Air Station serves as the routine air terminal for patients regulated by ASMRO through the Naval

Hospitals Cherry Point and Camp Lejeune.

d. The majority of the hospital's mobilization requirements are in support of Fleet Marine Forces, located at Camp Lejeune. Because Camp Lejeune is only about 50 miles away, personnel can be quickly transported. The Morehead City Port is a Navy Administrated deep-water (70 feet) port which will accommodate most naval vessels. The auxiliary port loading/staging area, located on Radio Island, is equipped to support all forms of amphibious embarkation. The port is supported by rail freight and military/commercial trucking. During embarkation, this facility is standby medical support for all embarked troops and shipboard personnel.

e. The average driving time to this facility is 35 minutes.

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

Recruitment in medical specialty areas has been enhanced due to location of several community colleges in surrounding counties; i.e., Craven, Carteret, Pamlico, Pitt, etc. and East Carolina University School of Medicine, Greenville, NC. These provide a large population of qualified medical technicians and administrative support candidates to draw from.

The Naval Hospital, Cherry Point's (NHCP) catchment area overlaps with the Naval Hospital, Camp Lejeune's (NHCL) catchment area; therefore, we generally receive patients from our typical 40-mile radius plus or minus patients from the NHCL area. The catchment area is made up of six counties.

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.

Historically, about 96 to 97 percent of the military beneficiaries in the catchment area have been Navy and Marine Corps personnel, most of whom are active duty. Women averaged 6.3 percent of this population, ranging from 5.7 to 7.4. The active duty population served is primarily young; about 85 percent under the age of 35 and 98 percent under 45. Assuming the beneficiary population will remain stable, the most immediate impact of a loss of all hospital capabilities will be a decrease in the medical/operational readiness of our active duty population. For this population, the hospital provides physical examinations, immunizations, and overseas screening, as well as emergency and ambulatory services. There are no local providers who accept CHAMPUS, and this population cannot be absorbed within the catchment area by other facilities. There will be no occupational health/preventive medicine services for civilian employees of the Air Station (about 4,300). In addition, CHAMPUS cost will rise significantly for those patients who can be absorbed within civilian facilities (such as births).

The combined answers to questions 10a, b, and c also apply.

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 community health care system is inadequate to care for the population. There are presently 4,680 eligible retirees, retiree dependents, and survivors in the catchment area. Current statistics reveal that this population represents 10% of Naval Hospital, Cherry Point's (NHCP's) Occupied Bed Days, 20% of Outpatient Visits, and 30% of our Family Practice Enrollment. The nearest Medical Treatment Facility (MTF) is located 75 minutes from Cherry Point. There is adequate civilian inpatient capacity to support the residual population, however the number of primary care providers is not sufficient to support ambulatory care. There are no Primary Care Providers in the immediate vicinity of Cherry Point, and only 23 within a 15 mile radius. There are a total of 141 General Practice and Family Practice Physicians within the catchment area, however the majority of these providers reside in the overlapping catchment area with Camp Lejeune, and they are not CHAMPUS participants. There are no existing Health Maintenance Organizations (HMO's) or Preferred Provider Organizations (PPO's) in the catchment area. The planned increase of 1,500 additional employees to Cherry Point's Naval Aviation Depot compounds this impact on the local community health care system.

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 local community health care system is inadequate to care for the residual population. There are presently 4,680 eligible retirees, retiree dependents, and survivors in the catchment area. Current statistics reveal that this population represents 10% of Naval Hospital, Cherry Point's (NHCP's) Occupied Bed Days, 20% of Outpatient Visits, and 30% of our Family Practice Enrollment. The nearest Medical Treatment Facility (MTF) is located 75 minutes from Cherry Point. There is adequate civilian inpatient capacity to support the residual population, however the number of primary care providers is not sufficient to support ambulatory care. There are no Primary Care Providers in the immediate vicinity of Cherry Point, and only 23 within a 15 mile radius. There are a total of 141 General Practice and Family Practice Physicians within the catchment area, however the majority of these providers reside in the overlapping catchment area with Camp Lejeune, and they are not CHAMPUS participants. There are no existing Health Maintenance Organizations (HMO's) or Preferred Provider Organizations (PPO's) in the catchment area. The planned increase of 1,500 additional employees to Cherry Point's Naval Aviation Depot compounds this impact on the local community health care system.

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 local community impatient capacity is inadequate to support the needs of our post BRAC III population. Our Average Daily Patient Load (ADPL) for FY93 was 13. The percentage of ADPL attributable to OB/GYN is 67%, with the remainder to Family Medicine. Average deliveries per month is 53, with a bed occupancy rate of 33%. Of our total admissions, 63% were for active duty dependents, 27% for active duty, and 10% to all others. In comparison with FY93 data, admissions per day have decreased by 10%, and deliveries have decreased by 20%. 20% of Naval Hospital Camp Lejeune's inpatient workload is attributable to Cherry Point beneficiaries, with no capability to absorb additional workload. At present we feel the civilian inpatient facilities could absorb inpatient workload, but there is not sufficient capacity to care for the expected increase of 11,900 active duty and dependent beneficiaries and the 1,500 additional Naval Aviation Depot employees resulting from BRAC III.

11. Mobilization. The Naval Hospital, Cherry Point, is not a primary casualty receiving center. Our mission, in the event of mobilization, is to augment operational forces, provide secondary casualty treatment support to patients already under treatment elsewhere in CONUS, and to provide medical mobilization support to the Commanding General, Marine Corps Air Station. Platforms supported are listed in the below table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS GUADALCANAL	07352	2
2D MARINE DIVISION	08321	19
1ST MARINE AIR WING	41975	2
USNS COMFORT	46246	25
FLEET HOSPITAL #20	46977	22
2D MARINE AIR WING	57080	5
NAVHOSP GUANTANAMO BAY CU.	61564	3
ASWBPL I, MACGUIRE AFB	65388	4
NAVHOSP NAPLES	66096	18
1ST MARINE BRIGADE	67339	1
2D FSSG	68408	9
FLEET HOSPITAL #1	68681	1
FLEET HOSPITAL #2	68682	1
FLEET HOSPITAL #3	68683	11
FLEET HOSPITAL #4	68684	3
FLEET HOSPITAL #5	68685	17
NAVHOSP KEFLAVICK	68875	1
3D MARINE AIR WING	MPS2W	1

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.

R

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

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]: 27 VR BUMED 824 10/3/94 R

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

 R (9-30-94) VR BUMED 824 10/3/94

ASSUMPTIONS:

(1) All personnel now involved with MPAS planning, administration, and training would be freed up to perform other assignments.

(2) Full Time Equivalents (FTE's) can be applied to existing workload data to produce analytical result of increased workload capability.

(3) Each enlisted billet calculates a monetary worth of $30 thousand, and each officer billet calculates a monetary worth of $70 thousand.

(4) Dollar amounts used in calculations can be provided by POM'd figures.

(5) Currently this command is utilizing 4 FTE's in the administration/education of MPAS personnel. Additionally the budgeted FY95 training cost is $250,000. The average mobilization platform training cycle takes approximately 1 week to complete. This removes the individual from a "productive" roll and places him in a "training" roll, thereby reducing workload. This command is assigned 246 mobilization platform billets. Using this as our basis, dividing by 52 weeks, the annual full-time equivalent (FTE) is 4.77. There are 282 military personnel aboard which provided 160,758 (FY-93) patient visits. This command should be able to increase its workload by approximately 4,967 patient visits.

CALCULATIONS:

(1) 4.72 + 4 = 8.72

(2) 8.72 / 282 x 100 = 3.09%

(3) 160,758 x 3.09% = 4,967

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	873	667	345
OUTPATIENT	552	552	266

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	239	172.9	229	234.7	88	239.3
AD FAMILY	455	164.1	240	4.8	157	78.9
OTHER	127	42.5	194	88.8	153	69.6
TOTAL	821	379.5	663	328.3	398	192.8

[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	10284197	13503978	867745
TOTAL OUTPATIENT VISITS	167269	160758	38640
AVERAGE COST PER VISIT	61.48	84.00	69.87

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 (OCT - DEC)
A. TOTAL MEPRS-A EXPENSE	5,421,420	5,933,241	468,074

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]	0	0	0
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]	13117	37721	1659
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]	72674	243788	20891
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]	0	0	0
F. TOTAL (B+C+D+E)	87791	281509	22550

[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)	0	0	0
H. CLINIC INVESTIGATION PROGRAM (FAH)	0	0	0
I. CONTINUING HEALTH PROGRAM (FAL)	423937	423749	40195
J. DECEDENT AFFAIRS (FDD)	0	0	0
K. INITIAL OUTFITTING (FDE)	0	14345897	1011626
L. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
M. TOTAL (G+H+I+J+K+L)	423957	14769646	1051821

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)	390380.20	20615096.00	1497345.00
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

Refer to pg 33R
Exp BUMED-82
Tab A

TABLE A: CHERRY POINT

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	5421387	5909711	

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)	338235	1157388	
D. TOTAL EXP EBE AND EBF	338235	1157388	0
E. TOTAL E EXPENSES	5944638	8558275	
F. % SELECTED E EXPENSES (D/E)	0.056897	0.135236	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	1799911	1876783	
H. E EXPENSES TO REMOVE FROM A (FxG)	102410.4	253808.9	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)	423957	445904	
M. DECEDENT AFFAIRS (FDD)	0	0	
N. INITIAL OUTFITTING (FDE)	0	14266989	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	423957	14712893	0
E EXPENSE (FAL)	35282	51396	
E EXPENSE (FDD)	0	0	
E EXPENSE (FDE)	0	245448	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	35282	296844	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	2007.457	40144.03	ERR
S. OTHER F'S LESS E (P-R)	421949.5	14672749	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	1423.66	1437.76	
U MWU	6006.88	5505.05	
V PERCENT INPATIENT	0.237005	0.261171	ERR
W. FINAL OTHER F EXP (SxV)	100004.1	3832098	ERR
X FINAL F EXP (K+W)	100004.1	3832098	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	5418981	9488000	ERR
Z NUMBER BIOMETRICS DISPOS	2290	2231	
AA. TOTAL MEPRS DISP	2309	2254	
BB. ADJ DISPOS (Z/AA)	0.991771	0.989796	ERR
CC ADJ MERPS EXP (YxBB)	5374390	9391184	ERR
DD. TOTAL RWP	1047	1116.924	
EE COST PER RWP (CC/DD)	5133.132	8408.078	ERR
CATEGORY II RWPS			
(DXNNH)	0	0	
(PAS)	169.4793	222.677	
(ADELS)	0.8822	2.325	
FF. TOTAL CAT II RWPS	170.3615	225.002	0
GG. TOTAL CAT II COST (EExFF)	874488.1	1891834	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	4499902	7499350	ERR
II. TOTAL CAT III RWPS (DD-FF)	876.6385	891.922	0
JJ. COST PER CAT III RWP (HH/II)	5133.132	8408.078	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	3676	3610	
CAT II OBDS			
(DXNNH)	0	0	
(PAS)	306	345	
(ADELS)	10	36	
LL TOTAL CAT II OBD	316	381	0
MM CAT III OBDS (KK-LL)	3360	3229	0
NN. AVG DAYS/RWP (MM/II)	3.832823	3.620272	ERR
OO. ADD ON PER RWP (NNx77)	295.1274	278.7609	ERR
PP. TOTAL COST PER RWP (JJ+OO)	5428.26	8686.839	ERR
QQ. CIVILIAN PAY COST (PPx.15)	814.239	1303.026	ERR
RR. MILITARY PAY COST (PPx.56)	3039.825	4864.83	ERR
SS. OTHER COSTS (PPx.29)	1574.195	2519.183	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	869.4435	1391.37	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3204.312	5127.857	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1278.082	2045.313	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1329.205	2127.126	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3332.484	5332.972	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1637.163	2619.951	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1773.048	2837.406	ERR
ADJ CAT III COST/RWP	6434.737	10297.5	ERR

15. Quality of Life.

UIC M00146, Marine Corps Air Station, Cherry Point, NC is responding to this information in BRAC-95 data call #38

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, 4197, E-1 THRU E5	108	60	108	21,540	000	000	000	000
BEQ, 4213, E-6	72	72	72	52,704	000	000	000	000
BEQ, 4311, E-6	60	60	60	43,080	000	000	000	000
BOQ 3, 486, O-3 AND BELOW	38	38	38	22,564	000	000	000	000
BOQ 3, 497, O-4 AND ABOVE	14	14	14	12,546	000	000	000	000

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."

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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

V. PAUL HAWS, JR
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

14 SEP 94
Date

NAVAL HOSPITAL
CHERRY POINT, NC 28533-0023
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 9-19-94 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)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 9/21/94 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

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

ACTIVITY COMMANDER

CAPT V. PAUL HAWS, JR., MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

26 May 94
Date

NAVAL HOSPITAL, CHERRY POINT, MC
Activity

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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ACTIVITY COMMANDER

V. PAUL HAWS, JR.
NAME (Please type or print)

V. Paul Haws, Jr.
Signature

COMMANDING OFFICER
Title

30 SEPTEMBER 94
Date

NAVAL HOSPITAL, CHERRY POINT, NC
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

374

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL, CHERRY POINT, NC

ACTIVITY UIC: 66094

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

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

MISSION REQUIREMENTS

1. Population.

TYPE	ACTUAL FY 1993			PROJECTED FY 1999		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	47,312 ~~9,706~~	9,706	N/A	41,503 ~~11,961~~	11,961	N/A
FAMILY OF AD	54,154 ~~13,308~~	13,308		47,544 ~~15,831~~	15,831	
SUBTOTAL	101,466 ~~23,014~~	23,014		89,047 ~~27,792~~	27,792	
RETIRED AND FAMILY MEMBERS UNDER 65	19,500 ~~6,649~~ ~~6,500~~	6,649		19,500 ~~8,909~~	8,909	
RETIRED AND FAMILY MEMBERS OVER 65[4]	~~1,371~~ 3,316	1,371		~~3,592~~ 3,716	3,592	
OTHER	1,718 ~~1,060~~	1,060		2,197 ~~1,420~~	1,420	
TOTAL	126,000 ~~32,094~~	32,094		114,060 ~~41,713~~	41,713	

GEN BUMED-823
1 Jan 94

R

2. Operating Beds ~~Bed Capacity~~: ~~23~~ 40 VRBumed8214 10/4/94 R

Set up Beds: 0

Expanded Bed Capacity: 27 R

~~3R~~ 5R (9-30-94) VRBumed824 10/3/94

2. Bed Capacity. (Replacement hospital)

Operating Beds[1]:	26
Set Up Beds[1]:	0
Expanded Bed Capacity[2]:	26

3. Workload. FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	55,569	74,747	19,463	160,039
ADMISSIONS	454	1,661	164	2,255
LABORATORY TESTS (WEIGHTED)[1]				167,570,700
RADIOLOGY PROCEDURES (WEIGHTED)[1]				7,707,100
PHARMACY UNITS (WEIGHTED)[1]				31,884,700
OTHER (SPECIFY)				

[1] The ancillary workload data is not maintained by patient category at this facility.

3a. Workload. Maximum Capicity

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	55,569	77,747	19,463	160,039
ADMISSIONS	454	1,661	164	2,255
LABORATORY TESTS (WEIGHTED)[1]				167,570,700
RADIOLOGY PROCEDURES (WEIGHTED)[1]				7,707,100
PHARMACY UNITS (WEIGHTED)[1]				31,884,700
OTHER (SPECIFY)				

[1] The ancillary workload data is not maintained by patient category at this facility.

3b. Workload. FY 93 Total Demand

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	55,569	93,946	38,816	188,331
ADMISSIONS	454	2,408	553	3,415
LABORATORY TESTS (WEIGHTED)[1]		(11,615)	(25,190)	(36,805) 167,607,500
RADIOLOGY PROCEDURES (WEIGHTED)[1]		(3,247)	(6,117)	(9,364) 7,716,464
PHARMACY UNITS (WEIGHTED)[1]		(2)	(51)	(53) 31,884,753
OTHER (SPECIFY)				

[1] Workload data for ancillary services at this command are not maintained by patient category. The data indicated within parentheses is CHAMPUS workload, and is not weighted. The total values in each row reflect both MTF and CHAMPUS data.

4. Staffing.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	16	26	26	40	40	40	40	40
SPECIALTY CARE[2]	11	13	13	13	13	13	13	13
PHYSICIAN EXTENDERS[3]	9	10	10	10	10	10	10	10
INDEPENDENT DUTY CORPSMEN	3	3	3	3	3	3	3	3
TOTAL	39	52	52	66	66	66	66	66

[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.

FY 95 increase reflects increase in baseline Efficiency Review. FY 97 increase reflects increase resulting in relocation of medical assets from NAS Cecil Field following recommendations of BRAC III.

LOCATION

5. Community Providers.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	341
SPECIALTY CARE[2]	291
PHYSICIAN EXTENDER[3]	1
TOTAL	633

[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.

Region Population: 337,655

The boundaries used for this population include Beaufort, Carteret, Onslow and Pamlico counties. The source of the data is from the 1990 census.

7. Regional Community Hospitals.

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Naval Hospital Camp Lejeune	DoD	45	75 minutes	MTF
Carteret General	County Not For Profit	18	25 minutes	None
Craven Regional Medical Center	County Not For Profit	20	30 minutes	None

[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]
Naval Hospital Camp Lejeune	205	176	64.7%	
Carteret General Hospital	117	117	71.8%	DRG Exempt Facility Local ICU
Craven Regional Medical Center	302	302	72.5%	Local ICU

[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: N/A

(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

SFW BUMED-823
1 Jun 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)
Instruction Classrm/171-10	1	25	60,000

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

N/A

[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.

~~14~~ 13

GW 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

CAPT V. PAUL HAWS, JR., MSC, USN
NAME (Please type or print)

V. Paul Haws Jr.
Signature

COMMANDING OFFICER
Title

26 May 94
Date

NAVAL HOSPITAL, CHERRY POINT, NC
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: X D F Hagen

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: J B Greene Jr

ACTING

Title — Date: 8 JUNE 1994

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

V. PAUL HAWS, JR.
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

30 SEPTEMBER 94
Date

NAVAL HOSPITAL, CHERRY POINT, NC
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 _____

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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 4, '94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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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

373

MILITARY VALUE ANALYSIS: DATA CALL WORKSHEET FOR: MEDICAL FACILITY:NAVHOSPCHASN

ACTIVITY UIC:68084

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 the Naval Hospital Charleston and its branch clinics is to support active duty combat readiness at the Naval Station, Shipyard, Naval Weapon Station, and the Charleston Air Force Base. The hospital operates within a family practice model including empanelment of the maximum number of beneficiaries, utilizing primary care providers at the core hospital and branch clinics. A Family Practice Residency Program is in existence until summer 1994. A catchment area management demonstration project (CAMCHAS) at this facility is tasked with containing the inflation rate of CHAMPUS while maximizing access to care for our beneficiaries through a health care finders program and a discount provider network in the civilian community. There is also a cost-effective home health program to treat CHAMPUS beneficiaries with exceptionally serious,long term, costly, and incapacitating health conditions as an alternative to hospitalization. The outyear mission is to provide quality health care services to the remaining beneficiaries using the TRICARE model.

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).

