

# **USA MEDDAC-Ft. Huachuca**

## **Strategic Plan 2002**

### **Mission**

**USA MEDDAC-FT. HUACHUCA** will conserve the fighting strength of the Army by responsibly applying appropriate resources to ensuring the physical and mental health and fitness of all beneficiaries and providing trained and ready medical personnel to support the Army mission.

USA MEDDAC-FT. Huachuca is

The model for Army Health Centers, and the health care provider of choice for our beneficiaries

### **Values**

Loyalty

Duty

Respect

Selfless Service

Honor

Personal Courage

Integrity

Customer Focus

Team Work

Personal Growth

Flexibility

Fiscal Responsibility

Total Accountability Success

Organizational Success

## **Critical Strategic Ends**

**An Organization That Is Always Trained and Ready to Expertly  
Execute Their Mission**

**Quality and Efficient Health Care Delivery**

**Healthy Community**

**Well Informed Beneficiaries and Staff**

**An Organization That Is Always Trained and Ready to Expertly  
Execute Their Mission**

Critical Strategic End	An Organization That Is Always Trained and Ready to Expertly Execute Their Mission		
Major Goal	Expertly planned, trained for and executed military medical support		
Monitor	METS/CPT Gao-Ay		
End: (Sub-Goal)	A comprehensive Emergency Preparedness Plan and a staff ready to address all potentialities, including NBC events		
Ways:	<ol style="list-style-type: none"> <li>1. Conduct an EPP semi-annually with at least one test conducted during work day to include civilian staff</li> <li>2. Conduct a telephonic recall 4 times a year; include the civilian staff in two</li> <li>3. Conduct a Vulnerability Analysis and review of the EPP annually</li> <li>4. Conduct a review of the MASCAL equipment and supplies semi-annually</li> </ol>	<b>Metrics</b> Minimum of 2 EPPs annually 80% of staff reached on telephonic alerts 80% reporting within one hour and 100% within 2 hours for EPPs All AARs completed within 72 hours	<b>Milestones</b> Execute daytime EPP (MASCAL) in 1 <sup>st</sup> quarter (met) and conduct Bio EPP in Dec 01 (met) One alert per quarter EPP reviewed end of 2 <sup>nd</sup> quarter of FY Vulnerability Analysis done by end of 1 <sup>st</sup> quarter and equipment assessment by end of 2 <sup>nd</sup> and 4 <sup>th</sup> quarters
Means:	Installation and community agencies Budget for civilian employees overtime EOC personnel to conduct vulnerability METS personnel to document AAR		
Comments:	Need leadership support and assistance in coordination and emphasis on updating alert rosters and AOD book		

Critical Strategic End	An Organization That Is Always Trained and Ready to Expertly Execute Their Mission		
Major Goal	Expertly planned, trained for and executed military medical support		
Monitor	METS/SFC Roman		
End: (Sub-Goal)	Efficient and appropriate medical support to the Fort Huachuca installation and other supported activities		
Ways:	<ol style="list-style-type: none"> <li>1. All taskings (to include quarterly SRPs) must be submitted through garrison or GPRMC G3 prior to coming to the MEDDAC</li> <li>2. Medical support taskings are received at least 6 weeks out</li> <li>3. Capture cost of mission support in order to monitor efficiency</li> </ol>	<b>Metrics</b> 100% of all taskings go through GPRMC or garrison G3 90% of all taskings received at least 6 weeks out No greater than 5% cancelled appointments due to taskings	<b>Milestones</b> Establish MOA or equivalent with garrison NLT 1 March
Means:	METS personnel for handling and monitoring taskings CSD personnel to track impact data RMD personnel to identify costs		
Comments:	Need command support to enforce the adherence by supported activities		

