

MEDICAL READINESS

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Introduction

Readiness is the overriding concern of all Commanders. Every organization throughout the Department of Defense must be ready for any contingency operation, and to deploy anywhere in the world, often on a moment's notice. Readiness in manpower, equipment, supplies and training are a part of the equation, but the human resource must be ready at all times as well. That means readiness in terms of administrative items such as wills, powers of attorney, financial obligations, family obligations and many others. It means having the appropriate basic military skills and Military Occupational Specialty (MOS) training, and it also means being physically, dentally and psychologically ready for extended deployments, war and natural disasters. The one thing that can absolutely cripple a unit facing impending deployment is to have medically non-deployable personnel.

The medical and dental staff plays a critically important role in maintaining readiness of their units for contingency and peacetime operations. The reader is referred back to the Administrative Section chapters on [Medical Boards](#) and [Medical Disposition](#) for a discussion of special problem cases.

Medical Readiness

If you were to ask most medical officers for a definition of "medical readiness", you would quite likely get a question in return. "Do you mean readiness of the individual, or readiness of the medical department"? The answer is of course, both. The problem is, there has been no standardized measure of medical readiness, or a method for reporting. The result is that each unit's medical department develops their own method with which to answer the Commander's question. Dental departments have done a far better job of standardizing over the years, and everybody understands dental classifications and their impact on deployability. Lest you think this is a Seabee specific problem, let me assure you that the problem is DOD wide.

A standardized method of determining medical readiness has been developed for the NCF, and is being reported through an existing report, the Status Of Readiness and Training System (SORTS), with which Commanders are intimately familiar. It provides them with a quick view of readiness and training status of their command, at all levels. Further, it provides a standard method of reporting at all levels of command, including the Joint Chiefs of Staff, who can make decisions based upon these data. Bear in mind that SORTS is a line Commander's tool, not a medical one, but it permits reporting of necessary data. It matters little to the Commander that a specific item or items are missing from an individual's medical requirements, just that the individual is not ready for deployment.

The individual's medical readiness determination takes advantage of "aggregate data". For example, each individual is required to have a physical examination periodically, based on

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his or her MOS. Lab and X-ray requirements vary with MOS, age or special considerations. The following was an informational paper sent out when medical readiness reporting was first presented to the Seabees, providing an outline of what needed to be evaluated and reported, along with some suggestions for how to prepare an "at a glance" determination of readiness from month to month. This system also provides the method for determination of the medical department's readiness to support operations.

ATTENTION - SORTS IS COMING!

Background:

As you are all aware, there is a good deal of flag level attention focused on the whole issue of medical readiness. From medical departments, there is often confusion regarding just what constitutes "medical readiness", and how it should be reported. The Status Of Readiness and Training (SORTS) is a tool providing the Commander at all levels information with which he may determine the readiness of his force. We will now report through that existing system, and will be THE FIRST IN DOD medical to do so!

Two parts to medical readiness:

1. Individual medical readiness; the health and fitness of each individual (including medical/dental department personnel), their training in self & buddy aid, and their medical briefs provided by the medical department.
2. Medical/dental department PREPAREDNESS to perform their mission based on manpower, supplies, equipment, and training.

These two elements are reported in SORTS

A SORTS Primer

SORTS does just what it says, provides a report on the status of readiness and training.

SORTS has 4 PRIMARY MISSION AREAS, and 4 RESOURCE AREAS from which the measurement of the primary mission areas is derived.

Primary Mission Areas are:

1. Command, Control & Communication (CCC)
2. Construction (CON) (different for each TYCOM)
3. Mobility (MOB)
4. Fleet Support operations (FSO)

Resource Areas are:

1. Personnel (PER)
2. Supplies (SUP)
3. Equipment (EQP)
4. Training (TNG)

So, questions about the primary mission areas can each be supplied by the resource areas. Medical reports in TWO of the primary mission areas

The INDIVIDUAL medical readiness is reportable under **MOB**.

