



DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
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FALLS CHURCH, VIRGINIA 22041-3258

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 10-050

DASG-ZA

28 JUL 2010

Expires 28 July 2012

MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBORDINATE
COMMANDS

SUBJECT: The Surgeon General's (TSG's) Excalibur Award Program

1. Purpose: To provide policy guidance on TSG's Excalibur Award Program.
2. Scope: This award program is available to all Army Medical Department (AMEDD) units/activities/organizations, Active Component (AC) and Reserve Component (RC), Tables of Distribution and Allowances (TDA), and Tables of Organization and Equipment (TOE). The staff within the AMEDD is noted for innovative thinking and continuously striving to work smarter and make improvements. This award is an opportunity to recognize our best teams and organizations.
3. Proponent: The proponent for this policy is the Director, Health Policy and Services, Quality Management Division.
4. Policy:
 - a. The purpose of TSG's Excalibur Award Program is to:
 - (1) Recognize team and organizational performance excellence within the AMEDD.
 - (2) Encourage, recognize, and reward improvements.
 - (3) Provide a mechanism for sharing ideas and best practices across units and organizations within the AMEDD.
 - b. The long-range benefits of the award program to the Army are improved efficiency and effectiveness of AMEDD organizations.

*This policy supersedes OTSG/MEDCOM Policy Memo 09-066, 12 Aug 09, subject: The Surgeon General's (TSG's) Excalibur Award Program.

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c. The winning teams/organizations will receive a trophy to keep and display. In the case of team awards, each team member will receive a certificate recognizing their participation on a TSG's Excalibur Award-winning team. TSG's Excalibur Award Program consists of the 5 award categories:

(1) TDA MTF- AC—direct clinical impact (example: standardized approach to anticoagulation management).

(2) TDA MTF- AC—indirect clinical impact (example: improved Medical Evaluation Board cycle time).

(3) TDA non-MTF - (AC).

(4) TOE - (AC).

(5) TDA and TOE - (RC).

d. A link to the template for submitting the award is on the Quality Management Division web page (<https://www.gmo.amedd.army.mil/>). Go the Corporate Quality tab/ Excalibur Award info. The template is a Microsoft Word document that must be downloaded. Once downloaded, the template is a "click-and-enter" format. A copy of the template is enclosed.

e. The award nominations must be endorsed/forwarded by the first General Officer (GO) in the unit/organization's chain of command or by the Commander of an MEDCOM Major Subordinate Command. Nominations are due to the points of contact (POCs) identified in this memorandum and on the web page by 30 September each year. Appropriate GO or Commander may submit nominations by electronic mail to the POCs, but must fax or mail signed endorsements. An alternative to faxing or mailing signed endorsements is to have the appropriate GO or Commander submit concurrence by electronic mail. The web page provides information on the POCs including office and fax telephone numbers. We encourage intermediate commands to implement similar local award programs as a means of determining which nominations will go forward for completion. **Irrespective of the method used to transmit the nomination, POCs must receive a copy electronically in Microsoft Word format.**

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f. A multidisciplinary committee will evaluate submissions for the award and compare them using the following criteria:

(1) System-wide replication potential. Other AMEDD organizations can replicate the project.

(2) Sustainability. The project's beneficial processes and outcomes can be maintained over time and gains are sustained over time.

(3) Increased value for patients and customers. Productivity is enhanced without increasing cost.

(4) Multidisciplinary. The project extends across broad-based interdisciplinary domains.

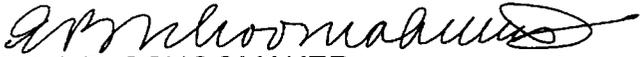
(5) Process-oriented. The project contains a change in methodology (process) producing improved quality and/or outcomes and considers changes in methodology may have on other components of the healthcare system.

(6) Improved quality or standard. Process and/or outcomes advanced to higher level either setting or exceeding a best practice benchmark.

g. TSG will announce the winners around mid-January each year in an appropriate forum, schedule permitting. TSG will personally present the awards to the winning teams/organizations.

h. The Quality Management Division web site mentioned above also contains answers to some frequently asked questions (enclosure 2).