Critical Strategic End	An Organization that is always trained and ready to expertly execute their mission		
Major Goal	Well-educated and competent staff		
Monitor	METS/SFC Traver		
End: (Sub-Goal)	An effective and viable 91W Transition Program		
Ways	<ol style="list-style-type: none"> <li>1. New 91W (unqualified) soldiers will be enrolled in one of the three 91W programs</li> <li>2. Maintain a continuous sustainment training for 91W soldiers</li> </ol>	<b>Metrics</b> Every new 91W (unqualified) enrolled within 6 months of arrival Six (6) 91W (unqualified) soldiers completing the 91W program each quarter 90% of 91W qualified soldiers will complete sustainment training on time	<b>Milestones</b> Establish sustainment plan NLT 1 Feb Establish initial training plan NLT 1 Feb
Means:	Soldier support staff from most clinical areas METS to conduct/coordinate training Equipment on hand sufficient		
Comments:	Need command/department support to allow soldiers to complete training		

Critical Strategic End	An Organization That Is Always Trained and Ready to Expertly Execute Their Mission		
Major Goal	Well-educated and competent staff		
Monitor	METS (for reporting purposes only), DCCS and DCN		
End: (Sub-Goal)	Effective and viable continuing education program for the professional clinical staff		
Ways:	1. Provide opportunity for both in-house and out-of-house continuing education for all clinical professional staff 2. Provide opportunity for other professional staff (LPNs, technicians, etc) to obtain needed recertification education to maintain license	Metrics 100% of staff meet minimal requirements of bylaws	Milestones Develop long range training plan NLT mid-February Appoint physician and nurse coordinators NLT 15 Jan
Means:	Continued funds current contract for CME classes TDY \$ to attend training One physician, one nurse for coordinating/planning METS for support		
Comments:			

Critical Strategic Goal	An Organization That Is Always Trained and Ready to Expertly Execute Their Mission		
Major Goal	Well-educated and competent staff		
Monitor	METS/SFC Traver		
End: (Sub-Goal)	Clinical staff trained and competent in life support processes		
Ways:	1. Maintain MTN affiliate faculty presence on staff in ACLS, BLS, PALS, PHLS, EMT, and Trauma AIMS 2. Provide life support training for staff throughout the facility	Metrics 95% of all clinical staff BLS trained at any point in time	Milestones Plan for objective completed by end of Second Quarter of FY
Means:	Personnel from METS for organizing Personnel from other clinical areas for teaching, attending Funding for TDY in order to maintain MTN affiliate faculty		
Comments:			

Critical Strategic End	An Organization That Is Always Trained and Ready to Expertly Execute Their Mission		
Major Goal	Well-educated and competent staff		
Monitor	METS/DCN		
End: (Sub-Goal)	Unit Level and Worksites Training Programs		
Ways:	Provide unit level technical and mandated training for staff that is service/work unit specific (i.e., CO2, EOC, Competency)	Metrics 95% of staff participate in 2 hours/qtr of CO2 training 100 % staff receive initial EOC (unit specific) and competency training (including age specificity) prior to beginning work 95% staff are current in annual unit training requirements at any point in time	Milestones QTB statistics green NLT end of 3 <sup>rd</sup> quarter
Means:	Time, personnel in each unit		
Comments:	Emphasis by executive level leadership must remain constant		

Critical Strategic End	An Organization That Is Always Trained and Ready to Expertly Execute Their Mission		
Major Goal	Well-educated and competent staff		
Monitor	METS		
End: (Sub-Goal)	Efficient and coordinated program that meets all mandated training requirements that are conducted at the organizational level		
Ways:	<ol style="list-style-type: none"> <li>1. Provide training for Newcomers Orientation/BART Day</li> <li>2. Conduct initial (4 hour) hospitality training for those who are untrained (unless policy from MEDCOM changes)</li> <li>3. Produce a long range, mid range, and short range training calendar</li> </ol>	<b>Metrics</b> 95% of staff attend/ complete Newcomers Orientation within 45 days 95% of all staff attends BART Day training within 12 months of last BART Day or Newcomers training. 100% of staff either attended or is scheduled for initial (4 hour) hospitality training (unless policy from MEDCOM changes)	<b>Milestones</b> All required training listed in QTB/MRR/MI would be Green by end of the 4 <sup>th</sup> quarter
Means:	Personnel from METS who are computer fluent in maintaining the HES		
Comments:	Leaders must provide emphasis on getting training done to meet compliance Mid-level leadership must be held responsible for personnel under their leadership		