SHORE TENANT LISTING

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SIMA	52903	CHASN, SC	900
NAVAL STATION	61165	"	373
SUBTRAFAC	42110	"	242
TRANSIENT PERSONNEL UNIT/OTHER	31998	"	232
FMWTC	42140	"	165
COMBAT SYS TRN GROUP	43068	"	81
NAVAL DENTAL CENTER	65999	"	74
MOBILE MINE ASSY GROUP 11	54000	"	72
PMOLANT (NON-BRAC)	00446	"	69
FLT TECH SUPP CNTR DET	0037A	"	67
SUB GROUP 6	55424	"	65
SUB SQUADRON 4	55729	"	60
NAVAL SHIPYARD	00191	"	59
NAV TEL COMMUNICATION CTR	33254	"	58
DESTROYER SQUADRON 4	0113A	"	57
CRUISER DESTROYER GRP 2	55771	"	56
NAVAL SHIPYARD STUDENTS IMANPY	45587	"	52
PSD	43348	"	50
COMOMAG	30196	"	48
CONSTR BATTLION UNIT 412	66672	"	45
TRANSIENT PERSONNEL UNIT	44384	"	42
NAV SECURITY GROUP ECCM	45074	"	41

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
REDCOM 7	68356	CHASN, SC	36
NAVSURF SEMMES PMT	42821	"	36
NAVSURFLANT READSUPP GRU	35324	"	35
SECURITY NAVSTA	47130	"	32
NAVY BAND DC	64373	"	32
COMOMAG MINE RECOVERY DP	55535	"	31
NAVAL LEGAL SERV	68364	"	28
NAV SECR GROUP ACTY EAST	33385	"	28
SUB GROUP 6 OTHER	41735	"	25
SUB SQUADRON 4	44293	"	25
AFLTRAGRULANT ETG DET	52864	"	23
SMMS PERF MONITOR TEAM	44973	"	22
FMWTC	62603	"	21
RESERVE READINESS CTR	61911	"	21
FISC	00612	"	20
COMNAVBASE	61466	"	20
SUBTRAFAC	63322	"	19
DEFENSE COMMISSARY AGENCY	49181	"	19
CRAFT OF OPP MINE SQUAD 22	55222	"	15
DESTROYER SQUADRON 20	0129A	"	14
MARINE CORPS RESRV TRAINING	M14550	"	12
ARMY VET TEAM	W2MJ12	"	12

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
PMOLANT (NON-BRAC)	44934	CHASN, SC	8
CNB CAAC/NADSAP	47127	"	7
NAVY FOOD MGMT TEAM	30042	"	7
DOE REACTRO CHASN	44618	"	7
SUB GROUP SIX INTACT SP	66701	"	6
NAVRESERVE SEC GRP PRG	47981	"	6
DDCS	49362	"	6
SOUTHNAVFACENG ROICC	62467	"	5
LOGISTICS SYS BUSN ACTY	0069A	"	5
COMBAT SYS TRN GROUP DET - ADMIN	43671	"	4
RESRV NAVCONSTR FORCE ATL	68514	"	4
SUB GROUP 6 - TCT COM	41669	"	3
SUB GROUP 6 - OP AREA	42198	"	3
SUPSHIP	62673	"	3
SHIPS STORE ASST FAST TEAM	68148	"	3
CNB PASO	66991	"	2
NAV CRIM INVEST SERV	39376	"	2
NAVMARINE TRIAL JUDGE	32940	"	2
NJROTC AREA SIX	35106	"	2
NAV SECR GRP ACTY CSS	30989	"	2
NAVY RESERVE RECRUIT	47766	"	2
CNB FAMILY SERVICES	48664	"	1

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CRUISER DESTROYER GRP 2 - SCAT	42600	CHASN, SC	1
NAVY EXCHANGE	39227	"	1
NAVY CAMPUS ED CTR	49307	"	1
NAVY RECRUIT DET YOUTH PRG	44163	"	1
RES CARGO HANDL BATTL FOUR	81124	"	1
FMWTC	44611	"	1
PROC DEV PRGM COMPONENT	35639	"	1
DISO-IPC	H98267	"	1

ACTIVE FLEET TENANT LISTING

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
AS 40 MSC	45255	CHASN, SC	871
AS 40 CABLE	20865	"	564
CG 20 TURNER	52691	"	415
AE 34 MOUNT BAKER	20115	"	403
AE 28 SANTA BARBARA	20111	"	393
DD 983 RODGERS	20615	"	360
DD 989 DEYO	20836	"	352
DD 987 O'BANNON	20834	"	348
DD 988 THORN	20835	"	341
DD 982 NICHOLSON	20614	"	336
DD 980 MOOSBRUGGER	20612	"	334
SSBN 658 VALLEJO	30170	"	294
SSBN 634 JACKSON	30145	"	294
SSBN 641 BOLIVAR	30152	"	294
FFG 22 FAHRION	20975	"	260
FFG 13 MORRISON	20966	"	258
FFG 45 DE WERT	21197	"	214
FFG 50 TAYLOR	21231	"	214
FFG 55 ELROD	21236	"	214
FFG 47 NICHOLAS	21199	"	214
FFG 52 CARR	21233	"	214

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
FFG 40 HALYBURTON	21107	CHASN, SC	214
FFG 49 BRADLEY	21201	"	214
FFG 42 KLAKRING	21109	"	214
FFG 53 HAWES	21234	"	214
ASR 22 ORTOLAN	20144	"	201
ARDM 2 ALAMAGORDO	05376	"	194
SSN 674 TREPANG	05155	"	144
SSN 660 SANDLANCE	05141	"	144
SSN 671 NARWHAL	05146	"	144
SSN 646 GRAYLING	05133	"	144
SSN 669 SEAHORSE	05151	"	144
SSN 681 BATFISH	20044	"	144
SSN 676 BILLFISH	05724	"	144
SSN 675 BLUEFISH	05723	"	144
SSN 686 RIVERS	20350	"	144
SSN 624 WILSON	30087	"	112
AS 40 SC	45244	"	51
MHC 51 OSPREY	21836	"	44

TENANTS TO REMAIN POST-CLOSURE

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVHOSP	68084	CHASN, SC	481
MOBIL MINE ASSY GRP DET 11	54000	"	65
NISE EAST		"	46
NAVHOSP DMEDS	46882	"	36
REDCOM 7	68356	"	36
NAVHOSP FP TRAINING	48457	"	34
COMOMA (MINE RECOVERY)	55535	"	31
STUDENT EEAP TRI TECH	43984	"	25
RESERVE READINESS CTR	61911	"	21
COOPMINERON 22	55222	"	15
STUDENT ECP CITADEL	46567	"	15
NAVAL DENTAL CTR	65999	"	12
MARINE RESERVE CTR	M14550	"	12
SOUTHNAVFACENG	62467	"	11
NROTC CITADEL	66612	"	10
NAV DENTAL CENTER	65999	"	10
NAVAL LEGAL SERV	68364	"	9
NTCC	33254	"	9
ARMY VET TEAM	W2MJ12	"	9
STUDENT MECP USC	47953	"	5
SOUTHDIV ROICC	62467	"	5
STUDENT EEAP CHAS SU	49059	"	4
ARMY VET TEAM	W2MJ12	"	3
STUDENT EEAP COL CHAS	48326	"	3

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
STUDENT BAPTIST COLL	45348	CHASN, SC	3
NJROTC AREA SIX	35106	"	2
NAVAL RESERVE RECRUIT	47766	"	2
STUDENT MED TECH	43321	"	2
SUPSHIP	62673	"	2
DEFCURSTA CHASN	47474	"	2
STUDENT EEAP MED USC	48568	"	2
NAV CRIM INVEST SERV	39276	"	1
FISC	00612	"	1
RES CARGE HANDL BATTL FOUR	81124	"	1
INSERV TRNG NAVHOSP	31035	"	1
DCOUNSELOR CHASN	43616	"	1
STUDENT CDP CITADEL	44004	"	1
STUDENT EEAP J&W COL	46340	"	1
STUDENT EEAP LIMESTONE	48768	"	1

BRAC DATA CALL #27 QUESTION 3

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

"R" 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	1574 (1)	57,648	3.35	13.95
ACTIVE DUTY NON N/MC	436 (1)	11,534	2.61	3.47
TOTAL ACTIVE DUTY	2010	69,1821		17.42
FAMILY OF AD	3108	118,106	2.35	17.93
RETIRED AND FAMILY MEMBERS UNDER 65	1320	50,553	4.24	8.71
RETIRED AND FAMILY MEMBERS OVER 65	667	22,501	4.25	4.29
OTHER	26	966	2.23	.15
TOTAL	7140	261,308		48.50

What is your occupancy rate for FY 1994 to date? _53.89%___

(1) UNABLE TO OBTAIN ACTUAL FIGURES BECAUSE OF ICU WORKLOAD BEING COUNTED AS ADMISSIONS IN CHCS. AMOUNTS DERIVED BY MULTIPLYING ACTUAL TOTAL ACTIVE DUTY ADMISSIONS BY PERCENTAGE OF N/MC TO TOTAL ACTIVE DUTY REPORTED

BRAC DATA CALL #27 QUESTION 3

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

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	1574 (2)	57,648	3.35	162.26
ACTIVE DUTY NON N/MC	436 (2)	11,534	2.61	32.89
TOTAL ACTIVE DUTY	2010	69,1821		195.05
FAMILY OF AD	3108	118,106	2.35	332.10
RETIRED AND FAMILY MEMBERS UNDER 65	1320	50,553	4.24	142.12
RETIRED AND FAMILY MEMBERS OVER 65	667	22,501	4.25	63.48
OTHER	26	966	2.23	2.72
TOTAL	7140	261,308		735.48

R

BUMED
MED 825
GSA
9/28/94

What is your occupancy rate for FY 1994 to date? _69.3%____

(1) FIGURES DERIVED BY TAKING OCT-MARCH FY 94 WORKLOAD & MULTIPLYING BY 2.
(2) UNABLE TO OBTAIN ACTUAL FIGURES BECAUSE OF ICU WORKLOAD BEING COUNTED AS ADMISSIONS IN CHCS. AMOUNTS DERIVED BY MULTIPLYING ACTUAL TOTAL ACTIVE DUTY ADMISSIONS BY PERCENTAGE OF N/MC TO TOTAL ACTIVE DUTY REPORTED

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BUMED
MED 825
GSA
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ENCLOSURE(1)

Revised pg

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

Question 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
ACTIVE DUTY N/MC	1574 (2)	57,648
ACTIVE DUTY NON N/MC	436 (2)	11,534
TOTAL ACTIVE DUTY	2010	69,182
FAMILY OF AD	3108	118,106
RETIRED AND FAMILY MEMBERS UNDER 65	1329	50553
RETIRED AND FAMILY MEMBERS OVER 65	667	22,501
OTHER	26	966
TOTAL	7140	261,308

What is your occupancy rate for FY 1994 to date? _69.3%____

(1) FIGURES DERIVED BY TAKING OCT-MARCH FY 94 WORKLOAD & MULTIPLYING BY 2.

(2) UNABLE TO OBTAIN ACTUAL FIGURES BECAUSE OF ICU WORKLOAD BEING COUNTED AS ADMISSIONS IN CHCS. AMOUNTS DERIVED BY MULTIPLYING ACTUAL TOTAL ACTIVE DUTY ADMISSIONS BY PERCENTAGE OF N/MC TO TOTAL ACTIVE DUTY REPORTED

(3) AVG LOS FOR HOSPITAL IS NOT BROKEN DOWN BY TYPE; TOTAL AVG ALOS IS 3.7 DAYS

(4) AVG DAILY PATIENT LOAD IS NOT BROKEN DOWN BY TYPE; TOTAL ADPL IS 62.4

ENCLOSURE(1)

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

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(3)
ACTIVE DUTY N/MC	1574 (2)	57,648	
ACTIVE DUTY NON N/MC	436 (2)	11,534	
TOTAL ACTIVE DUTY	2010	69,182	
FAMILY OF AD	3108	118,106	
RETIRED AND FAMILY MEMBERS UNDER 65	1996	73,054	
RETIRED AND FAMILY MEMBERS OVER 65			
OTHER	26	966	
TOTAL	7140	261,308	

What is your occupancy rate for FY 1994 to date? _69.3%____

(1) FIGURES DERIVED BY TAKING OCT-MARCH FY 94 WORKLOAD & MULTIPLYING BY 2.

(2) UNABLE TO OBTAIN ACTUAL FIGURES BECAUSE OF ICU WORKLOAD BEING COUNTED AS ADMISSIONS IN CHCS. AMOUNTS DERIVED BY MULTIPLYING ACTUAL TOTAL ACTIVE DUTY ADMISSIONS BY PERCENTAGE OF N/MC TO TOTAL ACTIVE DUTY REPORTED

(3) AVG LOS FOR HOSPITAL IS NOT BROKEN DOWN BY TYPE; TOTAL AVG ALOS IS 3.7 DAYS

(4) AVG DAILY PATIENT LOAD IS NOT BROKEN DOWN BY TYPE; TOTAL ADPL IS 62.4

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	258,512	170,903	---	---	---	---	---
ADMISS.	6,138	3,165	---	---	---	---	---

Please show all assumptions and calculations in the space below:
The assumption is that 287,715 outpatients and 7129 admissions will be seen in FY94 and that only 3/4 of these would be seen in 1995 due to the ACDU/DEP departure from the waterfront, the decrease in NAVHOSP providers due to Family Practice Residency closure, and the fact that it will be a 40 bed hospital beginning in FY95. FY96 and the outyears assumes a 40% decrease in catchment area population and 56% decrease in bed capacity.

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
DEPLOYED/MOBILIZED	75%	3
CAREER COUNSELOR	100%	2
RANDOM DRUG SCREEN TEAM	5%	5
PRT MONITORING	25%	3
FOOD SERVICE INSPECTION	1%	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
FAMILY PRACTICE RESIDENCY	~~1~~ 5	~~0~~ 2	0	0	0	0	0	0
O.R. NURSE PROGRAM	40	0	0	0	0	0	0	0
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* HOSPITAL WILL ASK FOR WITHDRAWAL OF FPR ACCREDITION BY JANUARY 1995; OR NURSE PROGRAM TO POSSIBLY MOVE TO JAX IN 1995

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]
FP RESIDENCY	**F**	**99.5%**	

[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	NH-1 MAIN HOSPITAL	363,738	21	SUBSTANDARD
72111	NH-2 BEQ	30,852	20	SUBSTANDARD
83210	NH-4 INCINERATOR BLDG	1,296	8	ADEQUATE
44110	NH- 68 WAREHOUSE	37,038	51	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:
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-061	EMERGENCY ROOM EXPANSION & RELOCATION	89	813K
CER1-90	UROLOGY CLINIC RELOCATION	91	257K
CA1-90	HVAC IMPROVEMENTS	94	170K
R2-89	REPAIR OF HOSPITAL ELEVATOR SYSTEM		474K

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
R4-89	REPLACE EXTERIOR WINDOWS	94	1.47M
RC1-93	REPLACE LIQUID OXYGEN SYSTEM	95	124K
*P939	LIFE SAFETY UPGRADE	98	8M

* POSTPONED FROM FY95 TO FY98 DUE TO IMPENDING BRAC

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.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAVAL HOSPITAL CHARLESTON					
2. UIC68084	3. CATEGORY CODE		4. NO. OF BUILDINGS 4		
5. SIZE	A. GSF 440,274		B. NORMAL BEDS 90		C.DTRS
6. LOCATION	A. CITY CHARLESTON			B.STATE SC	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80	20		C15, D18	
(2) ADMINISTRATION	95	5		E03	
(3) CENTRAL STERILE SVCS.	95	5		E03	
(4) DENTAL	95	5		E03	
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7) LABORATORIES	80	20		A12, B17, E03	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	95	5		E03	
(10) LABOR-DEL-NURSERY	90	10		B12, E03	
(11) OUTPATIENT CLINICS	85	15		B12, B17	
(12) PHARMACY	95	5		B12, B17, E03	
(13) RADIOLOGY	85	15		B17, E03	
(14) SURGICAL SUITE	90	10		B17,E03	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	90	10		A10, B12	
(B) HVAC	50	50		A01, A16, F01	
(C) PLUMBING	85	15		A02	
(D) ELECTRICAL SVCS.				C07, A15, A16	
(E) ELECTRICAL DISTRIBUTION	95	5		A16	
(F) EMERGENCY POWER	75	25		C06,C07	

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: _MAY 1992_____

FULL ACCREDITATION: Yes/No **YES**

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?

This is the only military hospital in this catchment area. It serves beneficiaries from as far away as Myrtle Beach. There are over 100K beneficiaries in the area and this will decrease in 1995 to approximately 60,000, of which 20,000 will be active duty and their families. The facility is less than a mile from the waterfront, which affords the fleet excellent access to medical care.

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

Airport....7.7 miles, Amtrack...2miles, Interstate 26..1mile

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?

NAVHOSPCHASN is designated as the east coast patient receiving area and is located only 15min from the Air Force MAC terminal

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

No longer than 30min

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?

DUE TO THE ABUNDANCE OF HEALTH CARE FACILITIES AND COMPETITIVE SALARIES IN THE CHARLESTON AREA, IT IS VERY DIFFICULT TO LURE SOME SPECIALTIES SUCH AS PHARMACISTS, OCC HEALTH PROFESSIONALS, NURSES, AND LABORATORY TECHNICIANS TO THIS HOSPITAL

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.

If this facility were to close without any change in beneficiary population, the remaining infrastructure could physically absorb the additional workload. There are seven hospitals in the catchment area including a major university medical center with trauma center. However, without some sort of managed care (TRICARE/CAMCHAS) effort including negotiated rates, empanelment, health care finders, etc., the cost to the government (CHAMPUS) and out-of-pocket costs to the beneficiaries would soar. Currently, some of our negotiated discounts are as much as 65% of the CHAMPUS allowable. Additionally, waiting times for medical care could increase.

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 the facility closed and all active duty and their families were to leave the area, the local community health care system could care for the residual beneficiary population at an increased cost and for the reasons stated above.

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 the inpatient care capability were to close, the current local health care infrastructure could absorb the inpatient workload generated by our beneficiaries. Over the next 18 months our total beneficiary population will decrease by over 40,000 people. The remaining active duty population will be less than 10,000 people; 20,000 including their dependents. Again, cost and access would be the major impediments, but this would be minimized with a functional managed care program.

R

BRAC DATA CALL #27 QUESTION 11

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 GUADACANAL	07352	1
MAG 27	09167	2
USS NASSAU	20725	6
USS PELELIU	20748	2
FLT HOSPITAL #8	45392	74
FLT HOSPITAL #15	45399	90
1ST MAW	57079	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.

BASED ON FY93 DATA: 22,381 HOURS WERE SPENT AT THIS COMMAND FOR ACTUAL MOBILIZATION, TRAINING REQUIREMENTS, AND MEDICAL SUPPORT TO OTHER HOSPITALS. THIS MEANS THAT WE COULD HAVE UTILIZED THE SERVICES OF 1 PHYSICIAN, .4 OF AN MSC, .75 OF A NURSE, AND 9 CORPSMEN FTE's FOR A YEAR

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]: __**__ R

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

**** THE HOSPITAL CURRENTLY HAS 90 OPERATIONAL BEDS ARE ALL IN AN EXPANDED CAPACITY AS PER ~~BUMEDINST DEFINITION~~.**

REVISED DEFINITION IN DATACALL #26.

X

30 R (9/16/94)

BUMED MC0825 USA 9/28/94

ENCLOSURE(1)

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 GUADACANAL	**07352**	**1**
MAG 27	09167	2
USS NASSAU	20725	6
USS PELELIU	20748	2
FLT HOSPITAL #8	45392	74
FLT HOSPITAL #15	45399	90
1ST MAW	57079	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.

