

# Navy and Marine Corps Public Health Center

Strategic Planning Offsite Summary Report  
14 March 2013



**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

## Contents

Executive Summary.....	1
Overview of 2012 Progress & Accomplishments.....	3
Navigating in a Shared Service Environment.....	6
Strategy Map Validation .....	7
Initiatives Validation .....	9
Performance Measures Validation .....	11
Continuity Planning Through Leadership Transition .....	12
Progress on Current Strategic Efforts .....	13
Capabilities List.....	13
Enterprise Task Management (ETM).....	15
Business Plan and Annual Report.....	16
Field Activity Survey .....	17
Customer Satisfaction Survey .....	18
Next Steps .....	19

## Executive Summary

As part of the Navy and Marine Corps Public Health Center (NMCPHC) Strategic Planning effort, the NMCPHC Board of Directors (BoD) participated in a Strategic Planning Offsite on 6-7 February 2013. The Offsite was conducted in two eight-hour sessions to validate NMCPHC's Strategic Plan, supporting initiatives and performance measures. Best practices in the public health industry were used to facilitate discussion. This report contains an overview of the key topics discussed, offsite outcomes, and recommended next steps resulting from the offsite.

### Topics Discussed

- Navigating through change and managing within current fiscal constraints.
- Validation of NMCPHC Strategic Goals and alignment to Bureau of Medicine and Surgery (BUMED) and Military Health System (MHS) Strategic Goals.
- Updating performance measures and initiatives to support achievement of the goals.
- Updates to strategic initiatives underway.

### Conclusions

It was overwhelmingly evident that NMCPHC has made significant progress this year in establishing a common vision among leadership and a framework to govern and execute to achieve NMCPHC Strategic Goals. Through discussion, NMCPHC leadership agreed that to continue this success, NMCPHC shall do the following:

- Align NMCPHC Strategic Goals with BUMED's Strategic Goals of Jointness, Value, and Readiness, clearly communicate NMCPHC value and impact, and demonstrate how NMCPHC is furthering accomplishment of BUMED's Strategic Goals.
- Maintain progress against the Strategic Goals by engaging staff and driving strategy to all levels of the command and field activities.
- Increase understanding of NMCPHC requirements (i.e. directed through policies and instructions, and customer requests), and align all NMCPHC programs, products, services, and capabilities to documented and validated requirements.

## Key Outcomes

During the offsite, leadership:

- Designed a new NMCPHC Strategy Map.
- Validated initiatives that support the Strategic Goals and identified new performance measures to gauge success.
- Developed a notional battle rhythm to report data from departments and field activities to NMCPHC leadership, and to BUMED.
- Selected new Goal Champions to replace those who are transitioning out this year.
- New Goal Champions include:
  - Goal 1: CAPT Dexter Hardy
  - Goal 2: Mr. William Calvert
  - Goal 3: CDR Marshall Monteville and Mr. David Bailey
- Identified actions to engage Department Heads and staff to promote engagement on the Strategic Goals and initiatives.
- Discussed ideas to improve NMCPHC requirements traceability and process standardization.

## Next Steps

In the coming months, NMCPHC will:

- Update the NMCPHC Strategic Plan to include the new Strategy Map and other relevant outcomes from the offsite.
- Update the Command Performance Dashboard with newly identified measures and create a battle rhythm to report successes throughout the command and to BUMED.
- Refine initiatives, identify action officers, prioritize and begin executing. Construct a FY14 Business Plan to capture the initiatives that the command will undertake this year to achieve the Strategic Goals.
- Align all NMCPHC programs, products, services and capabilities to documented and validated requirements, and develop a concise Command Capabilities List.
- Complete development of an Enterprise Task Management (ETM) capability to track customer requests and responses, and determine alignment to requirements, funding.
- Develop a Customer Satisfaction Survey to gauge the impact of NMCPHC programs, products, and services to improve support to customers.

## Offsite Details

The 2013 NMCPHC Strategic Planning Offsite was held on 6-7 February 2013.

Attendees			
Name	Directorate	Name	Directorate
CAPT Michael Macinski	Commanding Officer	Mr. David Bailey	Resource Management
CAPT Robert "Wes" Farr	Executive Officer	Mr. William Calvert	Population Health
HCMC Robert Searles	Command Master Chief	Mr. Hugh Cox	Command Suite
CAPT Christopher Clagett	Preventive Medicine	LCDR Mark Humphrey	Policy and Programs
CAPT Dexter Hardy	Preventive Medicine	Kimberly Logsdon	BAH (Facilitator)
CDR Marshall Monteville	Environmental Health	Beth O'Connor	BAH (Facilitator)
CDR Denise Gechas	Population Health	Philip Dietz	BAH
CDR Eric Welsh	Drug Labs	Kirstin Scanlin	BAH
LCDR Wendy George	Director For Administration	Lance Landeche	BAH

Table 1: NMCPHC 2013 Offsite Attendees

## Overview of 2012 Progress & Accomplishments

Offsite participants (Table 1 above) reviewed the progress made over the last year. In 2012 NMCPHC Command Leadership established a common line of site of how they wanted to steer the command in the next three to five years. Three strategic goals (Table 2 below) emerged, as well as initiatives to achieve those goals and preliminary performance measures. Leadership established strategic planning governance to maintain course, and instituted a data driven decision life cycle. Goal Champions were identified and meet regularly to advance initiatives and measurement, and Strategic Planning Reviews (SPRs) were instituted to monitor progress.