2 Encls


ERIC B. SCHOOMAKER
Lieutenant General
The Surgeon General and
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CF:

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CF: (Cont)

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Commander, US Army Special Operations Command, Fort Bragg, NC 28307-5200

Commander, US Army Pacific, Fort Shafter, HI 96858-5100

Commander, US Army South, Building 203, Fort Buchanan, PR 00934-3400

Commander, US Army Reserve Medical Command, 2801 Grand Ave., Pinellas Park, FL
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FREQUENTLY ASKED QUESTIONS

1. Who can apply for The Surgeon General's (TSG's) Excalibur Award?

Any Army Medical Department (AMEDD) unit/activity/organization can apply. That includes both Active Component and Reserve Component, TDA, and TOE units/activities/organizations.

2. Is there any AMEDD organization that cannot apply for the Excalibur Award?

An AMEDD organization that is also a TRICARE Lead Agent cannot apply for the award as a TRICARE Lead Agent. That AMEDD organization can apply for the award as a MEDCOM Regional Medical Command (RMC) but must ensure the project it is describing is an RMC initiative, not a Lead Agent initiative. We encourage the TRICARE Lead Agents to take pride in their units' successes.

3. If I work at a small health clinic and want to submit a nomination for the Excalibur Award, would I have to compete in the same category as a medical center such as Walter Reed?

Yes, your Medical Treatment Facility (MTF) would compete in the same category as a large MTF. While you compete in the same category, neither your application nor your savings would be compared to that of the larger MTF. Each nomination regardless of unit, activity, organization, or team size is evaluated solely against the criteria.

4. Can we nominate a project for the Excalibur Award if there was only one individual involved in the project?

No, the award was established to recognize teams or organizations. Both the military and civilian personnel systems provide other ways to award or recognize individual initiatives.

5. Can an organization submit the same project two years in a row?

Yes, there is nothing that prohibits an organization/team from resubmitting the same project two years in a row. However, the organization/team would need to ensure the data is updated and the project is not too old. The project completion date must be within the 3 previous fiscal years (FYs) (counting the currently FY). For example: For nominations in 2010, projects must have been completed between FY 2007 and 2010 (Oct 07 to present).

6. How do you ensure all nominations are given fair evaluations?

There are a couple of different things we do to ensure objectivity:

First, we remove the organization's name and identifying information from the package. For example, besides the name of the organization, if it says it works closely with the local San Antonio community, we delete San Antonio so the package reads it works closely with the local community.

Secondly, individuals who volunteer to be reviewers and are from an organization that submitted a nomination for the award are assigned packages that are in different categories. For example, someone from an MTF volunteers to be a reviewer and his/her organization submitted a nomination. That individual would be assigned to review packages that are in the Active Component, Non-MTF; Active Component, TOE; or Reserve Component TDA or TOE Categories.

FREQUENTLY ASKED QUESTIONS continuation

7. How important is it to stay within these limitations?

Any amount over the limits will not be considered. The portion that exceeds the page limitations will not be sent to the reviewers. This requires the submitting organization to address the criteria rather than attempt to showcase the organization.

8. Can we include pictures with our nomination? We have some really nice photos.

Photos can be included only if you want to use them within your 2-page total for the project summary. The nomination package is scored on how well it meets the criteria. A chart or graph may respond to the criteria better than a photo.

9. Can we include charts/graphs in the project summary or savings analysis?

Absolutely. Many times a chart or graph can provide a clearer presentation of the results than just words. However, the chart or graph must be included with the page limitations of whichever section it is used in (project summary or savings analysis).

10. Why must a General Officer in our chain of command sign the forwarding correspondence?

It is important that the leaders throughout your chain of command be aware of the improvements and accomplishments of the units within their organizations. By having to approve and sign the nominations, the General Officers/senior leaders will have an opportunity to see the accomplishments of one organization and share the improvements with other organizations within the command.

