



ARMY MEDICINE
Serving To Heal...Honored To Serve

USAMEDDAC Commander's Staff Town Hall

COL Maher

9 February 2012



BRIEFING OUTLINE

PURPOSE: To provide information to staff on key topics for the next quarter February to April; obtain feedback from staff on items affecting organizational effectiveness.

1. Strategy Map
 - Performance Measures
 - Joint Commission
 - System of Health
2. Army Readiness Assessment Program
3. Organizational Climate Survey
4. What's Ahead?



Ireland Army Community Hospital

Mission: Optimize wellness and military readiness of those entrusted to our care by providing exceptional holistic patient-centered health services with caring, compassion, and skill.



Vision: The premier regional system of health; exceeding patient expectations

Lines of Effort

Provide Effective, Patient-Centered Healthcare

Support Soldier Readiness and Force Projection

Inspire the Trust of our Patients, Staff, and Community

Ensure Accountability and Stewardship

ENDS

Patient/
Customer/
Stakeholder

CS 1.0 Healthy and Satisfied Soldiers, Families, and Workforce

CS 2.0 Trained and Ready Team

CS 3.0 Optimized Value of Resources

WAYS

Internal Process

IP 3.0 Medical Readiness

IP 1.0 Deliver Safe, Patient-Centered, Evidence-based Care

IP 2.0 Maximize Physical and Psychological Fitness

IP 4.0 Optimize Partnerships

A System of Health with a Patient-Centered Focus

IP 5.0 Manage Medically Non-Ready

IP 6.0 Improve Patient Satisfaction

MEANS

Learning and Growth

LG 1.0 Energize Continuous Improvement

LG 2.0 Use Technology to Improve the use of Medical Information

Resource

R 1.0 Integrate Cost Management

R 2.0 Optimize Workforce

R 3.0 Maintain Reliable Infrastructure

Feedback Adjusts Resourcing Decisions

This is a dynamic, living document.

As of November 2011

Supporting our Army's Imperatives: Sustain, Prepare, Reset, Transform

Slide 3

Scorecard Tree

(expand all | collapse all)

- [-] Ft. Knox
 - [-] Patient/Customer/Stakeholder
 - [-] CS 1.0 Healthy and Satisfied Soldiers
 - CS 1.1 Periodic Health Assessment
 - CS 1.2 APLSS Overall Satisfaction
 - CS 1.3 Staff Occupational Health
 - CS 1.4 Body Mass Index
 - CS 1.5 Staff Satisfaction
 - [-] CS 2.0 Trained and Ready Team
 - [-] CS 3.0 Optimize Value of Resources
 - [-] Internal Process
 - [-] Learning and Growth
 - [-] Resource
 - [-] Lines Of Effort (Unscored)

Initiative Overview - CS 1.0 Healthy and Satisfied Soldiers, Families and Workforce



Edit Initiative

Details

ID: 489579

Name: CS 1.0 Healthy and Satisfied Soldiers, Families and Workforce

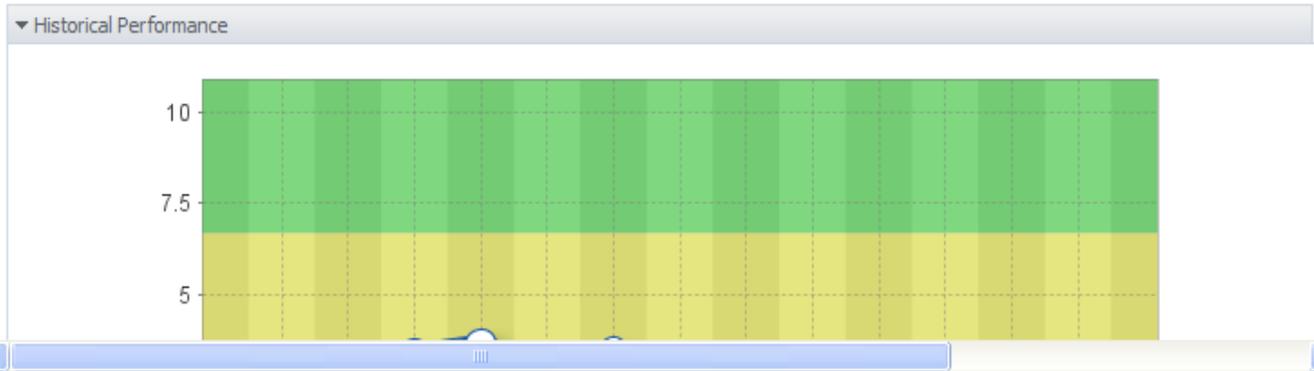
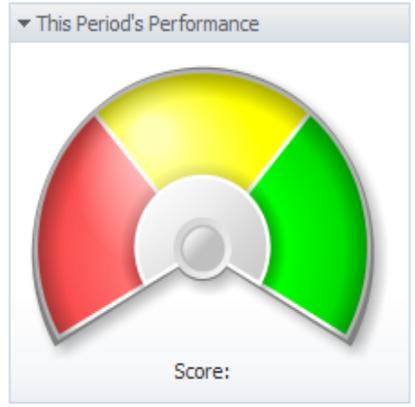
Description: Improve the health of all beneficiaries with focus on prime enrollees and WTs through cost-effective evidence-based care, proactive disease management, demand management, and public health programs.

