Daunting Challenge, but we either...

Achieve Unity of Effort...

Or else...
Unified Action:

The synchronization, coordination, and integration of Joint, Single-Service, and Multinational operations with the operations of other USG agencies, NGOs, and IGOs, and the private sector to achieve unity of effort.

Unity of Effort:

Coordination and cooperation toward common objectives, even if the participants are not necessarily part of the same command or organization - the product of successful unified action.

JP 1, Doctrine for the Armed Forces of the United States, 14 May 2007

How can we achieve Unity of Effort absent Unity of Command?
Achieving Unity of Effort...

• Define the Process
  – Achieve shared understanding of how a process works and what it delivers (why it exists)
  – Provide a common lexicon

• Understand Roles and Responsibilities
  – Identify the players and their purpose
  – Define responsibilities, deliverables, and relationships

• Share Common Process Output Metrics
  – Ensure customer outcomes drive performance metrics
  – Target the same high-level metric to value internal sub-process metrics

• Provide Transparency into the Process
  – Allow all players to see into process to…
    • improve decision making
    • assess effectiveness
  – Enable the placement of “sensors” at the right nodes
Define the Process...

How does the patient movement process work? What does it deliver?

**Inputs**
- Pt Condition (At Risk)
- Evac Platform (Tactical/Strategic)
- MTF Locations (Austere)
- First Responder Actions
- CL VIII / PMI
- Trans Bed Plan / Lift Bed Plan
- Monitor Bed / Transportation Status
- Patient’s Individual Readiness
- Common Operating Picture (Medical MET-T)

**Tasks**
- Provide Patient Movement
- Coordinate Patient Movement
- Assure Force Protection for PM
- Validate Patients for Movement
- Develop Transportation Bed Plan
- Provide En-route care
- Conduct Pt Reception Operations
- Patient Redistribution (Inter Theater)
- Validate Pt Personnel Demographics

**Outputs**
- Patient Visibility
- Condition
- Location
- Patient Disposition

**Why?**
Conserve the Fighting Force!

Joint Logistics Advocate and Integrator
## Roles and Responsibilities...

### Identify the players and their purpose

Define responsibilities, relationships, and deliverables

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Players</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evacuation</td>
<td>GA, AA, AE, CCATT, SOCCAT, AELT</td>
<td>Time Definite Delivery, Correct location, Maintain condition</td>
</tr>
<tr>
<td>Command &amp; Control</td>
<td>Cmd. Surg, MRO, MRCO J/T/GPMRC, JTF SG, AELT</td>
<td>Assess and optimize performance, Facility?</td>
</tr>
</tbody>
</table>

First Responder (Medic, Corpsman)

Point of Injury

9 Line Request

Evac? N

CASEVAC /GA SOCCAT
Common Output Metrics...

What is the expected outcome?
Shared, common metric against which we “value”...

VISIBILITY

• Where is the Patient…?
• What is the Patient’s Condition…?
• Where does the Patient need to go for care…?
• How will the Patient get there…?
Provide Transparency...

Allow all players to see into the process
• Improve decision making;
• Assess effectiveness;
• Enable the placement of “sensors” at the right nodes

How do we optimize Evacuation, Treatment and C2 across the Joint process to deliver visibility?
How do we “value” the tradeoffs we’ll need to make?
Process Analysis...
Unity of Effort

How can You Make a Difference?
Play Video…

http://www.ted.com/talks/view/id/82
You Must…

- **Establish & Share your Vision**
  - Focus on the future
- **Create a Passion for Change**
  - Lead with your active participation
- **Demand Success**
  - As defined and measured by the JFC
- **Span Boundaries**
  - Cross organizational and cultural aisles
- **Build Relationships**
  - Matrix people and organizations
Discussion

Let's give him Enough and On Time