



## DEPARTMENT OF THE NAVY

NAVAL SEA SYSTEMS COMMAND  
2531 JEFFERSON DAVIS HWY  
ARLINGTON VA 22242-5160

IN REPLY REFER TO

5100  
Ser 04XA/002  
06 Jan 00

### MEMORANDUM

To: Assistant Deputy Commander, Environmental Protection & Occupational Safety and Health (NAVSEA 00T)

From: NAVSEA Shore Activity Occupational Safety and Health (OSH) Metrics Process Action Team (PAT)

Subj: NAVSEA SHORE ACTIVITY OSH METRIC PAT; RECOMMENDATION

Ref: (a) Report of the NAVSEA Shore Activity Occupational Safety and Health (OSH) Metrics Process Action Team (PAT), September 1998  
(b) NAVSEAINST 5100.15A, Ser 00T/257 of 20 Dec 99: NAVSEA OCCUPATIONAL SAFETY AND HEALTH (OSH) PROGRAM POLICY AND GUIDANCE

Encl: (1) NAVSEA Shore Activity Occupational Safety and Health Metrics Process Action Team Charter, August 1997  
(2) NAVSEA 04X4 Memorandum Ser. 043 dtd 28 SEP 1998; Subj: Report of the NAVSEA Shore Activity Occupational Safety and Health (OSH) Metrics Process Action Team (PAT)  
(3) OSH Metric Pilot Comments from PHNSY&IMF  
(4) OSH Metric Pilot Comments from NUWC, Keyport Division  
(5) OSH Metric Pilot Comments from SUPSHIP, San Diego  
(6) NAVSEA Guidance for Safety and Occupational Health Program Self-Assessments; ltr Ser 00T/244 of 6 Aug 1998  
(7) Comparison Matrix; NAVSEA OSH Metric PAT Model and NAVSEA OSH Program Self-Assessment Guidance  
(8) Balanced Scorecard Comparison to NAVSEA OSH Metric Model

1. PURPOSE: The purpose of this correspondence is to present the NAVSEA Occupational Safety and Health (OSH) Metrics Process Action Team (PAT) recommendation for a NAVSEA corporate metric to describe the conditions that exist at NAVSEA shore activities that influence the achievement of a safe and healthful workplace (a pre-mishap metric). As addressed herein, the PAT **recommends** that the NAVSEA shore activity pre-mishap OSH metric be the result of each shore activity's utilization of the NAVOSH Key Process Models as an annual (or more frequent) self-assessment tool and applying the Malcolm Baldrige National Quality Award (MBNQA) criteria scoring guidelines.

## 2. BACKGROUND:

a. In May 1997, NAVSEA 00T chartered the NAVSEA Shore Activity OSH Metrics PAT to develop a NAVSEA corporate metric to describe the conditions that exist at NAVSEA shore activities that influence the achievement of a safe and healthful workplace. In accordance with its charter, the PAT accomplished the following actions: (1) identified and evaluated potential elements of the metric (e.g., defining the element, determining how it can be measured, linking to Injury/Illness Rate), (2) ranked the elements against desired metrics attributes (listed below), (3) researched private sector and other Government information and data, (4) conducted comparative analysis, (5) solicited input from other NAVSEA shore activities and the NAVSEA OSH QMB, (6) developed and conducted a pilot program to test the efficacy of the OSH process model at selected NAVSEA shore activities, and (7) recommended an OSH metric-process implementation strategy. The PAT established seven attributes for the OSH metric: (1) considers shore activity business process elements (e.g., budget, workload forecasting, planning and engineering, personnel management, etc.), (2) data are statistically valid, (3) data are readily measurable and obtainable, (4) useful at the activity, the activity group, and at NAVSEA corporate level, (5) leading indicator that is linked to traditional results measurements, (6) data are applicable and relevant to commands of varying sizes and missions, and (7) defines statistically-significant changes in performance. Enclosure (1) is the PAT charter.

b. In its deliberations, the PAT reviewed, discussed, and considered other contemporary works, including the CNO (N45) NAVOSH Strategic Plan, NAVSEA Team Strategic Plan, NAVSEA shore activity strategic plans, Malcolm Baldrige National Quality Award Criteria, NAVSEA IG CPI Guide, ISO, EPA Code of Environmental Management Principals, OSHA Safety and Health Program Management Guidelines, American Industrial Hygiene Association (AIHA) Management Systems Approach to Occupational Health and Safety, CNO NAVOSH Key Process Models, private sector OSH metrics models, and the Balanced Scorecard Concept.

c. Enclosure (2) forwarded to NAVSEA 00T the Report of the NAVSEA Shore Activity OSH Metrics PAT, reference (a). To reiterate, the PAT (1) **found** that activity management performance is an indicator and driver of OSH program performance, (2) **concluded** that the CNO NAVOSH Key Process Models describe an effective OSH program and that the Malcolm Baldrige National Quality Award (MBNQA) Criteria provides an effective measurement system for business processes, and (3) **recommended** that the NAVSEA shore activity pre-mishap OSH metric be the result of each shore activity's utilization of the NAVOSH Key Process Models as an annual (or more frequent) self- assessment tool and applying the MBNQA scoring guidelines.

d. NAVSEA 00T approved pilot implementation of the PAT concept. The PAT conducted pilot implementations at three NAVSEA shore activities: Pearl Harbor Naval Shipyard & Intermediate Maintenance Facility (PHNSY&IMF) in November 1998; Supervisor of Shipbuilding, Conversion and Repair (SUPSHIP) San Diego in March 1999; and Naval Undersea Warfare Center, Keyport Division in May 1999. Naval Surface Warfare Center, Indian Head Division was selected as a pilot site, but circumstances arose which prevented its' participation. While no other NSWC activity was able to participate as a pilot site, the PAT (1)

Subj: NAVSEA SHORE ACTIVITY OSH METRIC PAT; RECOMMENDATION

was twice invited by and briefed senior management at NSWC Carderock Division in February and March 1999 on the OSH metric process model; and (2) was invited by and facilitated a NSWC Crane Division team in the application of the model in December 1999. The PAT initiated the pilot implementations at each of the participating shore activities. Self assessment reports and comments to the process have been forwarded to NAVSEA 00T.

3. APPROACH: The PAT, in reaching its final position, considered the following:

- a. The work performed by the PAT from its' inception.
- b. PHNSY&IMF; NUWC, Keyport Division; and SUPSHIP San Diego pilot site feed-back.
- c. NAVSEA Guidance for Safety and Occupational Health Program Self-Assessments (8/98).
- d. The work of the NAVSEA Environmental Metrics PAT.
- e. NAVSEA OSH Quality Management Board (QMB) proposed OSH attributes/measures.
- f. NAVSEAINST 5100.15A: NAVSEA OSH Program Policy and Guidance (12/99)

4. PROCESS:

a. Results of Pilot Site Implementations. The NAVSEA OSH Metrics PAT has determined that the Pilot Implementations have demonstrated the success of the PAT concept, based upon the following:

(1) Feed-back from Pilot Implementation Sites. As shown in enclosures (3), (4), and (5), each of the three shore activities participating in the pilot implementations endorse the PAT concept and provided valuable feedback to improve the concept. **Comments from PHNSY&IMF** included: "PHNSY&IMF concurs with the NAVSEA OSH Metrics Process Action Team that the process review and management key processes describe an effective OSH Program, that the MBNQA provides an effective measurement system, and that these two components can be combined to form an effective self assessment process. ... The assessment process does an excellent job of identifying weaknesses and opportunities for improvement in the activity's OSH Program. PHNSY&IMF considers this assessment to be a far superior tool in assessing the OSH Program than other assessment processes currently in use at shore activities, and concurs with the NAVSEA PAT that it be implemented and used as a mechanism for OSH Program and business performance improvement." **Comments from SUPSHIP San Diego** included: "The team concept for each of the seven areas really raised awareness for the Safety Program throughout the command. In the past the review was mostly conducted by Code 140 using check-off sheets and asking a few questions. ... The review identified areas where the Safety Program was deficient that we would have never guessed without the team review. Specifically, a number of employees related that there was a lack of communication between the

Subj:

NAVSEA SHORE ACTIVITY OSH METRIC PAT; RECOMMENDATION

Safety Department and people on the deckplates. I would have never suspected that deficiency since we use the command newsletter, bulletin boards, email, information at weekly Department Head Meeting, etc., to pass word out to the employees.” **Comments from NUWC, Keyport Division** included: “The seven (7) PRM modules under evaluation are presented as OSH processes, but our limited observation suggests few OSH Professionals actually understand the concepts of Process Management and how they should be applied to the PRM Key Processes. While the PRM modules could stand some revamping, the education of OSH professionals in the tools of Process Management might prove beneficial toward achieving a better understanding of the PRM concept. It is hard to train individuals in the PRM Key Process Models (as recommended above) when the basic principles of process management are not uniformly understood.”

(2) Command Performance Inspection at PHNSY&IMF. PHNSY&IMF completed the OSH self-assessment in Nov 1999, prior to the NAVSEA Command Performance Inspection (CPI) in September 1999. The CPI team cited the OSHE Program as one area in which the shore activity was using metrics effectively to manage a program area.

(3) Self-Assessment Reports. The self-assessment reports from PHNSY&IMF and NUWC, Keyport Division demonstrate the ability of the PAT concept to achieve the objective to describe the pre-mishap conditions existing at the shore activity.

(4) Time and Resources. The PAT recognizes, depending on a shore activity’s mission and organizational structure, that the OSH self-assessment process can be a resource-intensive initiative (at least the first time it is accomplished). However, the PAT believes that it is worthwhile to undertake the self assessment process because of the ability of the self assessment to identify OSH Program strengths and weaknesses, support OSH Program improvements, and lead to improved OSH Program integration with the shore activity’s business processes. There is inherent process flexibility to enable a shore activity to achieve efficiencies in subsequent applications of the self-assessment process.

b. NAVSEA Safety and Occupational Health Program Self- Assessment Guidance (8/98). Utilization of the OSH process model as an OSH program self-assessment instrument fulfills NAVSEA 00T OSH program self-assessment guidance, as promulgated in Enclosure (6). The CNO NAVOSH Key Process Models are a comprehensive evaluation tool. Enclosure (7) documents the relationships of the 44 program elements under the Pillars of the NAVSEA Self-Assessment Guidance to the Key Process Models. The 44 program elements are encompassed in the Key Process Models.