BASED ON FY93 DATA: 22,381 HOURS WERE SPENT AT THIS COMMAND FOR ACTUAL MOBILIZATION, TRAINING REQUIREMENTS, AND MEDICAL SUPPORT TO OTHER HOSPITALS. THIS MEANS THAT WE COULD HAVE UTILIZED THE SERVICES OF 1 PHYSICIAN, .4 OF AN MSC, .75 OF A NURSE, AND 9 CORPSMEN FTE's FOR A YEAR

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]: __*___

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

*** THE HOSPITAL CURRENTLY HAS 90 OPERATIONAL BEDS AND 56 EXPANDIBLE BEDS FOR A TOTAL OF 146**

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	2,899	2,300	1,113
OUTPATIENT	1,376	1,204	466

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	*	$765K	*	$1026K	*	$385K
AD FAMILY	*	$450K	*	$420K	*	$140K
OTHER	*	$158K	*	$173K	*	$85K
TOTAL	2909	$1373K	3443	$1619K	1564	$610K

*** THE CURRENT COMPUTER PROGRAM IS NOT ABLE TO PROVIDE NUMBERS BY PATIENT CATEGORY, ONLY THE TOTAL NUMBER OF REQUISITONS. ALSO, ONLY THE TOTAL COST PER FISCAL YEAR BY PATIENT CATEGORY IS AVAILABLE. THE PROGRAM CANNOT DIFFERENTIATE BETWEEN CARE PROVIDED AT THE CLINICS AND THE HOSPITAL. FY 94 DATA COLUMN IS THROUGH MAY 13,1994**

[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 (1st qtr)
TOTAL COSTS	27,569,089	~~32,793,503~~ 35,383,068	$5,495,597
TOTAL OUTPATIENT VISITS	~~272,494~~ 275,970	~~281,078~~ 284,551	64,715
AVERAGE COST PER VISIT	~~$101~~ $99.90	~~$116~~ $124.35	$85

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	22,563,540	26,870,090	5,166,690

Incorrect Table (see page 33R)

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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)			

[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)			

Incorrect Table (see page 33R)

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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: CHARLESTON

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	22563540	29064159	

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)	999228	1736018	
D. TOTAL EXP EBE AND EBF	999228	1736018	0
E. TOTAL E EXPENSES	19304564	39486167	
F. % SELECTED E EXPENSES (D/E)	0.051761	0.043965	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	3276662	3829385	
H. E EXPENSES TO REMOVE FROM A (FxG)	169604.059	168359.8	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)	983669	1199243	
M. DECEDENT AFFAIRS (FDD)	0	0	
N. INITIAL OUTFITTING (FDE)	10505	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	994174	1199243	0
E EXPENSE (FAL)	81621	167911	
E EXPENSE (FDD)	0	0	
E EXPENSE (FDE)	10505	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	92126	167911	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	4768.55518	7382.244	ERR
S. OTHER F'S LESS E (P-R)	989405.445	1191861	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	8273.66	7743.4	
U MWU	16262.41	15624.24	
V PERCENT INPATIENT	0.50875977	0.495602	ERR
W. FINAL OTHER F EXP (SxV)	503369.688	590688.2	ERR
X FINAL F EXP (K+W)	503369.688	590688.2	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	22897305.6	29486487	ERR
Z NUMBER BIOMETRICS DISPOS	9415	8063	
AA. TOTAL MEPRS DISP	9521	8744	
BB. ADJ DISPOS (Z/AA)	0.98886672	0.922118	ERR
CC ADJ MERPS EXP (YxBB)	22642383.4	27190022	ERR
DD. TOTAL RWP	7393.167	6274	
EE COST PER RWP (CC/DD)	3062.60949	4333.762	ERR
CATEGORY II RWPS			
(DXNNH)	87.1597	5.1302	
(PAS)	1800.2817	1572.15	
(ADELS)	51.2846	26.8793	
FF. TOTAL CAT II RWPS	1938.726	1604.159	0
GG. TOTAL CAT II COST (EExFF)	5937560.65	6952043	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	16704822.8	20237978	ERR
II. TOTAL CAT III RWPS (DD-FF)	5454.441	4669.841	0
JJ. COST PER CAT III RWP (HH/II)	3062.60949	4333.762	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	30983	23754	
CAT II OBDS			
(DXNNH)	287	43	
(PAS)	5410	4281	
(ADELS)	602	429	
LL TOTAL CAT II OBD	6299	4753	0
MM CAT III OBDS (KK-LL)	24684	18991	0
NN. AVG DAYS/RWP (MM/II)	4.52548666	4.066734	ERR
OO. ADD ON PER RWP (NNx77)	348.462473	313.1385	ERR
PP. TOTAL COST PER RWP (JJ+OO)	3411.07196	4646.9	ERR
QQ. CIVILIAN PAY COST (PPx.15)	511.660794	697.035	ERR
RR. MILITARY PAY COST (PPx.56)	1910.2003	2602.264	ERR
SS. OTHER COSTS (PPx.29)	989.210869	1347.901	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	546.350833	744.2933	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2013.56219	2743.074	ERR
VV. UNFUNDED CIV RET (TTx1.47)	803.135725	1094.111	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	835.261154	1137.876	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2094.10468	2852.797	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1028.7793	1401.505	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1114.16799	1517.83	ERR
ADJ CAT III COST/RWP	4043.53382	5508.503	ERR

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M.A. 1 Jun 94

15. Quality of Life. **ALL QOL QUESTIONS WILL BE ANSWERED IN BRAC DATA CALL #46 BY THE NAVAL WEAPONS STATION. POINT OF CONTACT IS MR ANDREW GRAHAM AT (803) 764-7746 OR FAX 764-4075**

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	**94%**
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? **YES. FOUR ROOMS ARE CURRENTLY BEING RENOVATED.**

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: **THERE ARE CURRENTLY NO GEOGRAPHIC BACHELORS IN NAVHOSP BEQ**

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

(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			

THIS FORMAT.

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

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

24 May 94
Date

NAVAL HOSPITAL CHARLESTON
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 6-2-94 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 6/9/94 Date

Revised pg 14

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

22 AUG 1994
Date

NAVAL HOSPITAL NORTH CHARLESTON
Activity

Revised 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) _____ 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

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ACTIVITY COMMANDER

S. L. LANGENBERG - Acting
NAME (Please type or print)

S. L. Langenberg
Signature

COMMANDING OFFICER
Title

16 SEP 1994
Date

NAVAL HOSPITAL NORTH CHARLESTON
Activity

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

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 9/26/94 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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

S. L. LANGENBERG - Acting
NAME (Please type or print)

S. L. Langenberg
Signature

COMMANDING OFFICER
Title

16 SEP 1994
Date

NAVAL HOSPITAL NORTH CHARLESTON
Activity

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

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 9/28/94 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

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

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

31 OCT 1994
Date

NAVAL HOSPITAL NORTH CHARLESTON
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 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) _____ Signature _____

Title _____ Date 11/3/94

Document Separator

3

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL
FACILITY: NAVHOSPITALCHARLESTON

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	21,501	21,501	N/A	11,000	11,000	N/A
FAMILY OF AD	34,453	34,453		15,945	15,945	
SUBTOTAL	55,945	55,945		26,945	26,945	
RETIRED AND FAMILY MEMBERS UNDER 65	26,747	26,747		27,616	27,616	
RETIRED AND FAMILY MEMBERS OVER 65[4]	6,577	6,577		7,043	7,043	
OTHER	N/A	→		N/A	→	
TOTAL	89;275	89,275		61,604	61,604	

***** RAPS DATA WAS NOT USED. THE RAPS FY 93 DATA, BASED ON THE FY 92 BASELINE, SHOW A TOTAL POPULATION FOR THIS CATCHMENT AREA OF 106,269. PER DEERS, THE ACTUAL POPULATION FOR THIS CATCHMENT AREA ON SEPT 30, 1993 WAS 89,887 - A SIGNIFICANT AMOUNT LESS THAN THE RAPS PROJECTION.**

THE ACTUAL DATA REFLECTS THE ACTUAL NUMBER OF BENEFICIARIES AS OF 1 FEB 1994, AS RECORDED IN THE DEERS COMPUTER, AND EXTRACTED BY THE DEFENSE MANPOWER DATA CENTER.

THE PROJECTED DATA FOR FY 96 SHOWS THE POPULATION AS WE EXPECT IT TO BE AFTER CLOSURE OF NAVAL STATION CHARLESTON AND NAVAL SHIPYARD CHARLESTON

SEE ATTACHED SPREADSHEETS FOR SPECIFIC BREAKDOWN OF POPULATION BY BRANCH OF SERVICE,

BUMED-522, MA1
1 Jun 94

PATIENT CATEGORY, AND PATIENT AGE.

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.

BRAC DATA CALL #26 QUESTION 2

R

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]:	90
Set Up Beds[1]:	00
Expanded Bed Capacity[2]:	90

R VR BUMED 824 10-3-94

[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.

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]: _____
Set Up Beds[1]: _____
Expanded Bed Capacity[2]: _____

***** 90 OPERATING BEDS**
0 ~~56~~ SET UP BEDS BUMED-822, MSJ
90 ~~146~~ EXPANDED CAPACITY 1 Jun 99

[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	76,754	125,526	74,992	277,272*
ADMISSIONS	2,240	3,011	1,848	7,099**
LABORATORY TESTS (WEIGHTED)[1]				3,692,097***
RADIOLOGY PROCEDURES (WEIGHTED)[1]				290,881***
PHARMACY UNITS (WEIGHTED)[1]				744,050***
OTHER (SPECIFY)				4,801,917****

*** NOT INCLUDED: 10,443 "OTHER" OUTPATIENT VISITS**
**** NOT INCLUDED: 30 "OTHER" ADMISSIONS; 284 SAME DAY SURGERY ADMISSIONS WHICH COULD NOT BE PULLED OUT BY PATIENT CATEGORY ARE INCLUDED**
***** ANCILLARY WORKLOAD IS NOT CAPTURED BY PATIENT CATEGORY**
****** EKG-3,457**
EEG-207
CENT STERILE-11,706
ANESTHESIA-450,777
SURG. STE.- 3,379,785
RECOV.RM.-580,473
RESP.THERAPY-225,147
NUC MED-93,009
INTENSIVE CARE-45,580

[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	76,754	125,526	74,992	277,272
ADMISSIONS	2,240	3,011	1,848	7,099
LABORATORY TESTS (WEIGHTED)[1]				3,692,097
RADIOLOGY PROCEDURES (WEIGHTED)[1]				290,881
PHARMACY UNITS (WEIGHTED)[1]				744,050
OTHER (SPECIFY)				4,801,917

[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.

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	76,754 NAVHOSP	125,526 NAVHOSP 93,814 CHAMPUS 49,638 NAVCARE	74,992 NAVHOSP 68,243 CHAMPUS 13,841 NAVCARE	528,369
ADMISSIONS	2,240 NAVHOSP	2,907 CHAMPUS 3,011 NAVHOSP	1,154 CHAMPUS 1,848 NAVHOSP	11,160
LABORATORY TESTS (WEIGHTED)[1]		46,228 RAW CHAMPUS	51,762 RAW CHAMPUS	97,990 RAW CHAMPUS 3,692,097 NAVHOSP WTD 210,189 NAVCARE WTD **
RADIOLOGY PROCEDURES (WEIGHTED)[1]		19,073 RAW CHAMPUS	23,497 RAW CHAMPUS	42,570 RAW CHAMPUS 290,881 NAVHOSP WTD 28,451 NAVCARE WTD **
PHARMACY UNITS (WEIGHTED)[1]				744,050 NAVHOSP 101,426 NAVCARE **

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.
* THE "OTHER" CATEGORY IS NOT INCLUDED IN THIS TOTAL
** WHERE NO BREAKOUT BY PATIENT CATEGORY IS SHOWN, DATA WAS NOT CAPTURED IN THIS MANNER

CHANGES 1994) #46 REVISED 19 Oct 91

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]	~~99~~ 27	~~68~~ 26	~~53~~ 26	~~53~~ 26	~~53~~ 6	~~53~~ 6	~~53~~ 6	~~53~~ 6
SPECIALTY CARE[2]	~~48~~ 48	~~46~~ 21	~~22~~ 21	~~22~~ 21	~~22~~ 6	~~22~~ 6	~~22~~ 6	~~22~~ 6
PHYSICIAN EXTENDERS[3]	~~25~~ 12	~~25~~ 5	~~16~~ 5	~~16~~ 5	~~16~~ 4	~~16~~ 4	~~16~~ 4	~~16~~ 4
INDEPENDENT DUTY CORPSMEN	~~13~~ 21 22	~~13~~ 6 22	~~13~~ 6 22	~~13~~ 6 22	~~13~~ 4	~~13~~ 4	~~13~~ 4	~~13~~ 4
TOTAL	~~183~~ 108 109	~~149~~ 58 74	~~104~~ 58 74	~~104~~ 58 74	~~104~~ 20	~~104~~ 20	~~104~~ 20	~~104~~ *20

*NUMBERS DERIVED FROM THE NAVHOSPCHASN FY-95 STAFFING PLAN

[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 (MED-312A) MWC
1 Aug 94

BUMED-822 MSS
1 Jun 94

(Above changes reflect active duty migrations)

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]	~~99~~ 27	~~65~~ 26	~~53~~ 26	~~53~~ 26	~~53~~ 6	~~53~~ 6	~~53~~ 6	~~53~~ 6
SPECIALTY CARE[2]	~~46~~ 48	~~46~~ 21	~~22~~ 21	~~22~~ 21	~~22~~ 6	~~22~~ 6	~~22~~ 6	~~22~~ 6
PHYSICIAN EXTENDERS[3]	~~25~~ 12	~~25~~ 5	~~16~~ 5	~~16~~ 5	~~16~~ 4	~~16~~ 4	~~16~~ 4	~~16~~ 4
INDEPENDENT DUTY CORPSMEN	~~13~~ 21	~~13~~ 6	~~13~~ 6	~~13~~ 6	~~13~~ 4	~~13~~ 4	~~13~~ 4	~~13~~ 4
TOTAL	~~183~~ 108	~~149~~ 58	~~104~~ 58	~~104~~ 58	~~104~~ 20	~~104~~ 20	~~104~~ 20	~~104~~ *20

*NUMBERS DERIVED FROM THE NAVHOSPCHASN FY-95 STAFFING PLAN

[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-822 MSS
1 Jun 94

(Above changes reflect active duty migrations)

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]	APPROX. 650
SPECIALTY CARE[2]	APPROX. 1150
PHYSICIAN EXTENDER[3]	APPROX. 100
TOTAL	APPROX. 1900*

[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.

* SOURCE: SC DEPT. HEALTH & ENVIRONMENTAL CONTROL (DHEC)
DIVISION OF RESEARCH - 1993 REPORTS
AMA REPORTS OBTAINED BY RESERVIST 1990 (UPDATED)
ESTIMATES FROM VARIOUS SOURCES (UPDATED 1994)

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: _APPROX. 500,000*

* SOURCE: TRIDENT AREA COUNCIL OF GOV'TS
1990 CENSUS DATA (UPDATED)

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]
VA MED CTR	VA AFFAIRS	6.4	10 MI	MOU DOD/VA
CHASN MEM.	COMMUNITY	6.5	10 MI	CAMCHAS
EAST COOPER	AMI	8	15 MIN	CAMCHAS
FENWICK HALL	PRIVATE	9.8	15 MIN	CAMCHAS
TRIDENT REG MED CTR	HCA	9.7	15 MIN	CAMCHAS
ST FRANCIS BON SECOURS	CATHOLIC	6.5	10 MIN	CAMCHAS
BAKER	AMI	2.1	5 MIN	CAMCHAS
ROPER	COMMUNITY	6.5	10 MIN	CAMCHAS EXT. PARTNER
CHARTER	CHARTER	2.1	5 MIN	CAMCHAS
MED UNIV OF SOUTH CAROLINA*	STATE	6.4	10 MIN	CAMCHAS TRAINING FAC.

[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]
VA MED CTR	280	Y	84%	
CHASN MEMORIAL	172	Y	60%	
EAST COOPER	100	Y	43%	
FENWICK HALL	46	Y	86%	
TRIDENT REG. MED CTR	300	Y	84%	
ST FRANCIS	362	Y	73%	
BAKER	104	Y	62%	
ROPER	421	Y	73%	
CHARTER	102	Y	55%	
MUSC	585	Y	74%	

THE AVERAGE OCCUPANCY FOR THE STATE OF SOUTH CAROLINA IS 68%

MUSC IS A REGIONAL TRAUMA CENTER, MAJOR TERTIARY CENTER, AND TEACHING FACILITY.
FENWICK HALL AND CHARTER ARE PRIMARILY TREAT SUBSTANCE ABUSE

SOURCES: SOUTH CAROLINA HOSPITAL ASSOCIATION
CAMCHAS RESEARCH FILES

[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

(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

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

24 May 94
Date

NAVAL HOSPITAL CHARLESTON
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

Cert for Revised pg 11

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

AUG 4 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)

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

Signature

ACTING
Title

16 AUG 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

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

30 SEP 1994
Date

NAVAL HOSPITAL NORTH CHARLESTON
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) _____ Signature _____

ACTING

Title _____ 10 OCT 1994 Date

Document Separator

371

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVHOSP CAMP LEJEUNE NC
ACTIVITY UIC: 68093

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 mission of the Naval Hospital, Camp Lejeune, NC, is as follows:

- Provide a comprehensive range of emergency, outpatient, and inpatient healthcare services 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 properly trained for 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, healthcare services in support of the operating forces. Subject to the availability of space and resources, provide the maximum range and amount of comprehensive healthcare 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 healthcare standards of conduct and performance are achieved and maintained.

- Participate as an integral element of the Navy and Tri-Service Regional Healthcare System.

- Cooperative with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

- The Total Quality "Lejeune" Mission Statement states: Beneficiaries are our focus; Our staff is our most important asset; and Healthcare is our business. We will use our clinical, educational, and management skills to provide appropriate and cost effective healthcare 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)
2d MARDIV		Camp Lejeune	17,591
2d FSSG		Camp Lejeune	7,541
Students		Camp Johnson	5,680
MCAS NR		MCAS	4,525
MCB		Camp Lejeune	3,629
II MEF		Camp Lejeune	3,303
Base Unit (Reservists)		Camp Lejeune	640
Veterinary USA		Camp Lejeune	18
PERSSUPACTDET		Camp Lejeune	14
2 MEB		Camp Lejeune	10

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	3,792	119,484	4.4 Days	50
ACTIVE DUTY NON N/MC	77	3,552	2.8 Days	1
TOTAL ACTIVE DUTY	3,869	123,036		51
FAMILY OF AD	3,117	235,812	2.3 Days	29
RETIRED AND FAMILY MEMBERS UNDER 65	639	36,318	3.4 Days	7
RETIRED AND FAMILY MEMBERS OVER 65	304	13,914	3.4 Days	3
OTHER	60	10,056	2.6 Days	
TOTAL	7,989	419,136		90

What is your occupancy rate for FY 1994 to date? **47.2%**

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	3,792	119,484	3.3 Days	
ACTIVE DUTY NON N/MC	77	3,552		
TOTAL ACTIVE DUTY	3,869	123,036		
FAMILY OF AD	3,117	235,812		
RETIRED AND FAMILY MEMBERS UNDER 65	943	50,232		
RETIRED AND FAMILY MEMBERS OVER 65	Not Avail			
OTHER	60	10,056		
TOTAL	7,989	419,136		83

NOTE: (1) Admission statistics not available for retirees over/under age 65.

(2) ALS statistics are not available by beneficiary category, (3.3) represents ALS for entire patient census.

What is your occupancy rate for FY 1994 to date? **50%**

CQW BUMED-823
6 June 94

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	435,000	435,000	435,000	435,000	435,000	435,000	435,000
ADMISS.	8,500	8,500	8,500	8,500	8,500	8,500	8,500

Please show all assumptions and calculations in the space below:
Projected outpatient visits are based upon gaining an additional Marine Corps unit due to Base Realignment during FY95.

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 Services (EIA) (EIB) (EIC)	24,735	49
Patient Admin (EJA)	21,439	43
Patient Admin (EKA)	31,746	63
MID (EBC)	4,536	9
Directors (EBD)	18,750	37
Training & Education (EBF)	6,305	13
Material Management (EEA)	19,928	40
Custodial (EFB)		
Medical Repair (EGA)	5,306	11
Special (EBB)	16,055	32
Laundry (In house) (EGA)	2,173	4
Housekeeping (Contract) (EFB)	18,285	36
CHCS (EBC)	5,040	10

NOTE: (1) Time Spent/Qtr reflected in hours.
(2) Staff needed reflects on board.

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]
510-10	Hospital	441,902	12	Adequate
750-61	Recreational Pier	1,440	7	Adequate
R 740-94	Indoor Playing Court	2,235	5	Adequate
21910	Public Works/Transportation	11,785	9	Adequate
44130	Hazardous/Flammable Storage	120	9	Adequate
72111	Bachelor Enlisted Quarters	27,768	5	Adequate
21910	Insect Vector Control	682	8	Adequate
51077	Warehouse	5,000	11	Adequate
21977	Warehouse	5,000	11	Inadequate R
44130	Compressed Gas Storage	216	8	Adequate
83230	Sewage Training Plant	432	12	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:

10R 18 Oct 94
SFW DLMGD-823

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]
510-10	Hospital	441,902	12	Adequate
R 750-61	Recreational Pier	1,440	7	Adequate
740-84	Indoor Playing Court	2,235	5	Adequate
21910	Public Works/Transportation	11,785	9	Adequate
44130	Hazardous/Flammable Storage	120	9	Adequate
72111	Bachelor Enlisted Quarters	27,768	5	Adequate
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10R (110-94)
SPEW BUMED-823

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]
510-10	Hospital	441,902	12	Adequate
710-61	Recreational Pier	1,440	7	Adequate
740-84	Indoor Playing Court	2,235	5	Adequate
21910	Public Works/Transportation	11,785	9	Adequate
44130	Hazardous/Flammable Storage	120	9	Adequate
72111	Bachelor Enlisted Quarters	27,768	5	Adequate
21910	Insect Vector Control	682	8	Adequate
51077	Warehouse	5,000	11	Adequate
21977	Warehouse	5,000	11	Adequate
44130	Compressed Gas Storage	216	8	Adequate
83230	Sewage Treatment Plant	432	12	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:

R

1. Facility Type/Code: **PW Maintenance Storage/Cat Code 21977**

2. What makes it inadequate? **No Fire Suppression and leaking metal roof.**

3. What use is being made of the facility? **Material and Equipment Storage.**

4. What is the cost to upgrade the facility to substandard? **$20,000.**

5. What other use could be made of the facility and at what cost? **NONE**

6. Current improvement plans and programmed funding: **NONE**

7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? **NO**

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
P-721	Bachelor Enlisted Quarters	FY 87	2.1 MIL
C3-84	Indoor Playing Court	FY 88	190 K

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-704	Bachelor Enlisted Quarters	FY 94	2.4 MIL

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related**

11R 25 Oct 94
CPCN BCMCP-823

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-721	Bachelor Enlisted Quarters	FY 87	2.1 MIL
C3-84	Indoor Playing Court	FY 88	190 K

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PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-704	Bachelor Enlisted Quarters	FY 94	2.4 MIL

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

R

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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, CAMP LEJEUNE, NC					
2. UIC N60893	3. CATEGORY CODE 51010		4. NO. OF BUILDINGS: 11		
5. SIZE 238 Bed	A. GSF 494,828		B. NORMAL BEDS 166 Beds		C.DTRS 5
6. LOCATION U. S.	A. CITY 0735			B.STATE 37	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	83	17		E18	
R (2) ADMINISTRATION	87	13		B12	
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	80	20		B09	
(6) FOOD SERVICES	100				
(7)LABORATORIES	100				
(8) LOGISTICS	80	20		C01 B01 B09	
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	80	20		B17	
(13) RADIOLOGY	100				

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.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME: NAVAL HOSPITAL, CAMP LEJEUNE, NC				
2. UIC N60893	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS: 11		
5. SIZE 238 Bed	A. GSF 494,828	B. NORMAL BEDS 166 Beds		C.DTRS 5
6. LOCATION U. S.	A. CITY 0735		B.STATE 37	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	83	17		E18	
(2) ADMINISTRATION	87	13		B12	
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	80	20		B09	
(6) FOOD SERVICES	100				
(7)LABORATORIES	100				
(8) LOGISTICS	80	20		C01 B01 B09	
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				

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(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	90	10		B12	
(B) HVAC	80	20		C01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

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: June 1991

FULL ACCREDITATION: Yes

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

SCORE OF 93 AS OF JUNE 1991

NOTE: Most recent survey was 13, 16 & 17 May 1994; score not yet received.