Type: Initiative

Weight: 33.33%

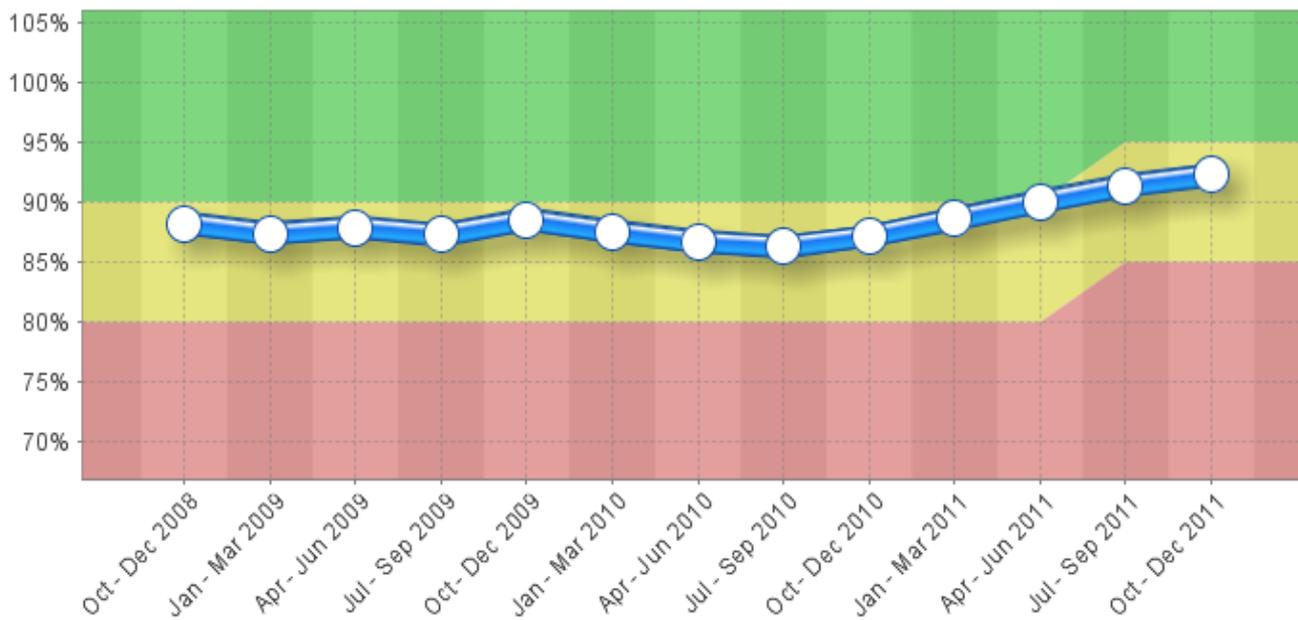
Owners: Mr. Dale Cobler, Mr. John R. White

