



AMEDDC&S Finds Direction in Strategic Planning

On December 20, 2007, the **Army Surgeon General and Commander of the US Army Medical Command, LTG Eric B. Schoomaker**, sent a memo to all his major subordinate commanders stating:

“We will continue to use the Balanced Scorecard (BSC) as the principal tool by which we guide and track the Command as we improve operational and fiscal effectiveness and better meet the needs of our patients and stakeholders. The BSC Strategy Map communicates our organization's mission, vision, and the means and ways on which we will focus our performance to best attain the needs important to mission accomplishment.”

In a testament to his distinct passion and commitment to breathe fresh life into this organizational strategic management system, he pens the following in freehand to the left of his official typed signature block.

“Use the BSC as a guide in all command and management functions. With conscious, disciplined, application, it truly works!”



One of General Schoomaker's major subordinate commanders is MG Russell J. Czerw, Commander of the Army Medical Department Center and School (AMEDDC&S) and Fort Sam Houston, Texas.

The AMEDDC&S is home to the Army Combat Medic and trains more than 27,000 Soldiers in 16 diverse military medical occupational specialties, 18 advanced skill identifiers and 13 commissioned officer courses annually. It is also the hub for Army Medical Department (AMEDD) transformation as it strives to support Army Transformation, assessing Army requirements, forecasting AMEDD requirements, examining joint medical planning issues, and effectively preparing recommendations and solutions.

MG Czerw through his professional interactions with LTG Schoomaker had accurately anticipated this communication and had taken the steps to improve AMEDDC&S Strategic Development. This included finding the right trainers and selecting the right people to train in BSC methodology. After careful consideration, the AMEDDC&S chose the Balanced Scorecard Institute's Nine-Steps to Success (TM).



MCCG

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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20 DEC 2007

MEMORANDUM FOR

Commanders, MEDCOM Major Subordinate Commands
Directors, MEDCOM/OTSG Headquarters OneStaff

SUBJECT: Interim MEDCOM Balanced Scorecard Strategy Map

1. We will continue to use the Balanced Scorecard (BSC) as the principal tool by which we guide and track the Command as we improve operational and fiscal effectiveness, and better meet the needs of our patients and stakeholders. The BSC Strategy Map communicates our organization's vision and mission, and the means and ways on which we'll focus our performance to best attain the ends important to mission accomplishment.

2. Enclosed is an interim MEDCOM BSC Strategy Map to guide your actions in the short term. Over the next 100 days, you and I will evaluate the azimuth of our current strategic plan for its currency and relevance in light of the four imperatives or "lenses" provided by our Secretary of the Army and Chief of Staff of the Army—"Sustain, Prepare, Reset, Transform." I will solicit your input as we carefully and methodically "refresh" our Strategy Map to reflect current challenges and dynamically improve organizational performance.

Use the BSC as a guide in all command and management functions. With conscious, disciplined application, it truly works!

Eric B. Schoomaker
ERIC B. SCHOOMAKER
Lieutenant General, I/C
Commanding

Why we have been successful in the past.

Without a doubt AMEDDC&S successes are inextricably linked to its valued employees (Military members, Government Civilian Employees and Contractors) who are focused on supporting our Soldiers and their Families. In fact, not unlike most military organizations, the AMEDDC&S has been asked to do more over time and therefore it has only been through the sheer determination and hard work applied by our people that we have been successful.

Where we have had some challenges in the past.

Most institutions fail in executing strategy and our organization was no less immune. Definitive well-intentioned strategic direction from the Executive Suite seldom trickled down to the workforce, much less culminated in a strategically linked, well-communicated, measurable, employee-driven initiative.

We did not provide adequate time for planning or sufficient resources to support strategy (or strategy development). How can we have a quality BSC if no one is really even trained in the methodology and equipped with the requisite skills to lead the institution through the development process? The previous mission statement was a textbook example of "what a mission statement is not" and smacked of no leader consensus (evident by four completely disparate bullet statements!).

