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**HEADQUARTERS, U.S. ARMY MEDICAL COMMAND
Falls Church, VA 22042-5140
241600Q AUG 2021**

OPERATION ORDER 21-51 (AMEDD RESILIENCE AND BURNOUT PREVENTION ASSESSMENT) - USAMEDCOM

Reference: None.

Time Zone Used Throughout the Order: Quebec (Eastern Daylight Time).

Task Organization: No change.

1. Situation.

a. Burnout is marked by the triad of emotional exhaustion, depersonalization, and a low sense of personal accomplishment from work. Over the past several years, national research on health care resiliency has focused on the concept of burnout, as it is a growing national public health concern due to its impact on patient safety, quality of care, and retention of health care employees. Within the military, this significantly impacts the readiness of our medical force. At the height of the operations in Iraq and Afghanistan, the Army Medical Department (AMEDD) was a national leader in addressing health care resilience. Unfortunately, programs responsible for health care resilience were rolled into broader resilience initiatives without focusing on the specific challenges of the health care environment. Currently, Army medicine faces significant stressors and challenges including the ongoing transition with the Defense Health Agency. The modernization and transformation of our operational medical force including the conversion of the Combat Support Hospital to the Field Hospital, the transformation from the Professional Filler System (PROFIS) to the Modification Table of Organization and Equipment (MTOE) Assigned Personnel program (MAP) and the COVID-19 pandemic. Army standardized resilience programs are not tailored to provide necessary support for Army medicine. Culturally and technically relevant health care resilience programs are necessary to both support and harden the corps through adversity.

b. To that effect, The Surgeon General is launching an AMEDD Resilience and Burnout Prevention Program. The goals of this program are to provide AMEDD personnel with knowledge and skills to promote adaptive and flexible leadership, to enhance stress response skills in operational stress settings and strengthen AMEDD personnel trust in their leadership. A key step in the development of this program is completion of an AMEDD Resilience and Burnout Prevention Assessment for all Army Medical Command personnel within and subordinate to Regional Health Commands (RHCs) and Major Subordinate Commands (MSCs).

c. While the COVID-19 pandemic provides insight to unique stressors, the AMEDD Resilience and Burnout Prevention Program is not meant to be a program to address

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COVID-19 specifically. This program will enhance the readiness of the Army medicine in the future, as U.S. Army Medical Command (MEDCOM) reorganizes and transforms to support our Army and the national defense challenges of major combat operations with near peer competitors in a complex world.

2. Mission. Between September 2021 and January 2022, MEDCOM executes an online AMEDD Resiliency and Burnout Prevention Assessment of all military and civilian personnel at all MSC/RHC and subordinate units, including MAP personnel working in AMEDD organizations in order to establish a baseline of burnout in AMEDD personnel and inform efforts to develop the AMEDD Resilience and Burnout Prevention Program.

3. Execution.

a. Commander's Intent. That Army Medicine develops and implements an evidence based health care personnel resilience program for all AMEDD personnel to improve morale, enhance retention and maintain the high level of effective performance by AMEDD personnel in a complex world. Understanding our baseline level of burnout and the stressors influencing our AMEDD personnel is key to informing the development of an effective, impactful and tailored program for our force. Army Medicine will: provide knowledge and skills to promote AMEDD personnel to be adaptive, flexible leaders who continue to perform at high levels in all operational settings; support and strengthen AMEDD personnel trust in their medical leadership; include an effectiveness monitoring capability to ensure program refinement. A resilient AMEDD enables the readiness of our medical force to support worldwide Army missions while maintaining high levels of quality and safety and ensuring a healthy and satisfied staff.

b. Concept of Operations.

(1) Led by G-3/5/7 Behavioral Health Division, the goal of the AMEDD Resilience and Burnout Prevention Assessment is to establish a baseline of burnout in AMEDD personnel and inform efforts to develop a program of tailored policy, education and intervention products to enhance the resilience and readiness of the AMEDD and their personnel.

(2) The AMEDD Resilience and Burnout Prevention Assessment will be an online survey distributed to all RHCs and MSCs for completion by all military and civilian AMEDD personnel within and subordinate to those organizations. The survey focuses on demographics, work stressors, physical/behavioral health, organizational attitudes, leadership, attitudes towards seeking assistance and potential intervention targets.

(3) The AMEDD Resilience Needs Assessment is not an inspection nor a mechanism to identify individual personnel in need of assistance. The assessment is an

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Online survey that provides AMEDD leaders with better situational understanding of the health care staff resilience challenges our military health care system is facing.

