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U.S. Military Treatment Facility Reform: Decision-based Plan of Action and Milestones

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Walden University

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has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2022

Abstract

U.S. Military Treatment Facility Reform: Decision-based Plan of Action and Milestones

by

Sean E. Marshall

MPA, Troy University 2000

BA, Columbia College 1998

Professional Administrative Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Public Administration

Walden University

May 2022

Abstract

In 2017, the U.S. Congress mandated a specific reorganization and centralized approach in military medicine. The Air Force developed a medical reform construct to organize military treatment facilities (MTFs). The leaders of each unit are required to comply with the reorganization using internal resources with no additional funding or personnel. The purpose of this study was to deliver a plan of action and milestones (POAM) suitable for workgroup implementation to achieve the mandated health unit integration at a medium-sized MTF. The practice-focused question asked how a POAM road map guides effective decision-making. A consultancy approach was used to assist leadership in planning and executing the reform with a POAM as a deliverable. Decision theory served as the interpretive lens to define and develop key POAM decision points. Using a case study approach, a POAM was developed using research data from public sources to illustrate decision points and key milestones used to effectively execute a complex reorganization project. A phased approach relative to supply chain management, decision theory, flow studies, and failure mode and effect analysis is illustrated in the POAM. This study contributes knowledge on the use of decision strategy and time line management. In addition, the study offers a model that the leaders of other military and civilian health care organizations can use amid structural change to achieve a successful program integration, these efforts may effect positive social change through greater efficiency and continuity in operations.

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Table of Contents

List of Tables	iii
List of Figures	iv
Section 1: Introduction to the Problem	1
Problem Statement	2
Purpose.....	3
Nature of the Administrative Study	4
Sources of Information	4
Conceptual Framework.....	5
Significance.....	6
Summary	7
Section 2: Conceptual Approach and Background	8
Introduction.....	8
Concepts, Models, and Theories	10
Decision Theory	10
Case Study	13
Concepts.....	14
Relevance to Public Organizations	17
Organizational Background and Context.....	17
Role of the DPA Student/Researcher.....	18
Summary	19
Section 3: Data Collection Process and Analysis	20

Introduction.....	20
Practice-Focused Question.....	20
Sources of Evidence.....	21
Archival and Operational Data	22
Collection Method of Original Data and Validity	24
Analysis and Synthesis	25
Summary	26
Section 4: Evaluation and Recommendations.....	27
Introduction.....	27
Findings and Implications.....	27
Critical Factors.....	30
Certification	43
Recommendations.....	45
Buy-in	47
Manageable Moves	47
Documentation.....	48
Strength and Limitations of the Project	49
Summary	51
Section 5: Dissemination Plan	53
Summary.....	53
References.....	55
Appendix: Medical Reform Plan of Action and Milestones.....	59

List of Tables

Table 1. FMEA Model	29
---------------------------	----

List of Figures

Figure 1. Decision Tree Model Example	12
Figure 2. Circumplex of Change Recipients' Responses to Change and Underlying Core Affect.....	15
Figure 3. Model Checklist.....	35
Figure 4. Model Floor Plan.....	37
Figure 5. Current State Floor Plan	39
Figure 6. Basic Floor Plan of the Desired Future State	42

Section 1: Introduction to the Problem

In this qualitative study, I examined the implementation process and outcome steps of a new organizational structure at local military treatment facilities (MTF) in overseas locations. The U.S. Air Force operated under a specialized construct until 2017 when the Defense Health Agency (DHA) under direction from Congress established new policy and guidance on the operation and organization of MTFs (DoD, 2013). The local organization was to restructure under the new guidance with no additional funding or staff additions. Locally, the most significant change was to realign clinical operations under a new Operational Medical Readiness Squadron (ORMS) charged with overseeing the medical force readiness for all active-duty personnel.

The second focused change was realigning dependent care under the new Health Care Operations Squadron (HCOS). Military leaders planned the reorganization as a multiyear change study driven by congressional mandates and ultimately law established in the National Defense Authorization Act of 2017. The first phase was to reorganize MTFs located in the contiguous United States. These MTFs would be organized under regionalized markets with a single headquarters MTF overseeing business and clinical operations of the subordinate MTFs (DoD, 2013). This process was used as a proof of concept as the agency moved to more complicated overseas locations. Initially the staff at headquarters were the only members involved and engaged in reorganization planning leaving the details for local leaders. This created significant challenges as the process moved to complicated overseas locations.

Complex international relations, vast distances to other MTFs, and status of forces agreements hindered the smooth transition. Local leaders were challenged with developing a plan to implement the new construct. Leaders had to use internal resources from within the local organization to achieve the primary goal of this significant change, as they sought to reorganize under a single construct, decrease redundancy, and reduce costs to deliver health care in the military environment (DoD, 2013).

This professional administrative study involved the development of a plan of action and milestones (POAM) at a local MTF in Japan. This time line provides senior leadership a tool to illustrate the process and track progress of their reform efforts. The POAM offers users a pathway to critical decision points in reorganization activities. This study is relevant not only locally but can be applied by leaders of other federal health care organizations who are working through significant organizational change.

Problem Statement

Congressional mandates have compelled military leaders to devise a new medical operational construct. Their task is to reduce defense health spending by realigning all Department of Defense health care operations under a single DHA (National Defense Authorization Act, 2017). The local MTF leaders must reorganize and execute the new concept by October 2022. No additional staff or equipment are authorized (Pietrykowski, 2020). All patients currently assigned to the facility must continue to receive care without interruption or delay throughout the reorganization. Due to enterprise and basic bureaucratic delays, the MTF has been unable to transition to the newly defined concept of operations. MTF leaders must develop a specific POAM to define a focused time line

to ensure that the transition is properly standardized per headquarters directives within the defined suspense (see Defense Acquisition University, 2006). The leaders of other MTFs as well as other public sector health care organizations such as the Veterans Administration should find the knowledge from this study useful when implementing complex organizational structure changes.

Purpose

The leaders of the organization, a medium MTF, must plan and coordinate the implementation efforts of the new medical operations construct to transition from current operations to the newly approved operations concept. The facility is required to sustain current operations and remain resource neutral during the transition and thereafter. No additional personnel or equipment are authorized during the execution of this required operational reorganization. This factor puts significant strain on assigned personnel to participate and focus on the task while maintaining current operations. An effective POAM toolkit specifically designed to illustrate the medical reform transition was the study's objective. I sought to provide the medical leadership team a toolkit supporting the Total Force concept.

Additionally, the POAM incorporated all service departments and components into a single OMRS and aligned non-Total Force care into a single HCOS (Pietrykowski, 2020), as defined in the National Defense Authorization Act of 2017. The purpose of this study was to investigate and create a model POAM suitable for workgroup implementation to achieve the mandated health unit integration. The practice-focused question was: How does a POAM road map guide effective decision-making principles

for MTF leaders to standardize health care organization transitions in compliance with OMRS and HCOS structures?

Nature of the Administrative Study

I used a case study approach incorporating public domain content to examine implementation best practices and produce a POAM of recommended reorganization solutions. The aim of the POAM is to enable the transition of operational control from the service agency to the DHA. Multisource information paths were consolidated into the POAM model and offered to organizational leaders to assist them in developing a new organizational structure and milestones to guide implementing and executing the reorganization.

The project deliverable encompasses a specific program implementation time line, which is illustrated in the actionable POAM. These concepts require tracking multiple studies and influential factors from many sources and triangulating sources with organizational archive data and workgroup outcomes. Yin (2014) described two key source types for single case study design: (a) archival data and (b) participant interviews. I incorporated publicly available archival data in my data collection phase.

Sources of Information

The case study information included the basic concept of operations provided in the organizational guidance illustrated in Air Force Medical Service Published guidance. I sought approval from the Air Force Human Research Protection Office (HRPO) and the Air Force Survey Office to access off-duty workgroup members for semistructured interviews, but, ultimately, I abandoned this evidence source due to recruitment

complexities surrounding off-duty personnel who reside on a government installation. Additionally, I did seek to access archived meeting minutes of the process workgroup due to Air Force HRPO and Air Force Survey Office restrictions that deny accessibility even when using an institutional review board (IRB) approval process. I ultimately relied on archived public domain data sources and personal experiential knowledge to create evidence-based POAM milestones and define the elements of the POAM toolkit time line. The application of this POAM time line can be used to validate adherence to required policy and procedures and develop benchmarks for other facilities during future transition phases.