Modify Owners





CS 1.0 Healthy and Satisfied Soldiers, Families, and Workforce



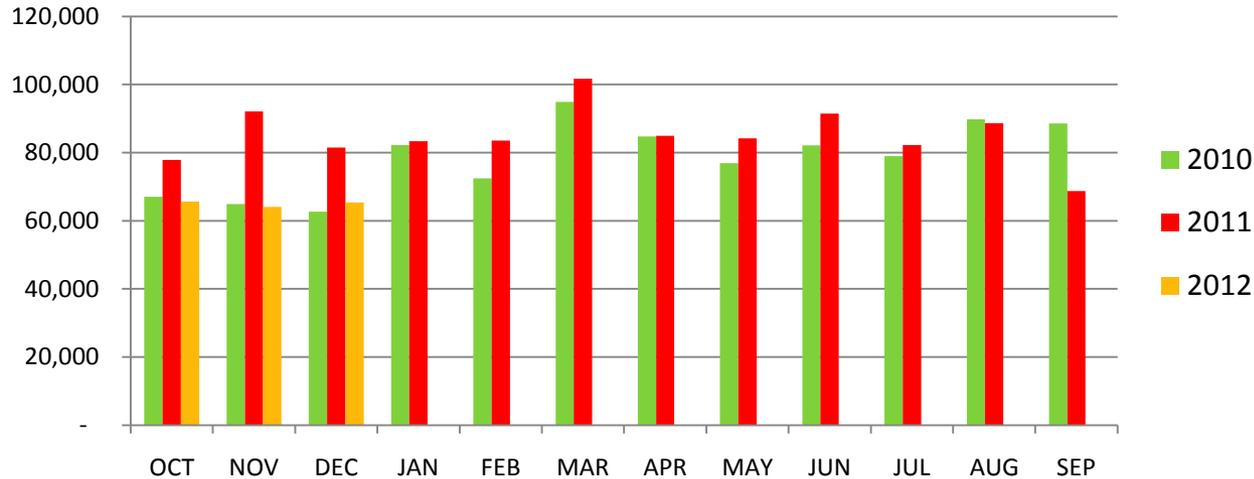
Actual Value: 92.26%
Score: 5.75
Red Threshold: 85%
Green Threshold: 95%

| | Oct - Dec 2008 | Jan - Mar 2009 | Apr - Jun 2009 | Jul - Sep 2009 | Oct - Dec 2009 | Jan - Mar 2010 | Apr - Jun 2010 | Jul - Sep 2010 | Oct - Dec 2010 | Jan - Mar 2011 | Apr - Jun 2011 | Jul - Sep 2011 | Oct - Dec 2011 |
|----------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| % of Patient Satisfaction | 88% | 87% | 87% | 87% | 88% | 87% | 86% | 86% | 87% | 88% | 90% | 91% | 92% |