11. We worked on a joint project and want to nominate that project but don't know what category to put it in.

The category is determined not by the project but by the unit, activity or organization that submits the nomination with one noted exception; the MTF-TDA category, which is split into two categories: direct clinical impact and indirect clinical impact. Use the following criteria to determine whether to submit an MTF-TDA initiative in the direct clinical impact or the indirect clinical impact category:

Direct clinical impact: an initiative directly affecting a clinical process with the purpose of improving clinical outcome. Example: Standardization of Anti-coagulation management at the MTF resulting in fewer adverse events related to anticoagulation.

Indirect clinical impact: an initiative that focuses primarily on improving processes indirectly related to the provision of clinical care. Example: Improvement of the Medical Evaluation Board (MEB) cycle time resulting in a 60 day improvement in MEB completion time.

If there is any question of which category a nomination should be submitted, either direct or indirect clinical impact, contact one of the POCs at end of this FAQ document for guidance.

12. Are there any samples of previous Excalibur Nominations that I can look at?

The winning nominations from last year's 2009 TSG Excalibur Award are posted on the Quality Management web site. (<https://www.qmo.amedd.army.mil/>). Go to the Corporate Quality tab/Excalibur award info.

FREQUENTLY ASKED QUESTIONS continuation

13. Can contractors be included in the nomination package as one of the team members?

Yes. If contractors are contributors to the team's accomplishments, they can be included in the nomination package as a team member.

14. Can anyone be a reviewer?

Almost anyone can be a reviewer. Our only prerequisite is that the individuals have experience/expertise. Therefore, we ask that reviewers be at least a senior major (or above), or an E8 (or above).

15. Can I be a reviewer if I work for an MTOE unit or for a Reserve Component Unit?

Yes, you can; but you must meet the rank/grade criteria of being at least a senior major (or above), or an E8 (or above).

16. Can a contractor be a reviewer?

Yes, as long as the individual meets the rank/grade criteria of being equivalent to a senior major (or above), and E8 (or above), or a GS-12 (or above).

17. How can I become a reviewer?

A request for reviewers is sent to the US Army Medical Command's Major Subordinate Commands for their dissemination to their units. Volunteers can respond to that email request. Otherwise, anyone interested in being a volunteer can send the POCs (listed below) an email message expressing interest in being a reviewer. It is best to notify the POCs before the first of September of your interest to be a reviewer.

18. Can a reviewer get assistance by sending the nomination packages to others in the office for them to review?

No! For continuity purposes, it is extremely important that each reviewer read and score all the packages that he/she receives. If someone volunteered to be a reviewer and cannot dedicate the necessary time to review all the packages, that individual can find someone within his/her organization (providing they meet the criteria to be designated as a reviewer). We anticipate that individual will need approximately half a day to review all the packages he/she has. That is total time, not the time per nomination package.

19. In what format must the nominations be submitted to the POCs?

The award nominations must be endorsed/forwarded by the first General Officer in the unit/organization's chain of command or by the commander of the US Army Medical Command Major Subordinate Command. The nominations are due to the POCs by 30 Sep 09. Nominations may be e-mailed to the POCs, but the signed endorsements must be faxed or mailed. An alternative to faxing or mailing the signed endorsements is to have the appropriate General Officer or Commander e-mail his concurrence. The web page provides information on the POC, including office and fax telephone numbers. Intermediate commands are encouraged to implement similar local award programs as a means of determining which nominations will go forward for completion. Irrespective of the method used to transmit the nomination to the POC, a copy must be electronically submitted in the Microsoft Word format. All others may be submitted in the PDF format.

FREQUENTLY ASKED QUESTIONS continuation

20. Our POCs are COL Doreen M. Lounsbery, Chief, Quality Management Division, DSN 471- 6195 or commercial (210)-221-6195, or email Doreen.Lounsbery@amedd.army.mil; and Mr. Robert Durkee, Chief, MEDCOM Clinical Performance Improvement Section, DSN 471-6195 or commercial (210)221-6195, or email Robert.Durkee@amedd.army.mil