Conceptual Framework

For the study's conceptual framework, I used decision theory because it provides the most flexibility and detail in planning a complex transition study. As Lind et al. (2009) noted, decision theory provides decision-makers with the tools necessary to endorse transition recommendations. When applying decision theory, Lind et al. defined three distinct and common elements of any decision: (a) choices available or the act, (b) the outcomes, and (c) the payoff. Using decision-making elements and applying formal decision concepts can guide leaders in systematic decision-making concepts. In many situations, a single concept or method is not viable throughout the study; several concepts, methods, and theory may be applied. Grounding the study in authoritative research substantiates the methods and provides the stakeholders assurance of objective recommendations as opposed to opinionated suggestions or personally biased decisions. Using a specific theory was important in providing a refresher to the participants and

leadership team as they will hold the final authority for authorizing the presented POAM recommendations.

Significance

The standards and policy for health care transformation in the Department of Defense are readily available to the public (<https://www.health.mil/Military-Health-Topics/MHS-Transformation>). However, the actual process and hands-on application are not defined. In this study, I used a strategic mindset to outline the steps required to move personnel, patients, and clinical space. I developed a POAM as the primary deliverable. The POAM includes supporting documents to support the time line illustration (see Defense Acquisition University, 2006).

The POAM is a living document to track progress at any given health care site, and there is the potential for other MTF leaders to use the POAM as a guide in the planning and execution phases of their required health care operations program transition. Additionally, the POAM road map deliverable can benefit other the leaders of federal organizations, such as the Veterans Administration and United States Coast Guard, when faced with similar program transition requirements in the future. Positive social change can be attained through the collaboration and dissemination of information to other government health care systems. Disseminating the study findings may result in added efficiencies and standardized procedures for the new care delivery model to support additional taxpayer savings for Department of Defense health care spending.

Summary

In Section 1, I documented and introduced the medical reform issue in terms of local MTF engagement. In Section 2, I present existing scholarly literature that addresses leadership decision-making and time line development using a POAM tool. Section 3 includes an outline of the methodological approach for data collection and Section 4, a detailed description of the study's outcome. In Section 5, I discuss the dissemination plan for study findings.

Section 2: Conceptual Approach and Background

Introduction

In December 2018, the Secretary of the Air Force directed the Air Force Surgeon General to reform the Air Force Medical Service. The directive provided a specific organizational structure and realignment at all MTFs. The guidance is to drive a focus on medical care provided to Active Duty, Guard, and Reserve personnel, otherwise referred to as the “Total Force.” This effort theoretically is to improve airman availability and rapidly restore the readiness, deployability, and lethality of the Total Force.

Implementation began in the contiguous United States, recently moving to overseas locations (Air Force Medical Service, 2019). Considerable delay and consternation have occurred requiring significant updates and redirection in the standardized structure of the root organization.

Each MTF deals with specific geographic considerations including levels and types of care in local areas. An additional factor is the operational mission at each location, which may differ from the missions of other MTFs. How the Air Force operates in each location is different, not functionally as a service but tactically as it relates to the type of aircraft and mission taking place at the base. From a medical perspective, the term *the line of the Air Force* is used to differentiate functional roles (Air Force Medical Service, 2019). Although, the line of the Air Force leaders oversees all aspects of base operations, the medical community is tactically managed separately. Specific Defense Health Program appropriations from Congress are used to operate medical facilities now from a single agency for all service branches. This overarching factor defines central

policy standards but drives the necessity to define local execution and alignment of clinical operations (Pitrikowski, 2020).

The local organization has unique clinic operations that fundamentally do not fit in the DHA standardized model. This requires special attention and alignment of resources under the two defined categories of readiness to deliver efficient health care benefits. Balancing staffing numbers during the mandated medical services realignment is a critical consideration that must be factored into the study management and implementation process (Air Force Medical Service, 2019). The organization's leaders selected representation from all affected elements to be incorporated into a workgroup to validate and verify that staff capacity and capabilities would not be eliminated or added into the wrong category.

Because this is a resource neutral directive, local MTF leadership had to find ways to implement and execute the realignment plan within certain parameters and guidelines set by policy and law (DoD, 2013). The added strain of performing these transitioning tasks while continuing to provide care and standard operations with little to no interruption to patient care presents significant challenges. In defining and creating the POAM, I drew from my personal knowledge of the organization's established workgroup to recall local flow data and daily operations information. This POAM provides leaders a forecasted time line, decision-making tools, and study management data. The practice-focused question I sought to answer was: How does a POAM roadmap guide effective decision-making principles for MTF leaders to standardize health care organization transitions in compliance with OMRS and HCOS structures?

Concepts, Models, and Theories

The current organizational culture and high tempo nature of operations requires a focus on leadership decision tools to illustrate and track organizational structure and flow changes. I present these factors in POAM time line detail. Decision theory served as my public administrative lens, and a case study approach served as my methodological approach. In this section, I discuss the theories and concepts related to the study.

Decision Theory

Decision theory contains three components that can be broken down for any decision (Lind et al., 2009). It is important to note that only two of the three primary factors are controlled by the decision-maker. The “state of nature” factor refers to events that just happen or are acts of God and are, therefore, out of the decision-maker’s control. The choices or alternatives that are available to the decision-maker and the payoff are considered controllable factors and should be influenced by a decision or act. Most often the payoff is a factor used to compare known alternatives or in a cost-benefit analysis (Lind, et al., 2009).

In this study, I provide the payoff or required outcome in the form of a plan of action and quantifiable milestones. In achieving the desired outcome, I had to manage conditions of uncertainty. With staffing and other resourcing challenges as a primary driver, I used decision theory concepts to define the decision points to keep the study on task to meet deadlines already set by higher headquarters.

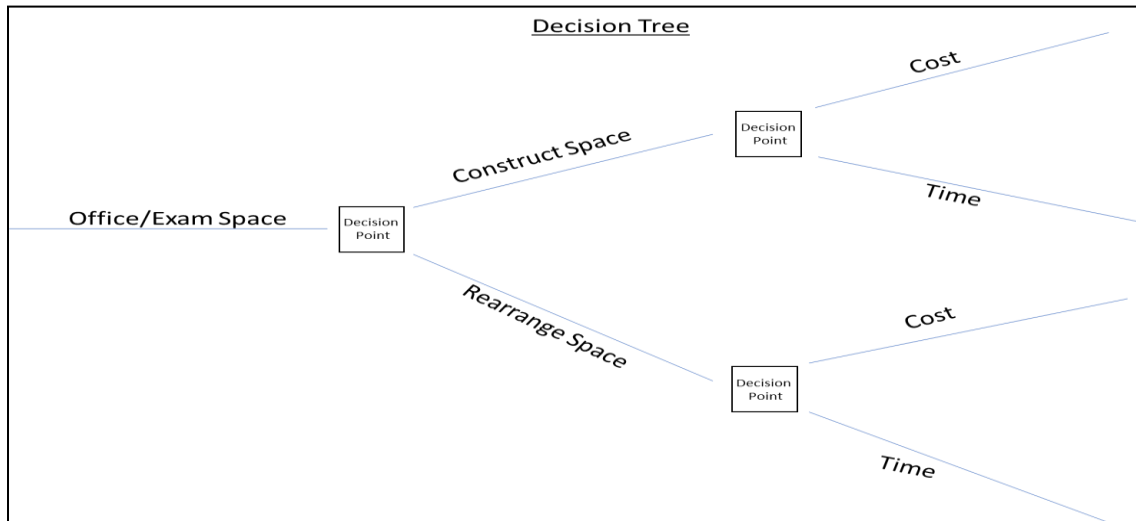
Through basic decision theory methods of problem identification and formalizing problem criteria, visualization can accomplish and be developed into a decision tool

(Peterson, 2017). This visualization is the flow and development of key milestones in the medical reform process. Stakeholders must be able to visualize the process and make key decisions to properly institutionalize the new model.

This decision theory approach presented a current state, by defining the task or problem of transitioning to the future or desired state. This approach is critical because of the risks to efficient flow and degrading critical business process that may reduce revenue streams. Detailed problem formulation is necessary to estimate the impact of medical reform change to the overall execution of the organizational mission (Peterson, 2017).

Adding to the complexity of decision-making in health is that the consideration of evidence-based decisions requires a patient-centered mindset (Vishwanath & Farimah, 2012). The workgroup is required to use a patient-centered approach when planning and implementing the medical reform model. I took specific steps to conduct analyses from hypothetical patients' perspective of operational clinical flow, signage, and clinical process.

In many examples, decision theory is portrayed as a cost benefit or financial decision tool (Lind et al., 2009). In crafting this study's decision-making steps, I found it useful to connect known or desired outcomes in the decision process with specific decision theory tools. Decision trees (see Figure 1) can be used to illustrate decision points and provide a useful diagram for the POAM.