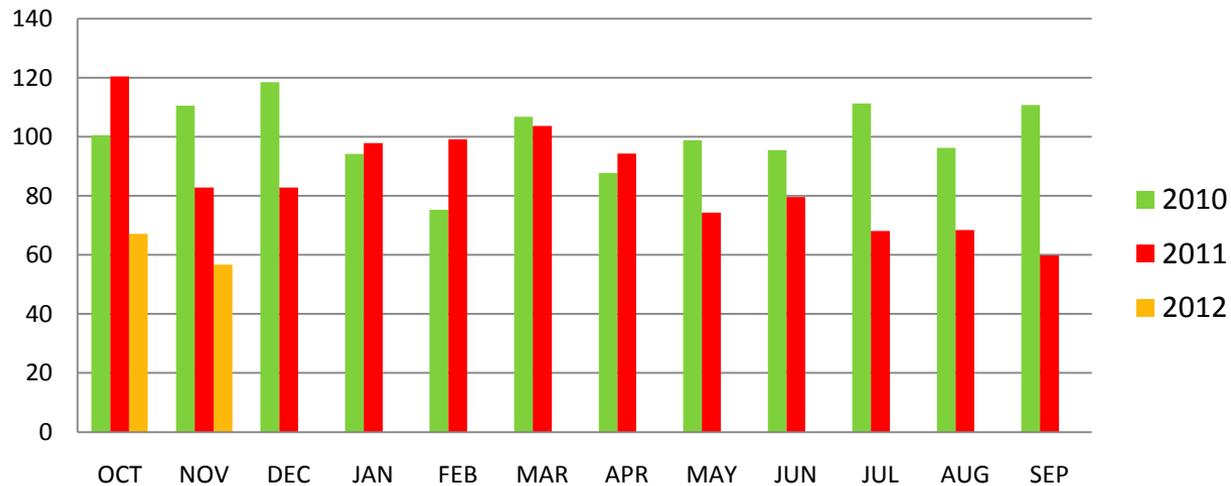


IP 1.0 Deliver Safe, Patient-Centered, Evidence-based Care

Outpatient Comparison by FY



Inpatient Comparison by FY

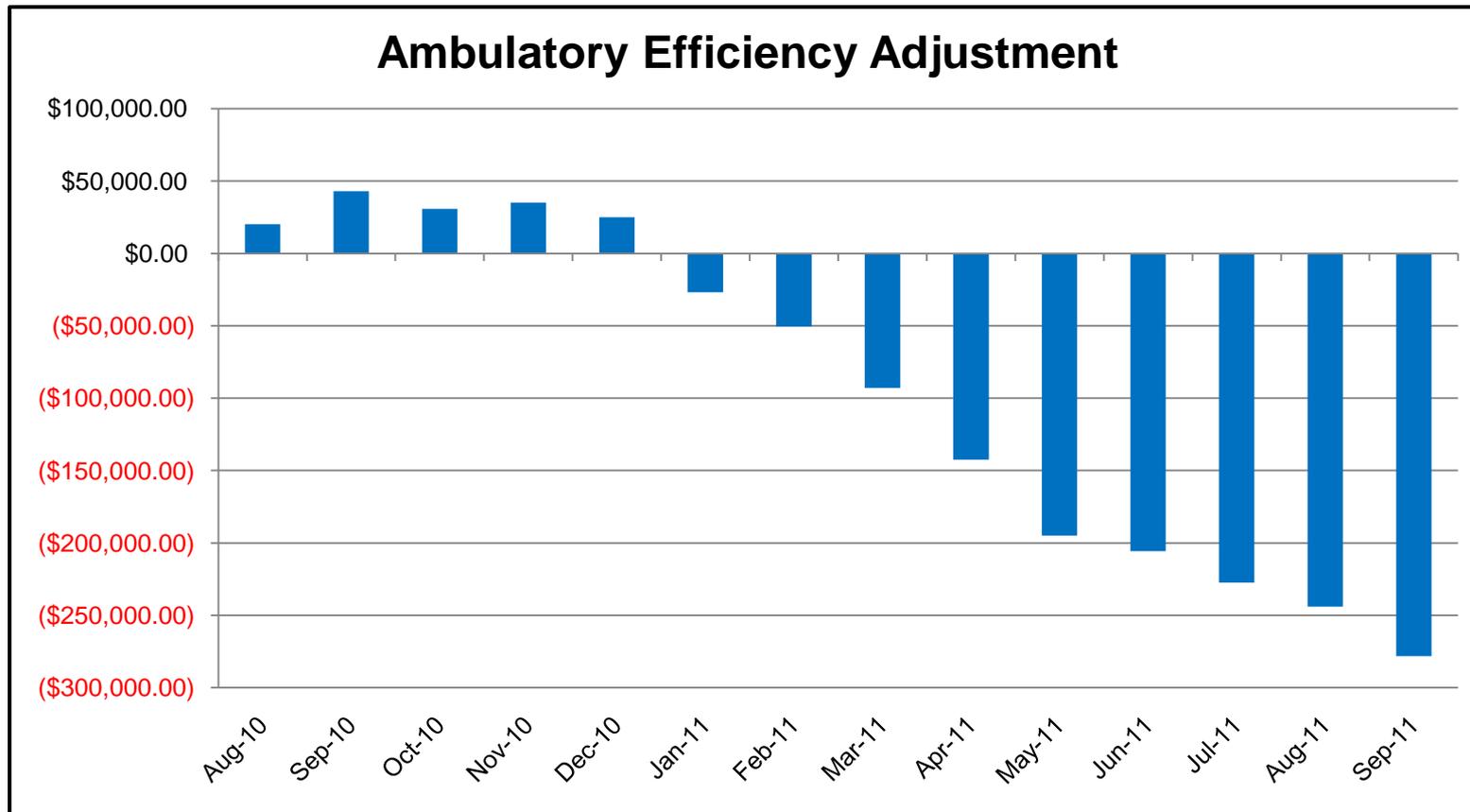




R 2.0 Optimize Workforce



“DMHRSi Timeliness and Accuracy”





IP 1.0 Deliver Safe, Patient-Centered, Evidence-based Care

The Joint Commission

- Who:
 - An accrediting organization for health care facilities
- Mission:
 - Continuously improve the safety and quality of care provided to the public
- How:
 - Establish standards that focus on key elements that, when followed, improve quality and safe care
 - Focus on performance and implementation of the standard
- Standards
 - Arranged by chapters
 - Include some of the following: Leadership, Medication Management, Infection Control, Information Management, Emergency Management, National Patient Safety Goals, etc.