Revised pg

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?

Excellent location for Active Duty and civilian beneficiaries because we are within close proximity to our clients served.

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

Included in the Marine Corps Base Data Call Package.

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.

Nearest facility which accomodates a C9 Aircraft is Marine Corps Air Station, New River, Jacksonville, North Carolina

Distance (in miles): 12

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

CRITICAL. We are the major supplier of manpower to the Marine Expeditionary Force.

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

Average time is within 25 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?

Our facility's location hinders the hiring of qualified professional personnel. We are isolated, we have low-salaries and substandard career progression.

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?

Excellent location for Active Duty and civilian beneficiaries because we are within close proximity to our clients served.

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

Included in the Marine Corps Base Data Call Package.

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.

Included in the Marine Corps Base Data Call Package.
Distance (in miles): _____

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

CRITICAL. We are the major supplier of manpower to the Marine Expeditionary Force.

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

Average time is within 25 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?

Our facility's location hinders the hiring of qualified professional personnel. We are isolated, we have low-salaries and substandard career progression.

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.

The impact would be as follows:

a) The Branch Clinics support the Active Duty population;
this includes operational support of unique military functions and elements of the Operational Forces.

b) The inpatient care requirements would exceed local capabilities.

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.

No. Due to the rural location of our facility the primary
and tertiary care available is extremely limited.

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 local community would not be in a position to absorb the residual population; however, the regional community could handle the residual 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:

Yes, assuming that the local community consists of distribution to local hospital including: Cherry Point, Onslow Memorial, Craven Regional Medical Center, Carteret General, New Hanover Memorial and Cape Fear hospitals.

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 Hospital 20		33
USS Guam		1
USS Guadalcanal		3
2d MAR DIV		25
USS Inchon		5
USS Belleauwood		1
USS Wasp		1
Fleet Hospital 15		2
USNS Comfort		43
MAG 29		3
2d MAW		1
NAVHOSP GTMO		4
ASWBPL (MacGuire)		2
NAVHOSP NAPLES		22
HQ FMLANT		1
2d FSSG		17
Fleet Hospital #1		1
Fleet Hospital #2		3
Fleet Hospital #3		46
Fleet Hospital #4		14
Fleet Hospital #5		38
ASWBPL (Lackland)		1
7th MEB (CMD)		1
1st MARDIV (ADV)		1
1st FSSG (ADV)		11

Total for NH Camp Lejeune
CATCU BEQMCD-823
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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]: 238.

[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	2,806	2,405	1,472
OUTPATIENT	1,334	1,235	563

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	794	794,868	557	266,698	236	163,324
AD FAMILY	189	144,715	226	134,651	162	293,892
OTHER	299	391,579	218	298,432	145	293,772
TOTAL	1,282	1,331,162	1,001	699,781	543	750,988

[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	$21,658,388	$23,361,200	$31,384,904
TOTAL OUTPATIENT VISITS	324,574	330,661	419,136
AVERAGE COST PER VISIT	$66.32	$70.65	$74.88

FY93 outpatient visits include, 323,795 clinical, 5,460 Occupational Health visits, and 1,404 other visits. (Obtained from Worldwide Outpatient Reporting System(WORS). FY94 outpatient visits are based on current capability.

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)	21,800,559	23,652,704	

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)			
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	880,115	683,911	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	880,115	683,911	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	21,844,483	22,981,391	
F. % SELECTED E EXPENSES (D/E)[1]			

[1] Record as a decimal to 6 digits.

NOTE: FY 94 1ST Quarter Data is not available.

Disregard FY 94 - no FY 94 data
Sec Burned 8-27
6 Jan 94

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)			

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)			

Disregard pg 26 Sept pg 26R
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6 Jun 94

TABLE A: CAMP LEJEUNE

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	21800904		

COMPLETE INFORMATION FOR FY 93 & FY 94 IS NOT AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0		
C. EDUCATION AND TRAINING (EBF)	851540		
D. TOTAL EXP EBE AND EBF	851540	0	0
E. TOTAL E EXPENSES	19520387		
F. % SELECTED E EXPENSES (D/E)	0.043623	ERR	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	3884113		
H. E EXPENSES TO REMOVE FROM A (FxG)	169437.1	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)	273122		
M. DECEDENT AFFAIRS (FDD)	14337		
N. INITIAL OUTFITTING (FDE)	0		
O. URGENT MINOR CONST (FDF)	0		
P. TOTAL (L+M+N+O)	287459	0	0
E EXPENSE (FAL)	14692		
E EXPENSE (FDD)	3042		
E EXPENSE (FDE)	0		
E EXPENSE (FDF)	0		
Q. E XEPENSES INCLUDED IN ROW P	17734	0	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	773.6122	ERR	ERR
S. OTHER F'S LESS E (P-R)	286685.4	ERR	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	7216.59		
U MWU	15949.21		
V PERCENT INPATIENT	0.452473	ERR	ERR
W. FINAL OTHER F EXP (SxV)	129717.5	ERR	ERR
X FINAL F EXP (K+W)	129717.5	ERR	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	21761184	ERR	ERR
Z NUMBER BIOMETRICS DISPOS	8768		
AA. TOTAL MEPRS DISP	8857		
BB. ADJ DISPOS (Z/AA)	0.989951	ERR	ERR
CC ADJ MERPS EXP (YxBB)	21542516	ERR	ERR
DD. TOTAL RWP	6507.806		
EE COST PER RWP (CC/DD)	3310.258	ERR	ERR
CATEGORY II RWPS			
(DXNNH)	11.1976		
(PAS)	1576.014		
(ADELS)	96.4855		
FF. TOTAL CAT II RWPS	1683.697	0	0
GG. TOTAL CAT II COST (EExFF)	5573472	ERR	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	15969044	ERR	ERR
II. TOTAL CAT III RWPS (DD-FF)	4824.109	0	0
JJ. COST PER CAT III RWP (HH/II)	3310.258	ERR	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	32229		
CAT II OBDS			
(DXNNH)	86		
(PAS)	4271		
(ADELS)	1432		
LL TOTAL CAT II OBD	5789	0	0
MM CAT III OBDS (KK-LL)	26440	0	0
NN. AVG DAYS/RWP (MM/II)	5.480805	ERR	ERR
OO. ADD ON PER RWP (NNx77)	422.022	ERR	ERR
PP. TOTAL COST PER RWP (JJ+OO)	3732.28	ERR	ERR
QQ. CIVILIAN PAY COST (PPx.15)	559.842	ERR	ERR
RR. MILITARY PAY COST (PPx.56)	2090.077	ERR	ERR
SS. OTHER COSTS (PPx.29)	1082.361	ERR	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	597.7987	ERR	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2203.172	ERR	ERR
VV. UNFUNDED CIV RET (TTx1.47)	878.764	ERR	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	913.9146	ERR	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2291.299	ERR	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1125.656	ERR	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1219.085	ERR	ERR
ADJ CAT III COST/RWP	4424.298	ERR	ERR

26 R

BUMED-822
3 Jun 94, mjj

15. Quality of Life. **NOT APPLICABLE** (MCB Camp Lejeune will respond) BUMED-822 MAA, 3 Jan 99

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. **NOT APPLICABLE**

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. **NOT APPLICABLE**

	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)?

NOT APPLICABLE

(g) Provide the utilization rate for family housing for FY 1993. **NOT APPLICABLE**

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? **NOT APPLICABLE**

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	100%
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:

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

$$.54 = 2(GB) \times 100 = \frac{200}{365}$$

(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.)	2		Separated from spouse.
Spouse Employment (non-military)			
Other			
TOTAL	2	100	

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

(3) BOQ: **NOT APPLICABLE**

(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 NAVAL HOSPITAL, CL Bldg NH 100 **DISTANCE** Five miles from main base (HADNOT POINT AREA)

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		N/A
	Outdoor Bays		N/A
Arts/Crafts	SF		N/A
Wood Hobby	SF		N/A
Bowling	Lanes		N/A
Enlisted Club	SF		N/A
Officer's Club	SF		N/A
Library	SF	2,296	N/A
Library	Books	7,300	N/A
Theater	Seats		N/A
ITT	SF		N/A
Museum/Memorial	SF		N/A
Pool (indoor)	Lanes		N/A
Pool (outdoor)	Lanes		N/A
Beach	LF		N/A
Swimming Ponds	Each		N/A
Tennis CT	Each		N/A

[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	N/A	N/A
Basketball CT (outdoor)	Each	2	N
Racquetball CT	Each	2	N
Golf Course	Holes	N/A	N/A
Driving Range	Tee Boxes	N/A	N/A
Gymnasium	SF	N/A	N/A
Fitness Center	SF		N
Marina	Berths	N/A	N/A
Stables	Stalls	N/A	N/A
Softball Fld	Each	N/A	N/A
Football Fld	Each	N/A	N/A
Soccer Fld	Each	N/A	N/A
Youth Center	SF	N/A	N/A

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

d. Base Family Support Facilities and Programs **NOT APPLICABLE**

(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	N/A
Gas Station	SF	N/A
Auto Repair	SF	N/A
Auto Parts Store	SF	N/A
Commissary	SF	N/A
Mini-Mart	SF	N/A
Package Store	SF	N/A
Fast Food Restaurants	Each	N/A
Bank/Credit Union	Each	N/A
Family Service Center	SF	N/A
Laundromat	SF	N/A
Dry Cleaners	Each	N/A
ARC	PN	N/A
Chapel	PN	N/A
FSC Clssrm/Auditorium	PN	N/A

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

City	Distance (Miles)
Raliegh, NC	100 miles
Charlotte, NC	200 miles

f. Standard Rate VHA Data for Cost of Living:

INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL

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

INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL

(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? **INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL.**

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? **NOT APPLICABLE.**

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.

INFORMATION PROVIDED BY MARINE CORPS BASE DATA CALL

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.

NOT APPLICABLE.

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

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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

NAME F. G. BARINA, JR., CAPT, MSC, USN — Signature

27 MAY 19

Title Commanding Officer (Acting) — Date

Activity Naval Hospital, Camp Lejeune, NC 28547-0100

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 6-6-94 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 10 Jun 1994 Date

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.

ACTIVITY COMMANDER

M. L. COWAN, CAPT MC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

22 August 1994
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
Activity

Enclosure (1)

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

pg 16

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. L. COWAN, CAPT MC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

7 September 1996
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
Activity

pg 16

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]
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)

W A Earner
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. L. COWAN, CAPT MC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

25 October 1994
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
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 26, 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 11/2/94 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. L. COWAN, CAPT MC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

11 October 1994
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
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

X 10/14/94
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

10/21/94
Date

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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. L. COWAN, CAPT MC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

23 January 1995
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC
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 — X [signature]

NAME (Please type or print) — Signature

ACTING CHIEF BUMED — X 1-26-95

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)

W. A. EARNER — [signature]

NAME (Please type or print) — Signature

_____ — 2/6/95

Title — Date

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NH CAMP LEJEUNE 68093 NAVHOSP CAMP LEJEUNE NC

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	39904	39904	N/A	39904	39904	N/A
FAMILY OF AD	39818	39818	N/A	39818	39818	N/A
SUBTOTAL	79722	79722	N/A	79722	79722	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	11916	11916	N/A	17579	17579	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	1617	1617	N/A	2297	2297	N/A
OTHER	1336	1336	N/A	1336	1336	N/A
TOTAL	94591	94591	N/A	100934	100934	N/A

21,242

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]:	~~166~~ 176	BUMED-822
Set Up Beds[1]:	~~0~~ 48	MSA, 3Jun9[illegible]
Expanded Bed Capacity[2]:	238	

[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.
NOTE: IN PROCESS OF REVISING BED COUNT USING "AERO" BASE REVIEW REQUIREMENT. RESPONSE DUE TO BUMED BY MID-JULY.

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	125881	162576	35338	323795
ADMISSIONS	4205	3153	937	8295
LABORATORY TESTS (WEIGHTED)[1]	N/A			3657052
RADIOLOGY PROCEDURES (WEIGHTED)[1]				203465
PHARMACY UNITS (WEIGHTED)[1]				769963
OTHER (SPECIFY)				6902

[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.
NOTE: OTHER INCLUDES 5,462 OCCUPATIONAL HEALTH VISITS AND 1,404 VISITS UNIDENTIFIED FOR OUTPATIENT VISITS AND 36 ADMISSIONS FOR CHNI, COAST GUARD AND CIVILIAN.

BUMED-822
MSS, 3 Jun 94

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	125881	162576	35338	323795
ADMISSIONS	4205	3153	937	8295
LABORATORY TESTS (WEIGHTED)[1]	N/A			3657052
RADIOLOGY PROCEDURES (WEIGHTED)[1]				203465
PHARMACY UNITS (WEIGHTED)[1]				769963
OTHER (SPECIFY)				6902

[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.
NOTE: OTHER (see item 3)

BUMED-822
MAS, 3 Jun 94

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	127186	253370	56762	437718
ADMISSIONS	4220	6908	1534	12662
LABORATORY TESTS (WEIGHTED)[1]	N/A			4922324
RADIOLOGY PROCEDURES (WEIGHTED)[1]				227213
PHARMACY UNITS (WEIGHTED)[1]				813200
OTHER (SPECIFY)				9318

[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.
OUTPATIENT VISITS: 1 NavCare contract visits (less mammography) = 100,629, AD=1%; 2 Suppcare # through Apr 94 = 455/7*12=780, Champus report O/P AD family 8572, Ret & family 3552. #1 and #2 prorated based on FY93 visits, added to FY93 visits on #3.
ADMISSIONS: 1. Suppcare # through Apr 94 = 9/7*12=15 AD; 2. Champus report AD family 3,755, Ret and family 597 added to FY93 admissions on #3.
ANCILLARY: Mar 94 SEARS report * 2; plus contract for MRI mobile unit.
OTHER: Prorated utilizing Item 3 O/P visits i.e. 437718-323795=113923/323925=35% increase, 6902*1.35=9318

BUMED-822
MA, 3 Jun 94

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]	40	40	40	40	40	40	40	40
SPECIALTY CARE[2]	37	36	36	36	36	36	36	36
PHYSICIAN EXTENDERS[3]	26	26	26	26	26	26	26	26
INDEPENDENT DUTY CORPSMEN	N/A							
TOTAL	103	102	102	102	102	102	102	102

BUMED-822
MMS, 3 Jun 9

[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]	522
SPECIALTY CARE[2]	537
PHYSICIAN EXTENDER[3]	697
TOTAL	1756

[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: 640,000

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[1]	DRIVING TIME	RELATIONSHIP[2]
Cherry Point	DHP	48 miles	1 hour	MOU MCAS MED SUPPORT
Onslow Memor	Hospital Auth	7 miles	15 minutes	OB(MOU), INTERHOSP TRAN
Craven	Hospital Auth	44 miles	1 hour	
Carteret Gen	County	38 miles	45 minutes	
New Hanover	Other	56 miles	75 minutes	

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

Cape Fear	Other	56 miles	75 minutes	
Pender	County	45 miles	1 hour	
Pitt Memorial		75 miles	90 minutes	MOU Family Practice, Interhospital Transfers, Social Work Residency, Graduate Nursing Baccalaureat Nursing Pgm, Physical Therapy Students

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]
Cherry Point	43	Yes	30.2	Unknown
Onslow Memorial	133	Yes	61.7	Unknown
Craven Regional	276	Yes	72.5	Unknown
Carteret General	117	Yes	71.8	Unknown
New Hanover	473	Yes	77.8	Unknown
Cape Fear	81	Yes	64.2	Unknown
Pender	66	No	N/A	Unknown
Pitt Memorial	609	Yes	84.2	Trauma Center, Graduate Medical School, Cardiology,Neonatal , Geneti Counseling

[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 (i.e.: 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

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
NEGATIVE RESPONSE

(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)

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

NEGATIVE RESPONSE

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or position 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

NAME F. G. BARINA, JR., CAPT, MSC, USN — Signature

Title Commanding Officer (Acting) — Date 27 MAY 1994

Activity Naval Hospital, Camp Lejeune, NC 28547-0100

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 6-3-96

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. GROOME JR

NAME (Please type or print) — Signature

ACTING

Title — Date 8 JUNE 1999

Document Separator

ensure successful accreditation and recognition by appropriate governmental and civilian agencies and commissions, to include the Joint Commission on Accreditation of Healthcare Organizations.

- Supports eleven (11) local area branch medical clinics and two (2) Deployable Medical Systems (DEPMEDS) units.

- Is the parent command to the outlying branch medical clinics of El Toro/Tustin, Barstow, Yuma, and Bridgeport Branch Medical Clinics.

- Naval Hospital Camp Pendleton provides postgraduate education and training to Navy physicians and dentists in residency and fellowship medical training, postdoctoral training in temporomandibular disorders, advanced clinical programs and physician GME programs.

- The Sports Medicine Department provides outpatient services to CHAMPUS eligible retired military and/or civilian dependents. Services provided include, but are not limited to: evaluation and rehabilitation services for musculoskeletal injuries; post-operative rehabilitation; on-site exercise testing and exercise prescriptions. The Department also supports the Command's Health Promotion Program through adjunctive services designed to encourage wellness, promote individual fitness and minimize disability. Graduate Medical Education is offered for residents training in Family Practive, Pediatrics, Internal Medicine and fellows in Adolescent and Sports Medicine. An active duty Sports Medicine Clinic is being developed through a joint effort with the Department of Orthopedics.

- The Naval Alcohol Rehabilitation and Education Department (NARED) provides inpatient care relative to the examination, diagnosis, treatment and disposition of active duty uniform service personnel, their dependents, and retirees suffering from various addictions. The department provides inpatient and outpatient counseling and group therapy; information regarding civilian agencies for treatment; provides addiction related therapy sessions and coordinates with the local chapters of the 12 Step programs. Conducts education for drug and alcohol abuse awareness, as well as abuse awareness of other psychoactive substances.