Critical Strategic End	An Organization That Is Always Trained and Ready to Expertly Execute Their Mission		
Major Goal	Well-educated and competent staff		
Monitor	Human Resources Manager (MAJ Smith)		
End: (Sub-Goal)			
Ways:	Using documentation of training in the 6-sided folders Monitor and evaluate staff competencies	Metrics 90 % of current staff up-to-date in their competency folders	Milestones New personnel: 45 working days
Means:	Department Chiefs/NCOIC's/METS monitor SYNQUEST (METS)/METS and PI		
Comments:			

Critical Strategic End	An Organization That Is Always Trained and Ready to Expertly Execute Their Mission		
Major Goal	Combat trained and deployment ready soldiers		
Monitor	CPT Gao-Ay		
End: (Sub-Goal)	Strong yet flexible PROFIS program		
Ways	<ol style="list-style-type: none"> <li>1. Closely monitor GPRMC PROFIS manning requirements</li> <li>2. Closely monitor and manage SRP status of deployable personnel</li> <li>3. Identify training deficiencies of each assigned soldier and pursue training opportunities aggressively.</li> </ol>	<p>Metrics</p> <p>100% of all PROFIS manning requirements are filled and deployment ready (except for training) within 30 days of assignment.</p> <p>All PROFIS personnel meet mandatory local training requirements within 3 months of assignment.</p> <p>100% of PROFIS personnel train with assigned unit or on appropriate platform by the end of the fiscal year.</p>	<p>Milestones</p> <p>PROFIS status green for MRR/QTB/MI by end of 3<sup>rd</sup> Quarter excepting platform training</p>
Means:	<p>METS and all PROFIS personnel</p> <p>Allocated budget for platform training</p> <p>Possible backfill requirement</p> <p>OCIE issue</p>		
Comments:	Allow soldiers adequate time to conduct training and support training schedule		

Critical Strategic End	An Organization That Is Always Trained and Ready to Expertly Execute Their Mission		
Major Goal	Combat trained and deployment ready Soldiers		
Monitor	SGM (or 1 <sup>st</sup> SGT)		
End: (Sub-Goal)	A strong and effective Sergeants' Time Training Program		
Ways:	<ol style="list-style-type: none"> <li>1. Section NCOIC submit training schedule to SGM (or 1<sup>st</sup> SGT) 6 weeks prior to training for approval.</li> <li>2. Submit resources requests lesson plan and risk assessment to METS 6 weeks prior.</li> <li>3. Send AAR and attendance roster to METS within 1 week after training</li> </ol>	<b>Metrics</b> 90% of soldiers participate in at least 4 hours of STT every month	<b>Milestones</b> Implement current program by end of 1st quarter
Means:	METS, Medical Company and all enlisted soldiers at the section level Other resources vary according to specific training/may include installation support		
Comments:	Allow soldiers adequate time to conduct training and support training schedule		

Critical Strategic End	An Organization That Is Always Trained and Ready to Expertly Execute Their Mission		
Major Goal	Combat trained and deployment ready Soldiers		
Monitor	CPT Gao-Ay		
End: (Sub-Goal)	Robust mandatory military training program (CTT, Weapons Qualification, and APFT)		
Ways:	<ol style="list-style-type: none"> <li>1. Conduct CTT at the end of the 1<sup>st</sup> FY quarter</li> <li>2. Conduct APFT during the months of April and October</li> <li>3. Conduct weapons qualification quarterly</li> <li>4. Conduct make-up training as necessary</li> <li>5. Section conduct regularly occurring PT program</li> </ol>	<b>Metrics</b> 90% attendance by all scheduled soldiers at all military training 98% CTT pass rate 95% APFT pass rate	<b>Milestones</b> 70% of all soldiers are trained by the end of the 1 <sup>st</sup> quarter 90% of all soldiers are trained by the end of the 2 <sup>nd</sup> quarter
Means:	<b>Personnel:</b> Select soldiers for instructors and testing <b>Resources:</b> 1. Training aids, equipment and supplies are provided by unit or post assets. 2. Transportation provided by post TMP.		
Comments:	Allow soldiers adequate time to conduct training and support training schedule		

