

# ASBP

Armed Services Blood Program



# STRATEGIC PLAN

2009 - 2012

Cover Photo:

**This Soldier at rest in Afghanistan knows the value of blood.**

**ASBP Contact Information:**

**Mr. Donald Dahlheimer**

Armed Services Blood Program Office

5109 Leesburg Pike, Suite 698

Falls Church, VA 22041-3258

ASBPO.otsg@otsg.amedd.army.mil

Commercial Phone: (703) 681-8024

Fax: (703) 681-7541

DSN: 761-8024



**DEPARTMENT OF DEFENSE**  
**ARMED SERVICES BLOOD PROGRAM OFFICE**  
**5109 LEESBURG PIKE, FALLS CHURCH, VA 22041-3258**



**15 December 2009**



For over 50 years, The United States' Military's Armed Services Blood Program (ASBP) has provided quality blood products for Service members and their families in both peace and war. We are fortunate that as an organization within the military community, we have gained the trust and support of our military members, their family members and our civilian workforce. The ASBP Stakeholders engaged in a comprehensive strategic planning process to build upon this tradition and trust, and to forge an even stronger program in the years ahead. The purpose is to establish a vision that will set an ASBP trajectory for the next three to five years.

It is one of my goals to organize and focus the activities of the ASBP to achieve key objectives and advance this program. We are escalating our attention to efficiency and quality – bolstered by responsiveness and readiness – improving technology, providing global leadership in all aspects of blood operations, increasing communications and collaboration with stakeholders, and placing a greater emphasis on thinking and operating jointly.

This plan outlines the key goals and objectives to support the Soldier, Sailor, Airman, Marine, and Civilian in need of blood and the military medical professionals who care for them. The plan describes our customer, and lays out our mission, vision, goals and objectives for meeting those customers' needs. It states how these objectives will be achieved, via transformation projects and initiatives, and finally, how these objectives align with the strategic plans of our superiors.

A strategic long-range plan is not intended as a substitute for an annual program or operating plan. It does not detail all the initiatives, programs, and activities the organization will undertake, nor can it foresee changes to the underlying assumptions on which key strategic choices were based. Instead, the Strategic Plan identifies what the ASBP is not doing today, but must be doing in the future to be successful. Consequently, the Strategic Plan implies change – doing new things or doing more or less of the current activities to ensure successful outcomes.

We tell our blood donors to 'Be a hero, give blood' and we refer to them as superstars. *This is because that is exactly the way we see them: They are saving lives.*

We view our blood recipients with equal respect. The men and women who defend our freedoms are also superstars: They are giving their lives so others may live in freedom and security. It's our duty to ensure their hard-fought efforts are backed by equally commendable, *quality* blood, blood services and products.

This Strategic Plan is designed to serve as a guiding document to support the superstars on the donation end and on the receiving end. It is designed to chart the course toward a more efficient and effective Armed Services Blood Program for many years to come – by improving our business processes and by improving the way we meet our challenges. I ask you to join me in our pursuit of excellence.

**Colonel Francisco J. Rentas**  
**Director, Armed Services Blood Program**



**Blood saves lives**

## Table of Contents

<b>1. THE ARMED SERVICES BLOOD PROGRAM .....</b>	<b>7</b>
<b>2. THE ASBP MISSION AND VISION .....</b>	<b>8</b>
2.1 The ASBP Mission.....	8
2.2 The ASBP Vision .....	8
2.3 Elements of the ASBP Mission .....	9
2.4 The ASBP Operational Environment.....	9
2.4.1 Customer Profile: Recipients and Donors .....	9
2.4.2 Situational Analysis: Blood Is a Critical Readiness Item .....	10
<b>3. THE ASBP STRATEGIC PLANNING PROCESS AND EXECUTION .....</b>	<b>11</b>
3.1 The Planning Process.....	11
3.2 Executing the Strategic Plan .....	12
3.3 The ASBP Strategy Map .....	13
<b>4. THE ASBP STRATEGIC GOALS AND OBJECTIVES.....</b>	<b>15</b>
4.1 Strategic Goals .....	15
4.2 Strategic Objectives.....	16
4.3 Assumptions .....	18
4.4 Changing the Way the ASBP Thinks and Acts.....	19
4.5 Alignment to the MHS Strategic Plan .....	19
<b>Appendix 1: CURRENT GOVERNANCE STRUCTURE OF THE ASBP .....</b>	<b>21</b>





