



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
BUMEDINST 5312.3  
BUMED-M1  
2 Nov 2010

BUMED INSTRUCTION 5312.3

From: Chief, Bureau of Medicine and Surgery

Subj: DEFENSE MEDICAL HUMAN RESOURCE SYSTEM – INTERNET

Ref: (a) SECNAVINST 5239.3B  
(b) DoD Directive 5400.11 of 8 May 2007  
(c) Defense Medical Human Resource System - internet Combined Desk Reference Guides  
(d) BUMED Memo of 31 Jan 2007 (NAVMED POLICY 07-004)

1. Purpose. To establish policy, set guidelines, and assign responsibility for the utilization of the Defense Medical Human Resource System – internet (DMHRSi).

2. Cancellation. BUMED Memo of 6 Dec 2006 (NAVMED POLICY 07-002)

3. Applicability. This instruction applies to all Bureau of Medicine and Surgery (BUMED) Budget Submitting Offices (BSO) activities.

4. Background

a. DMHRSi is a Web-based Tri-service decision support system that integrates human resource data from multiple sources allowing ready access to essential manpower, human resource, labor cost assignment, education and training, and readiness information for Military Health System (MHS) organizations. DMHRSi standardizes information across Service lines and provides total force visibility to include Military (active and reserve), civilian, contract, and volunteer personnel.

b. DMHRSi provides visibility at the department, command, region, Service, or MHS level. The self-service component of DMHRSi provides individual users the access needed to automate performance of tasks and replace paper intensive processes (e.g., filling out Medical Expense Performance Reporting System (MEPRS) sheets, request chits for in-house training, or updating personnel information such as address, title, telephone number, or emergency contacts) and provides each individual with access to view data contained in his or her personnel record.

c. DMHRSi is a relational database containing the data necessary to support management of the following functional business areas:

- (1) Manpower
- (2) Human Resources
- (3) Labor Cost Assignment (LCA)
- (4) Education and Training
- (5) Readiness

d. The data contained in DMHRSi is sensitive in nature and subject to protection per the provisions outlined in references (a) and (b).

5. Policy. DMHRSi shall be implemented per policy guidance set forth in reference (c), by all Navy medical and dental treatment facilities (MTFs and DTFs) and mission specific commands under the purview of Chief, BUMED. All functional capabilities of DMHRSi shall be fully utilized. Organizations shall be established per reference (d). Mission specific commands are not required to utilize the LCA capability.

6. Responsibilities

a. Chief, BUMED

(1) The Deputy Chief, Director Total Force (BUMED-M1) services as the principal advisor to the Chief, BUMED for Navy Medicine Total Force (active duty, reserve, civilian, and contractor) manpower, personnel, training and education policies, programs, and practices; creates policy guidance and advises on monitoring compliance for Medical Department education and training programs; manages process oversight for addition, change, and deletion of Navy Medical Department education and training courses; directs, coordinates, and monitors execution of DMHRSi for Navy Medicine. BUMED-M1 serves as the Navy functional proponent for the Manpower, Human Resource, Education and Training capabilities of DMHRSi.

(2) The DMHRSi Program Manager (PM), established under the Deputy Chief, Director Total Force (BUMED-M1) serves as the Navy representative for DMHRSi policy during discussions with like representatives of other services and government organizations. Furthermore, the DMHRSi PM validates and prioritizes requests for application enhancements to meet evolving functional needs across all DMHRSi capabilities.

(3) The Deputy Chief, Medical Operations (BUMED-M3/5) develops guidance and tools for Navy Medicine Regions to support development of annual business plans; monitors Navy Medicine health care data, trends, and implications in MTFs and DTFs clinical performance; directs, coordinates, and monitors execution of medical readiness planning to support forces engaged in contingency operations, peacekeeping, and disaster relief missions; establishes mission organizations in DMHRSi when tasked by the Chief of Naval Operations to provide augmentation support for contingency operations; and directs Navy Medicine Regional Commanders to source personnel required for contingency operations. BUMED-M3/5 serves as the Navy functional proponent for the Readiness capability of DMHRSi and provides input to Manpower, Human Resource and LCA as it relates to business planning and data quality.

(4) The Deputy Chief, Resource Management (BUMED-M8) is responsible for development of policies and procedures related to the collection and submission of MEPRS data to the Expense Assignment System (EAS) and the Summarized Management Analysis Resource Tool (SMART). BUMED-M8 serves as the Navy functional proponent for the LCA capability of DMHRSi and represents Navy interests related to DMHRSi issues at the Business Portfolio Management Board. Additionally, BUMED-M8 is responsible for the establishment of a Data

Quality Management Control program uniformity and standardization of information and assure data accuracy, completeness, and timeliness within BSO-18.