Figure 1*Decision Tree Model Example*

Note. This graphical representation can help decision-makers visualize the process to identify second and third order effects of a decision. Adapted from *Statistical Techniques in Business and Economics* (14th ed., p. 20-12), by D. A. Lind, W. G. Marchal, and S. A. Wathen, 2009, McGraw-Hill/Irwin. https://highered.mheducation.com/sites/dl/free/0073401765/663724/Lin01765_ch20_final.pdf

I dissected this illustrative model into smaller focused decisions and then transferred it to the POAM. This decision tree is a living element across the study and will be adjusted based on needed milestone changes. When studies are delayed or modified to meet certain changing criteria, such as budget shortfalls or policy change, decision trees can be readdressed and adjusted accordingly (Lind et al., 2009).

Case Study

Case study is a methodological approach that researchers use to evaluate and study inputs. Yin (2014) suggested that data input from multiple sources is required for case study research. For this study, I used several input sources to develop the required POAM deliverable to include (a) construction planning, (b) flow study, (c) archival data sources, and (d) workgroup participant interviews. These input sources can be used to create and update the POAM throughout the study life to keep the leadership team informed on progress and delays toward full conversion and implementation of new squadrons.

Yin (2014) described six sources of data that are relevant to case study methodology, but these data do not need to be limited to specific sources. The six data sources most frequently used for case study approaches are “documentation, archival records, interviews, direct observations, participant observations and physical artifacts” (Yin, 2014, p. 105). Case study approaches are enhanced by using as many sources as possible for a complete analysis. There are limiting factors in using historical documents. Without careful consideration and limiting biases, historical information may be viewed as too specific to historical events and less applicable to the current situation (Yin, 2014). One significant concept in case study theory is data collection methods. Yin (2014) described four specific principles of data collection methods to include (a) using a case study foundation for multiple sources of evidence, (b) creating a case study database to organize information, (c) maintaining a chain of evidence, and (d) placing special

attention on an awareness of electronic sources to avoid becoming overwhelmed in data and offering the ability to validate open sources information.

With such easy access to internet sources, more traditional data collection methods such as interviews and archival data research can easily get lost. I controlled this risk by defining the data sources and limiting input criteria to focus the study on POAM management at specific decision point in the time line. All four data collection principles supported all six data source types. Applying these concepts to support my research using the various research criteria was critical to my focus on the qualitative human aspects of this change process (see Yin, 2014).

Concepts

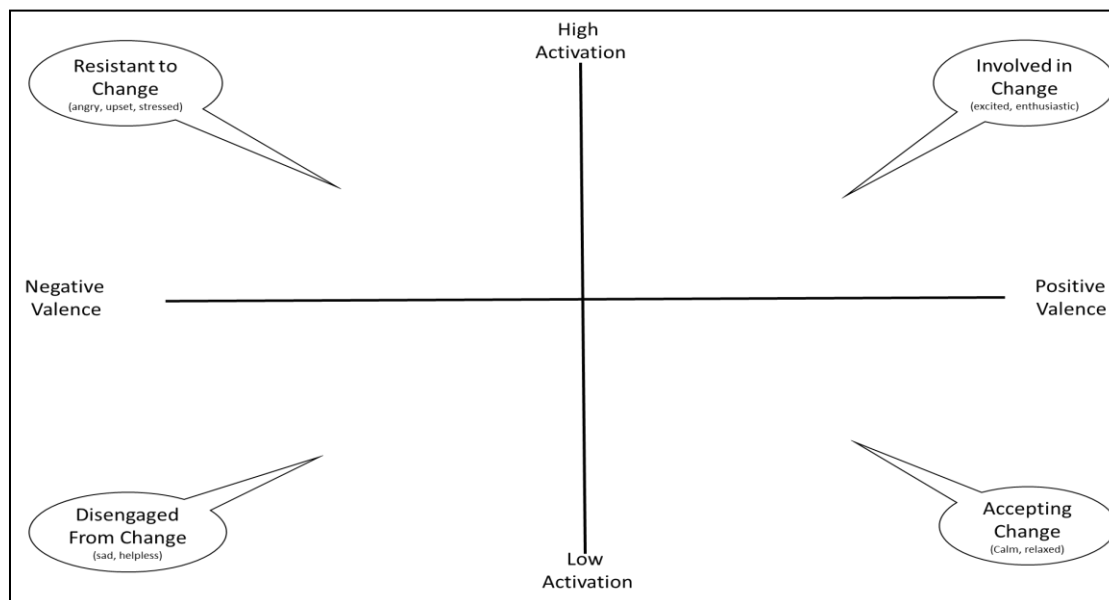
This qualitative study required an understanding of concepts involving organizational change, organizational leadership, and study management using a POAM methodology. I address these concepts in the following sections. In the discussion, I clarify their relationship to the study approach.

Organizational Change

Do et al. (2018) identified levels of engagement by assigning members to a defined four quadrant matrix (see Figure 2) from passive acceptance to disengaged. A tool to understand how the perception of those affected by change can be used to build teams and participation with the most engaged members. Avoiding assigning key roles to those less engaged but understanding these individuals is critical to improving the moral and setting a positive tone for change if they are properly aligned and postured on the correct team.

Figure 2

Circumplex of Change Recipients' Responses to Change and Underlying Core Affect



Note. Oreg et al. (2018) presented this four-quadrant matrix as a visual representation to emotional reactions in organizational change. There are many types of four quadrant matrix designs in leadership theory. This is only one representation of the emotional realm of organizational change. From An affect-based model of recipients' responses to organizational change events "Adapted from" Oreg, S., Bartunek, J., Lee, G., & Do, B. (2018). *Academy of Management Review*, 43(1), 65–86.

<http://doi.org/10.5465/amr.2014.0335>

Considering hierarchical structures and complex demographics, social networks, and functions, leaders must understand how information is best transferred across these organizational paradigms (Kim, 2018). When introducing significant organizational change, leaders must manage these knowledge factors as a key leadership priority. Kim

(2018) identified that information transfer is often lacking and that the leaders of organizations undergoing change, such as the MTF in this study, must include increased communication efforts to enhance employee satisfaction.

Organizational Leadership

Leaders must understand various styles and most importantly their own style and their intended style for a situation. Reina et al. (2018) identified two leadership styles that could be linked to influential factors on employee behavior in organizations: Pressure and inspiration appeal leadership. High-pressure environments are very common in any military setting, and they tend to be associated with high turn-over and burn out. Reina et al. (2018) found inspirational appeal leadership style, as compared to pressure, promotes employee retention and satisfaction. I assessed leadership styles in this study because the style a leader uses is necessary to garner support for significant change.

Personal knowledge of workgroup activities motivated me to include change behaviors and acknowledgement of those needed changes throughout the POAM development. Providing transparent and fluid context for the impending change helps to encourage and motivate employees through change (Westaby et al., 2010). Facts, logic, and useful information relative to medical reform from the leadership team may serve as a valuable tool in promoting positive moral and productive attitudes as the MTF undergoes this transformation.

Plan of Action and Milestones

The POAM is the primary study deliverable. A detailed illustration or road map of the organizational reform is critical to keeping the leadership informed and highlighting

decision points the executive team will be required to act as the study develops. I chose a POAM as the deliverable because this tool is common in the U.S. military and because it provides a good graphical representation on the status of a study (DAU, 2006). A POAM is also transportable and can be shared between organizations. The POAM provides a template for the leaders of other military and public health care organizations to use as a guide to implement similar reorganization.

Relevance to Public Organizations

Significant literature is available on decision-making and leadership involvement in making key decisions, specifically in study management. I used a case study approach to identify strategies to develop a plan of action to keep leadership informed.

Additionally, specific milestones were defined to track progress as a study management tool to stay on task in meeting deadlines and congressional mandates set forth in the National Defense Authorization Act (2017). My study has provided a standardized template tool that can be used across the health care industry when significant structural changes are implemented.

Organizational Background and Context

The organization is a medium to large MTF made up of a single group structure with four separate squadrons located in Okinawa, Japan. Higher headquarters, directives from the DHA, and ultimately Congress directed the services prepare and organize under a single agency. For the Air Force to accomplish this transition, specific medical reform is critical. For over 70 years the Air Force Medical Service has operated under service-oriented design that mirrored the line of the Air Force organizational structure. Applying

lean concepts, a new consolidated construct has been directed to be implemented to reduce waste and redundancy in general health care operations.

Service specific operations are defined and separated out into the line of the Air Force oversight. The National Defense Authorization Act of 2017 defined these efforts and cemented the transition in law. The service started converting operation under the DHA in 2019. Facilities located in the contiguous United States were identified as the first phase. Overseas locations have yet to transition and have the most complicated environment in which to operate in. This requires each MTF location to assign and track progress in their transition to be completed by the defined deadline October 2022.