Blood collection team at the Jonesboro, AR, Armed Services Blood Program blood drive

## 1. THE ARMED SERVICES BLOOD PROGRAM

The Armed Services Blood Program (ASBP) has a proud history of providing quality blood products for Service members and their families in both peace and war. Since its inception over 50 years ago, the ASBP has collected nearly 5,000,000 units of blood to support U.S. military members. This would not have been possible without the support of dedicated and trained staff and generous donors within the military community. Blood donated to the ASBP by active duty personnel, government employees, military retirees, and military family members has saved the lives of fellow military community members in their time of need. Our nation's military has come to depend on the ASBP to provide a sustained, secure, and safe blood supply across the country and around the world at all times.



**Treating a casualty in WWII Italy**

In World War II, a Soldier severely injured in battle had about a 22% chance of dying. Today, a wounded Soldier faces significantly better odds with a less than 9% chance of dying. The fighters who survive owe their lives to an array of advancements in battlefield medicine. Of particular note are the developments in blood and blood-product usage. Today's military medical personnel go about the business of lifesaving with a veritable arsenal of blood and blood products. Key ASBP historical accomplishments are listed on the ASBP web site at URL <http://www.militaryblood.dod.mil>.

The Armed Services Blood Program Office (ASBPO) is a joint health agency chartered to monitor the implementation of blood program policies established by the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) and to coordinate the blood programs of the military Services (Army, Navy, Air Force) and the combatant commands.

As a joint operation among the military Services, the ASBP has many components working together to collect, process, store, distribute, and transfuse blood worldwide. Today's ASBP consists of approximately 81 blood banks and blood donor centers worldwide, including 22 Food and Drug Administration (FDA) licensed blood donor centers.

The following organizations and offices are integral components of the ASBP:

- ASBPO
- Service Blood Program Offices (SBPOs)
- Blood Donor Centers (BDCs)
- Armed Services Whole Blood Processing Laboratories (ASWBPLs)
- Joint Blood Program Office (JBPO)
- Area Joint Blood Program Office (AJBPO)
- Expeditionary Blood Transshipment System (EBTS)
- Blood Product Depots (BPDs)
- Blood Support Detachments (BSDs)
- Medical Treatment Facilities (MTFs)



**From the ASBP archive: A dedicated nurse assists a Marine as he prepares to give blood**

## 2. THE ASBP MISSION AND VISION

### 2.1 The ASBP Mission

***To provide quality blood products and services for all worldwide customers in peace and war.***



**Blood must be available whenever and wherever**

The ASBP acts as an oversight center point for national and international U.S. military blood program policies, operations, procurement, quality control, testing, manufacturing, and distribution. As a virtual hub, this tri-Service enterprise sets policy for the Service Blood Programs to execute; maintains records and reports on all aspects of the program; collaborates with its fellow military medical agencies, federal health agencies, NATO partners, and civilian blood program counterparts; and carries out vibrant communications, donor recruitment, and specialized marketing initiatives to ensure mission success.

Mission success means that superior blood products and services are available when and where our military family faces the urgent need for blood.

### 2.2 The ASBP Vision

***To be a preeminent quality, cost effective blood system providing blood products and services wherever and whenever needed.***

The ASBP strives to facilitate an unsurpassed yet efficient blood products mechanism and process within the armed forces to supply blood products and associated services wherever and whenever they are needed, in a timely and responsive manner.

Our sense of purpose and singular determination is fueled by a strong compassion for members of our military family who are sick or injured. It is imperative that a safe, readily available blood supply be maintained for the men and women who willingly put themselves in harm's way to protect this nation. It is also imperative that the resources expended on this endeavor be prudently managed to reflect the trust granted to the Armed Services Blood Program by our military and civilian leadership.

Therefore, the ASBP employs rigorous best practices to ensure a safe, available, and cost-effective blood supply, ever mindful of the need for vigilance and agility should course correction be required.



## 2.3 Elements of the ASBP Mission

The ASBP is a joint operation, comprised of Army, Navy, and Air Force personnel, who are tasked with collection, processing, storage, distribution, and transfusion of blood products worldwide, managing blood requests from five major combatant commands by finding available blood supplies, and delivering those supplies to the battlefield. The program's policies, quota management and reporting, and overseas operations are managed by the ASBPO while the executions of collection, processing, shipping, and transfusion activities are under the direction of each SBPO. Together, ASBPO monitors and implements appropriate guidance and standards set forth by the FDA and AABB (formerly known as American Association of Blood Banks), the industry licensure and accreditation agencies, to ensure the safest and most effective products for those in need.



