59th Medical Wing

59 MDW Operations

Bart O. IDDINS
Maj Gen, USAF, MC, CFS
Commander, 59th Medical Wing
Strategic Agenda

WHY
HOW
WHAT
Headlines on Military Hospitals from New York Times, CBS, USA Today, and the Washington Post showed conditions that require improvements.
“Surgical morbidity was statistically higher than expected…”

“One important finding was the notable difference between data that reflect compliance with access standards and the reported satisfaction of patients with their ability to receive timely care…”

“There is also no comprehensive plan to standardize requirements for monitoring device-related infections…”

 “…the ability to analyze those data and use the results to guide decision making in quality and patient safety is nascent.”
1. Patient Safety
2. High Reliability Organization
3. Continuous Process Improvement
4. Quality Improvement
5. Patient-Centered Care
6. Access To Care
7. Education & Training
8. Combat Readiness
9. Innovation
10. Enhanced Effectiveness & Efficiency
“What”

Mission:
Developing Warrior Medics Through Patient-Centered Care

Vision:
Exemplary Care, Global Response

“WARRIOR MEDICS – MISSION READY – PATIENT FOCUSED”
High Reliability Organization

Warrior Medics – Mission Ready – Patient Focused

5 TENETS OF A HIGH RELIABILITY ORGANIZATION

1. Preoccupation With Failure
2. Reluctance To Simplify Interpretations
3. Sensitivity To Operations
4. Commitment To Resilience
5. Deference To Expertise
HRO Domains of Change

Warrior Medics – Mission Ready – Patient Focused

SGN
Patient Centeredness

SGH
Culture of Safety

SGA
Leadership Engagement

CMO
Continuous Process Improvement
As of Aug 2016

BAGRAM, AFG
KABUL, AFG
AL DIJABER, KWT
AL UDEID, QAT
AL DHAIFRA, UAE
AL JABER, KWT
MANTANZA, SANTO DOMINGO
LA BLANCA, GUATEMALA
NIAMEY, NER
ARIFJAN, KWT
AZRAQ, JOR
RAMSTEIN, DEU
DIYARBAKIR, TKY
AL AL SALEM, KWT
Other Taskings

- Multiple Worldwide Locations
- Medical Readiness Training Exercises
  - Honduras - Aug 16
  - Panama - Sep 16
  - Dominican Republic - Apr - Jun 17
- DSCA/Hurricane Response Preparedness
- Defense CBRNE Response Force
  - 113 Medics, EMEDS 25+
Critical Care Transport

- Global En Route Critical Care Transport
- 59 MDW: 14 CCATTs; 4 On Call 24/7
- Pilot Unit for USAF CCATTs (120 Teams) & TCCETs (16 Teams)
- Evolving Mission Requirements: Acute Lung Rescue Team, Patient Isolation Units & Transportation Isolation Systems
Special Mission Capabilities

Warrior Medics – Mission Ready – Patient Focused
En Route Patient Staging

- 7th Floor Wilford Hall
- Interface Between MTF & En Route Care System
- 50 Patient Beds
- 7,000+ Casualties/Patients To Date
Brussels Family Support

Warrior Medics – Mission Ready – Patient Focused
Airman Medical Transition Unit

- 5th Floor Wilford Hall
- USAF AD/ARC Members in Treatment & Recovering From Injury/Illness
- Largest Patient Squadron in USAF
  - 42-70 Patients
- Adaptive Sports Events
  - Annual Wounded Warrior Games
Education & Training

Warrior Medics – Mission Ready – Patient Focused

- 59 SAUSHEC Graduate Programs
  - 37 Graduate Medical Education Programs
    - 592 Trainees: 58% AF, 42% Army, 1 Public Health Service
  - 22 Graduate Allied Health Programs
    - 78 Trainees: 45% AF, 44% Army, 11% Civilian & 1 PHS
- Largest Psychology Internship in DoD
- Largest DoD Dental Education Program
  - 30 Dental Residencies & Post-Doctoral Technician training
- 5 Specialty Nursing Courses
- Air Force Technical Training for 16 of 19 Enlisted Medical AFSCs (12,669 trainees per year)
- 9 Enlisted Phase II Training Courses
- Aerospace Physiology Training