Revised pg

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)
STUDENT ADMIN CO SCHOOL OF INFANTRY	33353	MCB CAMPEN	1523
HQ BN	11001	1ST MARDIV	1422
1STBNN 4TH MAR	11120	1ST MARDIV	1221
2D BN 5TH MAR	11170	1ST MARDIV	1215
HQ AND SUPPORT BN	33060	MCB CAMPEN	1166
3D BN 5TH MAR31STMEU	11180	1ST MARDIV	1153
H&SBN 1ST FSSG	28301	1ST FSSG	1124
3D BN 1ST MAR	11130	1ST MARDIV	1019
1ST SUPBN 1ST FSSG	28310	1ST FSSG	1014
7TH ENGRSPT BN	21300	1ST FSSG	977
NAVAL HOSPITAL CAMP PENDLETON	68094	NAVAL HOSPITAL CAMP PENDLETON	928
1ST MAINTEN 1ST FSSG	28321	1ST FSSG	902
BLT 2/9	13220	1ST MARDIV	892
H&S CO 1ST SRI GROUP	20371	1ST SRI GROUP	873

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

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)
MAR DIV FORCES HQ Bn		**MCB CAMPEN Maneuver Units**	**1,175**
1st MAR	**20371**		**275**
1/1	**NA**		**998**
1/4	**NA**		**998**
3/1	**NA**		**998**
1/9	**NA**		**998**
5th MAR	**NA**		**275**
1/5	**NA**		**998**
2/5	**NA**		**998**
3/5	**NA**		**998**
2/9	**NA**		**998**
3/9	**NA**		**998**
11th MAR	**NA**		**343**
1/11	**NA**		**619**

Rec'd dpy

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)
1STBN 1STMAR	11110	1ST MARDIV	832
9TH COMM BN	21670	1ST SRI GROUP	803
3RD ASLT AMPHIB BN	21820	1ST MARDIV	785
1ST BN 5TH MAR	11160	1ST MARDIV	686
1ST BN 9TH MAR	13210	1ST MARDIV	677
SCHOOL OF INFANTRY (SOI)	33350	MCB CAMPEN	671
3DBN 9THMAR	13230	1ST MARDIV	658
1ST CBTENGR BN	11400	1ST MARDIV	650
1ST LANDING SUPPORT BN 1ST FSSG	28370	1ST FSSG	606
1ST LIGHT ARMORED RECON BN	11700	1ST MARDIV	598
7TH MT BN 1ST FSSG	28280	1ST FSSG	596
MALS 39 MAG 39	01158	3RD MAW	575
5THBN 11THMAR	11340	1ST MARDIV	561
FREST (INSTRUCTOR)	01303	3RD MAW	533

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE DIV FORCES		**Maneuver Units**	
2/11	**NA**		**619**
5/11	**NA**		**763**
1st CEB	**NA**		**887**
1st RECON	**NA**		**956**
3s4	**NA**		**998**
3rd AABn	**NA**		**1,151**
1st MARRECON	**NA**		**99**
5th MARRECON	**NA**		**99**
MCB CAMPEN TOTAL			**17,241**
7th MAR	**NA**		**331**
1/7	**NA**		**998**
2/7	**NA**		**998**
3/7	**NA**		**998**

Revised PG

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)
SECURITY BN	33120	MCB CAMPEN	515
1ST BN 11THMAR	11310	1ST MARDIV	491
SEPARTION CO HQ SUPPORT BN	33149	MCB CAMPEN	440
WPNS TRNG BN MCRDEP EDSON RANGE	33710	MCB CAMPEN 31 AREA	406
MCSFCO	53027	OTHER	391
HQ CO 5TH MAR	11154	1ST MARDIV	390
MWSS 372 MWSG 37	00372	3RD MAW	361
HQ CO 1ST MAR	11104	1ST MARDIV	351
HQ BTRY 11TH MAR	11303	1ST MARDIV	342
1ST MED BN	28290	1ST FSSG	318
2ND BN 11TH MAR	11320	1ST MARDIV	294
PERS UNIT SCHOOLS CO SCHOOLS BN	33818	MCB CAMPEN	287
MARINE CORPS DETACHMENT	54060	OTHER	279
HQ 3D LAAD BN 3D MAW	00930	3RD MAW	266

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
1st TK Bn	NA		788
3rd LAI Bn	NA		956
3d AA Bn	NA		261
29 Palms Inclusive TOTAL	NA		22571
FORCE SERVICE GROUP FORCES (endstrength)		Units	
H&S	NA		1,615
Maintenance	NA		1,711
Supply	NA		1,290
Engineering	NA		1,378
LSB	NA		945
Motor T	NA		945
Medical	NA		239
Dental	NA		5
TOTAL			8,128

Revised pg

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARCORPS TACTICAL SYS SPT ACT	30425	OTHER	262
LFTCPAC CORONADO CALIF	56001	OTHER	251
CCO USS OGDEN	56001	OTHER	251
MSSG 15	28392	1ST FSSG	250
MSSG 11	28390	1ST FSSG	249
HMLA 267 MAG-39	01267	3RD MAW	245
HMLA 169 MAG-39	01173	3RD MAW	244
MSSG 13	28391	1ST FSSG	229
H&HS MCAS	02208	MCAS CAMPEN	212
SCHOOLS CO SCHOOLS BN	33808	MCB CAMPEN	202
MATSG	06015	OTHER	199
PASD MAG-39	00039	3RD MAW	194
1ST ANGLICO 1ST SRI GROUP	21610	1ST SRI GROUP	193
MACS-1 MACG-38	00971	3RD MAW	174

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE AIRCRAFT WING FORCES (endstrength)		**ACE Units**	
H&HS	**NA**		**155**
MWSS-372	**NA**		**490**
MATCS-38	**NA**		**60**
MAG-39 (H&S)	**NA**		
MALS-39	**NA**		**799**
MALS-39 PDR	**NA**		
HMT-303	**NA**		**242**
HMM-(VMO-2)	**NA**		**224**
HMM-(MASS-2)	**NA**		**216**
HMLA-169	**NA**		**305**
HMLA-267	**NA**		**310**
HMLA-367	**NA**		**249**
HMLA-(MACS-1)	**NA**		**175**

Revised pg

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MASS-3 HQ MACG 38	00830	3RD MAW	166
HMLA 369 MAG 39	01369	3RD MAW	162
HMLA-367 MAG-38	01367	3RD MAW	158
CE, 11TH MEU	20177	IMEF	157
MATSG	06041	OTHER	157
15TH MEU	20310	IMEF	155
SU1 HQCO HQBN	41002	1ST MARDIV	151
1ST FORCE RECON CO 1ST SRI GROUP	28350	1ST SRI GROUP	132
HQ 13TH MEU FMF	20173	IMEF	130
MAG-46 DET B 4TH MAW	03021	OTHER	130
1ST DENTAL BN	28380	1ST FSSG	88
NAVAL DENTAL CENTER	62594	MCB CAMPEN	88
MAG-46 DET C 4TH MAW	03041	MARRESFOR	80
MAD	06117	OTHER	75

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE AIRCRAFT WING FORCES (ENDSTRENGTH) CONT'D		**ACE Units**	
NAESU	**NA**		**4**
AH-1W TSSA	**NA**		
HMLA-(R)	**NA**		
TOTAL			**3229**
MARINE CORPS BASE UNITS (endstrength)		**Base Units**	
H&S Bn	**NA**		**849**
Security Bn	**33120**		**406**
School of Infantry	**33350**		**534**
SCOLS	**NA**		**331**
Reserve Support Unit	**NA**		**9**
MWTC *	**NA**		
Total			**2,129**

*** MWTC Population reported separately.**

Revised pg

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)
MATCS-38 DET C MACG-38	01293	3RD MAW	73
4TH LAAM BN 4TH MAW	03040	OTHER	73
MARINE CORPS DETACHMENT	54071	OTHER	69
SUB UNIT 1 SCTY BN	33124	MCB CAMPEN	60
4TH LAAM BN DET MARRESFOR	03030	OTHER	56
I&I STF 23D MAR/HQCO 23D MAR	87195	OTHER	53
SU1 1ST FSSG	68302	1ST FSSG	51
I-I STF 5THBN 14THMAR/HQBTRY /3D CAG	87230	OTHER	47
RESERVE SUPPORT UNIT	33103	MCB CAMPEN	47
I&I STF 1ST BN 14TH MAR	87191	OTHER	42
NAVAL HOSPITAL CAMP PENDLETON TRAINING COMMAND	48458	NAVAL HOSPITAL CAMP PENDLETON	42
I&I 4TH LSBN 4TH FSSG	87229	OTHER	39
MARINE DETACHMENT	50074	OTHER	34
MARINE DETACHMENT	50095	OTHER	34

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
OTHER MARINE CORPS AND NAVY TENANT UNITS (endstrength)		**Tenant Units**	
ACU-5	**46587**	**31 Area**	**650**
FASMO	**NA**		**22**
Fleet Hospital	**46488**		**46**
MCAAT	**NA**		**11**
MCTSSA *	**30425**	**31 Area**	**210**
WFT Bn	**33710**	**31 Area**	**407**
MCNAFAS	**NA**		**22**
Food Service MLT TM	**NA**		**6**
Naval Hospital	**68094**		**778**
Dental	**62594**	**13 Area**	**88**
Total			**2,240**

*** With contractor personnel MCTSSA personnel loading is 748**

Revised pg

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE DETACHMENT	50075	OTHER	33
MARINE DETACHMENT	50093	OTHER	32
DEPMEDS FH 1&2	46865	NAVAL HOSPITAL CAMP PENDLETON	32
MARINE DETACHMENT	50099	OTHER	31
I&I 6TH BULK FUEL CO 6TH ENGRSPTBN	87243	OTHER	30
I&I STF DET 4TH FORCE RECON CO 4TH MARDIV	87237	OTHER	25
I&I STF B&POPCO/4LSBND ET2/HQSVCO/BN	87247	OTHER	23
I&I STF 1/3D LNGSHRMANPLT 1STB&P OPSCO	87227	OTHER	21
PERSONNEL SUPPORT DETACHMENT (PSD)	43118	NAVAL HOSPITAL CAMP PENDLETON	19
DEPMEDS FH-6	47544	NAVAL HOSPITAL CAMP PENDLETON	17
I&I STF BULK FUEL CO 6TH ENGSPTBN	87263	OTHER	17

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS

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Revised pg

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)
I&I STF CO C (REIN) 4THTKBN FMFUSMCR	87296	OTHER	16
I&I STF CO A 6TH ENGRSPTBN	87242	OTHER	15
I&I STF CO B 4TH RECON BN 4TH MARDIV	87248	OTHER	15
I&I STF MTMAINTCO 4THMNBN	87262	OTHER	15
I&I STF BTRY B 1ST BN 14THMAR 4THMARDIV	87232	OTHER	14
I&I STF CO C 4TH LAI BNMCRTC	85240	OTHER	14
I&I STF CO F 2DBN 23RD MAR	87238	OTHER	13
I&I STF CO E	87225	OTHER	13
I&I STF 3D&4TH BULK FUEL PLT 5TH BULK FUEL CO	87281	OTHER	12
I&I STF 6TH BRIDGE CO 6TH ENGRSPTBN	87244	OTHER	11

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

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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)
FIELD MEDICAL SERVICE SCHOOL	33950	MCB CAMPEN	10
I&I STF LDGSPT CO	87226	OTHER	10
CASUAL/TRANSIENT SEC	53002	OTHER	09
1ST FSSG	46621	MCB CAMPEN	03

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.
SOURCE: Manpower Info Systems Support (MISSO) MISSO BASE POP REPORT OF 07/06/94, AND NAVAL HOSPITAL, CAMP PENDLETON STANDARD PERSONNEL MANAGEMENT SYSTEM (SPMS) REPORT OF 07/28/94.

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	3948	104771	4.4	48.7
ACTIVE DUTY NON N/MC	66	1703	2.7	.4
TOTAL ACTIVE DUTY	4014	106474		49.1
FAMILY OF AD	3920	137150	2.7	28.8
RETIRED AND FAMILY MEMBERS UNDER 65	772	26210	3.9	8.3
RETIRED AND FAMILY MEMBERS OVER 65	616	23920	3.4	5.8
OTHER	28	10932	2.8	.2
TOTAL	9350	304686		92.2

NOTES & REMARKS:

- **Newborns are included in Family of Active Duty.**
- **FY-94 Projection outpatient visits are based from the 1st two quarters of outpatient visits workload of FY-94.**
- **Retirees that are less than 65 and those that are 65 or greater was based on RAPS data.**

What is your occupancy rate for FY-1994 to date? 77%

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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	4014	106482	4.4	49.2
ACTIVE DUTY NON N/MC	NA	NA	NA	NA
TOTAL ACTIVE DUTY	4014	106482		49.2
FAMILY OF AD	3920	137150	2.6	28.8
RETIRED AND FAMILY MEMBERS UNDER 65	1388	50122	3.6	14.2
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	NA
OTHER	28	10934	3.0	.2
TOTAL	9350	304688		92.4

NOTES & REMARKS:

Newborns are included in Family of Active Duty.
FY-94 Projection outpatient visits are based from the 1st two quarters of outpatient visits workload of FY-94
Active Duty Non-Military data could not be obtained.
NA - Unable to identify.

What is your occupancy rate for FY-1994 to date? 77%

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	311648	308136	323108	324918	326616	See remarks	See remarks
ADMISS.	9294	9190	9636	9669	9741	See remarks	See remarks

Please show all assumptions and calculations in the space below:

Notes and Remarks:

FY92, FY93 and Projected FY94 workload was compared to RAPS data for our catchment area during those respective time-frames. The average percentage was then applied to each subsequent FY's RAP population to project workload for 1995-1999. (RAPS data is not available beyond 1999.)

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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	311318	307809	322764	324574	326270	See remarks	See remarks
ADMISS.	8901	8801	9229	9280	9329	See remarks	See remarks

Please show all assumptions and calculations in the space below:

Notes and Remarks:

FY92, FY93 and Projected FY94 workload was compared to RAPS data for our catchment area during those respective time-frames. The average percentage was then applied to each subsequent FY's RAP population to project workload for 1995-1999. (RAPS data is not available beyond 1999.)

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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
PRT Testing	**4wks/bi-annualy**	**1per25 tested**
Hearing Conservation:		
Site Visits to clinics-Health Record Audit	**03 days**	**1**
Tech Training	**01 day**	**2**
Hearing Conserv. Class	**40 hours**	**6**
HCP Training	**02 hours**	**1**
Preventive Medicine:		
Conduct sanitation insp.	**32 days**	**3**
Collect water/ice samples **Pneumonia Surveillance**	**12 days** **18 hrs**	**1** **2**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Conduct Tick Surveys (Lyme)	**20 hrs/ season**	**1**
Provide TAV's to br clinics	**09 days**	**3**
Provide TAV's to BAS's	**36 days**	**1**
Conduct swimming pool insp	**21 hours**	**1**
Conduct comm. disease lectures	**06 days**	**1**
Inspect base horse stables	**03 hours**	**1**
Inspect on-base child care homes	**90 hours**	**1**
Inspect base trailer park	**03 hours**	**2**
Inspect beach facilities	**12 hours**	**2**

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
PRT Testing	**4wks/bi-annualy**	**1per25 tested**
Hearing Conservation:		
Site Visits to clinics	**02 days**	**2**
Tech Training	**01 day**	**2**
Hearing Conserv. Class	**40 hours**	**6**
HCP Training	**02 hours**	**1**
Preventive Medicine:		
Conduct sanitation insp.	**36 days**	**3**
Collect water/ice samples **Pneumonia Surveillance**	**24 days** **18 hrs**	**1** **2**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Conduct Tick Surveys (Lyme)	**20 hrs/ season**	**1**
Provide TAV's to br clinics	**09 days**	**3**
Provide TAV's to BAS's	**36 days**	**1**
Conduct swimming pool insp	**42 hours**	**1**
Conduct comm. disease lectures	**06 days**	**1**
Inspect base horse stables	**03 hours**	**1**
Inspect on-base child care homes	**27 hours**	**1**
Inspect base trailer park	**12 hours**	**2**
Inspect beach facilities	**12 hours**	**2**

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NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Inspect base recreation areas	06 hours	2
Conduct Prev Med Training	23 hours	4
Dental: Lectures & Presentations	04 hours	1
Radiology:		
Admin of Dosemitry Program	20 days	2
Admin of exposure records	15 days	1
Radiation health insp of outlying clinics	05 days	1
Radiation health tech assist visits	05 days	1
Outreach training	03 days	1
Inhouse training	06 days	1

NHCP PMD expects to pick up inspections (sanitation) responsibility from El Toro/Tustin in the next 2-3 months. There are 23/mo inspections at El Toro and 12/mo inspections at Tustin. El Toro has 52 water samples/mo and Tustin has 10 watser samples/mo.

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Inspect base recreation areas	12 hours	2
Conduct Prev Med Training	24 hours	4
Dental: Lectures & Presentations	04 hours	1
Radiology:		
Admin of Dosemitry Program	20 days	2
Admin of exposure records	15 days	1
Radiation health insp of outlying clinics	05 days	1
Radiation health tech assist visits	05 days	1
Outreach training	03 days	1
Inhouse training	06 days	1

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Physical Therapy Department:		
Provide back injury/sp med lectures	**04 hours**	**1**
MCB Health Fair	**8 hrs/yr**	**1-2**
Industrial Hygiene:		
Conducts asbestos surveys, noise surveys, non-ionizing radiation surveys; responds to chemical emergencies; conducts air sampling; presents consultation lectures on IH matters; conducts IH surveys of all base commands (except 1st FSSG) which includes Naval Weapons Station, MCAS El Toro, MCLB Barstow, MCAS Yuma, Bridgeport and Camp Pendleton.	**Fulltime**	**13**
Lectures and course presentations	**04 hours**	**1**
Occ Safety & Health	**Full time**	**4**
Environmental Protection	**Full time**	**1**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Family Practice:		
Patient Education Classes (Prenatal; diabetes)	**8 hrs/mo**	**1-2**
Residents and staff teaching school classes	**9 hrs/mo**	**1-2**
PRT Coordinator	**10 hrs 2x/yr**	**3**
TQL working groups/PATs/facilitators	**1 hr/wk**	**11**
Teaching ACLS/PALS	**16 hrs/qtr**	**12**
Precepting/lecturing/faculty/rotation coordinator	**6 hrs/wk**	**11**
Triage F.P.C.	**9 hrs/day**	**1**
OB Registration	**10 hrs/wk**	**1-2**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Command Committees, Dept liaison	**1 hr/mo 1 hr/wk**	**11 Res 11 Staf**
Typing fitreps, pt letters, recommendations, staff awards, evals	**80 hrs/qtr**	**11**
Medical record reviews	**3 hrs/wk**	**11**
Obtaining results of labs, x-rays	**3 hrs/wk**	**50**
Attending lectures	**2 hrs/day**	**50**
Participating in health fairs	**6 hrs 2x/yr**	**2-6**

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
Family Practice	31	37	39	39	39	39	39	39
Sports Medicine **	2	2	2	2	2	2	2	2
Podiatry **	3	1	1	1	1	1	1	1
Physician Assistant Program **	12	12	12	12	12	12	12	12
OR Nurse	13	20	20	20	20	20	20	20
Physical Therapy Technicians	6	6-9	6-9	6-9	6-9	6-9	6-9	6-9
LVN Students **	30	30	45	45	45	45	45	45
Emergency Medicine Technicians	216	216	216	216	216	216	216	216
Optometry **	4	4	4	4	4	4	4	4
General Practice Residency in Dentistry	4	4	4-5	4-5	4-5	4-5	4-5	4-5

**** Rotation offered at this facility for programs based elsewhere.**

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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
Family Practice	36	36	36	36	36	36	36	36
Sports Medicine **	0	1	1	2	2	2	2	2
Podiatry **	2	2	1	1	1	1	1	1
Physician Assistant Program **	12	13	12	12	12	12	12	12
OR Nurse	20	20	20	20	20	20	20	20
Physical Therapy Technicians	6	10	10	12	12	12	12	12
LVN Students **	30	30	45	45	45	45	45	45
Emergency Medicine Technicians	216	216	216	216	216	216	216	216
Optometry **	4	4	4	4	4	4	4	4
General Practice Residency in Dentistry	4	4	4-5	4-5	4-5	4-5	4-5	4-5

**ROTATION OFFERED AT THIS FACILITY FOR PROGRAMS BASED ELSEWHERE.

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
Nursing Service: Intravenous Therapy	20	20	20	20	20	20	20	20
Family Advocacy Training	140	140	140	140	140	140	140	140
HIV/AIDS	720	720	720	720	720	720	720	720
ACLS-Advanced Cardiac Life Support-Provider	125	125	125	125	125	125	125	125
ACLS-Advanced Cardiac Life Support-Instructor	20	20	20	20	20	20	20	20
PALS-Pediatric Advance Life Suport-Provider	70	70	70	70	70	70	70	70
PALS-Pediatric Advance Life Support-Instructor	10	10	10	10	10	10	10	10
Basic Life Support "C" /"B"	400/ 90	400/ 90	400/ 90	400/ 90	400/ 90	400/ 90	400/ 90	400/ 90
Emergency Vehicle Operator Course	133	133	133	133	133	133	133	133
Follow-On Training	200	200	200	200	200	200	200	200

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Hospital Corpsman Inservice	750	750	750	750	750	750	750	750
Command Orientation	720	720	720	720	720	720	720	720
Navy Rights and Responsibilities	420	420	420	420	420	420	420	420
Navy Rights and Responsibilities Update	800	800	800	800	800	800	800	800

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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
Total Quality Leadership Awareness	**165**	**165**	**165**	**165**	**165**	**165**	**165**	**165**
Team Approach	**720**	**720**	**720**	**720**	**720**	720	720	720
Annual Update Fire, Safety, Infection Control	**1400**	**1400**	**1400**	**1400**	**1400**	**1400**	**1400**	**1400**
Petty Officer Indoctrination	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**40**
Chief Petty Officer Indoctrination	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**
Sexual Harrassment, EEO, Fratination	**800**	**800**	**800**	**800**	**800**	**800**	**800**	**800**
***Southern Illinois University**	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**40**

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Patient Education:								
Diabetes	180	180	180	180	180	180	180	180
Tobacco	120	120	120	120	120	120	120	120
Asthma	60	60	60	60	60	60	60	60
Respiratory	60	60	60	60	60	60	60	60
Community Wellness	100	100	100	100	100	100	100	100
Tobacco Cessation Facilitator	48	48	48	48	48	48	48	48
Emergency Medical	50	50	50	50	50	50	50	50
General Military Training	800	800	800	800	800	800	800	800

* Rotation offered at this facility for programs based elsewhere.