**Nurse Rose Weatherly collects platelets at Keesler Air Force Base, Miss.**

There are five major elements of the ASBP mission: Blood collection, manufacturing, distribution, transfusion services, and quality assurance. A critical network of blood collection, processing, storage, shipping, and transfusion facilities maintain this blood-product cache. This network of components collectively makes up the ASBP, upon which the DoD relies in the fight to help ensure our Service men and women and their families are cared for.

## 2.4 The ASBP Operational Environment

### 2.4.1 Customer Profile: Recipients and Donors

The ASBP's customers are varied. The most obvious customers are the recipients of blood or blood products. This includes Service members, beneficiaries, commanders and beneficiary groups. The recipients are most often thought of as the deployed Service members injured in the line of duty, but the ASBP also provides blood for family members back home.



**ASBP recipients extend beyond the military**

Additionally, the ASBP's recipient base extends beyond the military community. In cases of natural disasters or other catastrophes such as Hurricane Katrina or 9/11, the ASBP is called upon to serve the civilians in need, not only in our nation but globally as part of a larger humanitarian mission. Blood and blood products are used for patients of all ages and for many reasons, from cancer patients to those with battlefield injuries. *Anyone* receiving blood on a military installation or in a combat theater will receive blood through the ASBP.

ASBP's customers also include donors. Donors are literally the life blood of the ASBP. Just as in any commercial venture, the donor customers need to be informed, collection processing must be streamlined, and recruitment

campaigns must be carefully planned and well-timed. Donating must be done in facilities that are easily found and easy to get to. Strategies and resources are needed to draw and grow this unique customer base.

### 2.4.2 Situational Analysis: Blood Is a Critical Readiness Item

The ASBP provides critical services that keep our Soldiers living and in the battle. Since the Korean War the military blood program has provided over 1.5 million units of blood to treat sick and injured Service members on the battlefield. Today the program maintains 25,000 units of frozen blood and 5000 units of liquid cells at all times in order to meet readiness requirements.



Giving blood doesn't have to be painful!

#### But blood management doesn't come without its challenges.

Red blood cells last 35-42 days and platelets last only 5 days. Blood supplies tend to fluctuate, especially around the holidays, so a steady blood supply cannot be guaranteed. There are many reasons to be turned away from donating such as a low red blood cell count or travel to known malaria endemic areas.

Blood must be collected continuously to replace aging contingency supplies and to also meet the peacetime needs of the military health system. Modern health care demands remarkable amounts of blood and blood products. Every year military hospitals transfuse more than 62,000 units of red cells, more than 20,000 units of plasma, and more than 30,000 units of platelets and apheresis platelets. A single trauma case can require 40 or

more units of blood. One leukemia patient uses 30 or more blood products. It takes about 75 blood products a day to sustain the local military hospitals.



Unloading blood supplies in theatre

While blood is given freely by military donors, and individuals can donate blood every 56 days, helping up to three people, the processing, storage and transportation of blood carries significant costs. Each unit donated is tested for infectious disease and then separated into red blood cells and plasma. When the ASBP cannot collect enough blood, the military must purchase products from civilian agencies.

Additionally, the ASBP must continually overcome storage and transport problems to “far forward areas”, customs issues, extreme temperatures, screening capability for transfusion transmitted diseases, and adverse conditions such as the mountainous terrain in Afghanistan, where it is difficult to rotate inventory due to remote locations and aircraft availability.

Command emphasis and support, at every level, is needed to allow the Armed Services Blood Program to support our Service members and their families in peace and in war.