Goal 1: Institutionalize Use of NMCPHC's Products and Services	Goal 2: Optimize Navy and Marine Corps Public Health Programs and Services	Goal 3: Improve communication of Priorities and Task with Leadership
Desired Outcome: Stakeholders will recognize NMCPHC as the leader for Navy Public Health and use its products and services.	Desired Outcome: Public Health resources will be efficiently used across the Navy and Marine Corps.	Desired Outcome: NMCPHC will be empowered and resourced to operate and succeed within a defined scope, have the power to influence Public Health recommendations, and clearly articulate the impact of its efforts.
Goal Champion: CAPT Christopher Clagett	CDR Denise Gechas	CAPT Robert "Wes" Farr / Mr. Dave Bailey

Table 2: NMCPHC Strategic Goals and Initial Goal Champions

Over the year the Goal Champions were faced with some unexpected challenges, and many successes along the way. Table 3 below captures the initial approach to accomplishing the strategic goals, and the successes and challenges encountered throughout the year. Booz Allen Hamilton (BAH) also presented a comparison of NMCPHC goals against healthcare industry best practices and trends cited in the Military Health Stakeholders Report 2012. BAH explained the trends uncovered to benchmark NMCPHC’s progress and maturity. Overall, NMCPHC’s focus on readiness, and jointness, and use of balanced scorecard methodology is on par with like organizations.

*“Strategy is systematically improving your odds for success”*  
 -Dr. Paul Almeida PhD,  
 McDonough School of Business,  
 Georgetown University

Goal	Initial Approach	Successes and Challenges	Industry Best Practices & MHS 2012 Report Comparison
Goal 1	<ul style="list-style-type: none"> <li>● Increase awareness of capabilities</li> <li>● Influence policy and programs to institutionalize products and services</li> <li>● Acquire responsibility and authority for policy development</li> </ul>	<p><b>Successes:</b></p> <ul style="list-style-type: none"> <li>● Developed a Strategic Communications Plan, new Command branding, and a new website. Instituted web analytics, Site traffic has tripled!</li> <li>● Developed a Product Catalog and Capabilities List to better communicate products services and capabilities to stakeholders</li> <li>● Identified areas in PHC that the Command “owns” and influences</li> <li>● Developed a “Want its” &amp; “Got its” list to track</li> </ul> <p><b>Challenges/Realizations:</b></p> <ul style="list-style-type: none"> <li>● Need more concrete way of showing value in NMCPHC “owning” instruction“ Every time we touch an instruction we turn it into money or save resources”</li> <li>● Need to tie what we do more clearly back to requirements</li> </ul>	<ul style="list-style-type: none"> <li>● Institutionalize = “standardization”, “repeatable”</li> <li>● Universal focus on Readiness as a key goal cited</li> <li>● Universal goal of increasing Jointness/integration of services cited</li> <li>● Linking strategies to budget (articulate per capita costs)</li> <li>● Development of models (such as Lean-Six Sigma and benchmarking) to transform public healthcare domain1</li> </ul>
Goal 2	<ul style="list-style-type: none"> <li>● Identify who our customers are and determine how we’re responding to tasking (In the past tracked man-hours but did not yield enough information)</li> <li>● Evaluate customer needs and feedback and meet those needs</li> <li>● Increase consistency in Public Health programs and policy</li> </ul>	<p><b>Successes:</b></p> <ul style="list-style-type: none"> <li>● Did Current State Analysis on task tracking and presented concept for ETM</li> <li>● Good next step is to get ETM tool developed and out</li> <li>● Once data is generated we will be able to craft some good metrics out of it</li> <li>● Customer Satisfaction survey- in planning phase</li> </ul> <p><b>Challenges/Realizations:</b></p> <ul style="list-style-type: none"> <li>● Engaging staff on initiatives, driving deeper into the command</li> <li>● Strategic goals have similarities and overlaps, which confirms direction/vision, and presents opportunities for synergistic gains across the goals However, some staff are not clear on differences and focuses of each goal</li> </ul>	<ul style="list-style-type: none"> <li>● Optimize = “Efficiency” and “Effectiveness”</li> <li>● Universal focus on patient-centered wellness programs and experience of care cited</li> <li>● Establishing ability to produce data and medical informatics (health impact)</li> <li>● Creating efficiencies/ removing redundancies cited more frequently than creating new enhanced services</li> <li>● Development of collaborative models for balanced scorecards and Baldrige application in public health domain *</li> <li>● Risk management is key to optimization with scarce resources</li> </ul>

Goal	Initial Approach	Successes and Challenges	Industry Best Practices & MHS 2012 Report Comparison
Goal 3	<ul style="list-style-type: none"> <li>Advocate a clear line of authority</li> <li>Recommend prioritized tasking</li> <li>Be deliberate with communication strategies with leadership and customers</li> </ul>	<p><b>Successes:</b></p> <ul style="list-style-type: none"> <li>Completed alignment analysis and advocated for realignment to BUMED Realignment achieved!</li> <li>ETM in development, which will help prioritize tasking</li> <li>Developed a Strategy Map, Performance Dashboard, and Strategic Communications Plan to communicate strategies with leadership and customers</li> <li>Now have a Resource Management tool in place that reduced time in completed data pulls from day and half to thirty min</li> <li>Decisions are now data driven versus subjective</li> </ul> <p><b>Challenges/Realizations:</b></p> <ul style="list-style-type: none"> <li>Our communication needs to improve as our data improves</li> </ul>	<ul style="list-style-type: none"> <li>Prioritization=“Being Selective” “Properly Aligning”; being empowered and resourced</li> <li>Universal focus of aligning mission and efforts to strategic goals of higher Surgeon General goals cited</li> </ul>

Table 3: Annual Progress Review of Strategic Goals

Participants were also encouraged to apply the concept of The Pareto principle, also known as the ‘Law of the Vital Few’ to prioritize tasking and measures. The Pareto principle states that roughly 80% of the effects come from 20% of the causes. In NMCPHC’s case, focusing on a few key metrics that BUMED and Command leadership find import will yield better results in depicting NMCPHC value, than spreading time across several areas that may not concern BUMED. Focusing on the few provides a better return on investment for the Command.