(5) The Deputy Chief, Chief Information Officer (BUMED-M6) is responsible for centralized coordination of net-centric policy, planning, governance, requirements integration, and investment direction to efficiently provide secure global access to information; oversees and monitors compliance on the use of privacy impact assessments for all Navy Medicine systems; designated representative for Data Sharing Agreements; certifies Defense Health Program (DHP) Funded System Registration and Data Validation in the DHP System Inventory Reporting Tool, which serves as a central repository for MHS system compliance and investment information used for Navy Medicine portfolio management and certification. BUMED-M6 serves as primary liaison with Assistant Secretary of Defense (Health Affairs) and the Integrated Program Office on information management/information technology matters related to DMHRSi.

b. Navy Medicine Support Command (NMSC)

(1) The DMHRSi Support Team, established under the Commander, NMSC is responsible for sustainment of DMHRSi throughout BSO-18. Specifically NMSC will:

(a) In coordination with Navy Medical Personnel Training and Education (NAVMED MPT&E) Command, conduct business case analysis to identify optimal training requirements and develop formal sustainment training program for DMHRSi.

(b) Oversee formal DMHRSi end user training for all BSO-18 activities.

(c) Develop and publish functional desk reference guides for DMHRSi users on the NMSC DMHRSi Home page <http://nmsc.med.navy.mil/www/DMHRSi/default.htm>. Updates shall be versioned and published as required to address changes in policy or application functionality.

(d) Monitor user compliance with guidelines outlined in reference (c).

(e) Staff a functional helpdesk to support DMHRSi end users.

(f) Initiate and monitor helpdesk tickets for technical issues reported that impact DMHRSi functionality.

(g) Provide a bi-weekly data feed to DMHRSi from the Expeditionary Medicine Platform Augmentation Readiness and Training System (EMPARTS) until EMPARTS has successfully been decommissioned and a formal Dental Classification and DMHRSi interface agreement has been established.

(h) Provide a monthly manpower data feed to DMHRSi until a formal interface agreement between the Total Force Manpower Management System and DMHRSi can be implemented.

(i) Provide technical support for the development of ad hoc reports.

(j) Provide functional subject matter expertise to assist the DMHRSi PM and the Defense Health Services Systems office with the development of requirements and validation of system change requests, enhancements, updates to tutor documentation or web based training content and performance of functional testing.

(k) Provide executive level briefings or demonstrations related to DMHRSi.

c. Navy Medicine Regional Commanders shall:

(1) Monitor Area of Responsibility for compliance with references (c).

(2) Ensure DMHRSi issues impacting the Data Quality Management Control program, MEPRS/EAS Program, or other issues affecting the command's ability to execute BUMED policy and guidance are promptly reported to the DMHRSi help-desk for action.

(3) Ensure that the proper training and safeguards are in place to protect personally identifiable information (PII) per references (a) and (b). Report any breach of PII per references (a) and (b) and notify the PM and DMHRSi Support Team.

d. Commanders, Commanding Officers, and Officers in Charge of MTFs and DTFs and mission specific commands within the BSO shall ensure compliance with guidelines set forth in the functional user "Guides" embedded in references (c). Specifically:

(1) Ensure the quality of all manually entered data.

(2) Ensure that Activity Manpower Documents are maintained and reflect current authorizations and organizational structure per reference (d).

(3) Establish local procedures to ensure that employees are in and out processed in DMHRSi within 2 working days of arrival or departure date and that all assignments are consistent with the DMHRSi "Fit-to-Fill" criteria as outlined in the Human Resource Guide. Further, ensure that all internal reassignments are promptly and accurately recorded in DMHRSi.

(4) Ensure that all DMHRSi time entries are completed within 3 working days of the timecard end date (every 2 weeks to coincide with the civilian pay periods or monthly for Graduate Medical Education and Graduate Dental Education students).

(5) Ensure that all EAS and the SMART files processed are accurate and completed within established deadlines as outlined in the LCA Guide.

(6) Ensure that all locally delivered training has been created in DMHRSi and is available for student enrollment via DMHRSi Self Service.

(7) Ensure that external training completed and competencies achieved are recorded in DMHRSi as outlined in the DMHRSi Education and Training Guide available at: <http://nmsc.med.navy.mil/www/DMHRSi/default.htm>.

- (8) Ensure that employee readiness data is accurately recorded and maintained in DMHRSi as outlined in the Readiness Guide.
- (9) Ensure that all employees are granted “employee self-service” access to DMHRSi.
- (10) Ensure that processes are in place for local password reset.
- (11) Ensure that roles and responsibilities in DMHRSi are granted and revoked as outlined in the Site Application Administrator Guide to ensure compliance with references (a) and (b).

  
K. A. FLAHERTY  
Acting

Distribution is electronic only via the Navy Medicine Web Site at:  
<http://www.med.navy.mil/directives/Pages/default.aspx>