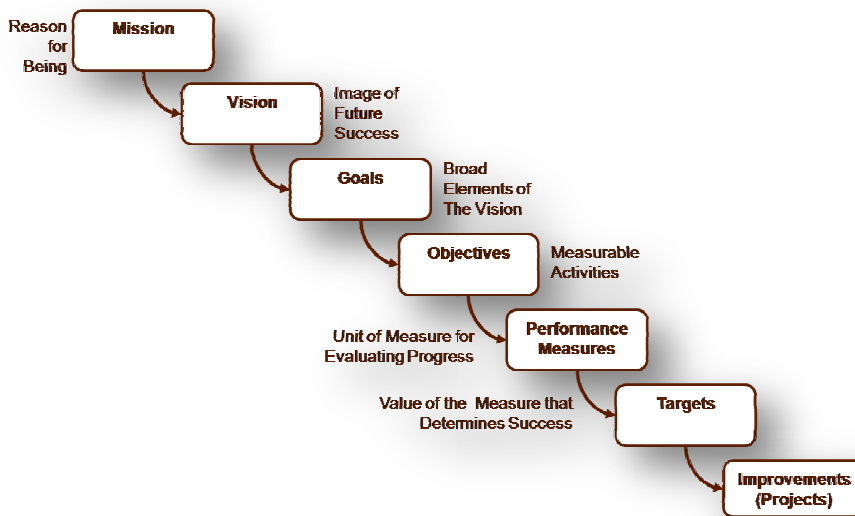
### 3. THE ASBP STRATEGIC PLANNING PROCESS AND EXECUTION

A Strategic Plan is a practical, action-oriented guide based on an examination of internal and external activities. The ASBP Strategic Plan describes a desired vision and what is essential to achieving that vision. The process of evaluation and the resulting answers gave the ASBP Stakeholders the information they needed to set new goals and plan for resources.

The ASBP’s strategic long-range plan represents a compass the organization will use to guide its work over the next three to five years. Each year, the plan will be updated based on experience or new circumstances or as new opportunities or challenges emerge.

#### 3.1 The Planning Process

A strategic plan begins with an organization’s mission and vision. The mission and vision sets forth key



direction and course-setting, and frames organizational activities and planning parameters. Drawing from that mission, and with a keen situational awareness, organizational leadership lays out broad, long-term goals in accordance with its mission.

To these goals are set bounded, measureable, specific objectives, the

achievement of which are shared up through discrete, actionable projects or steps to change or transform the organization – with focused resource application – to achieve its mission, given ever-changing environmental realities.

**This Strategic Plan is an organizational first for the ASBP.** It was developed jointly by subject matter experts (SMEs) representing Service Blood Program Offices and the Armed Services Blood Program Office. This group of ASBP leaders gathered together for an intense half-day session to take the previously established Mission and Vision statements and generate Strategic Goals and Objectives for the program.

- | <b>Project Evaluation Criteria</b>       |
|--|
| ✓ Alignment with strategic plan          |
| ✓ Potential to save lives                |
| ✓ Impact of not doing project            |
| ✓ Perceived political complexity         |
| ✓ Perceived project complexity           |
| ✓ Return on investment - \$\$            |
| ✓ Personnel level of effort              |
| ✓ Availability of SMEs to support        |
| ✓ Estimated time to complete (in months) |

The ASBPO Director opened the Strategic Planning Session, providing guidance and direction. Small groups were then dispatched for facilitated discussion and development of candidate strategic goals. Following the small group discussion, the groups came together and each briefed their candidate goals in turn. Four goals were decided upon by anonymous voting. Candidate strategic objectives were developed in small group breakouts, and, following brief-outs of their objectives, another vote established the final set of strategic objectives.