AMEDDC&S Mission & Vision Statements.

Lack of effective communication, workforce mentoring, and a shared vision, supplemented by institutionalized often "stove-piped" military individual training and development fostered the fact that there were leaders in our organization who did not fully understand (or desire to understand) that we are in the "business" of envisioning, designing and training. Thus the lack of listening and/or sharing new ideas within the organization while fostering the military ego-centric perspective as opposed to identifying and then willfully sharing the best practices.

There was also the improper recognition of resources needed in advance to sustain increasing demands. Many missions have been taken on without the additional resources initially needed to tackle the increased requirements. We have often times even fed the "we need to do more with less" and "take it out of hide" mentality.

What we did about it.

At the time, the AMEDDC&S did not have an integrated, institutional strategy that provides strategic priorities and guidance to its major business units. Several major issues became very apparent:

- Current Balance Scorecard (BSC) tended to focus more on current than future capabilities.
- Operational impacts of realignment and change were unrealized by the institution /workforce.
- Communication and internal processes within the organization were unremarkable and poorly documented.
- Diminishing resources (people and money) were a barrier to meaningful and effective change.
- Leader turnover negatively impacted on the focus, sustainment, and resourcing of institutional priorities and investments.

AMEDDC&S Mission Statement

Old Mission Statement

In support of the health service we:

- Produce concepts, doctrine and organizational structure that meet force requirements;
- Conduct individual training, soldierization, specialized/functional skills, and leadership development with provides the appropriate skills sets to DOD, non-DOD, and Allied Soldiers and leaders;
- Create training strategies, products, and programs and make them available;
- Consult and collaborate with internal agencies and commands in matters of common interest.

New Mission Statement

We envision, design and train a premier military medical force for full spectrum operations in support of our Nation.

Furthermore, the vision statement sounded more like a mission statement with no whiff of the future (3-5 years) and emotionally uninspiring.

AMEDDC&S Vision Statement

Old Vision Statement

Capture the power of the AMEDD Today to build a world class AMEDD of Tomorrow, a catalyst for excellence and progress in the Joint and Coalition Environment.

New Vision Statement

to be the foundation on which the AMEDD is built, sustained and transformed.

[AMEDD Readiness Starts Here](#)



What we did about it. (Continued)

To be successful, AMEDDC&S needed a business office that focuses on the strategic priorities of the organization. This includes resetting the BSC as the framework for strategic communication, transforming business processes utilizing Lean Six Sigma methodology, promoting a culture of innovation, measuring and monitoring performance, and managing change. Also needed was an integrated strategy that would empower employees at all levels with a clear understanding of what products and services are offered by the AMEDDC&S that would provide leadership a clear set of priorities from which to base resource decisions.

MG Czerw and the executive leadership well understood that the fielding of an actionable strategy, business transformation, monitoring of strategic execution and change management would require investments in an internal, dedicated staff.

On 18 October 2007, we drafted the Concept Paper for the stand up of the Office of Innovation, Initiatives and Improvements (I3). After careful consideration and the requisite staffing, a new office (crafted from existing staff structure) was born. The I3, since renamed the Office of Strategy and Innovation (OSI), now serves as an integrated, enterprise-wide organization, a best practice now being transferred across other MEDCOM major subordinate commands, and provides:

- Strategic priorities and guidance to major business units and transformation
- Performance monitoring and reporting
- Identification of performance improvement opportunities
- Execution of strategically linked improvement projects
- Allocation and prioritization of project resources
- Facilitation of organizational strategic communications
- Identification of barriers to excellence
- The management of the human aspect of change

OSI collaborates with the organization's employees to provide institutional focus while delivering the highest quality products and services through the application of the Balanced Scorecard. The OSI answers "The Big Three" --