Over 600 Graduates Per Year!
Research

- 652 Active Research Protocols
- Research Areas: Brain Injury, En Route Care & Adult ECLS, Vascular Injury, Genomics/Proteomics
- Current Research Projects
  - Identification of Brain Injuries w/ DCS in U2 Pilots & TBI Patients
  - Model Development to Exhibit White Matter Injury w/ Hypobaric Exposure
  - Combat-Relevant Injuries Amenable to ECLS During Transport
  - Commercialization of Temporary Vascular Shunts for Combat Injuries

MRI image created by NeuroQuant shows three examples of brain regions being misidentified as adjacent brain regions:
- Right caudate misidentified as lateral ventricle
- Left caudate misidentified as lateral ventricle
- Putamen misidentified as cortical gray matter
59th Medical Wing

Warrior Medics – Mission Ready – Patient Focused

- DoD’s Largest Outpatient Facility
- DoD’s Largest Blood Donor Center
- DoD’s Refractive Eye Surgery Center, Hearing & Diabetes Centers of Excellence
- DoD’s Only Extra Corporeal Membrane Oxygenation Transport Capability
- DoD’s Lead Agent for Clinical Hyperbaric Medicine
Warrior Medics – Mission Ready – Patient Focused
SAM HS Enterprise

Warrior Medics – Mission Ready – Patient Focused

SAN ANTONIO
7th largest US city (1.3M population)

Westover Clinic

North Central Federal Clinic

Schertz Clinic

Randolph Clinic

Medical Education & Training Campus

Lincoln Center

Wilford Hall

Reld Clinic

San Antonio Military Medical Center

Moreno Clinic
“How”

WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM

- Albert Einstein
STRENGTHS
- Key Personnel
- Gateway Innovation Center
- Empowered Medics/Staff
- Centralized Quality, CPI, Patient Safety & HRO
- Specialized Mission Capabilities
- Centralized Control/Decentralized Execution

WEAKNESSES
- Staffing Levels/Mix
- Staff Continuity
- Sustainment
- Internal Buy-In
- External Buy-In
- Resistance to Change
- Data Integrity
- Information Technology
- Work-Life Balance
- Infrastructure

OPPORTUNITIES
- Bolster Readiness
- Achieve High Reliability
- Improve Patient Safety
- Higher Quality
- Enhance Training/Research
- Expand Partnerships
- Clinical Currency
- Foster Morale
- DoD Model
- Integrated Health System
- Communication

THREATS
- Status Quo Mindset
- NDAA Uncertainty
- High Personnel Turnover
- Unrealized Expectations
- Funding Shortfalls
- Time
- Conflicting Policies
- High Ops Tempo
- GS & CTR Fill Delays
Leverage GPS

Warrior Medics – Mission Ready – Patient Focused

Mission
- Readiness
- Patient-Centered Care
- Education & Training
- Research

Strategy
- HRO
- Quality/Patient Safety
- Continuous Process Improvement
- Value
- Management Control System
- Teamwork
- Innovation
- Partnerships

Structure
- AF, AETC, Wing, SAMHS
- Gateway Innovation Center
- C2 Network
Gateway Performance System

Warrior Medics – Mission Ready – Patient Focused

Gateway Performance System

PATIENT

Vision
Exemplary Care, Global Response

Mission
Developing Warrior Medics Through Patient-Centered Care

Focus Areas
Quality • Service • People • Value

Integrity • Service • Excellence

Resource Investment
Shape/Depth of Practice

Deliberate Revisions
Gateway Academy

Frontline Feedback
Accountability Systems

DIGNITY AND RESPECT

GATEWAY

SYSTEM

PERFORMANCE
On-Site Referral Booking

- 59 MDW Patient-Centered Process Improvement
- Enhanced Patient Experience & Overall Value
  - Expedient Access to Specialty Care
  - Patient Departs MTF w/ Appointment In Hand!
  - 20% Increase In Kept Appointments
- Intent To Disseminate DoD-Wide

Group Functional Managers Track & Manage Their Rotation Schedules (Average Rotation 24 Months)

1. Wing Functional Quarterly Meeting w/ Command Chief
2. Group Functional Managers: Deliberate Selection of Candidates
3. AFSC Rotation
4. 59 MDW Enlisted Rotations

Warrior Medics – Mission Ready – Patient Focused
4N0 Rotation Plan

59 MDW
- Outpatient
- Urgent Care Center
- Emergency Services
- ERPSS

SAMMC
- Inpatient
- Trauma Exposure
- Emergency Department

Civilian Hospital
- Licensed Vocational Nurse Credentialing
- Inpatient Training
- 3 Months Invested
- 12 Months OJT Experience