**Accordingly, the NAVSEA OSH Metrics PAT concludes that a NAVSEA shore activity’s annual (or more frequent) OSH program self-assessment based on application of the NAVOSH Key Process Models and the Malcolm Baldrige scoring guidelines satisfies the NAVSEA 00T OSH program self-assessment guidance and that an additional self-assessment is not necessary.**

c. NAVSEA Environmental Metrics

PAT. The NAVSEA OSH Metrics PAT communicated with the Environmental Metrics PAT during its deliberations and is aware of the results of the Environmental Metrics PAT. The Environmental Metrics PAT employs the balanced scorecard concept to communicate metrics to stakeholders. The NAVOSH Key Process Models also employ the balanced scorecard concept. Enclosure (8) depicts the process to organize the results of the OSH self

<b>Financial</b>	<b>Customer</b>
<ul style="list-style-type: none"> <li>• Injury Cost Control</li> </ul>	<ul style="list-style-type: none"> <li>• Customer-Focused Process</li> </ul>
<b>Learning &amp; Growth</b>	<b>Internal Process</b>
<ul style="list-style-type: none"> <li>• Training</li> <li>• Self Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Mishap Prevention</li> <li>• Regulatory Compliance</li> <li>• Supervision</li> </ul>

Balanced Scorecard. Figure 1

assessment in a shore activity balanced scorecard, using the standard perspectives of learning and growth, internal process, customer, and financial. As depicted, the results of the self-assessment will enable a shore activity to assess the OSH Program and define goals, objectives, and improvement plans for program improvements. The goals, objectives, and improvement plans for the OSH Program can be integrated with the shore activity's strategic plan. Progress toward achieving the goals, objectives, and improvements can be measured by organizing the CNO NAVOSH Key Process Models in the four perspectives of the balanced scorecard ( Figure 1).

d. NAVSEA OSH Quality Management Board (QMB). The NAVSEA OSH QMB has explored attributes/measures for characterizing shore activity OSH Program performance that would be in addition to the NAVOSH Key Process Model. The OSH QMB agrees that the NAVSEA OSH Metrics PAT-recommended CNO NAVOSH Key Process Model is an effective self-assessment tool that describes the conditions that exist at NAVSEA shore activities that influence the achievement of a safe and healthful workplace (the pre-mishap environment) and should be used for that purpose; a **leading** indicator of program performance. The OSH QMB's proposed additional attributes/measures address the results of program performance and are considered to be **lagging** indicators.

e. NAVSEA OSH Program Policy and Guidance: NAVSEAINST 5100.15A: The NAVSEA OSH Metric PAT believes that the NAVOSH Key Process Model is in consonance with NAVSEA OSH Program policy and guidance as stated in NAVSEAINST 5100.15A (12/99).

5. FINDINGS, CONCLUSIONS and RECOMMENDATIONS: Based on the foregoing, the NAVSEA OSH Metrics PAT *again*:

a. FINDS that activity management performance is an indicator and driver of OSH program performance. NAVSEA Guidance for Safety and Occupational Health Program Self-Assessments (8/98) defines management performance in the areas of leadership, customer support, self-assessment, resources, training and design as elements for an effective safety and health program that goes "beyond mere compliance". The PAT also finds that the Malcolm Baldrige National Quality Award criteria scoring guidelines provide an effective measurement system for OSH program key processes and indicators. NAVSEA self-assessment guidance states "That the standards of measurement for the OSH self-assessment may include Malcolm Baldrige criteria".

Subj: NAVSEA SHORE ACTIVITY OSH METRIC PAT; RECOMMENDATION

b. CONCLUDES that the CNO NAVOSH Key Process Models define key processes and indicators which describe effective OSH program performance and that the Malcolm Baldrige National Quality Award (MBNQA) Criteria provide an effective measurement system for OSH and other activity business processes. The CNO (N45) NAVOSH Strategic Plan (September 1999) integrates the NAVOSH Key Process Model into the OSH 2003 Navy strategy.

c. RECOMMENDS that the NAVSEA shore activity pre-mishap OSH metric be the result of each shore activity's utilization of the NAVOSH Key Process Models as an annual (or more frequent) self- assessment tool and applying the MBNQA scoring guidelines.

  
Thomas Grossman

Copy to:

Charles West, Norfolk Naval Shipyard

Bernard O'Halloran, NAVSEA 00T

William Goss, Naval Surface Warfare Center, Dahlgren

Elaine Burress, Naval Undersea Warfare Center, Newport

NAVAL SEA SYSTEMS COMMAND  
SHORE ACTIVITY OCCUPATIONAL SAFETY AND HEALTH (OSH) METRICS  
PROCESS ACTION TEAM (PAT) CHARTER

August 1997

**PURPOSE:** The purpose of the NAVSEA Shore Activity OSH Metrics PAT is to develop a NAVSEA corporate metric(s) to describe the conditions that exist at NAVSEA shore activities that influence the achievement of a safe and healthful workplace.

**BACKGROUND:**

In the Safety and Environment strategic goal of the *NAVSEA Strategic Plan*, one of the strategies is to "Develop and implement strategies and tools for shore facility environment and safety programs that help our activities meet performance goals," such as "Reducing injuries, illnesses, and Federal Employee Compensation Act costs."

It is NAVSEA policy that NAVSEA shore activities will provide their employees with a workplace where management and employees work in harmony to accomplish work in a safe, efficient manner by using best available technology to provide the labor, materials, tools, equipment, facilities, and information necessary to accomplish their mission.

Accordingly, the NAVSEA OSH Quality Management Board (QMB) established a PAT to develop metrics to describe conditions that exist at NAVSEA shore activities that contribute to the achievement of a safe and healthful workplace.

**PROCEDURE:**

The PAT will:

- Identify and evaluate potential elements of the metric (e.g., defining the element, determining how it can be measured, linking to Injury/Illness Rate).
- Rank the elements against desired metrics attributes (listed below).
- Research private sector and other Government information and data.
- Conduct comparative analysis.
- Solicit input from other NAVSEA shore activities and the OSH QMB.
- Develop and conduct pilot program.
- Recommend implementation strategy.

**OBJECTIVES:**

The metric(s) should have the following attributes:

- Considers shore activity business process elements (e.g., budget, union, etc.).
- Data is statistically valid.
- Data is readily measurable and obtainable.
- Useful at activity, activity group, and at NAVSEA corporate levels.
- Leading indicator that is linked to traditional results measurements.
- Data is applicable and relevant to commands of varying sizes and missions.
- Defines statistically-significant changes in performance.

Enclosure (1)

TEAM MEMBERS:

Thomas Grossman  
Ernest Castillo  
William Goss, Jr.  
Stacey McFadden  
Charles T. West

NAVSEA 074 (Link pin to NAVSEA OSH QMB)  
NAVORDCEN Representative  
NSWC Representative  
NUWC Representative  
NSY Representative



DEPARTMENT OF THE NAVY

NAVAL SEA SYSTEMS COMMAND  
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IN REPLY REFER TO

5100  
Ser 04X4/043  
28 Sep 1998

MEMORANDUM

To: NAVSEA 00T  
From: NAVSEA 04X4

Subj: REPORT OF THE NAVSEA SHORE ACTIVITY OCCUPATIONAL SAFETY  
AND HEALTH (OSH) METRICS PROCESS ACTION TEAM (PAT)

Ref: (a) NAVSEA OSH Quality Management Board (QMB) Meeting, 22 May 97

Encl: (1) Report of the NAVSEA Shore Activity OSH Metrics PAT

1. Enclosure (1) is the Report of the NAVSEA Shore Activity Occupational Safety and Health (OSH) Metrics Process Action Team (PAT). The report contains the PAT's findings, conclusions and recommendations. The report is provided for your use in achieving the Safety and Environment Strategic Goal of the Naval Sea Systems Command Team Strategic Plan.

2. Background:

a. In reference (a), you established a PAT to develop a pre-mishap safety metric for NAVSEA shore activities. I was designated PAT chair, and you directed representation from each of the NAVSEA shore activity groups. The PAT is comprised of:

Thomas Grossman, SEA 04X4  
Charles West, Norfolk Naval Shipyard  
Stacey McFadden, Naval Undersea Warfare Center, Keyport  
William Goss, Naval Surface Warfare Center, Dahlgren  
Ernest Castillo, Naval Ordnance Center, Pacific  
Bernard O'Halloran, SEA 00T  
(William Qualls, Senior Principal, American Management Systems,  
provided technical and administrative support)

b. The PAT met seven (7) times, between August 1997 and September 1998, at NSWC, Dahlgren (one time), NUWC, Newport (three times), NOCPAC, Seal Beach (one time) and Norfolk Naval Shipyard (two times).

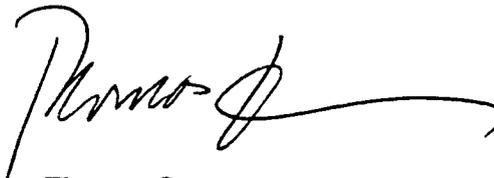
c. At the first meeting, held at NSWC, Dahlgren in August 1997, the PAT created a charter, stating as its purpose: to develop a NAVSEA corporate metric to describe the conditions that exist at NAVSEA shore activities that influence the achievement of a safe and healthful workplace.

Enclosure (2)

Subj: REPORT OF THE NAVSEA SHORE ACTIVITY OCCUPATIONAL SAFETY  
AND HEALTH (OSH) METRICS PROCESS ACTION TEAM (PAT)

d. In its deliberations, the PAT reviewed, discussed and considered other contemporary works, e.g. CNO (N45) NAVOSH Strategic Plan, NAVSEA Team Strategic Plan, NAVSEA shore activity strategic plans, Malcolm Baldrige National Quality Award (MBNQA) Criteria, NAVSEA IG CPI Guide, ISO, EPA Code of Environmental Management Principles, OSHA Safety and Health Program Management Guidelines, American Industrial Hygiene Association (AIHA) Management Systems Approach to Occupational Health and Safety, CNO NAVOSH Key Process Models, private sector OSH metrics models, and the Balanced Scorecard concept.

3. In brief, the PAT (1) finds that activity management performance is an indicator and driver of OSH program performance, (2) concludes that the CNO NAVOSH Key Process Models describe an effective OSH program and that the MBNQA Criteria provides an effective measurement system for business processes and (3) recommends that the NAVSEA shore activity pre-mishap OSH metric be the result of each shore activity's utilization of the NAVOSH Key Process Models as an annual (or more frequent) self-evaluation tool, and applying the MBNQA scoring guidelines.

A handwritten signature in black ink, appearing to read 'Thomas Grossman', with a long horizontal flourish extending to the right.