Critical Strategic End	An Organization That Is Always Trained and Ready to Expertly Execute Their Mission		
Major Goal	A command environment that promotes the Army Values and standards		
Monitor	Commander and SGM		
End: (Sub-Goal)	A strong and meaningful OPD/NCODP Program.		
Ways:	1. Conduct Monthly OPD 2. Conduct 2 hours of NCODP each month	Metrics 85% attendance at all NCODP/OPD	Milestones Complete annual plan for each NLT 1 March
Means:	All SPC promotable and above Vary according to training planned METS coordinate for OPD and SGM for NCODP		
Comments:	Allow soldiers adequate time to conduct training and support training schedule		

## **Quality and Efficient Health Care Delivery**

Critical Strategic End	Quality and Efficient Health Care Delivery		
Major Goal	Access to care		
Monitor	CSD		
End: (Sub-Goal)	Efficient and patient friendly appointment service		
Ways:	Identify and resolve problem areas in the appointment system by monitoring and tracking phone traffic on the appointment lines Evaluate and improve Nursing Triage System	Metrics 95% of calls will be answered within 5 rings and caller will be speaking to a "live person" within 5 minutes 85% Nursing Triage Callbacks completed within 60 minutes Customer satisfaction level of 90%	Milestones Complete initial assessment of appointment system NLT 15 Mar Develop plan of action NLT 15 Apr
Means:	PAS Central Tracking Clerks Central Appointment staff		
Comments:	Emphasis on customer relations		

Critical Strategic End	Quality and Efficient Health Care Delivery		
Major Goal	Access to care		
Monitor	CSD		
End: (Sub-Goal)	After hours health care delivery in an appropriate setting, for and by the appropriate people, in as efficient a manner as possible		
Ways:	Perform a thorough data analysis of PTC utilization Identify need, staffing issues, cost, etc Develop a plan Advertise the fact that we do NOT have an ER (Sign at Main Gate)	Metrics 90% satisfaction with after duty availability of care	Milestones Data analysis NLT mid-Feb Plan development NLT 1 April
Means:	Personnel to do data analysis Personnel to pull data from multiple sources		
Comments:	Executive level support		

Critical Strategic End	Quality and Efficient Health Care Delivery		
Major Goal	Access to care		
Monitor	CSD via each clinic OIC		
End: (Sub-Goal)	Efficient and patient friendly delivery of care in Clinics in a timely manner		
Ways:	Establish clinic specific processes that enable efficient and prompt patient flow	Metrics 90% patients seen within 30 minutes of appointment time (TMA Standard)	Milestones Establish clinic specific analysis of processes NLT mid-Feb Implement any required changes 1 March
Means:	Clinic staff/NCOIC, clinic receptionist, supplies, patients		
Comments:	Empowerment		

Critical Strategic End	Quality and Efficient Health Care Delivery		
Major Goal	Access to care		
Monitor	DCCS		
End: (Sub-Goal)	Appointment type mix ensuring greatest flexibility and appropriate availability of clinical needs		
Ways:	Commander and DCCS provide standards OIC approves and manages provider template and changes to them (All within GPRMC and TRICARE standards) to meet patient needs	Metrics 65% patients are seen by their primary care provider TMA Access Standards met (see above)	Milestones Providers develop initial clinic specific templates NLT mid-Feb
Means:	Admin time for Chiefs RM personnel for data collection		
Comments:	Empowerment		



Critical Strategic End	Quality and Efficient Health Care Delivery		
Major Goal	Continuity of care		
Monitor	Referral Tracking Clerk		
End: (Sub-Goal)	Efficient tracking system providing not only prompt access for referral appointments, but also prompt feedback to referring physicians		
Ways:	<p>Establish and staff adequately a central referral source</p> <p>Establish a simple system for consult/results return.</p> <p>Communicate that system clearly to the <i>consultants</i>.</p> <p>Trouble shoot the entire system from initiation of consult to action on results by PCP via PAT and adjust accordingly</p>	<p>Metrics</p> <p>95% consults appointed within 24 hours of initiation (TRICARE Standard)</p> <p>90% results/consults received within 45 days of initiation of consults</p>	<p>Milestones</p> <p>Policy for referral tracking is complete</p> <p>Identify mechanism for communicating this to consultants NLT 1 Mar</p> <p>Establish Process Action Team NLT 1 February</p> <p>Initial report of PAT NLT 1 Mar</p>
Means:	CSD will need additional personnel for referral tracking		
Comments:			