**Discussion Outcomes:**

- NMCPHC needs to start strategically thinking about “doing less with less or focusing on their core service and program areas as a priority in times of increased budget cuts.
- NMCPHC will need to determine which metrics will best depict value to stakeholders.
- NMCPHC will ask BUMED leadership what it is that they want to see to focus efforts, measurement, and communications.
- NMCPHC will also start looking what things they need to stop doing in order to reach their goals.
- With regards to influencing policies and programs under Goal 1, measuring the impact that NMCPHC influence has on the policies and programs will be powerful in telling the story and demonstrating NMCPHC’s value. For example, what is the impact of our influence over the Tuberculosis (TB) program?

## **Navigating in a Shared Service Environment**

BAH researched likely expectations for a shared services environment based on previous military health organizational changes. Two possible paths emerged: The first path is a Joint Public Health Command where all services are consolidated into one command. In this model, redundancies would be removed despite specialty. The second possible path is the concept of a Defense Health Agency (DHA), in which health services are combined but specialties still fall to their respective military services. It will be important for NMCPHC to position itself to best communicate their value during these times of uncertainty.

### **Discussion Outcomes:**

- Defense Health Agency is considered by some experts as the most probable path for a joint environment, as it is the least risky to maintaining support to stakeholders.
- It very possible that a feasibility study will be done using each service's requirements as military public health moves into a shared services environment. It will be imperative for NMCPHC to gain clarity on what the requirements are and map all tasks back to those requirements.
- Geographic co-location is a factor that will have influence (if it exists) in determining requirements in a shared services environment.
- The group compared the U.S. Army Public Health Command's organizational construct to the NMCPHC organizational construct and determined that there were many similarities and opportunities for synergy across the two services, specifically in the following capabilities: Environmental Health, Laboratory Services, Preventive Medicine, and Population Health.
- NMCPHC will focus on communicating their value up to BUMED and other stakeholders via a Performance Dashboard. A new battle rhythm (Figure 1) emerged to help facilitate this.

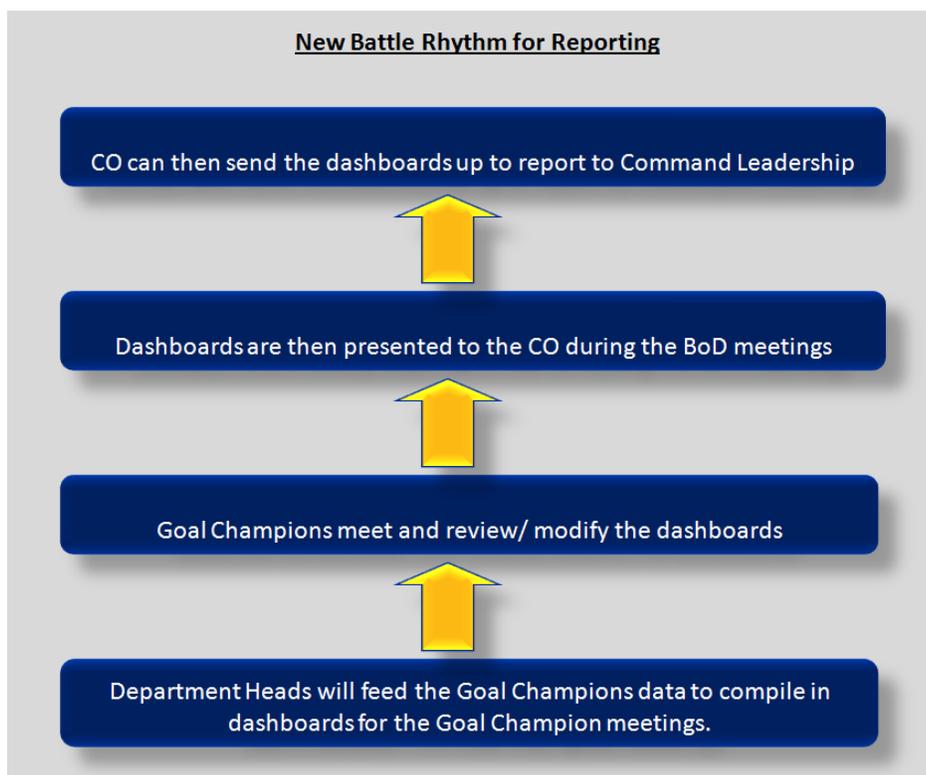


Figure 1: New Reporting Battle Rhythm

## Strategy Map Validation

A new modular strategy map format was chosen to enable NMCPHC to better communicate alignment and demonstrate impact to BUMED, the Military Health System (MHS), or any other governing body. This format is based on balanced scorecard methodology and is in keeping with best practices across the joint military health environment.

*“The essence of strategy is choosing what not to do.”*  
— Dr. Michael E. Porter, PhD  
Professor, Harvard Business School

Figure 2 below illustrates the new Strategy Map format that aligns all NMCPHC goals and initiatives to BUMED Strategic Goals to ultimately support the end customer (i.e. “All We Serve” is now at the top).