Thomas Grossman

# NAVOSH STRATEGIC PLAN

## PROCESS REVIEW AND MEASUREMENT

### QUALITY MANAGEMENT BOARD (QMB)

#### Key Process Models

- Mishap Prevention
- Regulatory Compliance
- Supervision
- Training
- Self Assessment
- Injury Cost Control
- Customer Focused Support

Note: Each PRM Key Process Model provides typical questions, which may be used to assess the extent to which the model has been deployed at a shore activity. These questions are not all inclusive. In assessing the Approach/Deployment of a key process shore activities should consider any appropriate local process improvement initiatives or variances.

**THE MISHAP PREVENTION PROCESS MODEL**  
Process Review and Measurement QMB

**Mishap Prevention** - actions taken to identify and control unacceptable risks.

1. **Compile/Report Mishap and Hazard Data**

- Mishap reports
- FECA data
- Exposure assessments
- Medical surveillance
- Reported hazards
  - workers
  - management
  - OSH staff
  - external agents
  - literature

2. **Analyze Mishap/Hazard Data**

- Frequency
- Severity (human costs, dollar costs, mission impact)
- Exposure potential
- Location
- Responsibility
- Type
- Trends
- Patterns
- Any anomaly

3. **Analyze Significant Processes/Areas** (Various approaches may be employed - Preliminary Hazard Analysis, Systems Safety Review, Job Safety Analysis, Process Safety Analysis, less formal approaches, etc., as appropriate for processes analyzed)

- Hazards
- Causes
- Responsibilities
- Control alternatives

4. **Report Key Data/Analysis to Process Owner**

5. **Process Owners Review Reports**

The Mishap Prevention Process Model - continued

6. Identify/Consider Potential Controls
  - Administrative/Programmatic
  - Engineering
  - Process
  - Training
  - PPE
  - Procedural
  - Product substitution
  
7. Conduct Relative Value Assessment
  - Loss potential
  - Cost
  - Expected benefit
  - Morale implications
  - Feasibility
  - Customer acceptance
  - Public image
  - Labor/management implications
  
8. Select Alternative(s)
  - Select control(s)
  - Do nothing
  - Prioritize implementing actions
  
9. Implement Control(s)
  - Issue policy
  - Issue procedures
  - Install barriers
  - Modify facilities/equipment
  - Modify procedures
  - Conduct training
  - Utilize new product
  
10. Assess Impact of Controls
  - Review data
  - Inspect process/worksite
  - Solicit customer feedback
  - Compare results to expected benefits
  
11. Modify Control(s) If/As Needed Select alternative control(s) Modify existing control(s) Eliminate control(s)

### Performance Measure's for the Mishap Prevention Process

1. **Mishap Rates**, - the mishap rate chosen to measure Mishap Prevention performance is the Injury/illness Incidence Rate (IIR), defined as follows:

$$IIR = (A \times 200,000)/M + C$$

(where A = total injuries/occupational illnesses including fatalities, lost/no-lost time cases, first aid cases reported on OPNAV Form 5102/7 (Log of Navy Injuries and Occupational Illnesses); where M = the command's military personnel and strength for the reporting period multiplied by 2,000 (Note: 2,000 is the appropriate multiplier only when an annual IIR is being calculated. This multiplier should be adjusted up or down in proportion to the time period in question for any IIR calculations for time periods other than annual. For example, use 1,000 for a six month IIR, use 10,000 for a five year IIR); and where C = the total man hours worked by civilian employees of the command during the reporting period, as provided by the Comptroller)

2. **Quality Assessment of Command Mishap Prevention Program**

Evaluate the command's Mishap Prevention performance by assessing its implementation of specific elements of the Mishap Prevention process model. The process model elements recommended for evaluation, and proposed evaluation methods, are provided below:

#### **Compile/Report Mishap and Hazard Data -**

Is appropriate mishap and hazard data compiled?\_

- Injuries/illnesses\_\_\_\_\_
- Property damage cases\_\_\_\_\_
- Stressor exposure\_\_\_\_\_
- Safety hazards\_\_\_\_\_
- Near misses\_\_\_\_\_

A list of possible sources from which the evaluator may gather actual mishap and hazard data for comparison purposes includes:

- Clinic logs
- Material property damage reports (OSH office)
- FECA tables
- JAG reports
- NAVFAC property loss reports
- Property accountability reports (Controller)
- Crane accident reports
- Inspection reports

**Performance Measures for the Mishap Prevention Process** -continued

- Ships' CAS reports
- Employee Hazard Reports (EHR)
- Abatement logs
- Industrial hygiene reports

(Evaluate by taking a sample of mishaps/hazards from the above data sources and the confirming the consideration of those mishaps/hazards in the mishap prevention process. Numerical values should then be assigned to this element, based on the number of sample mishap and hazard items actually included in command mishap prevention analysis databases.)

**Analyze Mishap/Hazard Data and Significant Process Areas**

Do the analyses:

- Occur at an appropriate frequency? \_\_\_\_\_
- Provide data at appropriate levels of management responsibility? \_\_\_\_\_
- Identify the most frequent and/or severe risks? \_\_\_\_\_
- Provide a valid comparison of current performance versus expected/historical performance? \_\_\_\_\_
- Provide useful recommendations for performance improvement? \_\_\_\_\_
- Provide other useful analysis not listed Above? \_\_\_\_\_

(Evaluate each of the items as YES/NO based upon the review of a sampling of analysis reports.)

**Process Owner Response to Analyses**

Characterize process owner response to reports of mishap analyses as one of the following:

- Unsatisfactory awareness of/response to analyses reports \_\_\_\_\_
- Satisfactory awareness of/response to analyses reports \_\_\_\_\_
- Takes additional internal analysis/action beyond that suggested by analyses reports \_\_\_\_\_

(Evaluate by personal interview with selected process owners, review of process owner documentation, and field confirmation of actions claimed (where appropriate).)

**THE REGULATORY COMPLIANCE PROCESS MODEL**  
Process Review and Measurement QMB

**Regulatory Compliance** - conformance to NAVOSH requirements

1. **Determine Regulatory Requirements**
  - Review regulations
  - Review DOD/Navy directives
  - Military exclusions
  - Review, determine if changes needed
  - Legal considerations
  - Regulatory interface
  - Community relations
  
2. **Develop Compliance Strategies**
  - Training requirements
  - Feasibility
  - Medical impact
  - Prioritization
  - Time frame for implementation
  - Consequences of non-compliance
  - Difference between new and current requirements
  - System safety review
  
3. **Identify and Provide Resources**
  - Organizational structure
  - Cost determination
  - Budgeting
    - internal
    - customer cost
  - Facility requirements
  
4. **Execute Compliance Strategy**
  - Communicate requirements
    - training
  
5. **Monitoring**
  - Documentation
  - Data analysis
  - Report compliance status
  - Feedback
  - Initiate improvement efforts
  - Confirmation of corrective action

**Performance Measures for the Regulatory Compliance Process**

**NOSHIP/NOIU Inspection Results** - use in current form.

**THE SUPERVISION PROCESS MODEL**  
Process Review and Measurement QMB

**Supervision** - those actions taken to plan, organize, direct, and evaluate the activities of subordinates to safely accomplish work.

The Supervision Process Model is composed of two different but complimentary/interrelated components. The first component addresses sequential actions/steps associated with the accomplishment of specific jobs/tasks by subordinates. The second component addresses continuing actions to evaluate the overall performance of subordinates over time.

**Component #1** - Sequential actions/steps associated with the accomplishment of specific jobs/tasks by subordinates.

1 **Analyze Tasks**

Identify hazards

- physical (mechanical, heat, vibration, noise, location, radiation, etc.)
- chemical (hazardous materials)
- biological (disease)

Evaluate hazards

- review technical documentation
- consult professional staff
- identify at risk personnel
- consult peers/managers
- draw upon personal knowledge/experience
- consult involved employees
- identify measures needed to control/eliminate hazards
- engineering
- administrative
- process selection
- PPE

Identify OSH compliance requirements

- OSHA
- NAVOSH
- local documents

Determine required personnel qualifications

- training
- physical/medical
- experience

Determine non-personnel resource requirements

- information/documents
- ventilation
- PPE
- special tools
- equipment
- etc.

**The Supervision Process Model** - continued

2. **Organize to Safely Accomplish Tasks**
  - Assemble qualified personnel
  - Assemble needed non-personnel resources
  - Determine work sequence
  - Coordinate with support organizations
  - Coordinate with related operations
    - prior to/following tasks
    - co-located operations
  - Confirm accomplishment of prerequisites
  
3. **Direct the Accomplishment of Tasks**
  - Communicate task overview to assigned personnel
    - overall task objectives
    - schedule
    - interface with other operations
    - location
    - task boundaries
    - problem reporting
  - Assign jobs within the task
  - Provide job instructions
    - verbal
    - written
    - discuss potential hazards
    - discuss compliance/control measures
  
4. **Evaluate Task Performance**
  - Observe workers
  - Observe work areas
  - Identify process variance
  - Enforce proper implementation of controls
  - Receive feedback
    - from employees
    - from related organizations
    - from customers (internal/external)
  - Assess effectiveness of controls
  - Assess efficiency of controls
  - Adjust process/controls as required

**Component #2** - Continuing actions to evaluate the overall performance of subordinates over time.

5. **Evaluate Performance of Subordinates**
  - Determine general expectations for work unit
    - compliance
    - injury/illness prevention
    - process improvement

**The Supervision Process Model - continued**

## Set performance standards

- objective/quantifiable where appropriate
- measure behavior, not results, at lower levels in the organization
- use subordinates' performance as factor for supervisors
- measure positives as well as negatives

## Communicate standards

- verbally
- in writing

## Acquire data/information needed to assess performance

- inspections
  - supervisor
  - OSH staff
  - IH surveys
  - etc.
- process reviews
- mishap data/information
- employee self-assessment

## Assess performance against standards

## Discuss with employee

- strengths
- weaknesses
- improvement strategy

## Document final assessment

## Initiate reward/remedial actions as appropriate

**Performance measures for the Supervision Process**

1. Presence of OSH Elements in Performance Standards (% coverage and quality of standards) - the following questions should be used to evaluate the presence of OSH elements in performance standards.

- Is OSH addressed in the standards? \_\_\_\_\_
- Do the standards address the communication of OSH information and expectations to members of the work unit? \_\_\_\_\_
- Do the standards address the monitoring of performance of the work unit to determine if OSH requirements and expectations are met?
- Do the standards address actions to be taken to improve the OSH performance of the work unit? \_\_\_\_\_
- Do the standards require the establishment of OSH standards for all members of the work unit? \_\_\_\_\_

**Performance Measures for the Supervision Process** - continued

(Evaluate based upon a sampling of supervisory performance standards. Where commands utilize self-directed work teams in lieu of traditional supervisors, performance standards adopted by self-directed work teams will be evaluated.)