Critical Strategic End	Quality and Efficient Health Care Delivery		
Major Goal	Continuity of care		
Monitor	DCCS		
End (Sub-Goal)	Empanelment to All Primary Care Providers		
Ways:	Perform data analysis to define panels Define and fill all panels Establish procedure for keeping PCMs informed of their patients seen in PTC and referred out from elsewhere	Metrics 100% all primary care providers equitably empanelled 95% incidence PCM notified within 1 working day of visits to PTC and of referrals from PTC to outside sources	Milestones Data analysis complete by 1 Feb Plan articulated by mid-February Initiate empanelment NLT 1 Mar Plan for information flow NLT 15 Feb Implement NLT 1 Mar
Means:	CHCS personnel for pulling data; DCCS/DCN/CSD for analysis		

Critical Strategic End	Quality and Efficient Health Care Delivery		
Major Goal	Efficient delivery of health care		
Monitor	CSD via Dept and Clinic Chiefs		
End: (Sub-Goal)	A system that combines beneficiary need and productivity		
Ways:	Minimize idle time in providers schedules by analyzing no show trends Establish a system for decreasing no show trends by working with local commanders	Metrics No show rate decrease of 10% per quarter	Milestones Begin data collection NLT 1 Feb Initiate program of working with commanders 1 March
Means:	Clinic personnel, CHCS personnel, DCCS		
Comments:	Empowerment; liaison by commander with other commanders on post		

Critical Strategic End	Quality and Efficient Health Care Delivery		
Major Goal	Efficient delivery of health care		
Monitor	DCA via CHCS personnel		
End: (Sub-Goal)	Technology that is fully leveraged		
Ways:	Educate staff regarding multiple uses of CHCS Establish electronic registry of Chronic Diseases for CPGs	Metrics	Milestones
Means:	CHCS Personnel for teaching; DCCS to champion maximum usage of CHCS		
Comments:	Command Emphasis		

Critical Strategic End	Quality and Efficient Health Care Delivery		
Major Goal	Hassle-free health care delivery system		
Monitor	Security		
End: (Sub-Goal)	Safe user friendly facility parking		
Ways:	Establish and enforce a parking policy that gives priority to patients Maintain patient assistance vehicles program	Metrics No greater than 1 violation per week No greater than 1 parking lot safety incident per quarter	Milestones Policy already published. Begin enforcement NLT 1 February
Means:	Security/guards provide personnel resources. Possible purchase vs rental of golf carts		
Comments:	(What do you need from the executive leadership?) Policy Revision and Enforcement.		

Critical Strategic End	Quality and Efficient Health Care Delivery		
Major Goal	Hassle-free health care delivery system		
Monitor	DCA via EOC Committee		
End: (Sub-Goal)	User friendly signage		
Ways:	Facility assessment by EOC Committee Re-label elevator buttons (Ground=Basement) Color strip to VA Clinic; possibly elsewhere Rename Pathology to LAB, Radiology=X-RAY	Metrics Patient satisfaction with facility of at least 90%	Milestones Plan complete NLT 15 Feb Implemented NLT 1 Apr
Means:	\$ for additional/changes to signs. In-house maintenance for personnel resources		
Comments:			

Critical Strategic End	Quality and Efficient Health Care Delivery		
Major Goal	Hassle-free health care delivery system		
Monitor	Facility Manager		
End: (Sub-Goal)	Convenient location of and adequate space for frequently used services		
Ways:	Re-institute space utilization committee Consider results from the INNOVA Corp study	Metrics Patient satisfaction with facility of at least 95% Employee satisfaction with work site of at least 85%	Milestones Initiate first meeting NLT 1 Feb. Develop plan NLT 1 Mar
Means:	Personnel for committee from each department Facility Manager for expertise Security Manager for expertise		
Comments:	Command emphasis on the "greater good"		