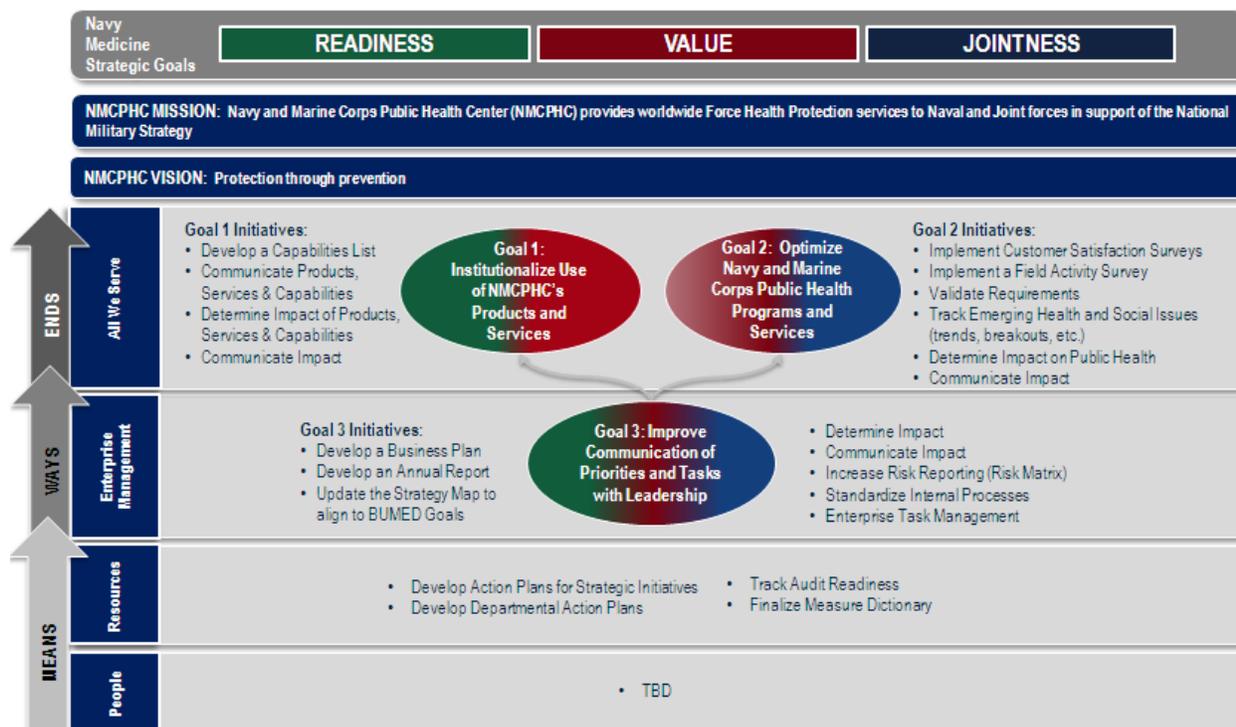


Figure 2: New NMCPHC Strategy Map: Alignment to BUMED Strategic Goals

A direct correlation between NMCPHC and BUMED goals can be seen using the new map. Figure 3 below illustrates how NMCPHC goals also align to MHS goals. Discussion also revealed the need to align to the Medical Homeport since it is a focus of BUMED leadership and will directly connect the NMCPHC to patient care.

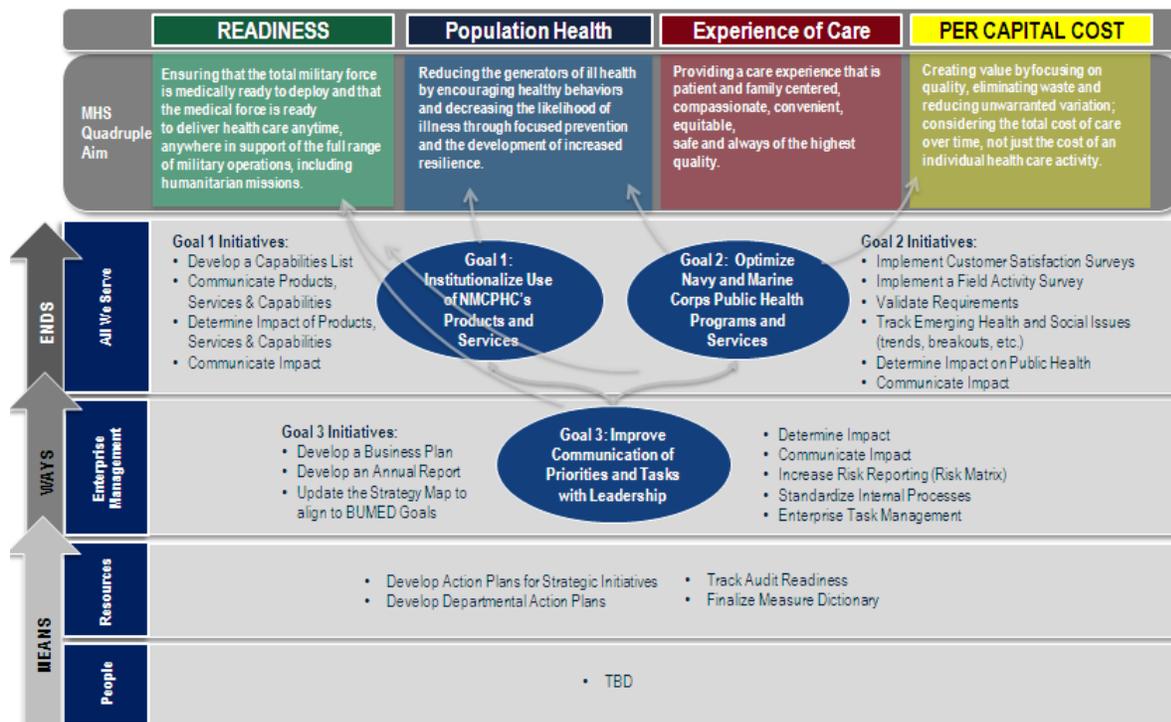


Figure 3: New NMCPHC Strategy Map: Alignment to MHS Quadruple Aim

## Initiatives Validation

As a best practice, strategic goals should be designed to be enduring and to remain constant for three to five years. However, initiatives and performance measures will change to meet current demands. Participants reviewed and validated the strategic initiatives identified over the course of the last year. By conducting an affinity brainstorm, the group determined which goals each initiative supported (Table 4 below), and identified new initiatives on which to focus in the coming year. The initiatives were then recorded on the new NMCPHC Strategy Map, as seen in Figures 2 and 3 above.