2. **Objective Assessment of Employee Understanding of OSH Expectations** (by an external agent) - the following questions should be used to assess supervisory communication of OSH expectations to employees:

- Is employee aware of, or properly using appropriate PPE for the work?
- Can the employee demonstrate proper lifting techniques for the work?
- Can the employee demonstrate an adequate awareness of hazards in the work area, and appropriate hazard control measures?
- Is housekeeping in the employee's immediate work area satisfactory?
- Is the employee adequately aware of OSH resources available to report/address hazards (e.g. supervisor, OSH staff, safety committee, EHR, etc.)?

(Evaluate by field observation and interviews of randomly selected employees who perform work operations which expose them to significant potential hazards.)

**THE TRAINING PROCESS MODEL**  
Process Review and Measurement QMB

**Training** - conveyance of information to enable personnel to carry out their personal responsibilities safely and in compliance with applicable NAVOSH regulations.

1. **Identify Requirements and Needs**

Explicit

- required by regulations
- required by directives
- individual development plan

Implicit

- lessons learned
- process improvements
- process changes
- needed to execute work
- labor/management/customer relations

Type

- initial
- refresher
- job qualification
- awareness
- Timing/frequency
- before assignment
- annual
- monthly
- other

Recordkeeping

2. **Identify Audience**

Upper-level management

Mid-level management

Supervisor

Worker

- new
- journeyman
- new assignment

Customer

- tenants
- contractors
- visitors

Labor organizations

3. **Develop Specific Information to be Delivered**

Relate to each target audience

Limit to applicable requirements for each target audience

The Training Process Model - continued

4. Identify Media
  - Lesson plans
  - Classroom
  - On-the-job training
  - Programmed instructions
  - Videotape
  - Correspondence courses
  - Interactive computer assisted
  - Stand-up/tailgate meetings
  - Other
  
5. Assemble Resources Needed to Provide Training
  - Funding
  - Time
  - Media
  - Facilities
  - Qualified instructor
  
6. Deliver Training
  - Schedule
  - Provide
    - NSETC
    - OSHA
    - college
    - on-the-job training
    - on-site training
    - job training
    - rate training
    - correspondence courses
    - stand-up/tailgate meetings
  - Track completion
  
7. Evaluate Effectiveness
  - Worksite observations
  - Retention testing
    - short-term
    - long-term
  - Mishap rate for target accident type
  - Student critique
  - Other feedback
    - OSH office
    - labor organizations
    - managers
  
8. Modify Training as Required

**Performance Measures for the Training Process**1. **Matrix Match Against Requirements****Compile Data Sources**

- Industrial hygiene surveys
- Military manning documents
- Command mission/function statements
- Command mishap experience
- Command occupation physical qualification statements
- Etc.

**Determine the following**

Does a formal OSHE Training Plan exist? \_ (Y/N)

Would execution of the plan ensure delivery of all required training? \_ (Y/N)

Would execution of the plan ensure delivery of appropriate specific hazard recognition and control training? (Y/N)

Is course content documented by formal lesson plans that are approved by appropriate OSH/technical personnel? (Y/N)

Is training executed in accordance with the plan? \_ (Y/N)

Is the training provided evaluated in terms of:

- Appropriateness of course content? \_ (Y/N)
- Instructor effectiveness? (Y/N)
- Behavior of trainees in the workplace? (Y/N)
- Are evaluation results used to improve training? Y/N)

2. **Employee Interface/Challenges****Compile Data Sources**

- Industrial hygiene surveys
- Military manning documents
- Command mission/function statements
- Command mishap experience
- Command occupation physical qualification statements
- Etc.

**Performance Measures for the Training Process - continued****For Target Processes/Occupations, Determine if:**

- Employees are accomplishing their work in a safe manner. (Y/N) \_\_\_\_\_
- Employees are aware of job hazards and OSH requirements. (Y/N) \_\_\_\_\_
- Employees are complying with regulatory requirements pertinent to their job assignment. - (Y/N) \_\_\_\_\_
- Employee failures are due to:\*\*\*
  - Inadequate training.
  - Employee failure to comply with known requirements.
  - Other factors. (lack of tools, time, etc., needed to perform work)
- Employee successes are due to:
  - Effective training.
  - Knowledge/experience not attributable to the command's training program.
  - Other factors. (close supervision, reward system, peer pressure, etc.)

\*\*\* NOTE: For these items, if the failure/success is due to training, utilize the employee observation/interview results to evaluate the TRAINING key process. If the failure/success is due to other (non-training) factors, utilize the employee observation/interview results to support the evaluation of another appropriate key process.

(Evaluate by identifying several appropriate occupations within the command, then observing/interviewing randomly selected employees within each identified occupation or process.)

**THE SELF-ASSESSMENT PROCESS MODEL**  
 Process Review and Measurement QMB

**Self-Assessment** - a comprehensive internal evaluation of how an OSH program meets the requirements of its internal/external customers.

1. **Identify Program Elements to be Evaluated**
  - Mishap Prevention
    - mishap investigation
    - risk assessment
    - hazard abatement
  - Adequacy of resources (internal/external)
    - OSH staff
    - funding
    - medical/HRO support
    - PWC support
    - FISC support
  - Supervision
    - management involvement/example
    - performance evaluation
  - Personnel participation
    - worker input mechanisms
    - union involvement
    - PPE use
  - Training
    - formal
    - informal
    - communication
  - Regulatory Compliance
    - all applicable regulations
    - deficiency abatement
  - Injury Cost Control
  - Customer Focused Support (OSH support commands only)
  
2. **Develop Assessment Plan for Each Element**
  - Develop assessment strategy
  - Identify element customers and customers needs
  - Identify element performance criteria and indicators
  - Develop assessment tools/procedures
  - Develop assessment schedule
  - Determine reporting mechanisms and who receives reports
  - Identify and provide for resources needed to assess
    - people
    - data
    - time
    - technical competence

**The Self-Assessment Process Model - continued**3. **Conduct Assessment of Each Element**

Conduct/Compile information

Analyze

- trends
- patterns
- causes
- priorities
- actual observed performance vs. desired performance

Develop conclusions/recommendations

Prepare/submit reports

- documentation as required by regulations
- reports to appropriate responsible persons

4. **Adjust/Improve Self-Assessments**

Obtain/Evaluate customer feedback

Develop improvements

Implement Improvements

Advise customers of changes

**Performance Measures for the Self-Assessment Process**

1. **Quality Assessment of Command Self-Assessment Program** - the following questions should be evaluated in an appraisal of command self-assessment programs:

- Has the command established a formal self-assessment process? \_\_\_\_\_
- Is a self-assessment of each key NAVOSH process conducted annually? \_\_\_\_\_
- Does the self-assessment include a data-driven analysis of key NAVOSH process trends/patterns? \_\_\_\_\_
- Does the self-assessment drive process improvements? \_\_\_\_\_
- Does the self-assessment identify further process improvement opportunities for programs which already meet basic requirements? \_\_\_\_\_
- Does the self-assessment identify/quantify the actions and resources needed to correct process deficiencies? \_\_\_\_\_

(Evaluate by review of current self-assessment documentation.)

**THE CUSTOMER-FOCUSED SUPPORT PROCESS MODEL (OSH SUPPORT)**

## Process Review and Measurement QMB

**Customer-Focused Support** - providing OSH support, services, and guidance that meet customer needs.

1. **Identify Your Customers**
  - Commands receiving service
  - Students
  - Patients
  - Managers within commands
  - Workers/employees
  - Laboratories
  - Contractors
  - Your boss
  
2. **Identify Your Customer's Needs (As Perceived by the Servicing Command)**
  - Requirements (mandated programs)
  - Non-disruptive service
  - Schedule and frequency
  - Reports and documentation
  - Usefulness and reliability of products/services
  - Cost vs. value
  - Consultation with command management
  - Responsiveness
  - Policy/guidance
  - Anticipation of unexpressed customer needs
  - Communication of available services
  
3. **Evaluate Current Product/Services**
  - Policy/guidance
  - Schedule and frequency
  - Reports and documentation
  - Usefulness and reliability of products/services
  - Requirements (mandated programs)
  - Non-disruptive service
  - Cost vs. value
  - Consultation with command management
  - Responsiveness
  - Communication of services available

**The Customer-Focused Support Process Model - continued**

4. **Determine Resources Required to Provide Product/Services**
  - People
  - Funding
  - Time
  - Consumables
  - Facilities
  - Contracts
  - Support organizations
  - Procedures and policies
  - Training and education
  - Communication and Information Technology
  - Equipment
  
5. **Develop Customer Survey**
  - Assess knowledge level of people being surveyed
    - tailor questions accordingly
  - Develop questions around the following:
    - what do you need from me?
    - what do you do with what I give you?
    - do gaps exist between what I give you and what you need?
  
6. **Develop Survey Implementation Plan**
  - Determine survey format and delivery method
  - Identify forms and checklists
  - Develop schedules
  - Train surveyors/conduct dry run
  - Refine survey
  
7. **Conduct Survey**
  
8. **Evaluate Survey Results**
  - Determine gaps between product/services provided and the customer's needs/requirements/expectations
  
9. **Improve Delivery of Products/Services to Better Meet Customer Needs**
  - Develop partnership with customer to eliminate problems
  - Provide new services
  - Eliminate Unneeded services
  - Re-prioritize efforts
  - Improve efficiency/effectiveness of current product/service
  - Adjust customer/supplier expectations
  - Identify alternative provider of service

**The Customer-Focused Support Process Model - continued**

10. **Identify Potential Improvements**
  - Customer feedback
  - Data
  - Field Observations
  - Follow-up Survey
  
11. **Pursue Continuous Improvement of Process**
  - Ensure customer satisfaction

**Performance Measures for the Customer Focused Support Process**

**Quality Assessment of Command Customer Focused Support Process** - the following questions should be evaluated in an appraisal of the customer-focused OSH support process:

- Has the command established a formal process for determining customer needs?
- Are customer needs surveyed:
  - At least triennially? \_\_\_\_\_
  - At least annually? \_\_\_\_\_
  - Significantly more often than annually? \_\_\_\_\_
- By written surveys? \_\_\_\_\_
- By meetings/workshops? \_\_\_\_\_
- Do customer surveys/workshops/etc. result in the development of initiatives to improve the products or services being delivered? \_\_\_\_\_
- Are customers advised of survey results and improvement initiatives planned/undertaken in response to surveys? \_\_\_\_\_
- Are customers involved in the development of improvement initiatives? \_\_\_\_\_
- Are improvement initiatives tracked and making progress toward implementation? \_\_\_\_\_
- Is customer feedback solicited concerning the effectiveness of changes implemented in response to customer surveys? \_\_\_\_\_

## THE INJURY COST CONTROL PROCESS MODEL

### Process Review and Measurement QMB

**Injury Cost Control** - Actions taken after an injury/illness occurs to reduce/control accountable (e.g. FECA) costs.

The Injury Cost Control Process Model is composed of two different but complimentary/interrelated components. The first component addresses sequential actions/steps for the control of costs associated with employees who experience legitimate injuries or illnesses. The second component addresses continuing actions that can be taken by management to control overall post injury costs.