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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	**F**	**100%**	
General Practice Residency in Dentistry	**F**	**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.

ADDITIONAL TRAINING PROGRAMS

TRAINING PROGRAM	NUMBER TRAINED ANNUALLY
Nursing Service: Intravenous Therapy	20
Family Advocacy Training	140
HIV/AIDS	720
ACLS- Advanced Cardiac Life Support-Provider	125
ACLS- Advanced Cardiac Life Support-Instructor	20
PALS- Pediatric Advance Life Support-Provider	70
PALS- Pediatric Advance Life Support-Instructor	10
Basic Life Support "C" / "B"	400/90
Emergency Vehicle Operator Course	132
Follow-On Training	200
Hospital Corpsman Inservice	750
Command Orientation	720
Navy Rights and Responsibilities	420
Navy Rights and Responsibilities Update	800
Total Quality Leadership Awareness	315
Team Approach	720
Annual Update Fire, Safety, Infection Control	1400
Petty Officer Indoctrination	40
Chief Petty Officer Indoctrination	20
Sexual Harrassment, EEO, Fratination	800
*Southern Illinois University	40
Patient Education: Diabetes	180
Tobacco	120
Asthma	60
Respiratory	60
Community Wellness	100
Tobacco Cessation Facilitator	48
Emergency Medical Technition-Refresher	50
General Military Training	800

* Rotation offerred at this facility for programs based elsewhere.

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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]
730-81	Navy Addictions Rehabilitation & Education Dept., H-49	16,665	51	A
510-77 441-30	H-53 Hospital/Medical Storage (misc)	23,400	51	I
740-88	H-62 Boy Scout Center	1,102	48	I
740-89	H-63 Bath House	3,200	48	S

[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.

7.a. 510-77 (H-53) - Action has been taken to turn this building over to MCB. H-53 is no longer used by Naval Hospital and may be in use by MCB (Bldg 2612). We must carry the building until the finalized paperwork is received.

740-89 (H-63) - Due to the "mothballing" of H-64 Swimming Pool, H-63 is not being used as a bath house. It will be used by the NARED staff for people in their program.

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

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]
730-81	**Navy Addictions Rehabilitation & Education Dept., H-49**	**16,665**	**51**	**A**
510-77 441-30	**H-53 Hospital/Medical Storage (misc)**	**23,400**	**51**	**I**
740-88	**H-62 Boy Scout Center**	**1,102**	**48**	**A**
740-89	**H-63 Bath House**	**3,200**	**48**	**S**

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

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1. Facility Type/Code:
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3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?

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cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
750-30	H-64 Outdoor Swimming Pool	N/A	48	A
750-10	H-69 Tennis Courts	2 each	39	S
750-10	H-72 Basketball Court	N/A	39	S

750-30 (H-64 - Outdoor Swimming Pool) will be "mothballed". Personnel do not use and costs are too great to maintain an empty pool.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-43	H-93 Gymnasium	1,728	44	S
740-43	H-94 Recreation Center Gym/Rec Room	4,100	27	S
740-37	Special Services Issue Office	1,500	27	S
171-45	H-95 EMT Training	5,600	27	A

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?

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
750-30	**H-64 Outdoor Swimming Pool**	**N/A**	**48**	**S**
750-10	**H-69 Tennis Courts**	**2 each**	**19**	**A**
750-10	**H-72 Basketball Court**	**N/A**	**19**	**A**

750-30 (H-64 - Outdoor Swimming Pool) will be "mothballed". Personnel do not use and costs are too great to maintain an empty pool.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-43	**H-93 Gymnasium**	**1,728**	**44**	**S**
740-43	**H-94 Recreation Center Gym/Rec Room**	**4,100**	**27**	**S**
740-37	**Special Services Issue Office**	**1,500**	**27**	**S**
171-45	**H-95 EMT Training**	**5,600**	**27**	**A**

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
721-11	H-96 BEQ E1/E4	37,290	21	A
833-10	H-98 Incinderator, Exterior	N/A	20	I
890-09	Hosp Serv Bldg/Util 2-00170, H-99	11,483	20	A
	H-100 Naval Hospital, Camp Pendleton-Hospital		20	A

833-10 (H-98) Facility is no longer required and is to be demolished. All parts to be removed as Hazardous Waste. Ground around the incinerator will be tested and appropriate action taken to clean up, if deemed necessary.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
117-17	TV Center/Instruction Matter	286	20	A
540-10	Dental Clinic	5,775	20	A
610-10	Personnel Support Acty Detachment	2,700	20	A
610-20	Data Processing Center	2,200	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-83	Chapel	3,100	20	A
730-85	Post Office	350	20	A
740-01	Exchange Retail Store	1,745	20	A
740-04	Exchange Cafeteria	1,916	20	A

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
721-11	H-96 BEQ E1/E4	37,290	21	A
833-10	H-98 Incinderator, Exterior	N/A	20	I
890-09	Hosp Serv Bldg/Util 2-00170, H-99	11,483	20	S
	H-100 Naval Hospital, Camp Pendleton-Hospital		20	S

833-10 (H-98) Facility is no longer required and is to be demolished. All parts to be removed as Hazardous Waste. Ground around the incinerator will be tested and appropriate action taken to clean up, if deemed necessary.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
117-17	TV Center/Instruction Matter	286	20	S
540-10	Dental Clinic	5,775	20	S
610-10	Personnel Support Acty Detachment	2,700	20	S
610-20	Data Processing Center	2,200	20	S

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-83	Chapel	3,100	20	S
730-85	Post Office	350	20	S
740-01	Exchange Retail Store	1,745	20	S
740-04	Exchange Cafeteria	1,916	20	S

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-09	Exchange Service Outlet	609	20	A
740-19	Credit Union	375	20	A
740-25	Family Services Center (misc)	688	20	A
740-76	Library	1,026	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-88	Education Services Office	9,494	20	A
510-10	Hospital	397,694	20	A
	TOTAL H-100	427,958		
111-20 136-10 136-65	H-101 Pad Helicopter Landing	1,964	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-102, 30 Day Standby Fuel Storage	N/A	19	A
730-81	H-103 CHAMPUS	2,255	19	A
412-45	H-104 Misc Liquid Storage, (Lox-Breath-Oxygen)	N/A	20	A
811-60	H-105 Stand-by Generator Plant	N/A	20	A

821-60 (H-102) Facility no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-09	Exchange Service Outlet	609	20	S
740-19	Credit Union	375	20	S
740-25	Family Services Center (misc)	688	20	S
740-76	Library	1,026	20	S

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-88	Education Services Office	9,494	20	S
510-10	Hospital	397,694	20	S
	TOTAL H-100	427,958		
111-20 136-10 136-65	H-101 Pad Helicopter Landing	1,964	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-102, 30 Day Standby Fuel Storage	N/A	19	A
730-81	H-103 CHAMPUS	2,255	19	A
412-45	H-104 Misc Liquid Storage, (Lox-Breath-Oxygen)	N/A	20	A
811-50	H-105 Stand-by Generator Plant	N/A	20	A

821-60 (H-102) Facility no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
823-20	H-106 Gas Storage Tank (Propane)	N/A	18	A
441-30	H-107 Flamable Store House	100	16	I
821-60	H-108 Heating Fuel Oil Storage for H-99	N/A	20	A
821-60	H-114 Dist Htg Oil Storage/BEQ-H-96	NA	19	A

821-60 (H-108 - Fuel Tanks) are now in use, but are scheduled to be removed in 1995 and replaced with new above ground tanks through a MCB, Camp Pendleton contract.

821-60 (H-114) Facility no longer required. Under contract for removal 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-115 Heating Fuel Oil Storage for H-94	N/A	19	A
821-60	H-116 Heating Fuel Oil Storage	N/A	19	A
821-60	H-117 Distillate Heat Oil Storage	N/A	19	A
124-50	H-118 Motor Gasoline Storage	N/A	51	I

821-60 (H-115) is in use and operational. It is scheduled to be removed not later than 1998 and a new tank installed.

821-60 (H-116) and (H-117) are no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

124-50 (H-118) is no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
823-20	H-106 Gas Storage Tank (Propane)	N/A	18	A
441-30	H-107 Flamable Store House	100	16	A
821-60	H-108 Heating Fuel Oil Storage for H-99	N/A	20	A
821-60	H-114 Dist Htg Oil Storage/BEQ-H-96	NA	19	A

821-60 (H-108 - Fuel Tanks) are now in use, but are scheduled to be removed in 1995 and replaced with new above ground tanks through a MCB, Camp Pendleton contract.

821-60 (H-114) Facility no longer required. Under contract for removal 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-115 Heating Fuel Oil Storage for H-94	N/A	19	A
821-60	H-116 Heating Fuel Oil Storage	N/A	19	A
821-60	H-117 Distillate Heat Oil Storage	N/A	19	A
124-50	H-118 Motor Gasoline Storage	N/A	51	I

821-60 (H-115) is in use and operational. It is scheduled to be removed not later than 1998 and a new tank installed.

821-60 (H-116) and (H-117) are no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

124-50 (H-118) is no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
411-82	H-119 Contaminated Fuel Storage	N/A	51	I
690-10	H-121 Flagpole/Billboard Marker	55	20	A
821-09	H-123 Heating Plant Bldg by H-94/95	476	19	I
821-09	H-124 Heating Plant for H-49	280	19	A

411-82 (H-119) Facility no longer used. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
813-20	H-125 Substation	N/A	20	A
441-30	H-127 Hazardous/Flammable Storage	100	15	I
750-20	H-128 Softball Field	N/A	14	A
730-66	H-129 Bus Shelter, BEQ, H-96	72	13	A

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
411-82	H- 19 Contaminated Fuel Storage	N/A	51	I
690-10	H-121 Flagpole/Billboard Marker	55	20	A
821-09	H-123 Heating Plant Bldg by H-94/95	476	19	A
821-09	H-124 Heating Plant for H-49	280	19	A

411-82 (H-119) Facility no longer used. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
813-20	H-125 Substation	N/A	20	A
441-30	H-127 Hazardous/Flammable Storage	100	15	A
750-20	H-128 Softball Field	N/A	14	A
730-66	H-129 Bus Shelter, BEQ, H-96	72	13	A

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-66	H-130 Bus Shelter, South	81	13	A
730-66	H-131 Bus Shelter, North	81	13	A
750-20	H-132 Soccer Field	N/A	16	A
740-84	H-134 Racquetball Court	1,764	8	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-77	H-135 Medical Storage	61,600	3	A
219-77	H-136 Public Works	10,400	3	A
843-20	H-137 Fire Pump House	N/A	3	A

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
R1-89	Renovate Building-Upgrade for ARD H-49	93	784K
CR2-88	Alter/Repair Med Tech Training School H-95	94	275K
R2-87	Repair Bachelors Quarters H-96 (87-2380	89	794K

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-66	**H-130 Bus Shelter, South**	**81**	**13**	**A**
730-66	**H-131 Bus Shelter, North**	**81**	**13**	**A**
750-20	**H-132 Soccer Field**	**N/A**	**16**	**A**
740-84	**H-134 Racquetball Court**	**1,764**	**8**	**A**

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-77	**H-135 Medical Storage**	**61,600**	**3**	**A**
219-77	**H-136 Public Works**	**10,400**	**3**	**A**
843-20	**H-137 Fire Pump House**	**N/A**	**3**	**A**

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
R1-89	**Renovate Building-Upgrade for ARD H-49**	**93**	**800K**
CR2-88	**Alter/Repair Med Tech Training School H-95**	**94**	**273K**
R2-87	**Repair Bachelors Quarters H-96 (87-2380**	**89**	**182K**

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PROJECT	DESCRIPTION	FUND YEAR	VALUE
R3-89	Replace Cooling Towers H-99	94	446K
C8-85	Fluorescent Ballast Replacement H-100	90	132K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	Replace Kathabar System H-100	92	460K
P-961	Fire Protection System (Dampers) H-100	93	1.4M
RC2-87 R1-82	Painting of Bldg H-96 and H-100 (87-2637)	87	38K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
80-074-89	PCB Replacement-Transformer H-125	91	36K

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-510	Replace Chillers H-99	95	1.28M
C1-94	Construct Additional Parking Lot H-100	97	220K
R5-94	Replace Walk-in Reefers H-100	96	400K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	Repair Hospital Elevators H-100	95	527K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-82	**Painting Exterior of H-96 (87-2637)**	**87**	**38K**
R3-89	**Replace Cooling Towers H-99**	**94**	**420K**
C8-85	**Fluorescent Ballast Replacement H-100**	**90**	**130K**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	**Replace Kathabar System H-100**	**92**	**460K**
P-961	**Fire Protection System (Dampers) H-100**	**94**	**1.7M**
RC2-87	**Painting of Bldg H-96 and H-100 (87-2637)**	**87**	**38K**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
80-074-89	**PCB Replacement-Transformer H-125**	**91**	**200K**

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-510	**Replace Chillers H-99**	**95**	**1.28M**
C1-94	**Construct Additional Parking Lot H-100**	**97**	**220K**
R5-89	**Replace Walk-in Reefers H-100**	**96**	**165K**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	**Repair Hospital Elevators H-100**	**95**	**520K**

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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
NONE			

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

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
NONE			

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, Camp Pendleton, CA					
2. UIC N68094	3. CATEGORY CODE		4. NO. OF BUILDINGS 15		
5. SIZE	A. GSF 427,958		B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY Camp Pendleton			B.STATE CA	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80		20	B20	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	90	10		C15	
(6) FOOD SERVICES	85	15		A17	
(7)LABORATORIES	80	20		C01	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	95	5		C15	
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	50		50	B09	
(12) PHARMACY	100				
(13) RADIOLOGY	95	5		A01	
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	75	10	15	A12 C10	
(B) HVAC	20	80		A01	
(C) PLUMBING	70	30		A02	
(D) ELECTRICAL SVCS.	75	25		F06	
(E) ELECTRICAL DISTRIBUTION	75	25		F06	

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Naval Hospital, Camp Pendleton, CA				
2. UIC N68094	3. CATEGORY CODE	4. NO. OF BUILDINGS 15		
5. SIZE	A. GSF 427,958	B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY Camp Pendleton		B.STATE CA	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80		20	B20	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	90	10		C15	
(6) FOOD SERVICES	85	15		A17	
(7)LABORATORIES	80	20		C01	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	95	5		C15	
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	50		50	B09	
(12) PHARMACY	100				
(13) RADIOLOGY	95	5		A01	
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	75	10	15	A12 C10	
(B) HVAC	20	80		A01	
(C) PLUMBING	70	30		A02	
(D) ELECTRICAL SVCS.	75	25		F06	
(E) ELECTRICAL DISTRIBUTION	75	25		F06	

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(F) EMERGENCY POWER	50		50	C06	C07	

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

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

(F) EMERGENCY POWER	50		50	C06	C07	

FORM INSTRUCTIONS

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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.

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% 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

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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

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.

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- 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: **7/30/92**
FULL ACCREDITATION: **Yes**
LIFE SAFETY MANAGEMENT SCORE: **3** (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?

Location is critical to ensure prompt access to care. Naval Hospital, Camp Pendleton and its branch medical clinics are conveniently located near or about close distance to on-base housing. However, clients living off base find it more difficult to reach our services. Distance between the core hospital and any of the base gates range from 10 to 16 miles. (Only 30% of our beneficiaries live on-base).

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

City bus transportation is available to beneficiaries that do not own private vehicles.

Medivac'd patients are flown into Miramar NAS and then transported to the hospital via ambulance or van as indicated.

The closest commercial airport is Palomar, located approximately 30 miles from the hospital.

Amtrack (rail services) is located in the city of Oceanside - 5 miles from the hospital. Amtrack also has a station in San Clemente - 8 miles from the San Onofre Gate

No sea transportation is available to clients.

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): 3

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

The current Marine Corps Mobilization plan allows increases of personnel loading aboard MCB Camp Pendleton to increase by 750 additional marines per week, up to 15,000 in a 90 day period. Health Care requirements for this increase are best met by a local facility during mobilization due to logistical requirements.

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?

Location is critical to ensure prompt access to care. Naval Hospital, Camp Pendleton and its branch medical clinics are conveniently located near or about close distance to on-base housing. However, clients living off base find it more difficult to reach our services. Distance between the core hospital and any of the base gates range from 10 to 16 miles. (Only 30% of our beneficiaries live on-base).

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

City bus transportation is available to beneficiaries that do not own private vehicles.

Medivac'd patients are flown into Miramar NAS and then transported to the hospital via ambulance or van as indicated.

The closest commercial airport is Palomar, located approximately 30 miles from the hospital.

Amtrack (rail services) is located in the city of Oceanside - 5 miles from the hospital. Amtrack also has a station in San Clemente - 8 miles from the San Onofre Gate

No sea transportation is available to clients.

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): 3

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

The hospital provides mobilization support to both IMEF and Fleet Hospital Six. In mobilization for IMEF, a significant pool of 8404 corpsmen are assigned to the hospital as staff and can be recalled in a short time span. Fleet Hospital mobilization is usually accomplished in a 48 hour time frame making the geographic location less of an issue.

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

Beneficiaries living on base can reach the facility in 5-20 minutes. Off base beneficiaries take 20 minutes or longer.

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 problem currently is the pay for medical positions, not the location. Federal salaries for medical professionals is the biggest recruiting problem we have; however, special salary rates and now the ability to offer recruitment and retention bonuses should help alleviate this problem.

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, Camp Pendleton (NHCP) provides the medical support for Navy and Marine Corps operational forces based on Marine Corps Base, Camp Pendleton, the Naval Weapons Station, Fallbrook, Marine Corps Mountain Warfare Training Center, Bridgeport, Marine Corps Logistic Base, Barstow, Marine Corps Air Station, Tustin/El Toro and Marine Corps Air Station, Yuma, Arizona.

The hospital provides training support for El Toro, Bridgeport, Yuma and Barstow; training for Advanced Lab Students from Naval Medical Center, San Diego; and is currently planning a lab training program for the Oceanside Regional Occupational Program (ROP).

Additionally, NHCP conducts drives for the Armed Services Worldwide Blood (ASWBL) Program and Western Association of Blood Banks (WABS), and provides pathology services for Yuma, El Toro/Tustin and 29 Palms. A provision for pathology services to Port Hueneme is now in the negotiation process.

Naval Hospital, Camp Pendleton provides Industrial Hygiene support for food inspections, water samples, Pneumonia Surveillance, Tick Surveys, HIV instruction, technical assistance visits, conducts inspection of dining facilities, delicatessens, fast food concessions, cafeterias, mobile food vendors, public lavatories, gyms, laundry, and waste management plants at Bridgeport, Barstow, Yuma and El Toro.

The hospital supply system provides vault storage for narcotic and controlled substances, orders supplies through the Navy system and open purchase, provides storage in our warehouse for supplies, delivers the supplies, provides supply training, and certifies invoices and pays bills for Naval Hospital, Camp Pendleton, Barstow, Bridgeport, El Toro and Yuma.

Naval Hospital, Camp Pendleton initiated all necessary measures to provide medical support for combat casualties during Desert Storm/Shield and has, more recently, augmented Fleet Hospital (FH6) which mobilized to Zagreb.

Marine Corps Base, Camp Pendleton, of which NHCP is a tenant provides response in the event of nuclear accidents at the San Onofre Nuclear Generating Station (SONGS).

The regional Composite Health Care System (CHCS) main frame was recently installed at Naval Hospital, Camp Pendleton and services 29 Palms, China Lake, Long Beach, Point Mugu, Port Hueneme, Barstow and Yuma. In addition to all the foregoing capabilities that would be lost, the entire CHCS consisting of over 800 drops and more than 400 terminals would have to be relocated at an initial cost of $2-3 million. (These figures do not include the funds expended by Marine Corps Base, Camp Pendleton for communications cable.)

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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.

If Naval Hospital, Camp Pendleton were to close without any change in assigned beneficiary population the local health care infrastructure would be capable of absorbing the workload of approximately 39,997 active duty dependents and 29,277 retirees, retiree dependents and other eligible beneficiaries (based on RAPS for FY 93) at a tremendous increase in costs for Champus expenditures and for manning, equipment and supplies at the only existing military hospital in the area.

The civilian infrastructure within the 40 mile catchment area of the base consists of 3,047 primary care physicians, 3,840 specialty care physicians, 368 physician assistants and nurse practictioners, and 26 civilian hospitals with a total of 5,952 beds.

The twenty-six (26) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

(The local civilian health care infrastructure would also be capable of providing emergent care to active duty personnel as required.)