The MEDICAL DEPARTMENT PREPAREDNESS is reportable under the **FSO** section.

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The metrics are quite simple, and you will need to look at the SORTS instruction when it arrives, and talk with your local SORTS guru to help you get started.

Step-by-step How to do it

It starts with a record review of every member of the unit, to determine whether they meet all the criteria established below, using 7 criteria for readiness, with a subset on immunizations. A question needs to be asked of the record for EACH of the criteria. Most of the responses are yes/no. An internal "C" status needs to be assigned to each criterion. If the answer is yes to any item, then that item is assigned a C-1. If no, and correctable within a week or 2, then C-2. If longer time is required to be full up (such as a class III dental in need of extensive work, or long term illness/injury/pregnancy), then C-3 is assigned. A C-4 would only be used if there were a non-correctable problem for which the individual should be processed out. (See Medical Disposition)

Note that almost every item that is not immediately C-1, can be brought up to that status in a very short time.

The seven criteria for individual medical readiness (Chap 8, sect 805-6 in SORTS)

1. Does the individual have a current, passed physical exam for their MOS?
2. Are they dentally ready? (CL I, CL II)
3. Is a DNA in the record?
4. Is the HIV Current?
5. Are ALL required lab & x-rays for MOS and age in the chart? (Incl. Baseline EKG, G-6 PD etc)
6. Are they currently PQ (Physically Qualified) or NPQ? (Not Physically Qualified)
(Addresses longer term illness, injury & Pregnancy)
7. Are immunizations and tests current?
 - A. PPD test for TB
 - B. Measles, Mumps, Rubella
 - C. Tetanus, Diphtheria
 - D. OPV
 - E. Yellow fever
 - F. Hepatitis A vaccine
 - G. Influenza
 - H. Varicella (at risk only)
 - I. Hepatitis B vaccine (at risk only)
 - J. Typhoid (if deploying to high risk area)
 - K. Japanese encephalitis (if deploying to high risk area)
 - L. Anthrax (when distributed)

Again, most of these can be corrected quickly and easily if deficient.

Calculation:
$$\frac{\text{Total Personnel meeting all requirements}}{\text{Total Personnel on board}} \times 100$$

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Rating

<u>M1/C1</u>	<u>M2/C2</u>	<u>M3/C3</u>	<u>M4/C4</u>
85-100%	75-84%	55-74%	02-54%

If, at the same time, one were to prepare a tickler sheet over the next year, making a mark in the month when each individual has one of the above due, then a glance down that sheet will give you the C-Status for the monthly report at a glance. Further, it permits you to be proactive in notification of those who have requirements upcoming, with a copy to the XO just in case there is some non-compliance.

In future, medical training (self aid/buddy aid) and general medical briefs will be added. While you may be doing them now, standardization will have to await establishment of the Seabee Medical/Dental training program.

MED/DENT DEPT Readiness

Reported in the FSO primary mission area, I refer you to SORTS, chapter 9 for details. This section will report on manpower (PER) available (lumping HM & DTs to avoid devastating effect on reserve units), supplies and equipment (SUP) & (EQP) based on TOA, and (TNG). Training also will be expanded in the future as we implement the Seabee training program.

A Few Additional Comments

1. Commanders will be VERY sensitive to the level of readiness reported. I originally thought that since anthrax was signed off, until implementation, we would be by definition in a C-3 or C-4 status. Clearly, Commanders are relieved for such things, so we cannot be held accountable for programs which are not yet up and running.
2. SAMS will provide the primary database from which to derive necessary information. Reserve units will derive data from RSTARS, but my sense is that the accuracy of this data may not be as we wish it to be. NMCB 24 is acting as our reserve "demonstration site", to determine the feasibility of use of SAMS to provide a common database.
3. N-4 here at Brigade has developed a SORTS tool with EXCELL, which is being considered by staff, and will essentially take much of the busy work out of it. I do not see much of an impact on the medical department workload.
4. Watch for it, coming soon, and reportable every month. Growing pains? To be sure. Tell us what's not working/difficult to manage.
5. Reserve component doesn't have TOA at the unit, but rather at Homeport. So, SUP & EQP apply only insofar as you have been assured by supply that your TOA exists in the Homeport warehouse.