Balanced Scorecard Alignment	Goal	Initiative
All We Serve	Goal 1	<ul style="list-style-type: none"> <li>• Develop a Capabilities List</li> <li>• Communicate Products, Services, and Capabilities</li> <li>• Determine impact of Products, Services, and Capabilities</li> </ul>
All We Serve	Goal 2	<ul style="list-style-type: none"> <li>• Implement Customer Satisfaction Survey</li> <li>• Implement Field activity Survey</li> <li>• Validate Requirements</li> <li>• Track Emerging Health and Social Issues</li> <li>• Determine Impact on Public Health</li> </ul>
Enterprise Management	Goal 3	<ul style="list-style-type: none"> <li>• Develop Business Plan</li> <li>• Develop Annual Report</li> <li>• Update Strategy Map to align to BUMED goals</li> <li>• Increase Risk Reporting (Risk Matrix)</li> <li>• Standardize Internal Processes</li> <li>• Enterprise Task Management</li> </ul>
Resources	Support All Goals	<ul style="list-style-type: none"> <li>• Develop Action Plans for Strategic Initiatives</li> <li>• Develop Departmental Action Plans</li> <li>• Track Audit Readiness</li> <li>• Finalize Measure Dictionary</li> </ul>

Table 4: Strategic Initiative Alignment

Discussion Outcomes:

- The majority of current initiatives support all three strategic goals in some form.
- Participants recognized the need to accurately capture the work they do in Standard Operating Procedures (SOPs) to better retain knowledge in the command.
- NMCPHC leadership and staff will need to collaborate in order to compile the information needed to help the Command collectively reach its goals.
- NMCPHC will incorporate Field Activity results into their reports to BUMED.

*“We stayed the course to align with BUMED, and it is very important we get SOPs with the leadership change and the retirement rate”*  
 - HMCM Robert Searles

## Performance Measures Validation

In 2012, NMCPHC initiated performance measures (i.e. web analytics and results from data analysis efforts such as the Task Management Current State Analysis, and the Human Capital Analysis.) Other measures are in development, for example those expected to result from Enterprise Task Management (ETM) effort. New measures were also identified and are captured in Table 5.

Goal	Question	Potential Measures to Support
Goal 1	How do we know people are using our products and services?	<ul style="list-style-type: none"> <li>• Web Analytics (i.e. unique visitors per month)</li> <li>• Impact of Policy and Program Influence</li> <li>• ETM data (i.e. types of services being requested to perform)</li> <li>• Readiness Indicators</li> </ul>
Goal 2	How do we know we are optimizing Navy Marine Corps Public Health programs and services?	<ul style="list-style-type: none"> <li>• Customer Satisfaction Survey Results</li> <li>• ETM Data</li> <li>• Webinar Attendance</li> <li>• Blue H Award Data (i.e. stratification of Blue H participants (customers/stakeholders) and healthy trends)</li> </ul>
Goal 3	How do we know we are communicating our priorities to leadership?	<ul style="list-style-type: none"> <li>• ETM Data (i.e. % of tasking tied to a requirement and is funded)</li> <li>• Resource Management Tool Data</li> <li>• Financial Data</li> <li>• Audit Readiness</li> <li>• Risk Matrix Report</li> </ul>

Table 5: Measures to Support Strategic Goals

### Discussion Outcomes:

- NMCPHC will determine what data is important to report to upper level leadership in the Command and solidify timelines for the new reporting battle rhythm (Figure 1).
- NMCPHC will coordinate audit readiness metrics with BUMED spotlight metrics.
- Department Heads will receive a monthly Web Analytics Report for their department via e-mail.
- The Performance Dashboard will be enhanced to include emergent health and social issues and show how NMCPHC is responding to these issues.
- In addition to quantifiable measures, anecdotes and storytelling are a powerful means of communication and should be captured as well.

*“Goal 3 is about resourcing and communicating your impact. End result of the goal is to be empowered.”*

*-Mr. David Bailey, Comptroller*

Figure 4 illustrate the proposed quarterly financial measures.