**Component #1** - Sequential actions/steps for the control of costs associated with employees who experience legitimate injuries or illnesses.

1. Employee Reports Injury/Illness to Supervisor.
2. Supervisor Determines Initial Action.
  - Have Employee Report for Medical Evaluation
    - Generate dispensary permit
    - instruct employee on how to report results of medical evaluation to supervisor
    - Initiate mishap investigation
    - Ensure detailed, pertinent information is entered on CA form(s) applicable to the case.
  - Return to Work Without Medical Evaluation,
3. Employee Reports for Initial Medical Evaluation.
  - Provide transportation/escort to treatment facility
  - Use government provider whenever possible
4. Medical Provider Makes Initial Evaluation.
  - Characterize the nature of the injury/illness
  - Assess the need for emergency/additional medical treatment
  - Advise employee of evaluation results
  - Advise employee of treatment options
    - Ensure government provider and other low cost options are presented
  - Assess fitness to return to work
  - Document evaluation results
    - Type/extent of injury/illness
    - Recommendations made to employee
    - Pertinent employee statements
    - Employee fitness to return to work

**The Injury Cost Control Process Model - continued****5. Employee Makes Medical Treatment Decision.**

Return to work without medical treatment

Seek medical treatment

- Government provider
- Private provider (government referral)
- Private provider (employee choice)

Employee advise supervisor of evaluation results as instructed in Step 2

**6. Medical Provider Provide Treatment to Employee As Indicated By Medical Condition.****7. For Cases in Which Employee Receives Only Short Term Treatment (Typically One Visit) and Returns to Work****Without Restrictions.**

Evaluate reasonableness of medical provider's charges

Initiate ergonomic/mishap prevention evaluation

**8. For Cases In Which Employee Receives Short Term Treatment and Returns To Work With Restrictions.**

Intervene with medical provider to ensure proper understanding of the employee's disability, altered capabilities, prognosis for recovery

- Focus on what employee is capable of doing, not on what employee is incapable of doing

Provide transitional work assignment

- Consider ergonomic factors
- Work hardening (strive for parallels to normal job)
- Increased supervisory involvement
- Consider creation of special (value added) functions for transitional work assignments

Physician periodically re-evaluate employee's medical condition

Adjust employee disability status and work assignments in response to changes in medical condition

Return to work without restrictions

The Injury Cost Control Process Model - continued9. For Cases In Which Employee Receives Long Term Treatment, Including Significant Time Away From Work.

Assess employee's likelihood of returning to the prior occupation

If likely to return, implement Step 8, above

If not likely to return, evaluate alternatives

to compensation

- Job restructuring
- Employee retraining
  - Same employer
  - New employer

- Career counseling
- Disability retirement
- Identify best alternatives
- Advise OWCP of alternatives

For employees who will not return, OWCP determines final action for employee

- New job
- New employer
- Retirement
- Compensation

10. If Final Action Is to Place Employee On Long Term Compensation, Periodically Repeat Step 9.

Component #2 - continuing actions that can be taken by management to control overall post injury costs.

11. Implement Processes for Efficient and Cost Effective Processing of FECA Claims.

Prompt/accurate claims processing

- Establish guidance for required practices/information
- Establish time standards for case processing

Organized/complete case files

Controversion of questionable claims

Investigation of suspected fraud

Communications/intervention with OWCP and DOD liaison

Establish complaint resolution process

The Injury Cost Control Process Model - continued

12. Implement Processes for Efficient and Cost Effective Post. Injury/Illness Medical Case Management.

Utilization of government medical service providers

Transportation to medical providers

Return to work programs

- Transitional work assignments
- Work hardening
- Disability accommodation
- Job restructuring
- Physical therapy
- Etc.
- Focus on capabilities, not incapacities

Interface/intervention with medical providers

- Understand/adjust work restrictions
- Educate providers

- FECA systems/practices

- Return to work opportunities

Review medical bills associated with individual claims

- Challenge questionable claims

Employing Command's internal Departments maintain contact with their respective employees during recovery

- By phone
- Home visits

13. Review FECA claims/statistics/costs to identify problems and opportunities for improvement.

Automate data to facilitate review/analysis

Review chargeback data to ensure costs charged are legitimate

Assign/report chargeback costs to responsible organizations within the command

Review periodic rolls to identify candidates for return to work activity

Review medical cost statistics versus regional norms

Evaluate Employee/Supervisor mishap reports

Identify mishap prevention needs to OSH Office

- Mishap Investigation
- Process Safety Analysis
- Ergonomic Assessment
- Stressor Exposure Assessment

The Injury Cost Control Process Model - continued14. Establish Systems for Continuous Long Term Improvement.

Establish FECA goals/objectives

- For the command
- For organizations/managers within the command
- For government medical providers

Measure and report performance versus goals

- Consider FECA in performance appraisals

Establish Preventive Programs for Employees

- Wellness

- Ergonomics
- Back Injury Prevention
- Medical Screening (blood pressure, cholesterol, etc.)

Provide FECA information/guidance/training

- Managers
- Supervisors
- Employees
- Labor organizations
- FECA staff

Establish disability management councils/QMBs

Pursue alternatives to compensation

- Disability Retirement Counseling
- Career Counseling
- OWCP Assisted Re-employment Program

Performance Measures for the Injury Cost Control Process

The performance measures recommended by the QMB for the Injury Cost Control key process are:

Effectiveness in Controlling Continuation of Pay (COP) Costs - Evaluate as a function of how quickly employees on COP are actually returned to work as compared to the maximum COP time allowed under FECA rules, by calculating the following ratio:

$$\frac{\text{Actual COP Days}}{(\text{Total COP Cases}) \times (45 \text{ Days})}$$

Where "Actual COP Days" is the total number of COP days actually charged to COP during the evaluation period for all employees of the command (as reported by the Command's servicing Comptroller), and "Total COP Cases" is the total number of COP cases created for

**Performance Measures for the Injury Cost Control Process - continued**

the command during the evaluation period (as reported by the Command's servicing HRO).

**Effectiveness in Controlling FECA Lost Workday Costs** - Evaluate as a function of how many lost workdays are being charged to the Command as compared to the Command's total number of Lost Workday cases, by calculating the following ratio:

$$\frac{\text{Lost Workdays}}{\text{Total Injury/Illness Cases}}$$

Where "Lost Workdays" is the total number of lost workdays charged for all employees (i.e., employees for which the command being evaluated is assigned responsibility by OWCP) during the evaluation period, as derived from quarterly OWCP Chargeback Reports, and "Total Injury/Illness Cases" is the total number of Compensation cases from which those lost workdays arise. Data used for this performance measure will be as provided by the servicing HRO of the command being evaluated.

**Effectiveness in Removing Personnel from Compensation Rolls by Returning Them to Work -**

Evaluate as a function of the number of people returned to work during the evaluation period as compared to the total number of the command's personnel on the FECA Periodic Rolls, by calculating the following ratio:

$$\frac{\text{Personnel Returned to Work}}{(\text{Total Personnel on the Periodic Rolls}) - (\text{PI} + \text{PN})}$$

Where "Personnel Returned to Work" is the total number of people (i.e., people for which the command being evaluated is assigned responsibility by OWCP) returned to work during the evaluation period (this includes those who return to work with another employer) via measures such as rehabilitation, career counseling, and accommodation of medical restrictions, "Total Personnel on the Periodic Rolls" is the total number of people on the FECA Periodic Rolls for which the command being evaluated is assigned responsibility by OWCP, "PI" is the number of people on the periodic rolls designated as being temporarily disabled, and "PN" is the number of people on the periodic rolls designated as having no wage earning capacity. Data used for this performance measure will be as provided by the servicing HRO of the command being evaluated.

**Performance Measures for the Injury Cost Control Process - continued**

**Effectiveness in Removing Personnel from the FECA Periodic Rolls** - Evaluate as a function of the number of people removed from the FECA Periodic Rolls for any reason as compared to the total number of the command's personnel on the FECA Periodic Rolls, by calculation the following ratio:

$$\frac{\text{Personnel Removed from Periodic Rolls}}{\text{Total Personnel on the Periodic Rolls}}$$

Where "Personnel Removed from Periodic Rolls" is the total number of people (i.e., people for which the command being evaluated is assigned responsibility by OWCP) removed from the FECA Periodic Rolls for any reason (e.g., re-employment, retirement, fraud, death, etc.) during the evaluation period, and "Total Personnel on the Periodic Rolls" is the total number of people on the FECA Periodic for which the command being evaluated is assigned responsibility by OWCP. Data used for this performance measure will be as provided by the servicing HRO of the command being evaluated.

**Quality Assessment of the Command's Overall Injury Cost Control Process** - Evaluate via a structured review of the validity and handling/management of a representative sample of FECA cases for which the command being evaluated is responsible, utilizing a Post Injury Case Management Evaluation Tool to be provided by the Process Review and Measurement QMB. This evaluation tool is yet available.

**PEARL HARBOR NAVAL SHIPYARD & IMF  
COMMENTS TO THE PROCESS REVIEW MEASUREMENT  
AND QUALITY MANAGEMENT BOARD (PRMQMB)**

Pearl Harbor Naval Shipyard & IMF (PHNSY&IMF) completed the PRMQMB Assessment on 8 January 1999. The Assessment Team assembled consisted of the following:

- Director, OSHE, Code 106
- Division Head, Health Division, Code 106.1
- Division Head, Safety Division, Code 106.2
- Two Industrial Hygienists from Code 106.1
- Two Safety and Occupational Health Specialists from Code 106.2
- One Project Superintendent from Code 300
- One Shop Superintendent from Code 900
- One Engineering and Planning Supervisor from Code 200
- One Compensation Claims Analyst from Code 1110
- One Metal Trades Council Labor Union representative

It is noted that the seven Code 106 personnel formed the core of the Assessment Team and participated in each of the six process model evaluations. The Code 200, 300, and 900 representatives varied from model to model and the Code 1110 representative only participated in the Injury Cost Control Model. The assessments were conducted in a "round table" conference room environment, and the discussions lasted approximately four hours for each model. Following each session, Code 106 personnel were assigned to write the narrative assessment for each numbered step (element) of the process model. Approximately one model was completed each week.