Role of the DPA Student/Researcher

This professional administrative study focused on a single MTF located overseas. In comparison, the MTF would be considered austere. Although sited in Okinawa, Japan, resources and supply chain capability are significantly constrained and removed from daily higher headquarter over watch support. As a researcher and Walden University student, I define my personal involvement as a career employee with the organization with more than 17 years in the medical service currently serving as a squadron commander with significant oversight and leadership responsibilities in a separate medical support unit. The Air Force's HRPO provided guidance that requires the use of private citizens only for any survey data collection, to include semi-structured interviews.

However, prior to starting the interviews, the HRPO recanted and added additional constraints and new interpretation of a private citizen in an overseas location. This HRPO guidance stipulated that because every person gaining access to the

installation held credentials supplied by the government; any person I potentially recruited could not meet the definition of a private citizen. To avoid complications in recruiting off-duty, off-base personnel in a limited English-speaking location, I decided not to conduct semistructured interviews. The HRPO also viewed my status in the organization as insurmountable, stating I could not control my ostensible influence over team members in lower ranks, despite those team members being external to my actual command. Given these constraints, information gathering pivoted to public data only, completely removing any interaction with Air Force personnel, equipment, space or time.

Summary

For Section 2, I used literature for decision theory and included concepts of a POAM. The literature is not specific to health care and can be included in most public sector settings. The material is transferable to other public health care organization for study management and tracking or large organizational changes. In Section 3, I present my case study method and procedures used for data gathering.

Section 3: Data Collection Process and Analysis

Introduction

The problem that the leaders of the local MTF are facing concerns implementing a significant change from traditional and regimented processes without additional resources. This means that they must handle everything internally. Change like this requires a focused team that is working toward specific goals within the confines of a specific time line. The POAM allows the team to create realistic and attainable milestones positioned to keep both process and program on task. The most critical aspect of the POAM is to keep the leadership team informed on the status of reorganization as they are ultimately responsible and accountable for the outcome. I considered and accomplished these aspects by illustrating key milestones and plan details as the study's primary deliverable.

Practice-Focused Question

The workgroup was faced with making significant changes in the way clinical operations flow and how patients will access care within the building. The administrative execution required some research relative to current policy guidance and procedures. Name changes, deactivation, and redesignation are a few processes that were included in the administrative change. The most complex study aspect was the physical move. Rearranging offices and exam rooms to accommodate the reorganization for better patient and staff flow proved essential. I anticipated this part of the task to be the most difficult because it presents the most impact to operations for both the patients and staff.

To address the practice-focused question, I needed to use a multistream data source approach. I obtained study data using a three-stage approach: (a) conducting off-duty, private citizen interviews with individuals who have workgroup experience; (b) obtaining permission from the Air Force HRPO IRB to access archived workgroup meeting minutes, operational plans, and other integration related content; and (c) identifying and reviewing information from the public domain. After receiving Walden University IRB approval to conduct the study, I anticipated recruiting interview participants using a recruitment flyer posted on public bulletin boards. I planned to audio record the interviews.

Walden IRB issued an approval (no. 11-05-21-018079) to begin participant recruitment but required access to meeting minutes and other work team documents to undergo the Air Force HRPO IRB approval process. I abandoned my plans to conduct the semistructured interviews and access work team documents and notified the Walden IRB through a change of methods submission. This request was approved on December 23, 2021. Given these recruitment procedure changes, I relied fully on relevant public domain content and applied this information and my personal experiential knowledge to develop the final POAM deliverable. This POAM is suitable for delivery to and approval by the medical reform executive leaders at the local MTF.

Sources of Evidence

The purpose of this case study was to investigate multiple data sources to develop a model of applied key leadership decision methods that foster time line development and utilization using a POAM. These elements work together to illustrate decision points for

key stakeholders of a medium MTF in Japan. Applying case study theory is the final element to build a research framework and gather data from various sources and methods (Yin, 2014). I had planned to use a three-phased approach for data collection. Due to the described circumstances and information provided after initial Air Force HRPO input, I was unable to seek participants for the study's semistructured interviews. As such, I focused solely on publicly available information and research and developed the POAM through detailed analysis of decision tools, failure mode, and effect analysis and process flow evaluation.

Archival and Operational Data

Information collected was limited to public data sources.

Variables and Nature of the Data

Data collection focused on operational procedures and flow of clinical operations. I used my personal project knowledge to envision new clinical space assignments with a concentration on floor plan changes and time flow experiences. Similar clinical arrangements and processes will be needed as recommendations for other local MTF action plans. The first step in this element was to identify current layout and locations of clinical teams within a facility.

I applied a color-coding system to highlight where squadron and element resources currently resided. All HCOS or dependent care elements were highlighted in a specific color for easy identification from other areas of the building; OMRS operational or active-duty care elements were highlighted in different color. I used this information to develop recommended future floorplans of the facility to establish proper clinic flow and

efficiency within functional elements. Dependent care elements were consolidated in one section of the building to support all dependent care service; pediatrics, women's health, and family practice were consolidated in one area of the building. Operational or active-duty care were consolidated in another defined area of the building. Aerospace medical operations, warrior medicine, and occupational health functional areas were consolidated for ease of access to the customer and enhanced staff workflows.

Relevance of the Data

I accomplished data collection through public data sources and specific personal experiences in relation to how the wider military organization functions and how the MTF currently operates. Although I received authorization from HRPO to use archival data and semistructured interviews, I opted to use publicly accessible information to craft the POAM new procedures and flow examples. All data were presented in a detailed manner to develop a usable POAM and applied in accordance with rules and policies that could be defined by a typical executive team or higher echelons of any organization.

I used procedural guidance from the DHA as the foundational guidance, and I applied internal and local cultural variations to better serve the demand of the population and support staffing constraints in the supply of available services. Recommendations for local operating instructions updates were developed with the new nomenclature of medical reform designations. Recommendations for flow process change were addressed, but clinical procedures were not adjusted as a study deliverable.

Collection Method of Original Data and Validity

I used publicly available data coupled with my own personal experience at an MTF geographically located in an overseas location. The unique overseas environment presented specialized standards and parameters. Although the DHA (2013) has provided a basic plan to follow, local operations dictate specialized methods and procedures. The overseas environment presented challenges that have not been considered in previous guidance. Specific steps are identified to address unique processes encountered in an overseas health care environment. I captured information through routine personal integration of operations and workgroup communication.

I developed the milestones and time line to address key decision points. Special circumstances or unique situations can be applied and adapted to any changing organization to provide a road map. The leaders of other similar health care organizations can follow the POAM template by simply replacing specific methods and procedures on the time line to account for and identify specialized milestones for the situation. I anticipated having access to current instructions and policies to guide the organization's workgroup; however, I was not able to use these data. Instead, I relied on standardized practices that could be logged and placed in the time line along with any additional or specialized process worthy of a note or highlight as determined by workgroups in any organization.

Procedure for Gaining Access and Permissions

As described herein, I altered a significant portion of the study plan due to the inability of the HPRO to support student researcher access to workgroup minutes and

operational plans and permission to interview off-duty workgroup members. As such, I did not need to establish participant recruitment criteria for semistructured interviews. Data from public sources were used as the sole data source to compile the necessary elements for POAM model generation.

I obtained data accessible on public internet databases and search engines, such as Google Scholar, Air University Library, and Walden University Library, using the key words: *AFMS Medical Reform*, *DHA Medical Reform*, *NDAA Section 702 and 703*, *failure mode effect analysis*, *supply chain management*, and *customer flow analysis and checklists*. I stored the electronic data I found in password-protected files. These files will be retained for the required 5-years and securely destroyed by shredding paper files and encrypting and deleting electronic files.

Analysis and Synthesis

I obtained the data for this administrative study from multiple internet-based data sources. Thematic analysis was used as a guide to evaluate data sets (see Braun & Clarke, 2006). Apart from the flexibility of thematic analysis departing from the strict structure of theoretical analysis, this approach provided a six-step process that underpinned this qualitative research (see Braun & Clarke, 2006). Their six-step method includes (a) getting familiar with the data, (b) coding the data or organizing the data in meaningful groups, (c) searching for themes or trends, (d) reviewing themes, (e) defining and naming the themes identified in the analysis, and (f) creating the report (Braun & Clarke, 2006).

I did not use every step of the thematic analysis, but I found the structure useful in organizing the study. Thematic mapping helped me to link concepts to identified themes.

The fine-tuning process within thematic analysis led to specific themes within the data ultimately telling a story as the pieces of data fit together (see Braun & Clarke, 2006). I worked to avoid some of the known pitfalls of thematic analysis to provide good useful analysis to complete the study. I applied the findings to the POAM in order illustrate and present a sample status update that leadership teams could use to make useful decisions. The findings from this research provide a POAM template model that other leaders can use to define key decision points and illustrate milestones.

