Example of report on deployment health center proposal

Literature, Russian Literature

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Educational Institution

Memo

The Department of Defense Office of Naval Research

October 12, 2011

Purpose:

The intent of this memo is to propose a solution to a critical area of need in the Naval Deployment Health Center. The computers, peripherals and software applications are all obsolete, which is compromising the quality of service provided in the center. Because this center evaluates the health of military personnel headed into the line of duty, it is imperative that new computers, equipment and software are purchased. The end result will be increased efficiency in processing service members, leading to more capacity and excellence in determining health accurately.

Overview:

The U. S. Department of Defense recently established the Navy's Deployment Health Center to monitor and ensure the dental and medical health of each service member throughout all branches of the United States military. For each service member, processing through the center involves three steps: medical and dental assessments before deployment, medical and dental assessments immediately after deployment ends, and then a later assessment, taken several months after the service member has returned from active duty. The required forms include DD Form 2796 (Post Deployment Health Assessment – PDHA) and DD Form 2900 (Post Deployment Health Reassessment Form – PDHRA) (BUMED Instruction 6110. 14). These screenings include detailed medial questionnaires, to be completed by the service member, as well as a variety of medical tests and a physical exam, all within six months after the service member has returned from duty. Whenever a service member is scheduled for a new deployment, the three-step process begins anew. In situations where service members experience frequent redeployments, it is possible that the reassessments may not have taken place before the cycle begins again. As of October 2009, about one in five, or twenty percent, of military personnel in the Navy were out of compliance as far as keeping their medical screenings in compliance (Post-Deployment Health Re-Assessment Update). Having only four out of five service members, possibly, in solid health is a major problem for any military unit. This has become a major priority for the central naval command.

At current capacity, the Deployment Health Center can handle approximately

800 service members each month and has sufficient staff to handle this caseload effectively. The staff members provide the screening and examinations, once the service members show up for their screening with a full set of medical records and a complete set of pre-registration paperwork. The staff are also responsible for taking the service member records and inputting the data accurately into the computer system. After putting the data into the system manually, using prefabricated forms, the staff then must save all of that information on to CD-ROM format for later access when needed.

Ideally, the staff would like to eliminate the manual input of information. Instead of filling out forms by hand, service members could input their information electronically, if the department could update its computers and software. Then, staff could access medical information for each service member when needed, and the time it would take to serve those service members would plummet – as would the hassle. Currently, service members fill out forms in pencil or ink, which can lead to difficulties reading the information when handwriting is less than optimal. Then, there is the possibility of user error when staff members enter the information from the forms into the computer. Also, with each new assessment within the cycle, staff members cannot pull up the information and update it; instead, they must record new results by hand – each step of the process, then, basically requires that service members start over with the information process. The computers available in the department are unable to support the type of software that would permit one-time entry of medical information by service members and ongoing updating of that information and of medical records.

This often results in considerable acrimony from service members, who feel like we are wasting their time when they come in for an assessment, because they spend a considerable amount of time filling out paperwork with information that we already have, but only in a read-only format – we can't update anything. If a service member underwent an assessment at a different Deployment Health Center, we have no way of seeing the results of that assessment, unless the service member has requested copies of the record and has brought that with him or her to his new appointment. The military already has a software package that allows medical professionals to view all service member medical and dental records for every member of military personnel around the world, called the Medical Readiness Reporting System (MRRS). However, our computers cannot support that software; as a result, when service members need assessment, we have no access to any of the information that is already in the government system.

It would only require a minimal outlay to allow our department to provide an exemplary level of service at screenings by enabling staff members to access and update service member medical information without asking service members to fill out yet another set of paperwork. For the price of $4, 890, we can purchase six desktop computers that would go in a self-service station inside the deployment health center. Each computer would have a list of instructions for service members to follow when they come in for an assessment. The first time each service member came in, they could input their information, and we could input and update information inside MRRS as needed; for subsequent visits, no entry would be necessary. The service member would just sign in for a visit, and his or her information would be

ready for our staff to view while providing medical assessment and any needed care.