## **Healthy Community**

Critical Strategic End	Healthy Community		
Major Goal	Staff competency in clinical preventive services		
Monitor	LTC Lindner		
End: (Sub-Goal)	No sub-goal		
Ways: (Objectives)	Establishment of and training in unit SOPs; Minimum standards for implementation set by PMWARS	Metrics 95 % staff trained at any given point in time	Milestones CSCC will be 100% trained by Apr 02 100% of all other providers will be trained in the process by Feb 02
Means: (Resources)	LTC Lindner will set up training of the TRICARE and clinical staff		
Comments:	(What do you need from the executive leadership?) Command will reinforce accountability of providers		

Critical Strategic End	Healthy Community		
Major Goal	Health Education Resource Center that provides appropriate resources to appropriate patrons in timely fashion		
Monitor	LTC Lindner		
End: (Sub-Goal)	No sub goal		
Ways: (Objectives)	Needs Assessment Survey Establish a plan for revision of HERC services based on that survey Assess and validate need for Health Educator position Marketing of available resources to the entire Fort Huachuca community	Metrics 40% of new enrollees in CPGs use some HERC resource	Milestones Needs assessment by 15 Feb Plan developed by 1 Mar
Means: (Resources)	Requires an evaluation tool that will track usage that is available to others; training of HERC and key PMWARS staff		
Comments:	(What do you need from the executive leadership?) Funds for training and resources; support of marketing initiatives		

Critical Strategic End	Healthy Community		
Major Goal	Decrease risk of OCONUS travel related illness		
Monitor	Chief, PMWARS		
End: (Sub-Goal)	No Sub goal		
Ways: (Objectives)	Enforce military use of and increase civilians awareness of Travel Clinic Marketing Plan for MILPO staff or provider of levy briefing	Metrics At least 90% soldiers traveling to or PCSing to OCONUS go through the Travel Clinic At least 70% PCSing family members go through the Travel Clinic	Milestones Coordinate with MILPO NLT end Feb
Means: (Resources)	Command Emphasis		
Comments:	(What do you need from the executive leadership?) Command emphasis; lateral and vertical communication between MEDDAC and Garrison Commander		

Critical Strategic End	Healthy Community		
Major Goal	Reduction of health risk		
Monitor	Chief, Soldier Care Clinics and Chief, Primary Care		
End: (Sub-Goal)	Utilization of the Health Risk Profile and associated appropriate referrals		
Ways: (Objectives)	Providers will review the comprehensive Health Risk Profile and make notation on DA Form 2766 (PIIP Form)	Metrics 80% compliance	Milestones Begin education/enforcement campaign NLT 1 Feb Reach 50% compliance NLT 1 Jul
Means: (Resources)	PCM and all clinic staff to execute the objectives, two chiefs as noted above to ensure monitoring occurs		
Comments:	(What do you need from the executive leadership?)		

Critical Strategic End	Healthy Community		
Major Goal	Reduction of health risk		
Monitor	NCOIC of PMWARS		
End: (Sub-Goal)	Decrease in preventable and moderation of chronic diseases in our beneficiaries		
Ways: (Objectives)	Increased attendance in Wellness classes Marketing of classes and various programs to the community Educate the staff	Metrics 40% new enrollees in CPG groups attend appropriate wellness class	Milestones Establish marketing plan NLT 1 Mar
Means: (Resources)	Via the proponent of each Wellness class; data will be collected by NCOIC of PMWARS		
Comments:	(What do you need from the executive leadership?)		

Critical Strategic End	Healthy Community		
Major Goal	A Force Health Protection process that acts as a force multiplier by decreasing DNBI		
Monitor	CHIEF OF PMWARS		
End: (Sub-Goal)	No sub goal		
Ways: (Objectives)	Increased barracks environmental health inspections Implement unit field sanitation inspections Implement base camp surveys Increase post water monitoring Train Unit Sanitation Teams that are as garrison focused as they are field focused	Metrics 70% all companies complete their semi annual inspection requirement	Milestones Establish coordination with units on post NLT end of 2 <sup>nd</sup> quarter
Means: (Resources)	91S, ES officer		
Comments:	(What do you need from the executive leadership?) Timely replacement of 91S, either military or civilian		

Critical Strategic End	Healthy Community		
Major Goal	Healthy communal living environment for our trainee beneficiaries.		
Monitor	Chief, Consolidated Soldier Care Clinic		
End: (Sub-Goal)	No sub-goal		
Ways: (Objectives)	Establish program in which brigades assume responsibility for isolating contagious soldiers who do not otherwise require hospitalization Bioterrorism threat education and planning	Metrics	Milestones Draft MOA NLT 1 Mar Draft Bioterrorism Plan (done)
Means: (Resources)	From Unit. Space on post – Riley Barracks??		
Comments:	(What do you need from the executive leadership?)		