Summary

A summary of the case study research method and data analysis process used to conduct my research was illustrated in this section. Basic procedures for data collection and analyses were presented given the needed methodological changes required. Also presented were the approaches to be used in the POAM development using simulated transitions of a medium MTF and how this information can be used by executive leadership teams for tracking and necessary decision-making events.

In Section 4, I present a summary of the perspectives of a consultant developing decision tools for an executive team. Creating a useful time line and identify key decision points as milestones in the POAM illustration are presented. A consultancy approach provides a leadership team with key tools as their organization transitions from ‘current state’ to ‘future state’ through reforms.

Section 4: Evaluation and Recommendations

Introduction

The purpose of this case study was to develop and present a POAM as a final deliverable to my partner organization. During the study's data collection phase I was unable to garner Air Force HPRO approval to retrieve archival data and perform my semi-structured interviews. Using a change of methods approval from the Walden IRB, I was able to continue data gathering for the POAM development using public domain information only.

The genesis of this research emerged from my partner organization experiencing a significant reorganization mandate that resulted in staffing relocation and functional reorganization of units. I used this study to develop a POAM to provide specific project management elements inclusive of supply chain analysis, application of failure mode and effect analysis (FMEA) quality assessment, and other time line benchmarks that can be translated to similar organizations seeking change management time line development. The POAM is a tool to assist in controlling and visualizing key decision points for stakeholders involved in a defined project (see Defense Acquisition University, 2006). I had originally intended the POAM to reflect a specific project and partner organization; however, the data access limitations described in Section 3 required a pivot to a more generic POAM model to assist similar organizations in other professional settings.

Findings and Implications

During my research and analyses within the context of the mandated medical reform directives, I found significant decision points, limiting factors, and, most

expectedly, bureaucratic red tape. Initially setting out with a partner agreement as a consultant for an MTF, I was unable to secure Air Force HPRO study approval. Initially, I had planned to use a three-pronged multistream data collection process (semi-structured interviews with off-duty staff, archival workgroup meeting minutes, and public domain content). However, I had to use public information sources only.

These methodological changes required that I adjust my methods to encompass publicly accessible data for the purpose of developing and preparing a usable POAM template. This background illustrates the bureaucratic roadblocks to improvement and education that require flexibility in all research approaches. In order to fill in the information gaps lost in the methodological changes, I relied on personal process experience to identify critical decision points, examine and offer solutions to reduce hurdles and failure points, and offer useful prompts for other teams to evaluate on the implementation time line. I used a FMEA model (see Table 1) to visualize and demonstrate factors, checklists, supply chain analysis, and project and change management critical decision points to support and substantiate the milestones needed for the implementation of a POAM project tool.

Table 1*FMEA Model*

Topic	Potential failure mode	Reason for failure mode	Effect of potential failure mode	Recommended action
Supply	Delays	Island transit time	Missed appointment	Set a level; order 60 days before last item on the shelf.
IT equipment	Network programming	Capacity to program large numbers of devices	Loss of EHR access	Submit help ticket early, include in move plan to prepare support team.
	Port security	Timing too cut over	Delay in access to network and access to new location	Include as part of the move to allow IMIT leaders to coordinate.
	Phone line	Device programming and telecom support	Loss of communication	Contact external support teams to confirm capacity and bandwidth.
	Hardware	Availability and damage	Workforce delays	Long lead times, new imaging delays required planning.
Furniture	Office or exam room	Special exam table	Appointment delays	Plans on one for one swap, typically never work. Have a backup or extra item for project.
	Flooring	Infection control	Delay in appointment and high cost to change room type	Coordinate to avoid changing an office to an exam room and vice versa. Plumbing and flooring are complex changes that required substantial cost planning.

Note: Rodriguez-Gonzalez et al. (2015) presented a similar FMEA model as visual representation and planning. There are many types of FMEA models, this is only one representation in the emotional realm of organizational change. FMEA = failure mode and effect analysis; EHR = electronic health record; IMIT = Information Management and Information Technology. Adapted from Rodriguez-Gonzalez, C. G., Martin-Barbero, M. L., Herranz-Alonso, A., Durango-Limarquez, M. I., Hernandez-Sampelayo, P., & Sanjurjo-Saez, M. (2015). Use of failure mode, effect and criticality analysis to improve safety in the medication administration process. *Journal of Evaluation in Clinical Practice*, 21(4), 549–559. <https://doi.org/10.1111/jep.12314>

Critical Factors

During the study and research of this project I identified several critical factors that should stand out and be considered when taking on a large reorganization project. In many cases these are factors that caught the workgroup and planning teams off guard as being deviations from the expected. These factors were found to cause delays and required additional planning meetings to work through the issues. In any critical decision-making process additional approvals are often required to move forward into resolution. These factors should be considered during the planning phase of large facility moves and reorganization efforts.

Supply Chain Considerations

The supply chain can be a significant complication for any organization taking on large restructuring projects. Even with a stipulation of resource neutrality, found in this MFT directive, supplies need to be acquired, and equipment must be moved. The

establishment of new offices was required as were the transition and creation of health care setting exam rooms. Kouvelis et al. (2006) offered that when embarking on a large change, project leaders must consider the time constraints of acquiring equipment and supplies as well as the dynamics of the supply chain.

Even with established supply lines, new purchases must be vetted and approved, and key factors must be considered. Machowiak (2012) offered that the technical aspects of time, location, supplier, and carrier are essential, but environmental factors that influence risk and project management must also be understood to gain an overall complete project scope. In Japan, a 60-day factor can automatically be calculated for supply chain requirements from both domestic and international sources (Kreindler, 2017). When faced with set time lines, this usual calendar threshold can become a frequent failure point. To mitigate risk and supply chain delays other alternatives and redundant plans are needed to ensure that the project time lines stay true and within scope.

As part of a larger strategic effort in any organization, supply chain management requires an expanded and more specific role in risk management considerations. In health care settings, leaders define risk management as a clinical safety measure or decision tool to avoid patient harm (Taligani et al., 2018). However, in supply chain management other risk factors must be incorporated into risk management concepts. Risks found in obtaining equipment, supplies, and sufficient and supplemental funding are critical factors requiring subject matter expert involvement decidedly earlier in the project planning phase.

Vetting established supply lines, determining the need for new supply lines, and streamlining acquisition methods, especially on foreign soil, are complicated and time-consuming to execute. Very few acquisitions and other transactions use cash. As such, complicated contracting negotiations require new regulations and stipulations to enact structured supply chain relationships (Waugh, 2017). More POAM time must be programmed to account for these added business hurdles. Contracting needs typically slow project time lines; even with solid planning and programmed timing for contracting milestones, there will be delays. Embracing the contracting community and their industry standards helps leaders to set appropriate time lines that incorporate often protracted contract negotiations, particularly with foreign companies and in foreign lands.

Through personal experience, I have found contracting to require extended planning, development, solicitation, and awarding steps, each of which should be considered through other workgroups or breakout teams. This parallel team process should be included in the overall project planning time line and additionally needs to be a critical decision point of the risk management considerations in the supply chain management stream. Waugh (2017) offered that contracting officers will determine the feasibility of contract execution and will evaluate any legal requirements related to funding, bona fide need, and the actual capacity to work within the overarching project.

I included contracting as part of the supply chain management planning and coordination discussion to focus specifically on project equipment and supply acquisitions. When a project calls for telephony devices and computer acquisitions, including a project's information technology department is essential. Overall, any supply

chain management process is a complicated aspect of project planning and execution and has the potential to be a limiting factor in project time lines.

Patient Flow

Organizations and decision-makers often see innovation as the fix to an internal or organizational problem without considering the chaos and confusion caused on the front lines (Kreindler, 2017). A POAM can illustrate a time line, but deployment into a facility to evaluate process and clinic flows while stepping through encounter examples can quickly change innovation ideas into limiting factors, at least to the customer or patient experiencing the process change.

Staff members encounter the same paradigm; trying to understand the “why” in a significant change. As the saying goes, *nobody likes change*. Stakeholders must take the time to explain the “why” so the daily flow of operations can be understood in a new operational paradigm. A true measurement of a customer’s experience must be reviewed and studied to find the real barriers in a plan (Ghuge & Gaundare, 2021). Using historical feedback is instrumental in identifying what the ‘current state’ of flow is, especially for patient care clinics. Understanding barriers in clinic flow may seem simple to administrators who do not engage into daily clinic work, but clinic flow may not be intuitive to the clinic’s customer. Current and new clinic layouts could present challenges to the customer seeking assistance. The value of an easy and calming walk to a potential traumatic, or uncomfortable encounter is a qualitative factor that is hard to measure from the planning room meeting table.