**COMMENTS AND RECOMMENDATIONS:**

Assessment Team. For the initial test of this process, the team membership was adequate. However, it was noted as we progressed through the process, that for some models it would have been beneficial to include different Shipyard organizations, specific to the subject matter being discussed. For example, for the Supervision Model, more input from the Production Department First Line Supervisors would have been helpful. Similarly, the Excess Labor Shop Superintendent (where many of the light duty/injured employees are assigned) would have assisted in going through the Injury Cost Control Model. While a Labor Union representative participated part time, more emphasis should have been made to have him full time as their input is imperative. These areas will be taken into account the next time the process is used.

Conduct of Assessment. As stated, the assessment was accomplished using a dedicated core of Code 106 personnel with outside department personnel participation on a rotating basis. Having gone through the assessment process for the initial time, PHNSY&IMF considers a better approach would be to have a dedicated team for the entire assessment. The team would go out in the field and conduct interviews with appropriate personnel pertinent to the model being assessed. PHNSY&IMF also consider a better approach to conducting the assessment would be to have the team assigned full time to conduct the assessment, with the target being to complete the entire process in two weeks (the process took six weeks to complete this time).

Enclosure (3)

Writing the Narratives. PHNSY&IMF found it most effective to complete writing the narratives for one model prior to moving on to the next one. All narratives were written by Code 106 personnel (divided among between the core of Code 106 personnel assigned to the team). All narratives were reviewed and commented on by the Code 106 Director to ensure consistency. Every effort was made to keep the narratives short and specific, while trying to focus on the key problem areas in that element. It is noted that the content of the narratives improved significantly as we progressed through the process (model to model) as the writers got more comfortable with "how to write" them. It is strongly recommended that this approach of having a core of people write all narratives and one reviewer edit them be employed by other activities to save time and maintain consistency.

Measurement System. When training the activity assessment team, some additional time should be spent explaining the Malcom Baldrige National Quality Award (MBNQA) criteria. Assessment Team members had some difficulty using the criteria and applying a numeric score (initial efforts resulted in scores that were probably high). More emphasis should be made to point out the fact that a validation team would want to see objective evidence to verify a score, and that "world class" organizations do not necessarily score in the 80-100 range to be world class. Our personnel frequently lapsed into their knowledge that 90-100 percent was an "A" grade, 80-90 percent was a "B" grade, etc. A significant number of sometimes "emotional" discussions were required to get back on track; and this could have maybe been avoided with a better understanding of the MBNQA criteria.

Comments Specific to Assessment Content.

PHNSY&IMF scored low in the self assessment process model since none of the existing self assessment processes are aimed at this type of review. Existing assessments (e.g., NIOU) are more of a checklist "cookbook" approach to the process. While an activity can score well on these, it is not an indication that the same activity would score high in this model. PHNSY&IMF had some difficulty getting through this process model, mainly in understanding what the model was asking for versus what is being done in required self assessments.

Since the process requires input from other organizations within the activity, it was not well understood why there was a need to do a customer focus survey, or even go through the Customer Focus Process Model. Telephone discussion with NAVSEA 04X4 indicated that it was not required for the Shipyard & IMF, and was primarily intended for activities like the Naval Safety Center. This should be clarified.

For the Injury Cost Control Process Model, suggest consideration be given to deleting element number 7 since this effort would normally not be accomplished for employees who receive only short treatment and return to work without restriction (see narrative write up for additional information).

Summary. PHNSY&IMF concurs with the NAVSEA OSH Metrics Process Action Team that the process review and management key process models describe an effective OSH Program, that the MBNQA provides an effective measurement system, and that these two components can be combined to form an effective self assessment process. PHNSY&IMF is unable to conclude that the numerical score derived actually describes whether or not the activity is a safe and healthful workplace, however it does provide a measurement tool to determine if the activity is improving when repeating the assessment on a regular annual basis. The assessment process does an excellent job of identifying weaknesses and opportunities for improvement in the activity's OSH Program. PHNSY&IMF considers this assessment process to be a far superior tool in assessing the OSH Program than other assessment processes currently in use at shore activities, and concurs with the NAVSEA PAT that it be implemented and used as a mechanism for OSH Program and business performance improvement.

## COMMENTS AND RECOMMENDATIONS ON PROPOSEED SELF-ASSESSMENT METHODOLOGY

### 1. UNDERSTANDING OF CRITERIA:

- **Comment:** The Process Review & Measurement (PRM) Key Process Model and the new NOIU auditing approach are not uniformly understood by all who would be required to perform an OSH Self-Assessment. While mandating use of the new PRM and Self-Assessment methodology may accelerate the learning curve the OSH community might be better served if there was a formal training course to further educate OSH managers with content and reasoning behind the PRM Key Process Models.
- **Recommendation:** The Safety Center should develop and offer a course on the PRM Key Process Models.

### 2. UNDERSTANDING OF PROCESS MANAGEMENT

- **Comment:** The seven (7) PRM modules under evaluation are presented as OSH processes, but our limited observation suggests few OSH professionals actually understand the concepts of Process Management and how they should be applied to the PRM Key Processes. While the PRM modules could stand some revamping, the education of OSH professionals in the tools of Process Management might prove beneficial toward achieving a better understanding of the PRM concept. It is hard to train individuals in the PRM Key Process Models (as recommended above) when the basic principles of process management are not uniformly understood.
- **Recommendation:** Develop and implement training on Process Management and include in the recommended training for the Key Processes. (Note: Development of training material for Process Management, one of the main Baldrige elements, is something Keyport would be willing to participate in.)

### 3. BALDRIGE LINKAGE

- **Comment:** Some may find the declared relationship to the Baldrige criteria a bit overstated. At most, the PRM Key Process model has an indirect link to the Baldrige criteria but not enough to claim it is even "Baldrige like." It appears the PRM Key Process criteria was actually build from the old NOIU checklist; just that it was reorganized around major OSH processes. Not a bad start, but not Baldrige. And to say it follows the Baldrige scoring is also a misnomer as the Guide only uses the maturity matrix from Baldrige and focuses little on the importance of Results, a key shortcoming of the initial Baldrige criteria but since rectified.
- **Recommendation:** Adopt the Baldrige criteria as the assessment benchmark (not likely as it doesn't match the NOIU model to which we will be evaluated) or revise the Guide to simply say it follows an assessment methodology widely used by those doing a Baldrige self-assessment (i.e., the Strengths and Weaknesses inventory.)

Also state that the generic "Maturity Matrix" used to facilitate numerical scoring of a process or function also comes from the Baldrige criteria.

(Note: It might be a long-range goal to adopt the Baldrige criteria to evaluate the management of the OSH program, with the old NOIU checklist used to evaluate compliance to requirements. This would be very productive in telling one how effective their OSH program was in terms of assessing management support, planning for improvement, use of data and process management tools to control processes, measurement of customer satisfaction and achieved results. The drawback would be that it wouldn't mesh with the NOIU assessment process; but maybe they should change and also adopt Baldrige as their standard such as NAVSEA has done for Command Performance Inspections.)

#### **4. COMPLIANCE AUDIT**

- **Comment:** It is understood that the NOIU still concentrates about half of its evaluation to what is essentially the "compliance issue". The PRM Key Process Model for "Regulatory Compliance" addresses the approach and deployment for management of Regulatory Compliance but its "Performance Measure", which one might associate with "Results", simply says: "NOSHIPS/NOIU Inspection Results – use in current form." We think the old "compliance check list review" still has merit as a feeder to this Key Process.
- **Recommendation:** Add "Internal Compliance Review" results to the Performance Measures.

#### **5. APPROACH & DEPLOYMENT-EVALUATION:**

- **Comment** We feel the main purpose of the Self-Assessment is to evaluate the effectiveness of the OSH Processes (i.e. the seven PRM Key Processes) by identification of strengths and weaknesses from which to base improvement strategies. Evaluating and Scoring of each numbered section of each of the seven process models appears to be of questionable value in meeting the overall purpose. While the attempt to mimic the Baldrige method is good, the immaturity of the PRM Key Process model and relevancy of each numbered step/item just doesn't warrant evaluating and scoring each item. (More on Scoring below) The Baldrige criteria has about 25 items to be evaluated, each with a relative value of importance. The Baldrige Criteria also changes each year as its elements are refined and the relative importance (point value) of each element and item is re-evaluated and adjusted providing justification for evaluation and scoring of each of its Items. The proposed Self-Assessment Guide has twice as many items to be scored; fifty-eight (58) for the Approach and Deployment items and seven (7) to ten (10) for Results. It is thought that evaluating and scoring of each macro Key Process Model would suffice until such time the actual PRM model matures to better reflect actual and prioritized process steps. This will ease the burden imposed if each activity has to assess over sixty-five (65) items annually.

- **Recommendation:** Only evaluate and score the seven (7) Key Processes. Evaluation should address/consider, but not be limited to, all items presently identified.

Note: Based on the current immaturity of the PRM Key Processes model an alternate method could be employed to evaluate and score the “management” components of the processes. This could be done by using the basic Process Management & Improvement components of PLAN, DO, CHECK, and ACT drawing from the teachings Deming and more related to the Process Management element of the Baldrige criteria. This could overcome the shortcoming we saw in the PRM Key Processes model in that the developers tended to concentrate on several “how to” Planning steps of a process with only token mention of other important Process Management components. For example, the Mishap Prevention model has 8 steps on “how to” identify what preventive measures need to be taken (the Planning stage) but only one step each for implementation; assessment of implementation; and modifying the action if it doesn’t work. What we wound up doing in our assessment, especially in the Cost Control model, was to focus our evaluation and scoring on the PLAN, DO, CHECK, ACT components. We took the liberty to scan the existing process and identifying which of the four (4) process management/improvement components the existing criteria belonged. We evaluated and scored score how well Planing is and then evaluated how we implemented the planning, then how we checked and modified the implementation. .

## 6. APPROACH & DEPLOYMENT-SCORING:

- **Comment:** The Guide prescribes that each numbered element within each Key Process be evaluated and scored but the score is not weighted. This gives the (false) impression that each item of the process is of equal importance. Moreover, the overall score for each Key Process is just the mathematical average of the all the numbered items. As such, scoring each numbered item is viewed as having little if any value and may actually hinder the critical element of the Self-Assessment process – that of prioritizing improvement actions to plug the major weaknesses. Although we think there are too many numbered items (see comment 5) we still feel strongly that any item worth scoring must be weighted to reflect its importance to the overall process. If the seven Key Processes are weighted then the key sub-process steps should also be weighted.
- **Recommendation:** Adopt a policy that any process step requiring evaluation also have it’s points weighted to assist in prioritization of the resultant actions. If weighting sub-components is not practical, then only score the overall Key Process. (Note: Our primary Recommendation to solve this problem is given in Recommendation 5 above – Just evaluate and score the macro Key Processes.)