(4) The G-3/5/7 Behavioral Health Division is the proponent for the AMEDD Resilience Needs Assessment. The Behavioral Health Division will provide all structure and subsequent guidance including survey dissemination, data compilation and analysis and back brief to MEDCOM and RHC leadership.

(5) The AMEDD Resilience and Burnout Prevention Assessment will be executed in four phases. The duration for completion of all phases is approximately 150 days. Some tasks will overlap multiple phases.

(a) Phase I – Preparation / Assessment Development (Duration: In Progress). This phase begins with the establishment of an agreement between the Behavioral Health Division and the Walter Reed Army Institute of Research (WRAIR). Significant tasks in this phase include initial coordination of funding for the needs assessment, development of a healthcare specific AMEDD Resilience and Burnout Prevention Assessment online survey and completion of all necessary survey reviews and approvals (e.g. Institutional Review Board, union, etc.). This phase ends with the Deputy Surgeon General's approval of a final AMEDD Resilience and Burnout Prevention Assessment survey and orders publication.

(b) Phase II – On-Line AMEDD Resiliency and Burnout Prevention Assessment (Duration: 30 days). This phase begins with the distribution of the on-line survey link to all subordinate units. This phase will be conducted electronically and not require travel or visits to the various units for the assessment. All unit assessments will occur at the same time. This phase includes, survey link dissemination, directives by unit chain of command to all military and civilian personnel to complete an online 30 minute survey and survey completion monitoring. This phase ends with the closure of the onsite survey 45 days after dissemination of the order to subordinate units.

(c) Phase III – Back brief (Duration: 60 days). This phase begins with the review and analysis of the AMEDD Resilience and Burnout Prevention Assessment results by the Behavioral Health Division team and the WRAIR. Select OneStaff and MEDCOM staff may participate in this review and analysis as required. The intent of the analysis is to identify an understanding of the baseline levels of burnout and the key factors that influence burnout and promote resilience. Analyses will determine if significant differences exist between geographic sites or within specific occupational disciplines. The team will brief tailored findings and recommendations to MEDCOM and RHC leadership teams and incorporate input from those briefings into the development of the AMEDD Resilience and Burnout Prevention Program. This phase ends upon successful completion of all leadership back briefs.

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(d) Phase IV – Finalize AMEDD Resilience and Burnout Prevention Program Recommendations (Duration: 30 days). This phase begins with a coordination meeting focusing on the approved findings and recommendations of the AMEDD Resilience and Burnout Prevention Assessment and ends with a decision brief to the MEDCOM Commanding General (CG) on the AMEDD Resilience and Burnout Prevention Program. Throughout this phase, it is imperative that active dialogue between the Behavioral Health Division, OneStaff and Regional Directors of Psychological Health continues. MEDCOM G-8/9, in coordination with the appropriate level of leadership, will determine what funding is available to support the program. This phase ends with a final closeout brief conducted by the Behavioral Health Division to the MEDCOM CG on AMEDD Resilience and Burnout Prevention Program.

c. Tasks to Subordinate Units.

(1) Regional Health Commands and Major Subordinate Commands

(a) Direct that all military and civilian personnel, including those assigned as MAP and work at Army Military and Dental Treatment Facilities (MTF/DTF), complete the AMEDD Resilience and Burnout Prevention Assessment beginning 14 days after publication using the link:
https://wrair.gov1.qualtrics.com/jfe/form/SV_eKSW53gUgxo7T8i.

(b) Complete the attached spreadsheet in accordance with the instructions that are identified for each column and return to OTSG/MEDCOM POC NLT 14 days from receipt.

(c) Support all subordinate organizations in the completion of the AMEDD Resilience and Burnout Prevention Assessment.

(d) Designate a representative to participate in an RHC/MSC review of the AMEDD Resilience and Burnout Prevention Assessment findings and to develop recommendations for the MEDCOM CG on composition of the AMEDD Resilience and Burnout Prevention Program.

(e) Ensure every subordinate unit:

(1) Inform all military and civilian personnel of the purpose of this assessment and that their responses are anonymous.

(2) Provides military and civilian personnel with duty time to complete the AMEDD Resilience and Burnout Prevention Assessment survey.

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(3) Participates in a final outbrief from G3/5/7 Behavioral Health Division to the RHC on the findings and recommendations of the AMEDD Resilience and Burnout Prevention Assessment specific to their organizations.

(4) Fulfills local labor relations obligations prior to implementation for bargaining unit employees.

(2) OneStaff.

(1) Direct that all military and civilian personnel complete the AMEDD Resilience and Burnout Prevention Assessment beginning 14 days after publication using the link: https://wrair.gov1.qualtrics.com/jfe/form/SV_eKSW53gUgxo7T8i.

(2) DCS, G-1/4/6.