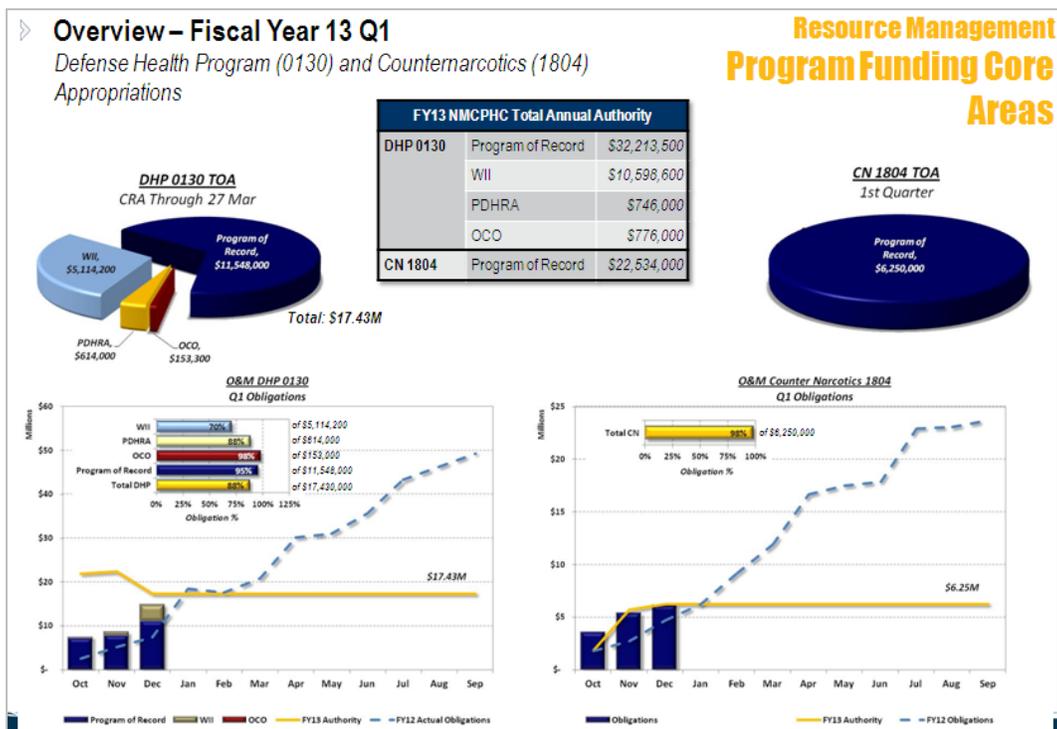


Figure 4: New Quarterly Financial Metrics

## Continuity Planning Through Leadership Transition

Over the next six months, the majority of the Goal Champions will be transitioning out of the Command. Participants recognized the need to continue the momentum on strategic initiatives through this time. Current Goal Champions identified characteristics of an effective Goal Champion, and selected new Goal Champions based on these criteria (See Table 6 below).

Characteristics of an effective Goal Champion:

- Possess a strong overview of Public Health and understanding of BUMED, NMCPHC and its Field Activities, Fleet priorities (experience with BUMED or the Fleet preferred).
- Demonstrate commitment to the process and the Command, and be able to advocate for leadership’s vision. Be enthusiastic, resourceful and willing to do the job.

*“We will change and morph as new people come in and bring in innovation, but we do not want to lose what we have done and established. We need to start thinking about the future and how to work through this transition.”*

- CAPT Michael Macinski,  
 Commanding Officer

Goal	2012 Champion	2013 Champion
Goal 1	CAPT Christopher Clagett	CAPT Dexter Hardy
Goal 2	CDR Denise Gechas	Mr. William (Bill) Calvert
Goal 3	CAPT Robert “Wes” Farr / Mr. David Bailey	Mr. David Bailey/ CDR Marshall Monteville

Table 6: New Goal Champions

**Discussion Outcomes:**

- NMCPHC will document their processes in SOPs and adhere to published BUMED processes.
- Goal Champions will utilize Directors and Department Heads for support in communicating strategic direction and cascading alignment to the rest of the command.
- Leadership will teach Department Heads and staff how to articulate their resourcing needs by driving to requirements and demonstrating impact, so they can receive the resources needed from BUMED and leadership.
- NMCPHC staff will be invited to also attend future BoD and Goal Champion meetings.

**Progress on Current Strategic Efforts**

**Capabilities List**

The NMCPHC Capabilities List summarizes the major capabilities surrounding the products and services NMCPHC provides to its customers. LCDR Mark Humphrey is leading this effort and presented the results of the analysis done to develop the list (Figure 5 below). The list was compiled using the Command’s Missions, Functions and Tasks listed in BUMEDINST 5450.157B, the NMCPHC Organization Manual, NAVMCPUBHLTHCENTINST 5450.1R, and the NMCPHC Product Catalog. Through the analysis, six major groups, or “Critical Areas” emerged and the capabilities were then aligned to these critical areas. Programs were added to the list following the analysis. This added an additional layer of complexity and requires some refinement.

## DRAFT NMCPHC Critical Areas and Capabilities

Deployable Assets				
<ul style="list-style-type: none"> <li>Preventive Medicine</li> <li>Surveillance</li> <li>Forward Deployed Preventive Medicine for Emergency Response</li> <li>Disaster Relief</li> <li>Humanitarian Effort</li> <li>Immunizations</li> <li>Industrial Hygiene</li> <li>Health Investigations</li> <li>Program Management</li> </ul>				
Data Analysis	Environmental Health	Occupational Health	Surveillance	Health and Safety Education
<ul style="list-style-type: none"> <li>Population Health Statistics</li> <li>Clinical Performance Measures</li> <li>Epidemiologic Studies</li> <li>Wounded Ill and Injured Reports</li> <li>Trending</li> </ul>	<ul style="list-style-type: none"> <li>Risk Assessment</li> <li>Risk Communication</li> <li>Environmental Quality</li> <li>Toxicology</li> <li>Navy Cancer Registry</li> <li>Navy Tumor Registry</li> <li>Health Communications</li> <li>Program Compliance</li> </ul>	<ul style="list-style-type: none"> <li>Federal Compliance programs</li> <li>Hearing Conservation</li> <li>Radiation Health</li> <li>Industrial Hygiene</li> <li>Nanotechnology</li> <li>Equipment Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>Epidemiology Outbreak Investigation</li> <li>Communicable Diseases</li> <li>Deployment Health</li> <li>Clinical Epidemiology</li> <li>Drug Testing</li> <li>Dosimetry</li> <li>Bloodborne Infections</li> <li>Entomology</li> <li>Wounded Ill and Injured</li> <li>Health Hazard Assessment</li> </ul>	<ul style="list-style-type: none"> <li>Health Promotion and Wellness</li> <li>Wounded Ill and Injured</li> <li>Reproductive and Sexual Health</li> <li>Fleet Training</li> <li>Technical Support</li> <li>Health Communications</li> <li>Workshops</li> </ul>