One 355-bed VA hospital, located in La Jolla, supports the disabled military community and has an occupancy rate of 77.5%.

The only existing military hospital within the region to support the assigned active duty population of 36,421 or the total eligible population of 105,695 is Naval Medical Center, San Diego. Naval Medical Center, San Diego has 442 beds with a current average occupancy of 99.7%. It is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hamper efficiency and productivity.

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.

If Naval Hospital, Camp Pendleton were to close without any change in beneficiary population the local health care infrastructure would be capable of absorbing the workload of approximately 39,997 active duty dependents and 29,277 retirees, retiree dependents and other eligible beneficiaries (based on RAPS for FY 93) at a tremendous increase in costs for Champus expenditures and for manning, equipment and supplies at the only existing military hospital in the area.

The civilian infrastructure within the 40 mile catchment area of the base consists of 3,208 primary care physicians, 4,034 specialty care physicians, 368 physician assistants and nurse practictioners, and 31 hospitals with a total of 6,850 operating beds.

Twenty-three (23) of the thirty-one (31) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

The local civilian health care infrastructure would also be capable of providing emergent care to active duty personnel as required.

The only existing military hospital within the 40 mile catchment area to support the active duty population of 36,421 or the total eligible population of 105,695 is Naval Medical Center, San Diego. Naval Medical Center, San Diego has a 393 bed capacity with a current average occupancy of 88%. It is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hamper efficiency and productivity.

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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 Naval Hospital, Camp Pendleton were to close and its 1,674 active duty Navy and their 4,083 dependents (based on FY 93 RAPS) were to leave the area, the local community health care system would be able to support the residual assigned eligible population of 32,903 active duty personnel, 34,509 dependents and 32,526 retirees, retiree dependents and other eligible beneficiaries. This would, however, generate tremendous increases in Champus expenditures and in manning, equipment, and supplies at the only existing military hospital (Naval Medical Center, San Diego) in the area.

The local community health care system within a 40 mile catchment area consists of 3,047 civilian primary care providers, 3,840 civilian specialty care providers, 368 civilian physician assistants and nurse practitioners and 26 civilian hospitals with 5,952 beds.

The twenty-six (26) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

(The local community health care system would also be capable of providing emergent care to active duty personnel as required.)

One 355-bed VA hospital, located in La Jolla, supports the disabled military community and has an occupancy rate of 77.5%.

The only existing military hospital within the region to support the residual assigned active duty personnel of 32,903, or the total eligible beneficiary population of 99,938, is Naval Medical Center (NMC), San Diego. NMC, which has 442 beds and an occupancy rate of 99.7%, is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have enrironmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hinder efficiency and productivity.

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 Naval Hospital, Camp Pendleton were to close and the 1,674 active duty Navy and their 4,083 dependents (based on FY 93 RAPS) were to leave the area, the local community health care system would be able to support the residual eligible population of 32,903 active duty personnel, 34,509 dependents and 32,526 retirees, retiree dependents and other eligible beneficiaries. This would, however, generate tremendous increases in Champus expenditures and in manning, equipment, and supplies at the only existing military hospital (Naval Medical Center, San Diego) in the area.

The local community health care system within a 40 mile catchment area consists of 3,208 civilian primary care providers, 4,034 civilian specialty care providers, 368 civilian physician assistants and nurse practitioners and 31 civilian hospitals with 6,850 operating beds.

Twenty-three (23) of the thirty-one (31) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

The local community health care system would also be capable of providing emergent care to active duty personnel as required.

The only existing military hospital within the 40 mile catchment area to support the residual active duty personnel of 32,903, or the total eligible beneficiary population of 99,938, is Naval Medical Center (NMC), San Diego. NMC is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have enrironmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hinder efficiency and productivity.

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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 Naval Hospital, Camp Pendleton inpatient care capability were to close, the local community would be able to absorb the current inpatient workload of 39,997 assigned active duty dependents, 18,155 retirees, 8,303 retiree dependents, and 2,821 other eligible beneficiaries (based on FY 93 RAPS) at an increase in Champus and Supplemental Care costs for civilian care, and an increase in costs for additional medical resources at the only military hospital in the catchment area.

The total admissions for FY 93 was 9,609 and the projected admissions for FY 94 is 9,350 for Naval Hospital, Camp Pendleton.

The local civilian community has twenty-six (26) inpatient care facilities with 5,952 beds for trauma, pediatric, psychiatric, AIDS/ARC, and community healthcare services. The average current occupancy rate is 60.3%. One (1) VA hospital in La Jolla supports the disabled military community with 355 beds and maintains 77.5% occupancy.

The only existing military hospital for active duty personnel and eligible beneficiaries is located one hour from Camp Pendleton. Naval Medical Center, San Diego has 442 beds with a current average occupancy of 99.7%.

In addition to the expenses required to increase the manning, equipment and supplies of the Naval Medical Center, San Diego to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Absences from work to cover travel time to this facility would decrease job efficiency and productivity.

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 Naval Hospital, Camp Pendleton inpatient care capability were to close, the local community would be able to absorb the current inpatient workload of 39,997 active duty dependents, 18,155 retirees, 8,303 retiree dependents, and 2,821 other eligible beneficiaries (based on FY 93 RAPS) at an increase in Champus and Supplemental Care costs for civilian care, and an increase in costs for additional medical resources at the only military hospital in the catchment area.

The total admissions for FY 93 was 8,476 and the projected admissions for FY 94 is 9,350 for Naval Hospital, Camp Pendleton.

The local civilian community has twenty-two (22) inpatient care facilities with 6,495 operating beds for trauma, pediatric, psychiatric, AIDS/ARC, and community healthcare services. The average current occupancy rate is 60.3%. One (1) VA hospital in La Jolla supports the disabled military community with 355 operating beds and maintains 77.5% occupancy.

The only existing military hospital for active duty personnel and eligible beneficiaries is located one hour from Camp Pendleton. Naval Medical Center, San Diego has a 393 bed capacity with a current average occupancy of 88%.

In addition to the expenses required to increase the manning, equipment and supplies of the Naval Medical Center, San Diego to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Absences from work to cover travel time to this facility would decrease job efficiency and productivity.

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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 Tripoli	**07198**	**0**
USS New Orleans	**07202**	**3**
USS Belleau Wood	**20633**	**0**
USS Essex	**21533**	**0**
3rd MAW, CAPEN	**31053**	**1**
USNS Mercy	**46245**	**22**
1st MAW	**57079**	**1**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MAW	**57081**	**4**
HQ, Camp Smith, HI	**67025**	**0**
3D Marine Division	**67360**	**3**
3D FSSG	**67436**	**30**
1st FSSG	**67446**	**42**
1st Marine Division	**67448**	**41**
NAVHOSP Guam	**68096**	**24**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVMEDClinic Pearl Harbor	**68098**	**11**
NAVHOSP Yokosuka	**68292**	**31**
NAVHOSP Okinawa	**68470**	**38**
NAVDENCEN Okinawa	**68582**	**1**
Fleet Hospital #1	**68681**	**8**

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 Tripoli	**07198**	**4**
USS New Orleans	**07202**	**31**
USS Belleau Wood	**20633**	**1**
USS Essex	**21533**	**1**
3rd MAW, CAPEN	**31053**	**3**
USNS Mercy	**46245**	**56**
1st MAW	**57079**	**2**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MAW	**57081**	**5**
HQ, Camp Smith, HI	**67025**	**1**
3D Marine Division	**67360**	**6**
3D FSSG	**67436**	**25**
1st FSSG	**67446**	**18**
1st Marine Division	**67448**	**89**
NAVHOSP Guam	**68096**	**21**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVMEDClinic Pearl Harbor	**68098**	**7**
NAVHOSP Yokosuka	**68292**	**30**
NAVHOSP Okinawa	**68470**	**44**
NAVDENCEN Okinawa	**68582**	**4**

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Fleet Hospital #2	**68682**	**51**
Fleet Hospital #6	**68686**	**216**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MARDIV (Advance Party)	**MPS3D**	**5**
3rd FSSG (Advance Party)	**MPS3F**	**20**
1st MAW (Advance Party)	**MPS3W**	**1**
NEPMU-6 PEARL HARBOR	**0545A**	**1**
DET 3D MAW, YUMA	**31055**	**1**
1ST MARDIV (ADV ELEMENT)	**MPSID**	**8**
1ST FSSG (ADV ELEMENT)	**MPSIF**	**5**

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.

All members assigned to Fleet Hospitals are required to attend a two week training course. 468 personnel currently assigned.

80 x 468 = 37,440 - 168 (=1 FTE) = 222 total FTE
26 Physicians
26 x 80 hrs = 2080 hrs - 168 = 12.3 provider FTE

All members with Marine augmentation platforms are required to attend a one week Field Medical Service Support training course. 174 personnel currently assigned.

40 x 174 = 6,960 - 168 (=1 FTE) = 41.42 total FTE
18 Physicians
18 x 40 hrs = 720 hrs - 168 = 4.28 provider FTE

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

Fleet Hospital #1	**68681**	**4**
Fleet Hospital #2	**68682**	**17**
Fleet Hospital #6	**68686**	**447**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MARDIV (Advance Party)	**MPS3D**	**1**
3rd FSSG (Advance Party)	**MPS3F**	**12**
1st MAW (Advance Party)	**MPS3W**	**12**

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.

All members assigned to Fleet Hospitals are required to attend a two week training course. 468 personnel currently assigned.

80 x 468 = 37,440 - 168 (=1 FTE) = 222 total FTE
26 Physicians
26 x 80 hrs = 2080 hrs - 168 = 12.3 provider FTE

All members with Marine augmentation platforms are required to attend a one week Field Medical Service Support training course. 174 personnel currently assigned.

40 x 174 = 6,960 - 168 (=1 FTE) = 41.42 total FTE
18 Physicians
18 x 40 hrs = 720 hrs - 168 = 4.28 provider FTE

c. Please provide the total number of your expanded beds[1]

R

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]: 265 R

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

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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]: ~~584~~ 623 BUMED MED 82 S GSA 9/1/94

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

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]: **265**

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

Operating beds = **120**
Set up beds = ~~**145**~~ 102
Total "Stubbed" Expanded Capacity = **265***

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*** Naval Hospital, Camp Pendleton has a 623 expanded bed capacity. 265 of these beds are stubbed.**

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994 (Oct-Mar)
INPATIENT	**3079**	**1925**	**1135**
OUTPATIENT	**1098**	**721**	**339**

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	**1064**	**940**	**595**	**682**	**245**	**411**
AD FAMILY	*					
OTHER	*					
TOTAL	**1064**	**940**	**595**	**682**	**245**	**411**

*** DO NOT HAVE THE RESOURCES TO BREAK OUT DEPENDENTS FROM OTHER.**

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

[2] The total cost in thousands of dollars.

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994 (Oct-Mar)
INPATIENT	**3079**	**1925**	**1135**
OUTPATIENT	**1098**	**721**	**339**

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	**1,940**	**772**	**1,266**	**673**	**630**	**368**
AD FAMILY	*					
OTHER	*					
TOTAL	**1,940**	**772**	**1,266**	**673**	**630**	**368**

*** DO NOT HAVE THE RESOURCES TO BREAK OUT DEPENDENTS FROM OTHER.**

[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	29577483	28474257	27941794
TOTAL OUTPATIENT VISITS	296894	300557	304688
AVERAGE COST PER VISIT	$99.62	$94.73	$91.71

NOTE: The projections are based on both 1ST QTR AND 2ND QTR Outpatient visits FY-94 Data.

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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	29577483	28471252	27056460
TOTAL OUTPATIENT VISITS	266689	300557	304688
AVERAGE COST PER VISIT	$110.91	$94.73	$88.80

NOTE: The projections are based on both 1ST QTR AND 2ND QTR Outpatient visits FY-94 Data.

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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). 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.
SOURCE: MEPRS REPORT PART I FY93 & FY92 AND MEPRS COMPUTATION SUMMARY REPORT FY92 & 93.
Table A: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	24,468,284	25,476,883	See remark above

Table B: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	70564	47977	See Remark above
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	1,155,499	1,088,847	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	1,226,063	1,136,824	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	26,710,859	26,718,031	
F. % SELECTED E EXPENSES (D÷E)[1]	.045901	.042548	

[1] Record as a decimal to 6 digits.

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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). 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: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	24488266	24054964	See remark above

Table B: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	70564	49564	See Remark above
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	1155496	1162473	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	1226060	1212037	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	26713753	26636879	
F. % SELECTED E EXPENSES (D÷E)[1]	4.589621	4.55022	

[1] Record as a decimal to 6 digits.

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N/A

(See p. 50 R)

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Table C: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	6,305,099	6,497,860	See Remark above
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	289,410	276,471	
I. AREA REFERENCE LABORATORIES (FAA)	NA	NA	NA
J. CLINICAL INVESTIGATION PROGRAM (FAH)	NA	NA	NA
K. TOTAL SELECTED F (I+J)	NA	NA	NA
L. CONTINUING HEALTH EDUCATION (FAL)	557809	669,829	
M. DECEDENT AFFAIRS (FDD)	40250	37,603	
N. INITIAL OUTFITTING (FDE)	NA	NA	NA
O. URGENT MINOR CONSTRUCTION (FDF)	NA	NA	NA
P. TOTAL (L+M+N+O)	598059	707,432	
Q. E EXPENSES INCLUDED IN ROW P	41752	60,242	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	1,916	2,5638	
S. OTHER F'S LESS E (P-R)	596143	704869	

NA - Means Services are not provided at this MTF.

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Table C: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	6317527	5548075	See Remark above
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	28995054	25244961	
I. AREA REFERENCE LABORATORIES (FAA)	NA	NA	NA
J. CLINICAL INVESTIGATION PROGRAM (FAH)	NA	NA	NA
K. TOTAL SELECTED F (I+J)	NA	NA	NA
L. CONTINUING HEALTH EDUCATION (FAL)	557807	671724	
M. DECEDENT AFFAIRS (FDD)	40287	35210	
N. INITIAL OUTFITTING (FDE)	NA	NA	NA
O. URGENT MINOR CONSTRUCTION (FDF)	NA	NA	NA
P. TOTAL (L+M+N+O)	598094	706934	
Q. E EXPENSES INCLUDED IN ROW P	41787	59744	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	191786	271848	
S. OTHER F'S LESS E (P-R)	406308	435086	

NA - Means Services are not provided at this MTF.

N/A (See p. 50R.) BUMED-822

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Table D: Remarks: **FY-94 Inpatient and RCMAS data not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	7118.6280	7572.0381	See Remarks
U. TOTAL WORK UNITS (MWU)[2]	20229.4839	20946.6699	
V. PERCENT INPATIENT (IWU÷AWU)	.542956	.566149	
W. FINAL OTHER F EXPENSES (S×V)	323679	399061	
X. FINAL F EXPENSES (K+W)	323679	399061	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	24502553	25599473	
Z. NUMBER OF BIOMETRICS DISPOSITIONS	7960	8466	
AA. TOTAL MEPRS DISPOSITIONS	7960	8467	
BB. ADJUSTED DISPOSITIONS (Z÷AA)	N/A	.999882	
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	16676280	24787933	
DD TOTAL RELATIVE WEIGHTED PRODUCT (RW)			
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).

BIOMETRICS DISPOSITIONS - AQCESS SYSTEM.

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Table D: Remarks: **FY-94 Inpatient and RCMAS data not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	7118.6280	7572.0381	See Remarks
U. TOTAL WORK UNITS (MWU)[2]	20229.4839	20946.6699	
V. PERCENT INPATIENT (IWU+AWU)	54.295677	56.614927	
W. FINAL OTHER F EXPENSES (S×V)	22060767	24632362	
X. FINAL F EXPENSES (K+W)	22060767	24632362	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	17553979	23442365	
Z. NUMBER OF BIOMETRICS DISPOSITIONS	7602	8953	
AA. TOTAL MEPRS DISPOSITIONS	7960	8467	
BB. ADJUSTED DISPOSITIONS (Z+AA)	.95	1.057399	
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	16676280	24787933	
DD TOTAL RELATIVE WEIGHTED PRODUCT (RW)			
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).
BIOMETRICS DISPOSITIONS - AQCESS SYSTEM.

N/A (SEE P. SOR)
BUMED-822
MAY 14 JUN 94

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TABLE E: BURDENING FOR ADD-ONS AND INFLATION

NOTES AND REMARKS: RCMAS Information was not readily available.

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)			See Remark above
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)			

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Revised pg

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

NOTES AND REMARKS: RCMAS Information was not readily available.

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)			See Remark above
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)			
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YY. OTHER ASSET USE CHARGES (SS×1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

(See p. SOR)

N/A

BUMED-822
MSI, 14 Jun 94

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Revised

NH CAMP PENDELTON

TABLE A:

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	24488266	24053923	

*FY 94 NOT CURRENTLY AVIALABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	70564	49564	
C. EDUCATION AND TRAINING (EBF)	1113740	1121426	
D. TOTAL EXP EBE AND EBF	1184304	1170990	0
E. TOTAL E EXPENSES	22202851	21925792	
F. % SELECTED E EXPENSES (D/E)	0.053340	0.053407	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	4310125	4209696	
H. E EXPENSES TO REMOVE FROM A (FxG)	229902.8	224827.1	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)	557807	625966	
M. DECEDENT AFFAIRS (FDD)	40287	35210	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	598094	661176	0
E EXPENSE (FAL)	33319	52717	
E EXPENSE (FDD)	8468	7027	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E EXEPENSES INCLUDED IN ROW P	41787	59744	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	2228.926	3190.746	ERR
S. OTHER F'S LESS E (P-R)	595865.1	657985.3	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	7118.52	7776.83	
U MWU	14712.75	15706.02	
V PERCENT INPATIENT	0.483833	0.49515	ERR
W. FINAL OTHER F EXP (SxV)	288299.4	325801.2	ERR
X FINAL F EXP (K+W)	288299.4	325801.2	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	24546663	24154897	ERR
Z NUMBER BIOMETRICS DISPOS	7840	8400	
AA. TOTAL MEPRS DISP	7960	8473	
BB. ADJ DISPOS (Z/AA)	0.984925	0.991384	ERR
CC ADJ MERPS EXP (YxBB)	24176612	23946788	ERR
DD. TOTAL RWP	6008.696	6199.4	
EE COST PER RWP (CC/DD)	4023.604	3862.759	ERR
CATEGORY II RWPS			
(DXNNH)	17.2773	25.9122	
(PAS)	1574.402	1511.99	
(ADELS)	46.5322	20.9748	
FF. TOTAL CAT II RWPS	1638.211	1558.877	0
GG. TOTAL CAT II COST (EExFF)	6591512	6021565	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	17585100	17925223	ERR
II. TOTAL CAT III RWPS (DD-FF)	4370.485	4640.523	0
JJ. COST PER CAT III RWP (HH/II)	4023.604	3862.759	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	31114	[illegible]	
CAT II OBDS			
(DXNNH)	257	[illegible]	
(PAS)	4514	[illegible]	
(ADELS)	735	[illegible]	
LL TOTAL CAT II OBD	5506	[illegible]	0
MM CAT III OBDS (KK-LL)	25608	[illegible]	0
NN. AVG DAYS/RWP (MM/II)	5.859304	[illegible]	ERR
OO. ADD ON PER RWP (NNx77)	451.1664	[illegible]	ERR
PP. TOTAL COST PER RWP (JJ+OO)	4474.77	[illegible]	ERR
QQ. CIVILIAN PAY COST (PPx.15)	671.2155	[illegible]	ERR
RR. MILITARY PAY COST (PPx.56)	2505.871	[illegible]	ERR
SS. OTHER COSTS (PPx.29)	1297.683	[illegible]	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	716.7232	[illegible]	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2641.465	[illegible]	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1053.583	[illegible]	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1095.726	[illegible]	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2747.124	[illegible]	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1349.591	[illegible]	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1461.607	[illegible]	ERR
ADJ CAT III COST/RWP	5304.457	[illegible]	ERR

50R CAW BUMED-823 10/5/94

TABLE A: NH CAMP PENDELTON

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FY 94 NOT CURRENTLY AVIALABLE

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L. CONTINUING HEALTH ED (FAL)	557807	625966	
M. DECEDENT AFFAIRS (FDD)	40287	35210	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
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E EXPENSE (FAL)	33319	52717	
E EXPENSE (FDD)	8468	7027	
E EXPENSE (FDE)	0	0	
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Q. E XEPENSES INCLUDED IN ROW P	41787	59744	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	2228.926	3190.746	ERR
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JJ. COST PER CAT III RWP (HH/II)	4023.604	3862.759	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	31114	29500	
CAT II OBDS			
(DXNNH)	257	267	
(PAS)	4514	3918	
(ADELS)	735	392	
LL TOTAL CAT II OBD	5506	4577	0
MM CAT III OBDS (KK-LL)	25608	24923	0
NN. AVG DAYS/RWP (MM/II)	5.859304	5.370731	ERR
OO. ADD ON PER RWP (NNx77)	451.1664	413.5463	ERR
PP. TOTAL COST PER RWP (JJ+OO)	4474.77	4276.305	ERR
QQ. CIVILIAN PAY COST (PPx.15)	671.2155	641.4458	ERR
RR. MILITARY PAY COST (PPx.56)	2505.871	2394.731	ERR
SS. OTHER COSTS (PPx.29)	1297.683	1240.129	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	716.7232	684.9351	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2641.465	2524.311	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1053.583	1006.855	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1095.726	1047.129	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2747.124	2625.283	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1349.591	1289.734	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1461.607	1396.782	ERR
ADJ CAT III COST/RWP	5304.457	5069.194	ERR

50R

NAVAL HOSPITAL, CAMP PENDLETON IS A TENANT COMMAND OF MARINE CORPS BASE, CAMP PENDLETON (UIC M00681). MCB, OUR HOST COMMAND, IS RESPONSIBLE FOR ANSWERING THESE QUESTIONS RELATING TO THE QUALITY OF LIFE IN THEIR BRAC DATA CALL #38.