This phenomenon of flow is described as a critical step and is best visualized using flow charts and diagrams. Understanding the layout and timing of customer movement is the intuitive steps project teams must contemplate without the urge to analyze and solve in their first meeting. My personal experiences are similar where problems were solved using provider-driven solutions without customer input. Flow studies must include the stakeholders of the specific area, clinic, or service that is offered (Rodriguez-Gonzalez et al., 2015).

In a patient care environment, analysis and planning must include provider staff. Often project change teams have access to staff, and their critical ideas certainly contribute to project inputs. Usually there are limiting factors often overlooked, such as observing provider team and patient actual interactions and flows. Experience has illustrated that teams can often arrive at workable solutions but overlook the true ‘future state’ by not considering the environmental factors of patient and provider interactions.

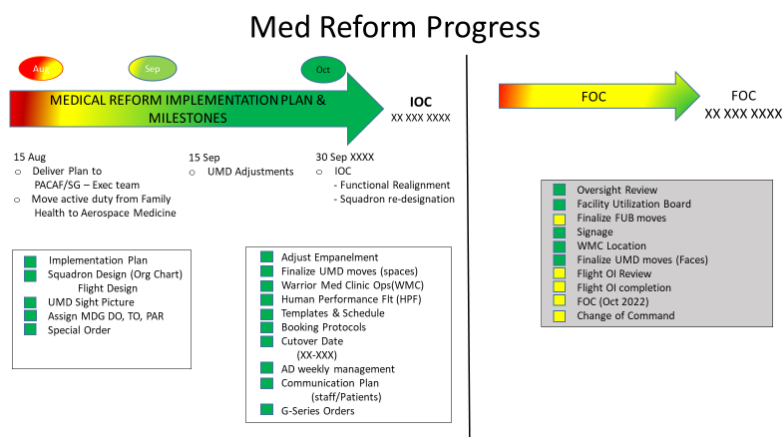
Checklists

An essential part of a POAM and developing a time line for a significant move is checking to ensure critical elements, equipment, and process flows are timed and ready. Checklist development is a valuable tool with key points incorporated into the POAM (see Figure 3). Checklists become key documents as teams move from the administrative planning phase into the execution phase (Johanning et al., 2010). McKew (2009) offered that checkpoints on the checklist often include common items that apply to any organization; developing specialized checkpoints for organizations undergoing complicated moves is valuable as the plan is deployed.

Additionally, a checklist allows a team to manage complex factors related to technology and marketing plans. Linking the checklist to the POAM drives the use of milestones when deadlines are involved. Notifying the clientele of significant organizational changes is key to avoiding delays and reducing customer complaints, particularly in a health care setting. Johanning et al. (2010) discussed that technology is often overlooked, technology users tend to think computers and phones are simple desk items that can be moved easily without planning. Relocating technology devices takes planning, this planning requires a specialized technology team using break out and process flow design through checklists that are uniquely technology focused.

Figure 3

Model Checklist



Note. This is a locally produced checklist illustrated with a POAM provides a stoplight chart style graphical representation on status and items remaining to accomplish. This model reports progress and allows stakeholder visualization of impact and mission readiness toward a fully operational future state.

The style and detail of checklists are not critical and will be different for every organization and project. What is essential for all break-out teams is to communicate the plan and use the defined checkpoints as a standardized guide ensuring no critical cut-over items are missed.

Phases

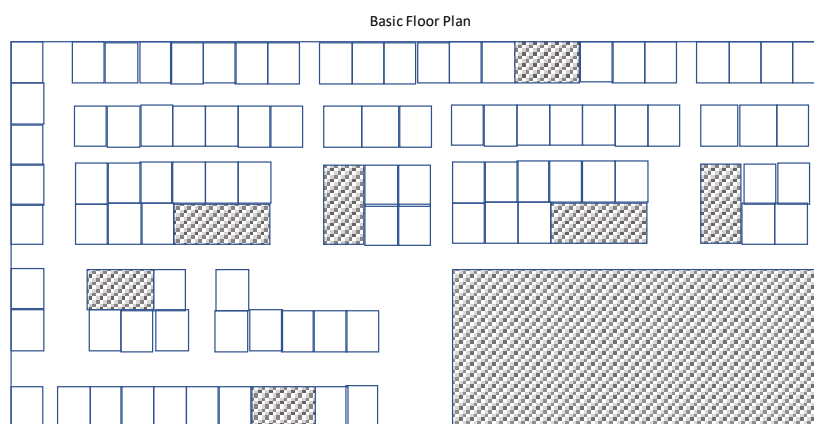
There are several distinct phases in large or complex reorganization activities. I identified these phases as administrative, execution, and certification. The administrative phase is complex due to organizational bureaucracy. Specific steps to avoid errors are essential, detailed planning during the administrative phase will help mitigate errors. In a hierarchal style organization, steps required to make name changes must be routed to the highest organizational levels. This process ensures standardization for historical documentation purposes. New insignia, emblems and branding are properly coordinated to sunset one organization and open another. Even simple name changes in response to military mandates require hours of routine paperwork and approval-seeking steps to navigate the bureaucratic structure.

Administrative. The administrative steps often require planning and written work and processing time is required. Requests and basic approval procedures for the proper authority signatory activities must be accomplished. These actions typically are behind the scenes, while other more tactical and hands-on processes are planned, programmed, and presented to leadership for action. These are the execution aspects of a complex reform project.

Before execution, plan development must take place, using checklists and project management tools, such as floor diagrams and configuration tools for equipment placement to include computer and telephony devices (McKew, 2009). The workgroup needs to define a requirement, having key stakeholders participate from the locations that will be part of the reorganization and physical move provides the needed operational insight for integrated change. A basic facility diagram can be used to plot the current state by marking where current staff and equipment reside. As illustrated in Figure 4, a simple diagram can be used for markup and planning. This process is often long, complicated, and iterative, requiring a breakout team to focus on equipment inventory, staffing layout, and room usage to include storage and office spaces. In a healthcare setting, incorporate exam rooms into the room design. Kreindler (2017) opined that flow studies and patient rooming guideline standards should be made available to provider teams as they design the most efficient flow possible.

Figure 4

Model Floor Plan



Note. This graphical representation is a tool to help during the administrative phase to develop the requirement for the physical move of staff, equipment, and flow. This tool illustrates requirements to help stakeholder decision-making and provide approvals for the moving phase.

Once requirements are determined and all equipment factors are considered, a current state diagram can be developed. The breakout group will then consolidate findings and establish workflows and consolidation efforts. Kreindler (2017) offered that in health care settings it has become important to consolidate teams. For patient safety factors, my personal experiences have found team huddles a necessity. The use of team huddles across decentralized departments proved complicated when critical information needed to be briefed. More importantly, simple communications, such as the plan for the day, is vital part of patient flow and ensuring a safe and prepared environment for the patient and staff (Kreindler, 2017). Completing a team needs analysis is important when considering process, facility, or communication changes. Technology may be a required bridging device to keep teams connected when physical presence is not possible. As such, exploring connected caregiver communication solutions cannot be overlooked.

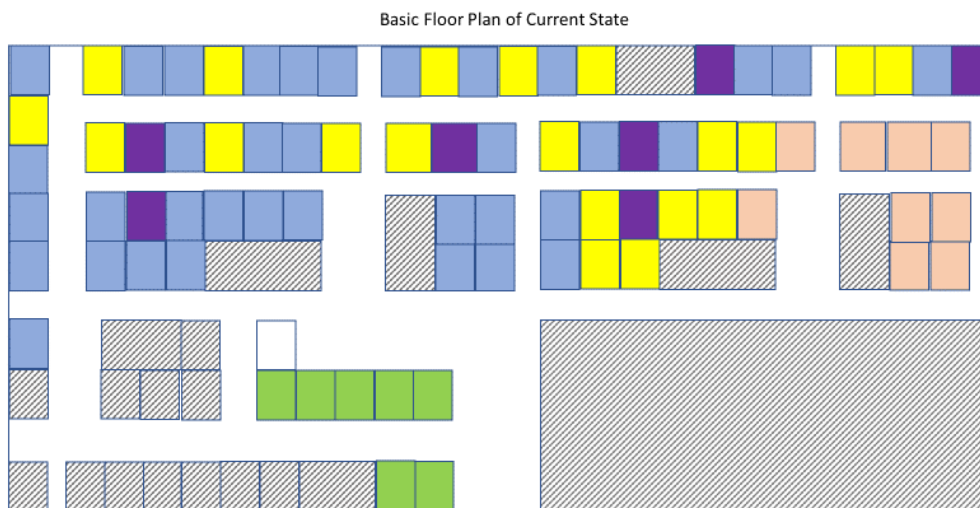
This next planning tool starts the cross-over phases. As requirements are identified and the current state is marked, the planning and administrative steps approach completion. Aside from regular leadership updates, as the move is imminent, the using a FMEA process at this step is critical and appropriate, especially when details such as wayfinding signs for facility flow are identified (see Figure 5; Yuan et al., 2019). Sample

patient flow exercises are conducted, and these data are presented to the leadership team as a validation verification tool for the move and its coordinated time line.