IP 1.0 Deliver Safe, Patient-Centered, Evidence-based Care

- Our focus at IRACH:
 - Continue to provide the already excellent care you do every day!
 - Continue to participate in survey readiness activities, such as tracers and other learning opportunities
 - DO NOT HIDE when you see us coming
 - If you cannot think of an answer to a question, be honest and open and get assistance from colleagues/supervisor.
 - Be confident!
 - “ I do not know the answer to your question, but let me get my supervisor who can assist you with your question.”

System of Health



Patient Centered Medical Home (PCMH)

- Healthcare System to a “System of Health”
- Fosters the “Culture of Trust” between the patient & the healthcare team.
- 24/7 Access To Care
- Patient Self Management
- Improved quality of care using evidence-based measures (Health Plan Measures such as HEDIS) and communication (TeamSTEPPS, PCT)
- Emphasis on managing wellness
- Leveraging technology for improved patient outcomes
- Standards: National Committee for Quality Assurance (NCQA)



Army Readiness Assessment Program (ARAP)

CS 1.0 Healthy and Satisfied Soldiers, Families, and Workforce

Top 3 Unit Strengths

- ✓ 90% of staff believe safety is an important part of all operations
- ✓ 88% of staff believe leaders encourage everyone to be safe and to follow the rules
- ✓ 83% of staff believe they are properly trained to safely conduct all their missions

Top 3 Unit Concerns

- ❖ 37% of staff believe that morale and motivation are high
- ❖ 41% of staff believe there is good communications up and down the chain of command
- ❖ 41% of staff believes our organization does not hesitate to restrict individuals who are under high personal stress from participating in high risk work related jobs

How can we improve on our concerns?



ARAP Year to Year Comparisons

Good Job! Maintained 4 of the 5 Top Strengths

- ❖ In my organization, we believe safety is an important part of all operations
- ❖ Supervisors in my organization encourage everyone to be safe and to follow the rules
- ❖ I am properly trained to safely conduct all of my assigned jobs.
- ❖ My organization uses several checks and a hazard reporting system to catch problems that may lead to an accident

• How can we improve? Maintained 2 of the Top 5 of our Old Concerns

- ❖ Morale and motivation in my organization are not high
 - ❖ Within my organization, there is not good communications up and down the work force
- ## • New Concerns – Let's fix'em!
- ❖ My organization does not hesitate to restrict individuals who are under high personal stress from participating in high risk work related jobs
 - ❖ The Safety Manager position is not a desired job in my organization



Organizational Climate Survey

USA MEDDAC Fort Knox

CS 1.0 Healthy and
Satisfied Soldiers,
Families, and
Workforce

- Areas where MEDDAC is evaluated as >4/5 & better than Army
 - » Sexual Harassment
 - » Differential Behavior toward Minorities
 - » Positive EO Behaviors
 - » Discrimination against Race, Religion, Age, Disability
 - » Work Group Effectiveness
- Areas between 3 – 4
 - » Organizational Commitment
 - » Trust in Organization
 - » Work Group Cohesion – slightly behind Army
 - » Leadership Cohesion – slightly behind Army
 - » Job satisfaction



Locally Developed Questions

CS 1.0 Healthy and Satisfied Soldiers, Families, and Workforce

- Change in overall health
 - » ~1/2: NC 1/3 + 1/5 -
- Civilians valued in Unit
 - » 3/5 + 1/5 +/- 1/10 -
- Workplace Free of Unprofessional Behavior
 - » ~1/2 + 1/3 - 1/5 +/-
- Free of Sexual Misconduct
 - » 3/4 + 1/6 +/- 1/20 -
- Policies Enforced
 - » 3/5 + 1/5 +/- 1/5 -
- Leave Policy Fair
 - » 2/3 + 1/6 +/- 1/6 -
- Feel encouraged to participate in Unit Functions
 - » 7/10 + 1/5 +/- >1/10 -
- I'm being fully Utilized
 - » 3/4 + 1/10 +/- 1/6 -
- Officers care about SMs
 - » ~3/5 + 1/4 +/- 1/6 -
- NCOs care about SMs
 - » 3/5 + 1/4 +/- 1/6 -



What is Ahead?

- March
 - Warrior Transition Battalion Change of Command
- April
 - MEDCOM IG inspection
 - Joint Commission
- May
 - Organizational Day
 - Follow-Up Balanced Scorecard Review

Smoke Shacks



ARMY MEDICINE

Serving To Heal...Honored To Serve