(a) Provide one G1 subject matter expert to participate in the development and analysis of the results of the AMEDD Resilience and Burnout Prevention Assessment. The individual should be versed in the following content areas:

1. Recruitment, Relocation, Retention/Enhanced Retention Incentives.
2. Workforce Re-Shaping.
3. Historical staffing analyses.
4. Clearance and review requirements for civilian participation in surveys and assessments.

(b) Complete the attached spreadsheet for OTSG/MEDCOM in accordance with the instructions that are identified for each column and return to OTSG/MEDCOM POC NLT 14 days from receipt.

(3) DCS, G-3/5/7.

(a) Provide one subject matter expert to participate in the analysis of the results of the AMEDD Resilience and Burnout Prevention Assessment from each of the following areas:

1. Healthcare Operations
2. Behavioral Health
3. Quality and Safety

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4. Readiness

(b) Serve as proponent for the AMEDD Resilience and Burnout Prevention Assessment. Primary responsibility for the content, coordination, conduct and timelines of all assessment engagements.

(c) Coordinate necessary logistics for survey development, distribution, review and analysis and back-briefs.

(d) G-3/5/7 Behavioral Health will:

1. Have primary responsibility for implementing the AMEDD Resilience and Burnout Prevention Assessment (including full-spectrum planning, control, guidance, taskers and Phases I - IV engagements).

2. Provide comprehensive coordination with OneStaff organizations and subordinate units to achieve maximum AMEDD Resilience and Burnout Prevention Assessment effectiveness.

3. Lead the development of findings and recommendations from the AMEDD Resilience and Burnout Prevention Assessment and oversee the coordination and development of these recommendations into a final decision brief for an AMEDD Resilience and Burnout Prevention Program.

4. Coordinate with the Walter Reed Army Institute of Research for subject matter expertise and support in development, distribution, review, analysis, and back brief of the AMEDD Resilience and Burnout Prevention Assessment.

(4) DCS, G-8/9.

(a) Provide one subject matter expert to participate in the development of recommendations for the AMEDD Resilience and Burnout Prevention including analyses of funding and resource management options for program sustainability.

(b) Coordinate the funding to the WRAIR for support in conducting the AMEDD Resilience Needs Assessment.

(5) Business Office – Human Resources Branch. Fulfill local labor relations obligations prior to implementation for bargaining unit employees.

e. Coordinating Instructions.

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(1) The AMEDD Resilience and Burnout Prevention Assessment data will be collected electronically using Qualtrics, a survey platform that has been screened and approved for use on U.S. Army equipment and networks.

(2) The AMEDD Resilience and Burnout Prevention Assessment will be anonymous; the link will not be unique to an individual nor to a MTF/DTF and no personally identifiable information will be collected.

(3) The AMEDD Resilience and Burnout Prevention Assessment is expected to take 30 minutes to complete and should be completed in one sitting. All military and civilian personnel will be afforded duty time to complete this assessment during the survey window.

4. Sustainment.

a. Travel Expenses. Minimum essential travel is required. Survey distribution and data collection should not require travel and it is expected that backbriefs to MEDCOM and RHCs can be conducted virtually. If travel is deemed necessary, it will be the responsibility of the participating OneStaff directorates.

b. Walter Reed Army Institute of Research. WRAIR support and funding will be coordinated through a memorandum of agreement. This is meant to be a one-time expense to support the AMEDD Resilience and Burnout Prevention Assessment and not be an enduring support requirement.

5. Command and Signal.

a. Command. Normal command relationships remain in effect.

b. Signal.

(1) The MEDCOM Behavioral Health Division points of contact for this Operation Order (OPORD) are:

(a) Project Lead – AMEDD Resilience and Burnout Prevention at (931) 257-0522

(b) Chief, Behavioral Health Division at (808) 866-2586

(2) This OPORD will expire two years from publication date.

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ACKNOWLEDGE: The MEDCOM Operations Center at usarmy.ncr.hqda-otsg.mbx.medcom-ops-center@mail.mil or (703) 681-8052.

DINGLE
LTG

OFFICIAL:

BG WENDY L. HARTER
DCS, G-3/5/7

ANNEXES:

ANNEX A - AMEDD Resiliency Needs Assessment Personnel Spreadsheet
ANNEX B- AMEDD Resiliency Needs Assessment Survey

DISTRIBUTION:

RHC-A
RHC-C
RHC-E
RHC-P
DCoS G-1/4/6
DCoS G-3/5/7
DCoS G-8/9
DCoS Quality & Safety
DCoS Procurement
Directorate Public Affairs
DCoS Public Health
Reserve Affairs
DCoS ARCP
Assistant Chief of Staff / Troop Commander