## **Well Informed Beneficiaries and Staff**

Critical Strategic End	Well Informed Beneficiaries and Staff		
Major Goal	A Marketing Plan that enables the quality and efficiency of our health care system		
Monitor	PAO		
End: (Sub-Goal)	Aggressive Patient Education Program		
Ways: (Objectives)	<p>Target high volume/high cost populations:  Update PPIP class w/scope of services and stress family attendance  Coordinate PPIP with pt handbook  Exploit National Health Observances  Establish and publish an optional listserv for beneficiaries  Establish separate internal and external websites</p>	<p>Metrics  PIIP attendance (CHN) by 98% soldiers and 30% of family members  At least 10% beneficiaries access patient education on homepage  At least 40% new enrollees in CPGs attend appropriate wellness class  At least 10% beneficiaries subscribe to listserv</p>	<p>Milestones &amp; Monitors  Develop separate websites by 15 May  Establish marketing plan for classes by 15 Mar</p>
Means: (Resources)	<p>Personnel to coordinate with garrison  Personnel to conduct patient education (See Healthy Community Critical Strategic End)  AG support for additional time for RWBAHC marketing  Verify if CHCS has capability to capture email</p>		
Comments:	<p>(What do you need from the executive leadership?)  Command emphasis to DOIM and AG</p>		

Critical Strategic End	Well Informed Beneficiaries and Staff		
Major Goal	A Marketing Plan that enables the quality and efficiency of our health care system		
Monitor	PAO		
End: (Sub-Goal)	Project positive self-image		
Ways: (Objectives)	<p>Expand into communities media resources</p> <p>Conduct concentrated marketing during open season for FEHB</p> <p>Reach out to FSGs via ACS</p> <p>Maintain updated homepage strictly for external customers</p> <p>Include Virtual Tour of facility on the homepage</p> <p>Make RWBAHC video available for sign out</p> <p>Purchase a digital marquis- BIG!</p> <p>Show RWBAHC video on CAC</p>	<p>Metrics</p> <p>At least 5% beneficiaries per quarter sign out video</p> <p>At least 50% beneficiaries annually access RWBACH website</p>	<p>Milestones</p> <p>Establish separate internal and external websites NLT 15 May</p> <p>Develop Videos NLT 1 May</p> <p>Resolve issue of funding for digital marquis NLT 1 February</p>
Means: (Resources)	<p>DOIM support for video making and duplication.</p> <p>Family and patient committee funds to support video making</p> <p>DCA funds to support digital marquis purchase</p>		
Comments:	<p>(What do you need from the executive leadership?)</p> <p>Command emphasis to DOIM and for potential funding need of \$1000</p>		

Critical Strategic End	Well Informed Beneficiaries and Staff
Major Goal	Effective and timely internal communication
Monitor	Executive Committee
End: (Sub-Goal)	No sub goal

<p>Ways: (Objectives)</p>	<p>Establish policy for and enforce use of “official” bulletin boards per section          Establish paging policy and import new paging technology          Establish computerized bulletin board clearing house on CHCS &amp; Outlook          Establish clinical mail group          Post minutes of key meetings electronically          Electronically post training calendar, long, intermediate, and short term          Produce a Tricare FAQ/reference guide as pamphlet for staff          Update of RWBAHC staff directory electronically and continually          Conduct staff training on scope of services          Publicize staff recognition via internal and external media          Assign new personnel into mail groups (by IMD) on in processing          Establish separate internal and external websites</p>	<p>Metrics          Employee satisfaction with communication improves by 50% per quarter</p>	<p>Milestones          Update policies by end Feb          Technology Plan by end Feb</p>
<p>Means: (Resources)</p>	<p>Personnel resources in place          May need funding for any new technology</p>		
<p>Comments:</p>	<p>(What do you need from the executive leadership?)          Continual Emphasis on timely communication &amp; coordination</p>		