## 7. RESULTS- SCORING WEIGHT:

- **Comment:** In the Baldrige criteria, the Results element now accounts for half of the Baldrige score. In addition, the Results in the Baldrige criteria are mostly quantitative measures of actual performance related to strategic goals or other important functional processes. But in the Guide, Results appear to be an independent, un-weighted element. As with the Approach & Deployment evaluation for which the Key Processes are weighted, the Results elements should also be weighted. Secondly, have the total Results score approximate half of the total score possible.
- **Recommendation:** Apply the same weighting factor for the Results as used for the Approach & Deployment section of the seven Key Process models and have it count for one half of the total assessment points.

#### **8. RESULTS- SCORING CONTENT:**

- **Comment:** In the Self-Assessment Guide it is not clear what is actually to be evaluated under the "Results" heading. One might assume the Results evaluation is directly related to the Performance Measures portion of the Key Process descriptions unless we missed something in the Guide.
- **Recommendation:** Be more specific on what is to actually be evaluated under the "Results" heading

## Grossman Thomas NSSC

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**From:** Grossman Thomas NSSC  
**Sent:** Friday, November 05, 1999 9:45 AM  
**To:** West Charles T NNSY; Ohalloran Bernard T PSNS; 'wgoss@relay.nswc.navy.mil'; 'bill\_qualls@amsinc.com'  
**Subject:** FW: osh metric test

FYI  
Tom

-----Original Message-----

**From:** Haight Dexter R SSSD  
**Sent:** Thursday, November 04, 1999 6:37 PM  
**To:** Grossman Thomas NSSC  
**Subject:** RE: osh metric test

Tom:

I thought I'd sit down and give you my thoughts about the OSHMETRIC project. I hope to have the complete report completed before too much longer but maybe this will help you put your report together for Iona.

**Positive Items:**

1. The SUPERVISOR (Code 100) and the Deputy SUPERVISOR (Code 101) are and have always been the Number One supporters of the Safety/Environmental Program at SUPSHIP San Diego. However, by specifically scheduling the OSHMETRIC Review from headquarters to the command with a specific team from headquarters kicking off the review, impetus was added and upper management was onboard and fully supported the project from the very start.
2. The team concept for each of the seven areas really raised awareness for the Safety Program throughout the command. In the past the review was mostly conducted by Code 140 using check-off sheets and asking a few questions. The people selected for the teams were pretty much volunteers from the various affected departments and only a few of them were supervisors. I specifically asked for deckplate level workers because I felt that they were more likely to get the true feeling from the employees as opposed to the employee trying to give the answer that they thought a supervisor would like to hear. I feel that we got good, candid answers.
3. The individual team members were given the criteria for finding the answers to their portion of the review. They then made up their own questionnaires based on their understanding of what we were trying to find out. This added an element of real credibility to the review. However, please see item #2 below in the "Negative Items".
- 4 The review identified areas where the Safety Program was deficient that we would have never guessed without the team review. Specifically, a number of employees related that there was a lack of communication between the Safety Department and people on the deckplates. I would have never suspected that deficiency since we use the command newsletter, bulletin boards, email, information at the weekly Department Head Meeting, etc., to pass word out to the employees.

**Negative Items:**

1. There was a feeling that the Headquarters OSHMETRIC Team was not prepared as well as they could have been for the initial kick-off meeting with the SUPERVISOR and the Department Heads (I understand the presentation has been revised and more formalized since that meeting). There also seemed to be the lack of a specific lesson plan or agenda for the follow-up training given to a "Core Team" the following day.
2. I didn't feel that we (Code 140) were well enough prepared to give adequate instruction to team members so that they specifically knew what questions to ask the employee. During our training meetings with the teams, we all kind of stumbled around and tried to determine collectively what we attempting to accomplish.
3. There was some discomfort on the part of department supervisors with the number of personnel assigned to each team looking at the specific sections of the review. Some of the undertones we heard is that we were taking folks away from their regular jobs to do Code 140's work. We assigned about five members for each team from affected departments (no more than one employee from a specific department for a specific team).
4. In some instances, the same team member served on more than one team. Team members averaged approximately 8-10 hours per team associated with the review. Overall estimate is that we expended between 350 - 400 man-hours on the review. This amount of time may be excessive for a small SUPSHIPS.

Enclosure (5)

Tom, those are my basic thoughts. If more come to mind I'll dash them off to you.

V/R



DEPARTMENT OF THE NAVY

NAVAL SEA SYSTEMS COMMAND  
2531 JEFFERSON DAVIS HWY  
ARLINGTON VA 22242-5160

IN REPLY REFER TO

5100  
Ser 00T/244  
6 August 1998

From: Commander, Naval Sea Systems Command

Subj: GUIDANCE FOR SAFETY AND OCCUPATIONAL HEALTH  
PROGRAM SELF-ASSESSMENTS

Ref: (a) OPNAVINST 5100.23D of 11 Oct 94  
(b) NAVSEA ltr 5090 Ser 00T/70 of 30 Mar 98

Encl: (1) NAVSEA Safety and Occupational Health Program  
Self-Assessment Guidance

1. The purpose of this letter is to distribute NAVSEA guidance for safety and occupational health program self-assessments. Reference (a) requires all Navy activities to conduct annual safety and occupational health program self-assessments. Self-assessments are effective tools for ensuring an understanding of compliance requirements, status of actual compliance and the capability for consistent compliance. As stated in reference (b), full compliance with all applicable requirements has always been the bedrock of an activity safety and occupational health program. NAVSEA's policy is that use of Federal and Navy compliance checklists and regular tracking and correction of identified deficiencies fulfill only the minimum requirement for an activity safety and occupational health program self-assessment.

2. I encourage all NAVSEA activities to not only meet Federal laws and Navy requirements, but, also treat these and related requirements as areas for continuous improvement and to strive to address all the elements of an effective safety and occupational health program self-assessment outlined in enclosure (1). This guidance provides elements for an effective safety and occupational health program that goes "beyond mere compliance".

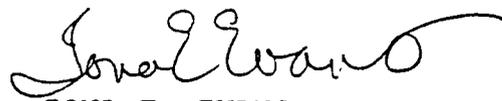
3. The safety and occupational health program directly impacts many aspects of activity performance. To achieve improved effectiveness, activities should incorporate safety and occupational health into their strategic plan and business processes.

Enclosure (6)

Subj: GUIDANCE FOR SAFETY AND OCCUPATIONAL HEALTH  
PROGRAM SELF-ASSESSMENTS

4. Lastly, this guidance links with and encourages use of the Navy Occupational Safety and Health (NAVOSH) Key Process Model, developed by the Chief of Naval Operations (N45) NAVOSH Quality Council's Process Review and Measurement Quality Management Board. The Navy Inspector General's Oversight Inspection Unit (NOIU) is using this model.

5. The NAVSEA point-of-contact for this guidance is Sarita Levine, NAVSEA 00TSBL, at (703) 602-4060 x341, DSN 332-4060, email Levine\_Sarita\_B@HQ.NAVSEA.NAVY.MIL.



IONA E. EVANS

By direction

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**Naval Sea Systems Command**

**Safety and  
Occupational Health  
Program**

**“We are ships...”**



**Self-Assessment  
Guidance**

# Table of Contents

<u>Topic</u>	<u>Page</u>
Safety and Occupational Health Self-Assessment	1
Leadership, Guidance & Advocacy	2
Functional Support: Customers	3
Assessment and Oversight	4
Resources, Risk Management & Training	5
Design for Prevention & Control	6

*“Take the lead in effectively integrating pollution prevention and safety into the design and life cycle of our ships, systems, and ordnance, into the execution of our processes, and into the operation of our facilities.” NAVSEASYSKOM Strategic Plan, January 1997.*

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# Safety and Occupational Health Self-Assessment

The purpose of this document is to provide guidance on NAVSEA headquarters expectations for shore activity safety and occupational health programs when completing the self-evaluation required by OPNAVINST 5100.23(Series). This document describes five elements that form the basis of an effective safety and occupational health program which are to be assessed annually; Leadership, Guidance & Advocacy; Evaluation and Oversight; Functional Support; Design of Prevention & Control; and Resources, Risk Management & Training. The standards of measurement for the Safety and Occupational Health Self-Assessment may include Malcolm Baldrige Criteria and best management practices; but must include all regulatory requirements. The following provides the minimum criteria for the safety and occupational health self-assessment; activities are free to embellish/expand the given criteria.

- ◆ The Command completes a safety and occupational health self-assessment of all program areas on an annual cycle to identify best management practices, areas for improvement and areas of noncompliance.
- ◆ As part of the safety and occupational health self-assessment, the Command completes a Safety and Occupational Health Self-Assessment Plan which will provide an ongoing assessment of the program's compliance posture; define the scope of the safety and occupational health self-assessment; and identify opportunities for process improvement, resources to complete the plan, methodology to be followed, the data validation process and the assessment team selection process.
- ◆ The examiners completing the assessment are trained in both the program areas they are assessing and in auditing/inspecting techniques; assess areas they are knowledgeable of but not program managers of, to the maximum extent possible; and, spend approximately 50 percent of the assessment time reviewing program(s) that can be observed in the field.
- ◆ A documented Plan of Action and Milestones (POA&M) is developed and attached to the findings prior to issuance of the Safety and Occupational Health Self-Assessment Report described below. The POA&M assigns responsibility and identifies corrective actions, a schedule and funding and/or resources to correct all deficiencies. All actions taken to close-out a finding are fully documented and maintained in a central file.
- ◆ The POA&M addresses both short and long term goals. Short term goals identify deficiencies and correct all areas of non-compliance in the safety and occupational health program for all activities. The long term goals identify and correct the root cause of each specific finding by applying lessons learned, developing process improvements, and implementing appropriate changes wherever and whenever possible. These goals should include opportunities for accident prevention.
- ◆ The Commanding Officer endorses a Safety and Occupational Health Self-Assessment Report with a copy to the Command's senior managers and a copy of the sections the Commanding Officer deems necessary to each of the participating tenants. This report identifies deficiencies, provides root cause analysis of deficiencies, and includes the POA&M described above.
- ◆ The safety and occupational health organization establishes and analyzes metrics for the POA&M in order to make fact-based decisions and provide senior management with the health of the Command's safety and occupational health program. Metrics to track on the POA&M may include timeliness and projects, which are under, on and over budget.