Figure 5: Draft NMCPHC Capabilities List

### Discussion Outcomes:

- NMCPHC determined that additional traceability to requirements was needed to ensure that the capabilities communicated are tied to a requirement and are currently funded. A deeper requirements traceability effort may be necessary.
- NMCPHC will further refine the nomenclature used for the Capabilities List, and the level at which the capabilities are captured and communicated.
- The list will be validated with Department Heads to ensure only validated requirements from higher headquarters with funding are on the list. There was discussion to include the Field Activities' capabilities as well, as they comprise much of the deployable assets and key capabilities that define NMCPHC.

## Enterprise Task Management (ETM)

In October-November 2012, NMCPHC conducted a Current State Analysis (CSA) of the Command's four task tracking tools. The analysis revealed that while each tool had unique strengths, there was not one tool that could solely be used to meet all the Command's task management needs. An enterprise-wide solution has been proposed called the Enterprise Task Management (ETM) capability. In November 2012, NMCPHC initiated the first phase of the ETM effort which included validating requirements and developing the data model for the system. The team is now ready to begin the development phase. Functions of the ETM capability include:

- Task management
- Time management
- Work flows and business process (i.e. who gets notified, and what occurs next)
- Reporting module

### Discussion Outcomes:

- ETM kickoff Phases 1 is complete and NMCPHC agreed to kick-off Phase II-IV (development and pilot).
- The process for ETM deployment will follow the website redesign process.
- Once developed, the system will first be launched to small pilot groups. Any programming and content issues identified in the pilot groups will be resolved prior to the tool being implemented enterprise-wide.
- NMCPHC staff will be trained on the use and functions of the tool.
- Open and consistent communication on the purpose of the tool will be essential in increasing usability, and encouraging staff to adopt the tool.

## Business Plan and Annual Report

With NMCPHC’s recent reorganization from an Echelon IV to an Echelon III under BUMED, there is no longer a requirement for an annual business plan. NMCPHC decided to modify the format of the Business Plan to align it to the NMCPHC Strategic Plan. The NMCPHC Business Plan will document actions the command will undertake this fiscal year to support the Strategic Plan and feed the Command Operations Report and Annual Report. It also will drive ownership of strategic initiatives to the Department level. Figure 6 below shows the notional alignment of these documents.

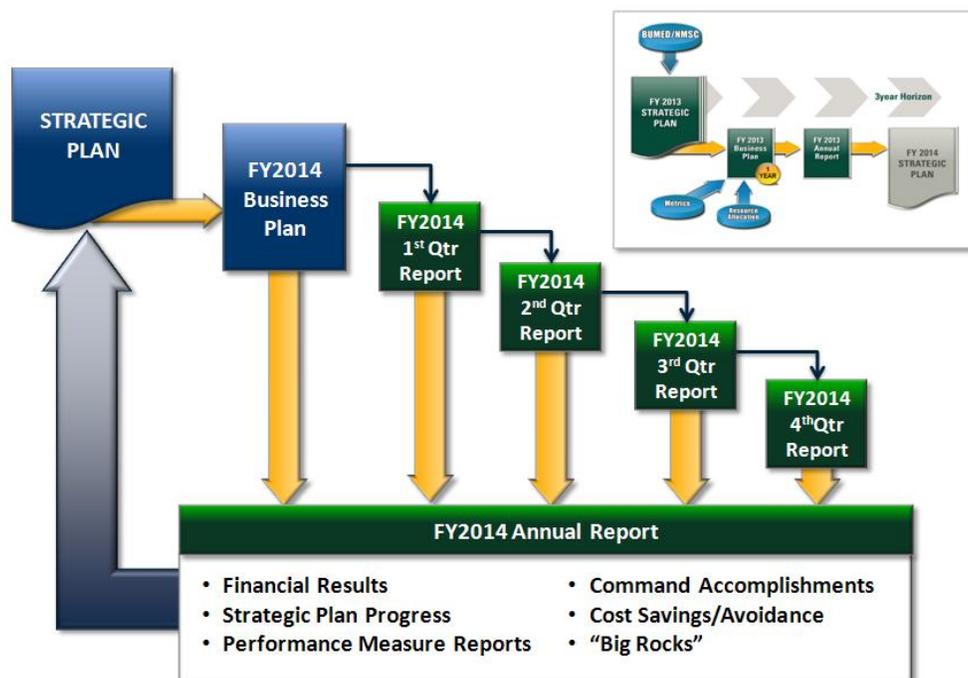


Figure 6: Alignment of Strategic plan, Business Plan, and Annual Report

### Discussion Outcomes:

- Goal Champions will meet to further discuss the content needed for quarterly, monthly and annual reports, and the appropriate avenue to present these reports (i.e. BoD meetings, monthly Strategic Planning Reviews, etc.).
- Discussion will pertain to how each report will be framed, the intent and focus, who the audience is, and what NMCPHC is really trying to get out of each.