- What we do and where we are going (strategy)
- How we monitor and measure what we do (quality)
- How we improve or design our process for success (speed and cost)

The Chronology of "Success":

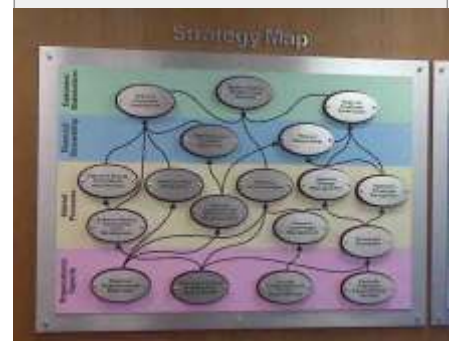
On 3 Jan 08, MG Czerw and the executive leadership conducted a Strategic Development Offsite where they performed a detailed Strength, Weaknesses, Opportunities and Threats (SWOT) analysis, identified the organization's Customers and Stakeholders and developed new Mission and Vision Statements, and Strategic Themes.

Theme Teams comprised of our valued civilian and military employees "decomposed" the Mission, Vision and Strategic Themes into an actionable Strategy Maps and Scorecards (with Strategic Objectives, Measures, Targets and Initiatives). This is where most organizations fail (in the strategy to execution), as they do not include their employees in this process.

On 14 May 08, the Theme Teams briefed their team Theme Strategy Maps and Scorecards to the MG Czerw and the executive leadership. The I3 Office then used affinity diagramming and combined the individual Theme Team Strategy Maps and Scorecards into an "all in one" AMEDDC&S Strategy Map and Scorecard.



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The Chronology of "Success": (Continued)



On 16 Jun 08, the newly established Executive Committee voted on and approved the initial Strategy Map and Scorecard. It was one of their first actions as an Executive Committee and it is this committee that will review performance measures monthly.

On 28 Jul 2008, MG Czerw and the AMEDDC&S "Rolled-out" the new Balanced Scorecard to all employees. Everyone enjoyed a fun-filled, collegial, "convention-like" atmosphere where they participated in events that communicated the BSC and had a good time. They learned of the Balanced Scorecard, witnessed where they personally fit on the Strategy Map and understood that they are valued both as an employee and as a person and that their performance is critical to mission success.

In MG Czerw's Jun 08 article for the Fort Sam Houston "Newsleader" newspaper he states,

"This historic event represents the initial, positive strategic communication between leadership and our valued employees that we are committed to a fresh and positive change in the way we do business and think about our business. For those who have not heard yet, we are welcoming the Balanced Scorecard as the management system and decision-making tool that we will use to align our vision and mission with customer requirements and day-to-day work, manage and evaluate business strategy, monitor operational efficiency, guide process improvements, build organizational capacity, and communicate progress to all employees. The leadership and I are very aware that our valued employees are excited about the future and are willing to dedicate their valuable time to what Steven Covey says is "doing the right things" and "doing things right".

"The biggest barrier to the Balanced Scorecard has been our past history with the Balanced Scorecard and those who are skeptical have had every right to be. However, we are taking a new azimuth and have every expectation to turn the Balanced Scorecard from a 90 day (Quarterly) PowerPoint scramble to the primary decision-making and communication tool for our organization".



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The Chronology of “Success”: (Continued)

“Managing with the new Balanced Scorecard will allow a better understanding of processes to improve predictability, more effective communication, enhanced performance monitoring and trend analysis, development of new leading performance indicators, budgeting for performance, and captures the voice of the employee.”

“We have accomplished a daunting task and I have been extremely impressed with the personal commitment of our leadership and our employees and the level of detail of their work. The challenge now is for the leadership to work for our employees as our Executive Committee absorbs our new Balanced Scorecard and begins monitoring performance with meaningful measures, prioritizing initiatives and making data driven decisions with actionable outcomes that will move our organization forward. Just as importantly we must develop interactive communication throughout our institution to ensure success.”