Before beginning any actual move, an important note is to develop a staggered moving structure. Often organizations need to remain operational during moves and design changes. As such, large facility sections cannot be shut down during moves without causing customer disruption, especially in health care settings. Workgroups will need to control movement and orchestrate a solid planned move, including dates, closing times, and reopening in the new location. Information technology personnel will need to be engaged to be sure they have capacity to support and advance each move prior to, or in concert with the move. Arrival to a new destination without technology connectivity is a significant process disrupter often identified in the FMEA process.

Figure 5

Current State Floor Plan



Note. This graphical representation is a follow-on tool to the basic layout. The breakout team will use this plan to illustrate the physical move requirements for staff, equipment, and flow. This floor plan becomes the future desired state model and ultimately the future state diagram once moves are secured and briefed to stakeholders (Brown, 2008).

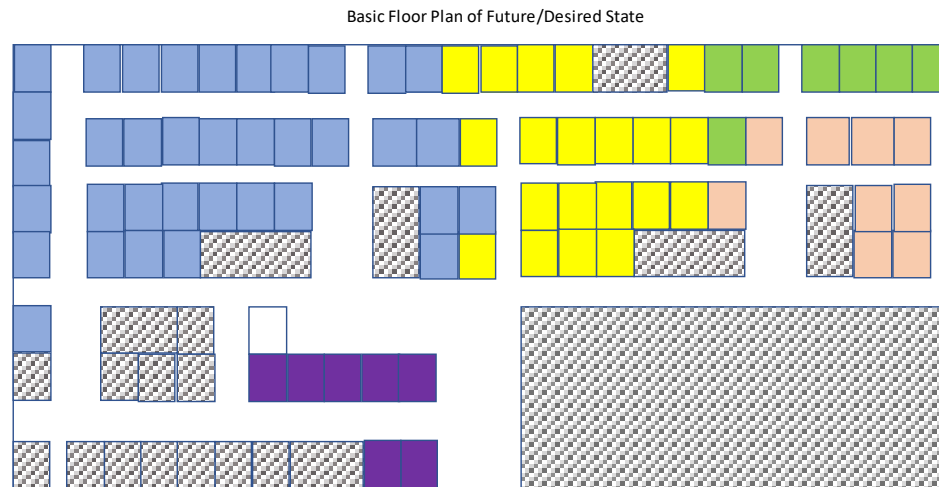
Execution. Execution and the physical moves in a complex change activity are where the POAM and visual aspects of program and change management really are best visualized (Johanning et al., 2010). Physical moves are often the most time consuming and disruptive to staff and customers. Organizations should consider differential scheduling to limit interruptions and safety hazards of moving furniture, supplies, and equipment.

Physical Move Planning. The flow and FMEA really began to take shape in the physical move planning process. At this planning stage, key stakeholders and those physically responsible for implementation are on notice. Ghuge and Gaundare (2021) suggest that creating time to come together and build checklists and plans to reduce the risk of failure is essential. Looking for and establishing leadership decision points help the implementation teams to make critical decisions based on identifying and reducing staff, customer, budget, and infrastructure risks.

A well thought out FMEA is one of the most influential methods of risk mitigation and salient feature to this POAM development. Yuan et al. (2019) offered that management is often fuzzy logic, and what is approximate and not necessarily precise is often what leadership faces. In decision-making there are always chances that leadership is unwilling to take risks required to implement a particular part of the project.

Anticipating these obstacles in advance helps project teams to socialize information related the planned moves and other process changes. This information socialization requires careful planning to provide variable options or alternative courses of action for decision flows. Use of simple ‘yes or no’ decision points related to required actions help to determine the best direction.

Figure 6 illustrates a basic ‘desired future state’ mockup in the realization of time needed dedicated to planning, measuring, negotiating, and coordinating within the administrative planning phase. With this mockup tool, the move takes shape, incorporating a time line and break out of move dates. Each colored section is given a distinct move date, time line, and project action list. Important to note, knowing who is moving furniture and equipment is vital information. Use of health care office and professional staff for physical equipment moves, to include IT moves, is not a suitable use of resources as it disrupts patient care. Therefore, planning considerations must be given to the co-existence of other staff conducting the physical move while professional staff continue with patient care. Consideration for moves during non-clinic operation times is ideal. However, these off hours moves typically required added budget considerations for staff payroll and the use of overtime.

Figure 6*Basic Floor Plan of the Desired Future State*

Note. This graphic representation is the desired state of the facility. The breakout team will seek approval from the executive team and use the approved version to program move dates and coordinate computer and telephony transitions. These diagrams can assist with developing checklists to validate the plan as the execution phase is started (Brown, 2008).

All moves in an environment where information technology (IT) is integrated into the business solution require separate move timing consideration. The simple unplugging and movement of IT based equipment is often unachievable unless data ports are tested, redundancy measures are in place, and data validation procedures are in place. A common approach of “lets close a couple of hours early on Friday, move the furniture and equipment and get back to work the first thing Monday morning” is ill-advised and rarely accomplishes the necessary tasks to solidify the change management processes.

When using the FMEA approach, Ghuge and Gaundare (2021) offered that a process visualization can be realized with various risks applied to each task and then IT staff can mitigate risks in their detailed planning. Expecting large transition projects to be completed quickly illustrates a lack of leadership understanding and planning, is an opportunity for failure, and may result in significant operational delays. The long-term effect of poor or incomplete planning can lead to wasted or inefficient man hours, loss of patient appointment opportunities and dissatisfied staff, who are the end-users of the process change.

Moving Day. The workgroup will create a loop process in the move cycle to ensure targeted completion steps and dates are honored. Deviations in the loop often require additional planning and mini project coordination of events, many necessary to have leadership approval. No plan survives first contact; treatment units are territorial groups, consideration must be anticipated and planned when considering space allocation. Often unit leaders will overinflate a requirement to protect space and to seek more. Use of space planning illustrations and continually updating the POAM is a crucial task to ensure visibility for stakeholders and accounting for consultation time in the time line development. Seeking any organizations' executive leadership approval for space planning moves is a goal and necessary step in finalizing the actual move.

Certification

In this phase, the organization must seek external evaluation and approval. An independent or external review of the POAM steps and phases is obtained to ensure the organization is ready to coordinate external controls and implementation. In a MTF

setting, this certification requires preparing a physical regionalized health care market, identifying a market lead, and informing subordinate treatment facilities. More checklists and change analyses are required to confirm proper services and alternatives to deliver health care commodity supplies aligned with customer demands. The certification phase is independent and is best addressed using a standalone POAM for event development, execution phase mapping, and time line tracking.

Validating physical moves is essential in this phase; a potential finding may be patient or customer dissatisfaction. Workgroups must develop procedures during planning to avoid overlooking privacy concerns that lead to patients and staff becoming uncomfortable with sharing critical information. Place emphasis on the use of trial run testing using process flow mapping as some changes may cause unintended results not anticipated in a unidimensional planning discussion. For example, patient check in using open check-in desks offers little to no privacy but may have been designed based on space planning restrictions. Given this simple example helps to illustrate that the working group must consider flow diagramming that also considers the environment.

Even the best plans have opportunity for improvement and adjustment. During the planning phase, critical items can easily be overlooked. Until patients and customers start moving through the steps, planners cannot readily identify some limiting factors. It is typically when the space is used for its intended purpose that issues may arise. Kreindler (2017) suggested working through safety concerns and planning out a workable solution for space utilization early in any process change that involves a physical move or space alterations. Workgroups must focus on the safety of staff and patients, consider privacy

and basic human needs all while designing space and process changes. Consideration must be given to design needs such as barrier free bathrooms, janitorial supplies, easily accessible rooms free from complicated security mechanisms, and staff and patient privacy.

An important part of the certification process is to loop back for validation to see how the staff and patients are interacting. This loop back process facilitates examination of factors that may not have been considered before the move. The loop back process also offers the ability to document consideration for enhancements in long-term, sustainable facility operations. Wolf (2014) proposed earmarking funding and supply initiatives as part of the more extensive budgeting and planning cycle as each project nears the completion phase to sustain changes and anticipate future budget forecasting needs.

The final step of certification is to demonstrate the operational capabilities of the MTF under the new concepts. These activities may be accomplished using physical or virtual inspections from key stakeholders external to the planning teams, typically from a larger corporate body, a third-party inspection agency, or submission of report details as required within the project scope. Process documentation is a vital certification step for the facility to demonstrate compliance and preparedness of each directive. This process documentation is fed into larger development phases within the overarching corporate structure.