*“The more we can show and force the alignment in a fiscal sense with our products and services, the more value will shine through”*

- CAPT Michael Macinski,  
Commanding Officer

## Field Activity Survey

NMCPHC is in the process of conducting a Field Activity Survey. The purpose was to determine how well NMCPHC is supporting Field Activities through the programs they offer, and identify address any concerns. The survey has been developed and sent to the Field Activity Officers in Charge (OICs). Preliminary results have been captured and analyzed based on the responses received thus far. LCDR Wendy George presented on the initial findings and identified areas for improvement. A final summary of results will be compiled once all responses have been received. These results will be presented during the next Goal Champion Meeting.

### Discussion Outcomes:

- There were concerns that several of the programs listed were programs that NMCPHC audits, but does not directly manage, which may skew results.
- Lesson learned that resulted from this survey will be captured and corrected for future Field Activity surveys and others surveys (i.e. Customer Satisfaction Survey).
- NMCPHC will continue to monitor the survey responses as they come in, and conduct additional analysis to determine the root cause of any identified trends within the results of the data.
- NMCPHC will review the areas of concern. For the programs that NMCPHC does not manage but were areas of concern, additional correspondence will be sent to survey participants to refer them to the appropriate point of contact at NMCPHC.

## Customer Satisfaction Survey

NMCPHC is currently in the planning phase for the Customer Satisfaction Survey. The purpose of the survey is to open two-way communication with stakeholders, and to determine whether NMCPHC is meeting the needs of its customers. Mr. Hugh Cox is the lead for this initiative and presented the preliminary approach (Figure 7 below). This approach will likely be refined as the effort is has just begun scoping.

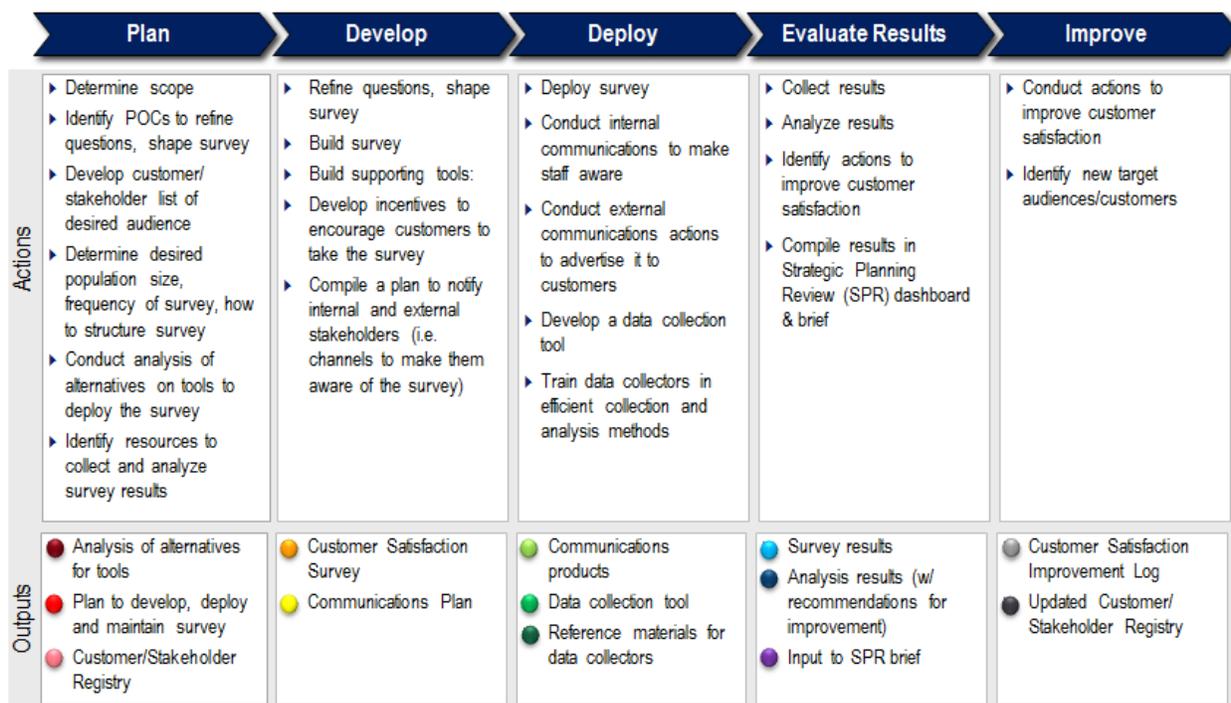


Figure 7: Proposed Customer Satisfaction Survey Approach

### Discussion Outcomes:

- NMCPHC is currently scoping the effort (i.e. identifying target audiences, developing questions, determining deployment date(s), and fine tuning communications).
- NMCPHC leadership has decided to utilize the Defense Information Systems Agency's (DISA) Interactive Customer Evaluation (ICE) survey tool for the Customer Satisfaction Survey.
- Staff will require training on how to use the tool to compile the surveys.

## Next Steps

In the coming months, NMCPHC will:

- Update the NMCPHC Strategic Plan to include the new Strategy Map and other relevant outcomes from the offsite.
- Update the Command Performance Dashboard with newly identified measures and create a battle rhythm to report successes throughout the command and to BUMED.
- Refine initiatives, identify action officers, prioritize and begin executing. Construct a FY14 Business Plan to capture the initiatives that the command will undertake this year to achieve the Strategic Goals.
- Align all NMCPHC programs, products, services and capabilities to documented and validated requirements, and develop a concise Command Capabilities List.
- Complete development of an Enterprise Task Management (ETM) capability to track customer requests and responses, and determine alignment to requirements, funding.
- Develop a Customer Satisfaction Survey to gauge the impact of NMCPHC programs, products, and services to improve support to customers.