One Time 10+ 4N0s
Management Control System

- SOUND ORGANIZATIONAL STRUCTURE
- WELL-DEFINED RESPONSIBILITY CENTERS

- FINANCIAL HEALTH/INCENTIVES
- KEY SUCCESS FACTORS

- TRANSFER PRICING
- GOAL CONGRUENCE
Performance Management Cycle

Warrior Medics – Mission Ready – Patient Focused

I. Set Performance Expectations

II. Observe & Measure Performance

III. Coach & Develop

IV. Reward & Recognize Performance

V. Periodically Rate Progress
“It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm.”

- Florence Nightingale
## Statement of Financial Value

### 59th Medical Wing

**Warrior Medics – Mission Ready – Patient Focused**

### 59 MDW - Statement of Financial Value

<table>
<thead>
<tr>
<th>Annual Encounters</th>
<th>Annual RVUs</th>
<th>Annual APCs</th>
<th>Annual Value</th>
<th>Annual Expenses</th>
<th>Annual Net Value</th>
<th>Financial Strength</th>
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<tbody>
<tr>
<td>13,716</td>
<td>25,146</td>
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<td>$1,097,781</td>
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<td>12,497</td>
<td>19,003</td>
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<td>$561,309</td>
<td>$560,959</td>
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<td>48,462</td>
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<tr>
<th>Cost per Encounter</th>
<th>Value per Encounter</th>
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<td>$88.92</td>
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### 59th Medical Wing

**Statement of Financial Value**

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<tr>
<th>1-Apr-15</th>
<th>Through</th>
<th>1-Mar-16</th>
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<tbody>
<tr>
<td>$93,310,115</td>
<td>$105,207,371</td>
<td>($11,897,257)</td>
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</tbody>
</table>

**Legend:**
- > 1% Decrease
- Between -1% & 1% Change
- > 1% Increase

**Data Sources:**
- Wkld: M2, CHCS
- Exp: CRIS, EASIV
- FTEs: DMHRSi

**TOTAL 59th MEDICAL WING**

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<th>Annual Encounters</th>
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<tr>
<td>859,863</td>
<td>1,922,422</td>
<td>103,226</td>
<td>$93,310,115</td>
<td>$105,207,371</td>
<td>($11,897,257)</td>
<td>-11%</td>
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<thead>
<tr>
<th>Cost per Encounter</th>
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<tr>
<td>$122.50</td>
<td>$108.64</td>
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</table>

($11,987,257)
# Statement of Financial Value

## 59th Medical Operations Group

**Warrior Medics – Mission Ready – Patient Focused**

## 59 MDW - Statement of Financial Value

### Rolling 12-month Period: 1-Apr-15 Through 1-Mar-16

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Annual Encounters</th>
<th>Annual RVUs</th>
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<tr>
<td><strong>TOTAL 59th MEDICAL OPERATIONS GROUP</strong></td>
<td>552,671</td>
<td>1,377,336</td>
<td>102,814</td>
<td>$69,507,623</td>
<td>$82,267,468</td>
<td>$(12,759,845)</td>
<td>-16%</td>
<td>$148.85</td>
<td>$123.77</td>
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### Data Sources:
- **Wild**: M2, CHCS
- **Exp**: CRIS, EASIV
- **FTEs**: DMHRM

### Legend:
- > -1% Decrease
- Between -1% & 1% Change
- > 1% Increase

*($12,759,845)*
## Statement of Financial Value

### Pediatrics Comparison

### 59 MDW - Statement of Financial Value

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<th>Clinic</th>
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<th>Squadron</th>
<th>Annual Encounters</th>
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</tbody>
</table>
Statement of Financial Value
Family Practice Comparison

59 MDW - Statement of Financial Value

### LACKLAND Clinics

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Group</th>
<th>Squadron</th>
<th>Annual Encounters</th>
<th>Annual RVUs</th>
<th>Annual APCs</th>
<th>Annual Value</th>
<th>Annual Expenses</th>
<th>Annual Net Value</th>
<th>Financial Strength</th>
<th>Cost per Encounter</th>
<th>Value per Encounter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Health</td>
<td>MDOS</td>
<td>MDOS</td>
<td>136,888</td>
<td>209,546</td>
<td>6</td>
<td>$9,160,201</td>
<td>$11,886,679</td>
<td>($2,726,379)</td>
<td>-23%</td>
<td>$86.84</td>
<td>$66.92</td>
</tr>
</tbody>
</table>