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:

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

(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:

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

(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			
Septembe r			
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			

UIC 68094

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

JAMES L. STAIGER
NAME (Please type or print)

J. L. Staiger
Signature

Commanding Officer
Title

6/3/94
Date

Naval Hospital, Camp Pendleton
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

question 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

RICHARD L. ANDERSON
NAME (Please type or print)

Signature

Acting, Commanding Officer
Title

8-25-94
Date

Naval Hospital, Camp Pendleton
Activity

question 3

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: 9-6-94

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: 9/12/94

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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

JAMES L. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

19 Aug 94
Date

Naval Hospital, Camp Pendleton
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 9-6-94 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)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 9/12/94 Date

DATA CALL #27
9-23-94 REVISION
TO QUESTION 11.c

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

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

30 Sept 94
Date

Naval Hospital, Camp Pendleton
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

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

3 1 0-

MILITARY VALUE ANALYSIS: DATA CALL WORKSHEET FOR: MEDICAL FACILITY: NAVAL HOSPITAL, CAMP PENDLETON 92055

ACTIVITY UIC: 68094

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

April 4, 1994

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

ENCLOSURE (1)

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14. Costs
15. Quality of Life

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.

ACTIVITY: Naval Hospital, Camp Pendleton, Ca.

UIC: 68094

MISSION: The Naval Hospital, Camp Pendleton, located on the Marine Corps Base, is a shore activity in an active (fully operational) status which provides:

- A comprehensive range of emergency, outpatient and inpatient health care services to active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services.

- Ensures that all assigned military personnel are both, aware of and properly trained for the performance of their assigned contingency and wartime duties.

- Ensures that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

- Provides, as directed, quality health care services and timely access 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, provides 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 applicablae directives.

- Conducts appropriate education programs for assigned military personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained.

- Conducts graduate and post-graduate education programs for navy medical students and Medical Department officers.

- Participates as an integral element of the Navy and Tri-Service Regional Health Care System.

- Cooperates with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies. Manage hospital resources appropriately.

- Maintains requisite quality health care standards so as to

2

1CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL, CAMP PENDLETON, CALIFORNIA
~~92055~~ 68094 BUMED-822, MA
3 Jun 94

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

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

Encl (1)

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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 99		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	127881	36421	NA	114386	37297	NA
FAMILY OF AD	126076	39997		112853	37577	
SUBTOTAL	253957	76418	NA	227239	74874	NA
RETIRED AND FAMILY MEMBERS UNDER 65	80170	18153		78035	22609	
RETIRED AND FAMILY MEMBERS OVER 65[4]	31533	8303		39865	13346	
OTHER	12465	2821		15764	4601	
TOTAL	378125	105695	NA	360903	115430	NA

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 (TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

***RAPS does not project out past FY-99

BUMED-82c
MH
3 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]:	120	
Set Up Beds[1]:	~~145~~ 102 WCBlumeD 8241014194	R
Expanded Bed Capacity[2]:	265	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 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.

Revised pg

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]:	120
Set Up Beds[1]:	102
Expanded Bed Capacity[2]:	~~584~~ 623 BUMED MED 825 GSA 9/1/94

[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]:	120
Set Up Beds[1]:	102
Expanded Bed Capacity[2]:	623*

[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 623* EXPANDED BED CAPACITY ANNOTATED ABOVE WAS DONE SO IN CONJUNCTION WITH FY93 REPORTING. WITH THE FY94 CONSOLIDATION OF OUR ALCOHOL REHABILITATION DEPARTMENT WITH THAT OF LONG BEACH AND ITS MOVE FROM THE NAVAL HOSPITAL TO BUILDING H-49, OUR EXPANDED BED CAPACITY HAS GROWN TO 637.

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	109041	130423	61093	300557
INPTS\OUTPTS VISITS	2114	4900	2595	9609
ADMISSIONS	3426	3570	1480	8476
LABORATORY TESTS (WEIGHTED)[1]	3252584	NA	NA	3252584
RADIOLOGY PROCEDURES (WEIGHTED)[1]	235581	NA	NA	235581
PHARMACY UNITS (WEIGHTED)[1]	569265	NA	NA	569265
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 Weighted Procedures total includes 20,544 Nuclear Medicine Weighted Procedures.

*** 361 Audiograms; 27818 Immunizations; 248 EEGs; 148 EMGs; and 9467 EKGs were completed.

Ancillary Procedures are not reported by patient category.

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	109041	130423	61093	300557
INPTS\OUTPTS VISITS	2114	4900	2595	9609
ADMISSIONS	3426	3570	1480	8476
LABORATORY TESTS (WEIGHTED)[1]	3252584	N/A	N/A	3252584
RADIOLOGY PROCEDURES (WEIGHTED)[1]	235581			235581
PHARMACY UNITS (WEIGHTED)[1]	569265			569265
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.

Nuclear Medicine Weighted Procedures are included in Radiology Weighted Procedures Total.

*** 361 Audiograms; 27818 Immunizations; 248 EEGs; 148 EMGs; and 9467 EKGs were completed.

Ancillary Procedures are not reported by patient category.

BUMED-82
MJ
3 Jun 94

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	113141	314486	145247	572874
INPTS\OUTPTS VISITS	2114	4900	2595	9609
ADMISSIONS	3426	8332	1964	13722
LABORATORY TESTS (WEIGHTED)[1]	3361498	NA*	NA*	3361498
RADIOLOGY PROCEDURES (WEIGHTED)[1]	289942	NA*	NA*	289942
PHARMACY UNITS (WEIGHTED)[1]	727686	NA*	NA*	727686
OTHER (SPECIFY)	N/A	721*	N/A	→

*WAS UNABLE TO PROVIDE BY PATIENT CATEGORY.

CHAMPUS, NAVCARE AND NAS WORKLOAD FOR BOTH INPATIENT AND OUTPATIENT CARE ARE INCLUDED AS FOLLOWS:

BUMED-822
MSL, 3 Jun 99

Admissions includes 3321 Champus, 1925 NAS;
Outpatient Visits includes 150572 Champus, 121745 NAVCARE;
Lab includes 108914 NAVCARE
X-Ray includes 54361 NAVCARE
Pharmacy includes 158421 NAVCARE

Camp Pendleton
August 26, 1994
Corrected Copy LR

B/A

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	31	31	31	31	31	31	31
SPECIALTY CARE[2]	42	42	42	42	42	42	42	42
PHYSICIAN EXTENDERS[3]	8	8	8	8	8	8	8	8
INDEPENDENT DUTY CORPSMEN	14	14	14	14	14	14	14	14
TOTAL	95	95	95	95	95	95	95	95

[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.

Revised pg

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]	~~39~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31
SPECIALTY CARE[2]	45	48	48	48	48	48	48	48
PHYSICIAN EXTENDERS[3]	~~20~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3
INDEPENDENT DUTY CORPSMEN	~~5~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14
TOTAL	~~109~~ 93	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96

The above chart includes physician providers only under Primary Care and Specialty Care. The figures include military authorizations, civilian authorizations/end strength and contract and resource sharing on board. FY 1995 increase reflects Naval Hospital, Long Beach (NHLB) military staff shift. The chart does not include sixteen (16) GMEs, twelve (12) Interns, and four (4) Adv Dent Educ for a total of thirty-two (32) under UIC 48458, NAVHOSP Training Camp Pendleton, CA. Also, this chart does not include the local area branch clinics.

BUMED-8 MSS, 3 Jun 9

[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]	3047
SPECIALTY CARE[2]	3840
PHYSICIAN EXTENDER[3]	368
TOTAL	7255

[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.

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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]	2843
SPECIALTY CARE[2]	3572
PHYSICIAN EXTENDER[3]	368
TOTAL	6783

[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.

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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: 2,768,902

Zip codes included in NHCP catchment area were provided by Region 9 Tricare, Naval Medical Center, San Diego, California.

Census population sources:
California Public Sector. Publisher: California Public Sector Publications, 1992.
(Reference book available from Carlsbad Public Library.)

California Almanac. Publisher: Pacific Data Resources, 5th Edition, 1991.
(Reference book available from Marine Corps Base Library, Camp Pendleton.)

The World Almanac and Book of Facts. Publisher: World Almanac, an imprint of Pharos Books, a Scripps Howard Company, New York, 1993.
(Reference book available from Marine Corps Base Library, Camp Pendleton.)

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: 1,873,564

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]
Alvarado Med Ctr	Nat'l Med Ent	44	59	NONE
Childrens Hosp and Health Ctr	Same	37	49	NONE
Coronado Hosp	Sharp HealthCare Grp	47	63	NONE *
Fallbrook Hosp	Fallbrook District	12	16	NONE *
Green Hospital of Scripps	Scripps Memorial	33	44	NONE
Grossmont	Sharp Healthcare Grp	44	59	NONE *
Harbor View	Ornda Healthcorp	41	55	NONE
Inland Valley Reg Med Ctr	Universal Health Svcs	25	33	NONE
Irvine Med Ctr	American Med Int'l	49	65	NONE *
Kaiser Foundation	Kaiser Foundation Hosp	49	65	NONE

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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]
Alvarado	National Medical Enterprises	32 miles	60 minutes	
CPC San Luis Rey	Community Psychiatric Center	12 miles	25 minutes	
Childrens		31 miles	45 minutes	
Capistrano By The Sea		28 miles	45 minutes	
Fallbrook		10 miles	15 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Green Hosp of Scripps	Scripps Memorial	25 miles	45 minutes	
Grossmont	Sharp Healthcare	40 miles	60 minutes	
Harbor View	Sharp Healthcare	40 miles	60 minutes	
Hillside		39 miles	60 minutes	
Inland Valley Regional		30 miles	45 minutes	

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]
Menifee Valley Med Ctr	Community Psychiatry	38	51	NONE *
Mercy Hospital/ Med Ctr	Catholic Healthcare West	41	55	NONE *
Mission Bay Memorial Hospital	Epic Healthcare Group	40	53	NONE
Mission Hosp/Reg Med Ctr	St. Joseph Health System	44	59	NONE
Naval Med Ctr San Diego	Dep of Navy	44	59	NONE
Palomar Med Ctr	Palomar Pomerado Health System	17	23	NONE *
Pomerado	Palomar Pomerado Health System	28	37	NONE *
Saddleback Memorial Med Ctr	Memorial Health Svcs	39	52	NONE *
Samaritan Med Ctr	Samaritan Health System	28	37	NONE
Scripps Memorial La Jolla	Scripps Memorial Hosp	33	44	NONE *
Scripps Memorial Encinitas	Scripps Memorial Hosp	22	29	NONE *

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Kaiser Foundation	Kaiser Foundation Hospitals	37 miles	60 minutes	
Mercy	Catholic Healthcare West	40 miles	60 minutes	
Mesa Vista	Vista Hill Foundation	31 miles	60 minutes	
Mission Bay Memorial	Epic Healthcare Group	30 miles	45 minutes	
Laguna Hills Hosp		32 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Palomar	Palomar Pomerado Health System	20 miles	35 minutes	
Pomerado	Palomar Pomerado Health System	25 miles	45 minutes	
Rancho Park		40 miles	60 minutes	
Irvine Medical Center		40 miles	60 minutes	
SD County Psych		40 miles	60 minutes	

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):

Sharp Cabrillo	Sharp Healthcare	44	59	NONE *
Sharp Healthcare Murrieta	Sharp Healthcare	24 13	32	NONE
Sharp Memorial	Sharp Healthcare	37 14	49	NONE *
South Coast Med Ctr	Same	35 15	47	NONE
Tri-City Med Ctr	Same	20 16	27	NONE *
UCSD	University of CA Systemwide Administration	33 17	44	NONE

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

* CHAMPUS CONTRACT NETWORK PROVIDER (AETNA)

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FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Healthcare Murrieta	Sharp Healthcare	28 miles	40 minutes	
Samaritan Medical Center	Samaritan Health System	20 miles	35 minutes	
Scripps Mem. La Jolla	Scripps Memorial	28 miles	45 minutes	
Scripps Mem. East	Scripps Memorial	28 miles	45 minutes	
Sharp Cabrillo	Sharp Healthcare	40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Memorial	Sharp Healthcare	30 miles	45 minutes	
Tri-City		15 miles	30 minutes	
UCSD	University of California	28 miles	45 minutes	
VA La Jolla	Dept of Veterans Affairs	28 miles	45 minutes	
Villaview Community		40 miles	60 minutes	

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]
VA La Jolla	Dept of Veteran Affairs	33 18	44	NONE

Milage distance - The Thomas Guide 1992, plus calculated 11 miles from Naval Hospital Camp Pendleton to entrance of route 5.

Driving time (not during rush hour)

$$\text{Time} = \frac{\text{distance} \times 60 \text{ minutes}}{\text{average speed 45 mph}}$$

Relationship - Naval Hospital Camp Pendleton doesn't have Partnerships, MOU's, Contracts, etc. with the facilities listed above

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

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FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Hemet Valley Medical Center	Hemet Valley System	40 miles	60 minutes	
Menifee Valley Medical Center	Community Valley Health System	35 miles	50 minutes	
Scripps Memorial/Encinitas	Scripps Memorial	12 miles	20 minutes	

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

THE NAVAL HOSPITAL AND/OR ITS BRANCH CLINICS MAY HAVE PERSONAL SERVICES CONTRACTS FOR RADIOLOGY OR LABORATORY SERVICES WITH PHYSICIANS AND/OR SPECIFIC MEDICAL GROUPS, BUT THERE ARE NO MOUs, CONTRACTS OR PARTNERSHIPS FOR HEALTHCARE WITH ANY OF THE COMMUNITY HOSPITALS.

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]
Alvarado Med Ctr	231	Y	51.5	Open-heart Surgery
Childrens Hospital and Health Ctr	154	Y	83.0	GME,Open-heart Surgery, Trauma Ctr
Coronado Hospital	203	Y	N/A	
Fallbrook Hospital	50	Y	48.0	
Green Hospital of Scripps	173	Y	67.1	Cancer Program, Open-heart Surgery
Grossmont	438	Y	61.2	Cancer Program, Open-heart Surgery
Harbor View	130	Y	60.8	
Inland Valley Reg Med Ctr	80	Y	52.5	
Irvine Med Ctr	141	Y	31.2	

[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.

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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]
Alvarado	231	Y	51.5%	None
CPC San Luis Rey	123	Y	N/A	Psych
Childrens	154	Y	83.1%	Child
Capistrano By the Sea	82	Y	N/A	None
Fallbrook	50	Y	48.0%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Green Hosp of Scripps	173	Y	67.1%	Community
Grossmont	438	Y	61.2%	Community
Harbor View	130	Y	60.8%	Community
Hillside	133	Y	N/A	Community
Inland Valley Regional	80	Y	52.5%	None

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]
Kaiser Foundation	343	Y	72.8	GME
Menifee Valley Med Ctr	84	Y	71.8	
Mercy Hospital/Med Ctr	417	Y	62.4	GME, Open-heart Surgery, Trauma Ctr
Mission Bay Memorial	113	Y	46.0	Burn Care Unit
Mission Hospital Reg Med Ctr	175	Y	N/A	Trauma Center
Naval Hospital San Diego	442	Y	99.7	GME, Cancer Program Open-heart Surgery
Palomar Med Ctr	396	Y	70.1	Cancer Program, Open-heart Surgery, Trauma Ctr
Pomerado	247	Y	72.	Cancer Program
Saddleback Memorial Medical Center	221	Y	62.7	Cancer Program, Trauma Ctr, GME
Samaritan Med Ctr	86	Y	34.9	
Scripps Memorial La Jolla	433	Y	49.4	Cancer Program, Open-heart Surgery Trauma Ctr

[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.

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FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Kaiser Foundation	343	Y	75.8%	Aids/Ard
Mercy	417	Y	62.4%	Trauma
Mesa Vista	150	Y	N/A	Psych/Heart
Mission Bay Memorial	113	Y	46.0%	None
Laguna Hills Hosp	78	Y	N/A	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Palomar	396	Y	70.1%	Community
Pomerado	247	Y	72.0%	Community
Rancho Park	90	Y	N/A	None
Irvine Medical Center	141	Y	31.2%	None
SD County Psych (w/Nursing Home)	419	Y	74.2%	Psych

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]
Scripps Memorial Encinitas	158	Y	45.6	Cancer Program
Sharp Cabrillo	219	Y	53.0	Cancer Program
Sharp Healthcare Murrieta	90	Y	96.7	
Sharp Memorial	385	Y	81.8	Cancer Program, GME, Open-heart Surgery
South Coast Med Ctr	191	Y	25.8	
Tri-City	382	Y	68.1	Cancer Program, GME, Open-heart Surgery
UCSD	412	Y	79.6	Cancer Program, GME Open-heart Surgery, Trauma Ctr
VA La Jolla	355	Y	77.5	GME, Open-heart Surgery

[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.

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FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Healthcare Murrieta	139	N	97.6%	Community
Samaritan Medical Center	86	Y	34.9%	Community
Scripps Memorial La Jolla	433	Y	49.4%	Trauma
Scripps Memorial East	162	Y	25.9%	Community
Scripps Memorial Encinitas	158	Y	45.6%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Cabrillo	219	Y	53.0%	None
Sharp Memorial	385	Y	81.8%	Trauma
Tri-City	382	Y	68.1%	Community
UCSD	412	Y	79.6%	Trauma
VA La Jolla	355	Y	77.5%	Veterans

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Villaview Community	99	Y	N/A	None
Hemet Valley Medical Center	286	Y	72.7%	Community
Menifee Valley Medical Center	84	Y	71.8%	Community

[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.

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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
H-95 EMT/171-45	EMT	EMERGENCY MEDICAL TECH	226	119	26894	216	119	25704
H-100 Hospital/510-10	Follow-on Trng	Follow-on Trng for Corpsmen/ Clinical Orientation Program	151	160	24160	183	160	29280

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

COMMENT:
We are a tenant of Marine Corps Base, Camp Pendleton. They will answer questions regarding training of troups, etc in their BRAC data calls.

The only FORMAL training we provide is for our medical staff and our supporting branch medical clinics.

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
H-95 EMT/171-45	EMT	EMERGENCY MEDICAL TECH	226	119	26894			
H-100 Hospital/510-10	Follow-on Trng	Follow-on Trng for Corpsmen/Clinical Orientation Program	180	160	28800			

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

COMMENT;
We are a tenant of Marine Corps Base, Camp Pendleton. They will answer questions regarding training of troups, etc in their BRAC data calls.

The only FORMAL training we provide is for our medical staff and our supporting branch medical clinics.

No change is anticipated in the size of the training for FY2001.

(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)
H-95 EMT / CCN 171-45	1	40	80,000
H-100 Hospital / CCN 510-10	1	20	40,000

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

THE STUDENT HRS/YR VALUE WAS DERIVED IN ACCORDANCE WITH YOUR EXAMPLE; HOWEVER WE USED 250 DAYS INSTEAD OF 300.

```
 365 DAYS/YR
-104 WEEKEND DAYS
-  11 HOLIDAYS
 250
```

[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.

UIC 68094

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

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

27 May 94
Date

Naval Hospital, Camp Pendleton
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 8 JUNE 1994

Corrected
Camp Pendleton

BRAC-95 CERTIFICATION

pg 8

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

Tamara L. Rollins
NAME (Please type or print)

Tamara L. Rollins
Signature

Hospital Analyst
Title

26 August 1994
Date

BUMED-312
Division

BUMED-31
Department

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.

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: 9/1/94

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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

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

16 Aug 94
Date

Naval Hospital, Camp Pendleton
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 9-6-94 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)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 9/12/94 Date

DATA CALL #26
9-23-94 REVISION
TO QUESTION 2

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

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

30 Sept 94
Date

Naval Hospital, Camp Pendleton
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