Introduction:

The thrust of our proposal is a request for approval of funds for computers to permit staff members to add and update information for service members through MRRS when they enter the deployment health center. Not only would this cut down on the time that service members have to wait each time they come into the center, this would reduce expenses, because every reassessment that must be done because our center cannot access information taken at other centers, or at other times, is a waste of taxpayer funds – and a waste of our service members' time. Both staff and service members have given us considerable feedback in this area; the service members resent having to undergo multiple repetitions of the same screening, because of the unavailability of computers that are compatible with MRRS and can send the information into the system more quickly. Staff members note the waste of man-hours when it comes to doing the same testing over and over again. Because our staff only consists of a primary care manager, a clinical psychologist, and the number of clinic staff needed to complete the required number of Preventive Health Assessment (PHA) screenings (Naval Hospital Oak Harbor), wasting that many man-hours takes a considerable toll on our ability to operate efficiently.

This graphic illustrates the problem. On the next page, you will see the mean number of health assessments that our department carries out each month. From a total of 800 assessments, only 378 were new visits. 292 were results

that had become outdated and needed renewing, and 86 were complete repeats. The renewals could have taken significantly less time, but service members had to fill out their paperwork again. The repeats were simply unnecessary; MRRS had the information, but we were not able to access it.

The next chart indicates the man-hours it takes each month to input and update data, conduct new health assessments, and handle needed repeat assessments:

For each assessment, staff spends, on average, about 25 minutes to finish the process manually. Based on this mean, the cost of renewing outdated assessments and repeating assessments because of our inability to access records adds up to around 94. 5 man-hours each month – the equivalent of two full-time weeks, with 14. 5 hours of overtime, for one staff member – each month. If we could devote this time solely to new service member screenings, we could increase our capacity considerably. The software would also show the staff the number of assessments that the service member had already completed, eliminating the instance of redundancy. Also, if a service member had failed to complete a screening, our system would have that information and would be able to provide assistance with bringing that member in compliance, as the software provides a ready-made list of needed items for each service member to be in good standing within MRRS. If each service member already knew his or her status in MRRS, that would give each of them a sense of ownership over the process and would reduce the stress and negativity associated with visiting the screening center " one more time."

As mentioned earlier, as many as 20 percent of naval personnel were out of compliance for health screenings in 2009. This has become such a problem that central naval command had to develop a protocol for dealing with the problem. Each UIC had to develop a deployment report using MRRS on a monthly basis – even though, as central command acknowledges, updating issues such as the one that our department faces mean that MRRS may not have accurate information about every service member involved. Commanding officers were also given the task of ensuring that each service member out of compliance complete a PDHRA DD2900 survey online and then report for an assessment.

This is a considerable burden for commanding officers, in addition to all of the other requirements that they face. To be sure, active component (AC) and reserve component (RC) personnel are responsible for scheduling their health assessments and completing all requirements to ensure that they are compliant with IMR (Individual Medical Readiness) provisions. Even though this is only required once a year (even for members not headed out for a deployment), this can be easy for service members to neglect until the last minute, and if departments face a backlog, it can be difficult for members to get in on short notice.

Budget

Item

Number of Items

Total Cost

Desktop computers

6

$4, 980

Because the military already has the MRRS package, no new applications need to be purchased at this time. We also already have the space and furniture for the self-service station, and wiring for power and networking needs are already adequate in our facility. The only items we need to complete this transition are the desktop computers. At this price point, the computers would be equipped to handle foreseeable future upgrades within MRRS, meaning that, while many technology purchases swiftly become obsolete and require further funding to remain functional, this purchase will bring our deployment health center up to speed with the rest of the MRRS-capable organizations within the military and will keep it there for the long term.

Conclusion:

While the inconvenience and waste associated with repeated PHA measurements that are not necessary are troublesome, the possibility that unfit service members have been sent forward for combat jeopardizes not only their own lives, but also the lives of the service members around them – as well as the potential success of any mission involved. The service members who come through our deployment health center do deserve a convenient, helpful visit – and don't deserve to have their time wasted, simply because our computers are out of date. Approving this funding request will not only improve the quality of life for our service members, but will reduce the risk of sending service members forward when they are

medically or dentally unqualified to serve, potentially sacrificing lives and

strategic objectives as a result.

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