Data Sources:
- Wkly: M2, CHCS
- Exp: CRIS, EASIV
- FTEs: DMHSR

### RANDOLPH Clinics

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Group</th>
<th>Squadron</th>
<th>Annual Encounters</th>
<th>Annual RVUs</th>
<th>Annual APCs</th>
<th>Annual Value</th>
<th>Annual Expenses</th>
<th>Annual Net Value</th>
<th>Financial Strength</th>
<th>Cost per Encounter</th>
<th>Value per Encounter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Health</td>
<td>MDOS</td>
<td>MDOS</td>
<td>84,640</td>
<td>134,009</td>
<td>51</td>
<td>$5,665,532</td>
<td>$5,121,213</td>
<td>$744,329</td>
<td>15%</td>
<td>$69.31</td>
<td>$69.30</td>
</tr>
</tbody>
</table>

Data Sources:
- Wkly: M2, CHCS
- Exp: CRIS, EASIV
- FTEs: DMHSR

Legend:
- 6% Decrease
- Between -1% & 1% Change
- > 1% Increase

- $744,639

- ($2,726,639)
## Statement of Financial Value

### Pediatric Increase in Value

<table>
<thead>
<tr>
<th>59 MDW - Statement of Financial Value</th>
<th>Legend</th>
<th>Value</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rolling 12-month Period</td>
<td>1-Feb-15</td>
<td>Through</td>
<td>1-Jan-16</td>
</tr>
<tr>
<td>Annual Encounters</td>
<td>Annual RVUs</td>
<td>Annual APCs</td>
<td>Annual Value</td>
</tr>
<tr>
<td>13,359</td>
<td>24,848</td>
<td>-</td>
<td>$1,074,439</td>
</tr>
<tr>
<td>4,842</td>
<td>21,451</td>
<td>-</td>
<td>$926,028</td>
</tr>
<tr>
<td>7,063</td>
<td>22,155</td>
<td>-</td>
<td>$956,937</td>
</tr>
<tr>
<td>25,866</td>
<td>14,728</td>
<td>-</td>
<td>$2,032,047</td>
</tr>
<tr>
<td>11,643</td>
<td>19,627</td>
<td>-</td>
<td>$847,539</td>
</tr>
<tr>
<td>45,489</td>
<td>168,279</td>
<td>-</td>
<td>$6,090,399</td>
</tr>
<tr>
<td>6,365</td>
<td>12,109</td>
<td>-</td>
<td>$567,655</td>
</tr>
<tr>
<td>133,639</td>
<td>205,187</td>
<td>-</td>
<td>$8,804,489</td>
</tr>
<tr>
<td>7,965</td>
<td>25,915</td>
<td>-</td>
<td>$1,135,956</td>
</tr>
<tr>
<td>5,348</td>
<td>19,315</td>
<td>-</td>
<td>$1,494,226</td>
</tr>
</tbody>
</table>
| 3,086 | 9,725 | - | $2,172,914 | $2,638,484 | (2,265,614) | -43% | $679.56 | $353.28 | -9% | -14%
| 2,819 | 8,409 | - | $1,601,114 | $2,177,142 | (2,177,142) | -50% | $359.19 | $138.63 | -22% | -7%
| 24,656 | 105,748 | - | $4,580,000 | $7,502,384 | (2,922,384) | -21% | $106.20 | $83.33 | -2% | -12%
| 29,264 | 66,269 | - | $2,868,940 | $4,118,789 | (1,249,849) | -33% | $160.84 | $98.10 |
| 27,587 | 61,067 | - | $2,640,246 | $4,046,659 | (1,406,414) | -33% | $146.01 | $93.71 | -5% | -23%
| 1,457 | 3,592 | - | $229,630 | $77,311 | $151,319 | 150% | $46.54 | $137.97 | -26% |
| 72 | 281 | - | $12,088 | $112,516 | (100,428) | -89% | $1,662.72 | $167.09 | -58% |
| 10,904 | 11,566 | - | $909,126 | $385,700 | (523,426) | -13% | $53.99 | $45.87 | -12% |
| 14,533 | 46,656 | - | $1,584,660 | $3,450,891 | (1,866,231) | -34% | $231.27 | $106.82 | -2% |
| 5,084 | 10,413 | - | $378,479 | $363,807 | $14,672 | 39% | $77.02 | $114.46 | -23% |
| 4,659 | 12,645 | - | $343,635 | $301,635 | $42,000 | 32% | $48.77 | $117.78 | -46% |
| 31,714 | 156,037 | - | $8,650,664 | $10,646,560 | (1,995,897) | -18% | $311.90 | $261.62 | -14% |
| 22,463 | 92,284 | - | $6,140,679 | $9,064,701 | (2,923,022) | -32% | $265.32 | $381.18 | -21% |
| 8,951 | 60,739 | - | $2,760,984 | $2,795,000 | (28,016) | -1% | $33.09 | $34.70 | -5% |
| 23,416 | 60,925 | - | $7,360,295 | $1,036,893 | $2,323,402 | -31% | $317.78 | $341.62 | -8% |