Since the above introduction was provided, medical readiness reporting in SORTS was implemented in October, 1998. As expected, there were minor problems, and continue to be. The fundamental concept however, has been validated and the benefit of looking ahead at potential problems and correction prior to becoming real problems has been realized. I

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would refer you to the latest SORTS instruction for the latest refinements to the original. Additionally, funding has been approved to purchase the CINC standard medical database, Shipboard Automated Medical System (SAMS) for reserves, so that medical readiness reporting will be standardized throughout the NCF, active or reserve. Figure one provides a graphic illustration of the SORTS system and in which elements reports are made.

MEDICAL READINESS REPORTING - SORTS

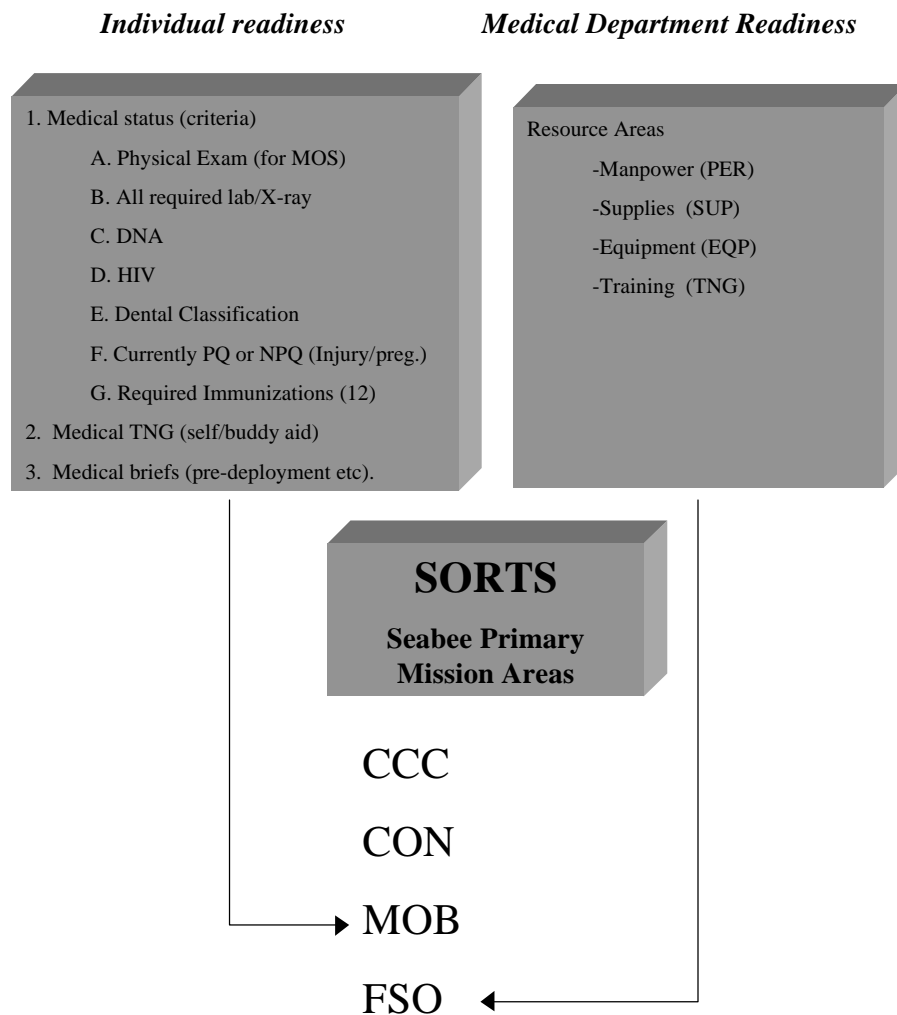


Figure 1