Enclosure (6)



## Leadership, Guidance & Advocacy

*"Provide leadership for the command OSH program and for the integration of OSH principles throughout the command for instilling ownership, accountability, and responsibility." NAVSEASYSKOM OSH Strategic Plan*

*"Provide OSH Program policy, direction, and guidance and serve as the advocate for the interest of the command and its components." NAVSEASYSKOM OSH Strategic Plan*

- ◆ The Command communicates a clear command policy on safety and occupational health, so that all personnel understand the priority of safety and occupational health protection in relation to other organizational values.
- ◆ The Command establishes and communicates a clear goal for the safety and occupational health program and objectives for meeting that goal, so that all members of the organization understand the results desired and measures planned for achieving them.
- ◆ The Command addresses the current and potential safety and occupational health impacts and risks on people both at the activity and in the community from its products, services, facilities, and operations.
- ◆ The Command supports and strengthens its community involvement regarding safety and occupational health awareness and issues by being both responsive to current issues and proactive to future issues.
- ◆ The Command assigns and communicates responsibility for all aspects of the safety and occupational health program so that managers, supervisors and workers in all parts of the Command know what performance is expected of them.
- ◆ The Command provides adequate authority and resources to responsible parties, so that assigned safety and occupational health responsibilities can be met.
- ◆ The Command holds managers, supervisors, and workers accountable for meeting their safety and occupational health responsibilities, so that essential tasks will be performed.
- ◆ The Command reviews safety and occupational health program operations at least annually to evaluate their success in meeting the goals and objectives, so that deficiencies can be identified and the program and/or the objectives can be revised when they do not meet the goal of effective safety and occupational health protection.
- ◆ Senior leadership reviews, is trained in, and is briefed on safety and occupational health issues and regulations that affect Command performance, capabilities and organization. This information is used to help the Command set direction.
- ◆ Senior leadership reviews the Command's safety and occupational health performance using measurements in place to determine if the Command safety and occupational health program is effective.<sup>7</sup>
- ◆ Senior leadership is visibly involved in implementing the program, so that all understand management's commitment is serious.
- ◆ Workers are encouraged to be involved in the structure and operation of the program and in decisions that affect the environment, so that they will commit their insight and energy to achieving the safety and occupational health program's goals and objectives.

Enclosure (6)



## Functional Support: Customers

*"Provide proactive, timely and accurate information and assistance on occupational safety and health matters which supports the customers' specific operating requirements."*  
*NAVSEASYSKOM OSH Strategic Plan*

- ◆ The safety and occupational health organization identifies its internal and external customers.
- ◆ The safety and occupational health organization provides access to information which enable customers to seek assistance to conduct business and to voice complaints regarding safety and occupational health issues and requirements. Once the complaint is received there is a process in place to resolve the problem effectively and promptly.
- ◆ The safety and occupational health organization has processes in place to determine customer satisfaction and to enhance/build stronger relationships with their customers
- ◆ The Command establishes and analyzes metrics for customer satisfaction in order to make fact-based decisions and to qualify and quantify the health of the Command's safety and occupational health program

## Evaluation and Oversight

*"Full compliance with all applicable requirements has always been the bedrock of a facility environment and safety program. Self assessments are one of the most effective tools for ensuring an understanding of the requirements, status of actual compliance and the capability for consistent compliance. Federal, state and local compliance checklists start the self assessment process and regular tracking of the correction of identified deficiencies complete the process." Iona Evans, SEA 00T Directorate*

*"Provide a cost-effective evaluation and oversight system to monitor OSH program performance and compliance status and to identify opportunities for improvement." NAVSEASYSKOM OSH Strategic Plan.*

- ◆ The safety and occupational health self-assessment always includes an assessment of the Command compliance posture, based in part on the completion and review of an activity-prepared compliance checklist similar to, or modeled after, the Navy Oversight Inspection Unit (NOIU) Checklist (NAVSAFECEN PUB 5100/1 Series), as well as, input from other helpful checklist sources including applicable regulatory requirements. The results are collected, documented and analyzed.
- ◆ The self-assessment also includes the assessment and improvement of mission performance, readiness, effectiveness and efficiency of the safety and occupational health organization. Activities may include the safety standard site visit issues addressed during a Command Performance Inspection and the OSH Key Process Model, Process Review and Measurement, developed by the CNO NAVOSH Quality Management Board.
- ◆ In addition to scheduled assessments, safety and non-safety managers, supervisors and workers generate areas for improvement and areas of noncompliance by using their safety and occupational health knowledge in their day-to-day activities.
- ◆ The Command has put a process in place so that worker's insight and experience in their jobs are utilized to address safety and occupational health concerns. The Command provides and encourages use of a reliable system for workers to notify management personnel of concerns and receive a timely and appropriate response, without fear of reprisal.
- ◆ The Command has in place a process to investigate safety and occupational health accidents and "near miss" incidents, so their causes and a means for their prevention are identified.
- ◆ The Command analyzes injury and illness trends over time, so that patterns with common causes can be identified and prevented. The ultimate goal is to prevent injuries and illnesses.
- ◆ The safety and occupational health organization participates in the process to analyze planned and new facilities, processes, materials, and equipment in order to identify areas for improvement and potential areas of noncompliance regarding safety and occupational health issues.
- ◆ The Command establishes and analyzes metrics for safety and occupational health compliance and business processes in order to make fact-based decisions and to qualify and quantify the health of the Command's safety and occupational health program.

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## Resources, Risk Management & Training

*"Obtain and manage resources at the program execution level, to accomplish OSH requirements, develop and implement program improvements, and satisfy emerging requirements." NAVSEASYS COM OSH Strategic Plan*

*"Develop and apply a process of basing decisions, including resource allocation, on an understanding of risks involved and relative priorities." NAVSEASYS COM OSH Strategic Plan*

- ◆ The Command obtains and manages resources at the program execution level to accomplish safety and occupational health requirements, develop and implement program improvements, and satisfy emerging requirements.
- ◆ The Command has a process in place to include risk management in determining resource allocation. Risks may include: impact on a core mission function; effect on overall program by known hazards; potential for adverse OSHA actions; visibility of the program with-in Navy and the public at large; financial costs versus benefits related to activity injury/occupational illness; property damage experience; compensation costs and control; and workplace hazards/deficiency abatement.
- ◆ The Command provides training resources so individuals can do their job. This training may include the following:
  - ◇ Provide training for workers so they understand the hazards to which they may be exposed and how to prevent harm to themselves, others or the environment. This training includes the appropriate protection to prevent harm.
  - ◇ Provide training for supervisors so they can carry out their safety and occupational health responsibilities effectively by ensuring they understand their responsibilities and the reasons for the responsibilities. This training may include hazardous material substitution, recognizing potential hazards, appropriate protection and on-the-job training of their subordinates.
  - ◇ Provide training for managers so they can effectively carry out their safety and occupational health responsibilities by communicating and accomplishing the Command's goals and objectives for their safety and occupational health program.
  - ◇ Provide appropriate training required for safety and occupational health program managers to do their jobs.
- ◆ The Command establishes and analyzes metrics for resource, risk management and training in order to make fact-based decisions and to qualify and quantify the health of the Command's safety and occupational health program.



## Design for Prevention & Control

*"Integrate safety and health including human factors, into ships, systems and ordnance life-cycle management from design to disposal." NAVSEASCOM OSH Strategic Plan*

- ◆ The Command has in place a process to analyze current and future processes or facilities for prevention and control of safety and occupational health concerns.
- ◆ The Command has in place a process to systematically recognize and protect their people from, current and potential, safety and occupational health hazards. This process includes evaluation, correction and/or control of the hazard in a timely manner using engineering techniques to reduce the hazard, administrative controls such as time exposure to mitigate impact to physiology and provisions for proper outfitting and use of personal protective equipment to safeguard employees from physical exposure.
- ◆ The Command shares any best management practices regarding safety and occupational health issues. A best management practice is a process that is the best of its type at the Command and possibly in NAVSEA, has produced measurable results and will deliver products that fully meet or exceed customer requirements. A best management practice is efficient, institutionalized and can serve external or internal customers.
- ◆ The Command annually, as a minimum, reviews the adequacy and effectiveness of training provided, the adequacy of established goals and objectives, and the use of lessons learned from developed sources such as mishap and near miss investigations, the Naval Safety Center Advisories and Alerts, and NAVFAC Accident Abstracts.
- ◆ The Command has in place a process to correct or control in a timely manner current and potential hazards, however detected.
- ◆ The Command plans and prepares for emergencies and conducts training and drills as required, so that the response of all parties to emergencies will be "second nature."
- ◆ The Command establishes and analyzes metrics for the design for prevention and control in order to make fact-based decisions and to qualify and quantify the health of the Command's safety and occupational health program.



# Balanced Scorecard and NAVSEA OSH Metric



## OSH Metrics Display

## OSH Self Assessment Narrative



-Documents the shore activity's near-term (next year) plan to improve the OSH Program vis-a-vis the NAVOSH PRM QMB Key Process Models



-Establishes organization's Mission, Vision, and Guiding Principles, as well as strategic Goals and Objectives



Employees

## Annual OSH Self Assessment



Working Group (or PAT)

-Assesses OSH Program using NAVOSH PRM QMB Key Process Models  
-Develops a corporate OSH metric using MBNQA scoring guidelines



CNO/NAVOSH Strategic Plan



NAVSEA Strategic Plan



NAVSEA Shore Activity Strategic Plan



NAVSEA OSH Metrics



OSHA



NAVSEA IG MBNQA/CPI



ISO 9000/14000



Navy IG NOIU



Balanced Scorecard

## Balanced Scorecard Performance Measurement Framework

Financial	Customer
<ul style="list-style-type: none"> <li>Injury Cost Control</li> </ul>	<ul style="list-style-type: none"> <li>Customer-Focused Process</li> </ul>
Learning & Growth	Internal Process
<ul style="list-style-type: none"> <li>Training</li> <li>Self Assessment</li> </ul>	<ul style="list-style-type: none"> <li>Mishap Prevention</li> <li>Regulatory Compliance</li> <li>Supervision</li> </ul>

-Objectives linked to performance measurements under four perspectives of Balanced Scorecard

-Integrates shore activity strategic planning process with performance measures

## Balanced Scorecard Key Points

- Vital few versus trivial many
- Linkage to vision, values and key success factors
- Metrics should focus on the past, present and future
- Metrics should be linked to the needs of customers, shareholders and employees
- Metrics should flow down to all levels and should be consistent
- Multiple measures can be combined into several overall indices of performance
- Metrics should be changed as your strategy and situation changes
- Metrics need to have targets or goals based on research