### WHASC/REID/NCFC - Net Value by Clinic - Rolling 12-Month Period

<table>
<thead>
<tr>
<th>Jan-15</th>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-16</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics Clinic</td>
<td>$(2,601,315)</td>
<td>$676,512</td>
<td>$(455,591)</td>
<td>$(296,823)</td>
</tr>
</tbody>
</table>

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$2,304,492
Quality Assurance
- QA + QC + QI = TQM aka QM
- Statistical Process Control (Walter Shewhart) = Uses Data to Improve Products & Services—Requires Use of Control Charts

Quality Improvement

Healthcare Quality Book/M. Joshi; Institute for Healthcare Improvement/R. Lloyd, Ph.D.
Cost/Benefits

Warrior Medics – Mission Ready – Patient Focused

Cost
• Gateway Academy: $92K/Class
  • 422 students as of Jul 16
• Lean Greenbelt Training: $44K/Class
  • 345 personnel trained as of Jul 16
• 84 A3s/Rapid Improvement Events
• 494 Lean Daily Management Goals
• 202 “Just Do It” Projects

Quality
• Reduced unnecessary strep meds by 66%
• Reduced UCC pts exceeding the scope of care from 38% to 3%
• Mammography equipment failures reduced by 80%
• Family Health reduced open profiles by 74%
• Reduced CT radiation dose by 30%

Value
• Network care costs reduced by $4M/Year
• BMT med hold reduced by $2.2M/Year
• BMT med in-processing reduced by $1.9M/Year
• Readiness training changes saved $963K/Year
• MRI usage increased by $360K/Year
• Dental records archive process saved $126K/Year
• NCFC Rx cost deferment reduced by $335K/Year
• GME coding increased revenue by $71K/Year

Service
• NCFC med dispensing increased by 225%
• UCC wait time reduced by 93%
• Overdue T-Cons reduced from 71% to 21%
• Mental Health reduced intake forms by 55%
• Orthotics reduced appointment length by 32%

As of 11 Jul 16
The Gateway Performance System is Exportable to DoD
Organizational Culture

Warrior Medics – Mission Ready – Patient Focused

Culture eats strategy for breakfast.
- Peter Drucker
Change Models

Warrior Medics – Mission Ready – Patient Focused

Step 1: Establish A Sense Of Urgency
Step 2: Create The Guiding Coalition
Step 3: Develop A Change Vision
Step 4: Communicate The Vision for Buy-In
Step 5: Empower Broad Based Action
Step 6: Generate Short-Term Wins
Step 7: Never Let Up
Step 8: Incorporate Change Into The Culture

Engage & Enable The Whole Organization
Create a Climate For Change
Implement & Sustain Change
59 MDW Survey Results

"How necessary is change with regard to the most important things we do?"

Survey Conducted Jan 2015/n=85
3. Focus on problems

- Culture change requires deep, profound transformation in the way people in organizations think and feel
- Cultural change occurs slowly through cycles of action and interpretation
- Problem-solving gives action focus and motivation, while achieving meaningful results
Coercive vs Enabling

Warrior Medics – Mission Ready – Patient Focused
“Enabling” Culture Emerging

Warrior Medics – Mission Ready – Patient Focused
Top-Down Culture

Warrior Medics – Mission Ready – Patient Focused
Top-Down & Bottom-Up Culture Emerging

Warrior Medics – Mission Ready – Patient Focused
59 MDW Survey Results

"How empowered are you to create the changes you know are necessary?"

Survey Conducted Jan 2015/n=85
Empowered Airmen

Warrior Medics – Mission Ready – Patient Focused
“You have to treat your employees like your customers. When you treat them right they will treat your outside customers right.”

-Herb Kelleher
Patient-Centered Healthcare

Warrior Medics – Mission Ready – Patient Focused