Recommendations

When embarking on a large reorganization project it is recommended that the physical move be broken into small, manageable groupings with adequate coordination

across the affected areas. Equally, larger projects must be phased, planned, and coordinated across all event milestones to help reduce interruptions. The plan's communication and marketing are imperative, and ongoing stakeholder communication for the project duration to include follow up checks is essential.

Seeking buy-in from affected staff is a critical aspect of a successful move however, it is crucial to maintain participation boundaries to ensure staff recommendations do not overrun the project scope and process change capabilities. When dealing with organizational moves, the project team must control the move plan, this is effectively achieved by actively engaging participants and disseminating the move plan.

Any process changes benefit from documentation as a road map and as a debriefing tool. The POAM deliverable is a customizable tool across multiple situation sectors and is the foundation to project documentation. Each POAM milestone may have several meetings, checklists, and tasks to complete before advancing to the next decision point. Each milestone includes decision points that must be coordinated with leadership and each decision point incorporates a 'yes – no' decision to be made before advancement. With careful project manager planning and control, decision points can process in unison when required. Overall, each project benefits from a clearly defined organizational chart and policy guidance preparation that will be used throughout the project. Using a POAM as single page snapshot to illustrate status and targeted project goals is an effective visual tool to measure and monitor project success.

Buy-in

Obtaining buy-in from all stakeholders is a significant part of change management. There will be those that embrace change and those that challenge every aspect of a proposal. Johanning et al. (2010) suggested that organizations must communicate and control the chaos of change by understanding the workplace's cultural barriers, especially when planning the physical move aspect of a project. From experience, employees seeking to be helpful may start moving furniture and personal belongings during business hours, contrary to the planned project timings, which may cause customer disruptions, in some cases, and present safety hazards.

Working to receive staff and leadership buy-in is a goal for every significant restructuring project. Effective project management requires a project manager who is nimble and experienced enough to motivate team members by communicating the plan to those who have accepted the change and provides them productive tasks to accomplish while managing time spent with naysayers. A project manager's reinforcement of the Pareto 80-20 rule is important for project success.

Manageable Moves

Physical moves are complex; scheduling and planning moves by priority and complexity is essential in complicated situations. Large scale moves may require facility closure and support mechanisms such as contract movers, cleaners, and construction workers. Consideration must be given to smaller moves equally and requires equal planning and scheduling to ensure all aspects of the project are considered. The use of process flow vignettes are useful project tools to envision the ideal future state and to

flow diagram the milestones and decision points to achieve the same. Roghanian and Mojibian (2015) described the FMEA model as an effective tool to identify these decision point priorities and to evaluate the risks of each alternative decision.

Organizers must give special attention to moves that require computers and phone relocation. Improper planning and coordination can delay the reopening of business locations and may require reconfiguring of peripheral devices and Wi-Fi access points to optimize signal transmissions. By incorporating the participating work areas to assist, checklist development that best reflects department workflows and client volumes these challenges can be overcome. Once established, incorporating these checklists into the POAM decision points creates a complete usable product. Brown (2008) encouraged to keep communication open and avoid keeping planning a secret; include the workforce where practical.

Documentation

Project organizers must associate checklist items with the POAM allowing breakout teams to coordinate status and track individual project elements. This approach allows multiple design and planning teams to break away and focus on complicated tasks while keeping stakeholders updated. These small breakout teams control their own documentation and project deliverables and use a reporting process back to the primary POAM model. This approach helps to reduce the complexity and length of the presentation tool used by incorporating incrementally into the POAM. How reporting is integrated is one of the initial project planning deliverables and can range from simple presentation tools, such as Microsoft PowerPoint, or through other advanced project

management software. Project managers must know their team audience and use tools that are appropriate and understood by all. Overcomplicated project management tools that more junior team members do not have experience with can cause communication delays, project misalignment, and time waste. Braaksma et al. (2013) offered that a PowerPoint presentation can also be used as documentation to chronicle the project and provide detail on each checklist item and milestones.

Keeping good records is essential for the project certification phase. Compliance requirements for each project change can be different for every situation, with or without physical moves. Using consistently accurate documentation and process details will help limit extra work and rework when preparing for inspectors and evaluators. Use all documentation resources as an evaluation for compliance tool, a means to close out and verify each task was completed as required by the original project plan or directive.

Strength and Limitations of the Project

A strength of this case study is its contribution to the literature on change management, decision tools, FMEA, and developing a POAM for coordination and planning efforts. This is a single case study with examples of organizational realignment. The material may not provide sufficient data for generalization throughout the health care industry and public sector but offers a specific template design for foundational planning and coordination between stakeholders. The material in this study and the POAM example provided will benefit other public sector organizations during reorganization projects.

In Section 4, I presented the study findings and defined specific phases in an organizational realignment and POAM development to address the research question, including the required POAM deliverable. I recommend strategies for incorporating checklists, planning, and decision tools for similar public organizations to apply during large organizational change events.

The study's qualitative nature was subjective and not supported by quantitative data. The project is limited to only external publicly accessible research; as previously discussed, no internal research or development is permitted. Joining the organization in a consultancy approach was the original project objective; however, this approach was not approved by Air Force HRPO policy. Seeking information from others who participated in similar events to participate in semi-structured interviews was also disallowed and removed from the research methodology.

In the deployment of the actual MTF move plan, organizational change strategy related to contracting and acquisition of materials were significant limiting factors. Even with organized planning, implementation, and review steps, information was not available on the proposed fully operational data defined in the POAM. The MTF organizational implementation required mitigating steps to include using old telephony equipment and backward programming to keep sections operational. Significant delays were still experienced, causing missed patient appointments and productive staff work hours. In some cases, customers were redirected to virtual booking and notification methods via online and social media platforms because of a communication gap to contact provider teams.

Despite the project management structure using the supply change management process and described checklists and the agreed upon planning phases project limitations materialized that required rework, further planning, and other stakeholder engagement. Using the POAM approach as the initial project foundation may have eliminated these deployment limitations, thus saving operation time, process rework, and staff time. In the area of change management, additional research is needed to further develop the use of a POAM, as well as the incorporation of project management and decision theory.

Summary

This case study was conducted while considering the operations of an established MTF located in an overseas setting following a mandate to undergo significant organizational change. The reorganization had a significant impact on staff and patient flow, as detailed in Section 4. The process changes included other impacting factors such as communication flows, staff motivation, supply chain management, and general adoption of change management activities. Recommendations in Section 4 offer a way forward by using a POAM model and decision tools to illustrate the necessary staff and patient engagement in the health care system throughout each reorganization phase. Taleghani et al. (2018) identified that an organization can mitigate failure errors through risk management. Careful planning and continued communication with key major and minor decision-makers offer an environment for smoother transitions.

Through personal experience, executive leaders and staff demonstrated strong mission dedication and overall organizational success. The established comradery and drive for mission success are strengths within the partner organization. Moving forward,

the organization and other similar public sector organizations are encouraged to embrace the POAM approach to embrace reorganization and build from foundational efforts visualized through detailed time lines and critical planning efforts.

Section 5: Dissemination Plan

In Section 4, I discussed the data collection, analyses, findings, and recommendations arising from this action-oriented research. Dissemination of action-oriented research findings is an important step in translational research. To support these actions, I hope to disseminate the study results as a templated project management structure for use by leaders of other U.S. MTFs, general health care facilities, and other public organizations undergoing process or structure changes who have a customer base to consider in the change management structure. German to this dissemination will be recommendations focused on improving employee engagement within the organization as a critical inclusive project management requirement. This study and the developed POAM template provide a platform for training purposes, leadership seminars, and additional research opportunities for military and civilian organizations.

Summary

I conducted this case study using resources obtained from open sources and through personal experience working within a variety of health care settings. The study's focus on developing a POAM model as the primary deliverable to help decision-makers plan and visualize set milestones for any complex reorganization. Important elements impacting decisions and change management included communication, planning, supply chain management, motivation, and documenting results. I incorporated these at each POAM step while incorporating a FMEA checks and balance process to ensure that deadlines are realized with limited but known risk elements and potential failure points.

The POAM model that is the project deliverable is vital to project planning and development. Along with open, honest, and timely communication, the model can help leadership teams and staff members to work closely to avoid barriers to a smooth transition and ensure a safe and productive move. In conclusion, senior leaders and staff of any organization can benefit from the use of decision-making theory, POAM development, and FMEA risk strategy tools as they embark on complex organizational moves or other process reorganizations.

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Appendix: Medical Reform Plan of Action and Milestones

Deliverable MEDICAL REFORM

Medical Reform POAM