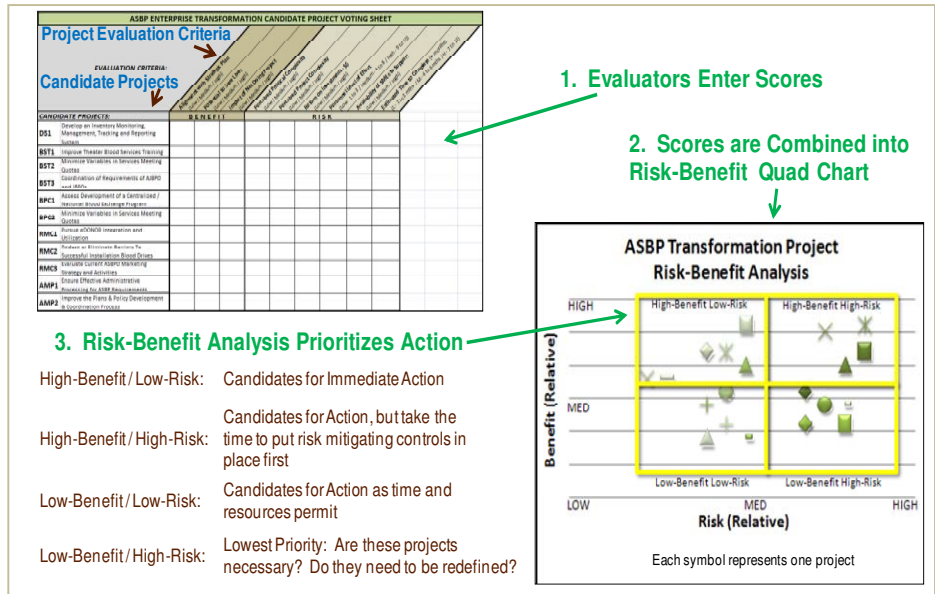


Figure 1: Project voting and resulting risk-benefit determination

At the end of the Strategic Planning Session, participants were presented with a list of projects that were identified through an enterprise evaluation effort. These were projects derived from stakeholder interviews and represented process improvements that had broad, cross-service concurrence and application. As a follow on exercise, participants were asked to evaluate the projects as having high, medium, or low significance against a set of predetermined criteria, and were given a number of days to perform the task.

Once the evaluations were in, a weighted analysis was used to categorize the projects into a ranked listing of risk-benefit. From there leadership had a clear picture of the relative value of the projects and could decide how best to allocate resources against them.

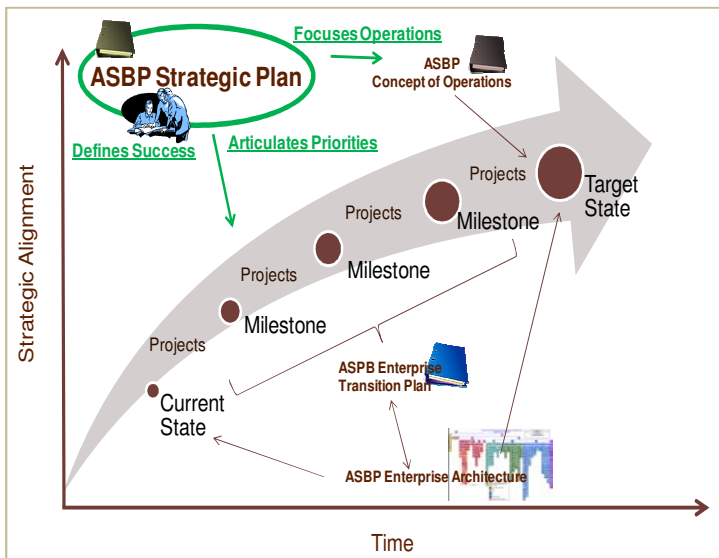


Figure 2: The ASBP enterprise transformation path

### 3.2 Executing the Strategic Plan

Seventy percent of strategic plans become shelfware. Most goals and objectives in organizational strategic plans no matter how good-intentioned, resourced and promoted while under development, grow dusty within a few months of birth. Not so in the Armed Services Blood Program.

Following the Department of Defense' prescribed transformation methodology, our team has published this strategic plan with an aim of seeing



it come to fruition.

With the completion of the Operational Activity Assessment and as a result of the collaborative Strategic Planning Session in the Spring of 2009, 14 enterprise-wide transformation projects were selected and ranked to focus our efforts and bring the ASBP from the current state to the target state.

In May 2009, ***Establish a Standard Frozen Blood Program*** was selected as the first project, due to its ranking after the cross-service voting. The project selection validated the Directors' perception that the establishment of a Frozen Blood (FRZ) Program is the highest priority.

The Director called a group meeting, the FRZ Summit, at Travis Air Force Base (AFB) in August 2009, to determine the project activities and "deep dive" transformation initiatives. Improvement teams and owners were identified, resourced and chartered, and the ASBP staff began moving out.

### 3.3 The ASBP Strategy Map

A common method used in the Department of Defense and other public and private sector organizations is the Balanced Scorecard.

The Balanced Scorecard is a strategic planning and management approach that is used extensively in business and industry, government, and nonprofit organizations worldwide. The objective is to align business activities to the vision and strategy of the organization, improve internal and external communications, and monitor organization performance against strategic goals.

The Balanced Scorecard factors for a public sector strategy map emphasize a different focus than that of a private sector map. Typically, Balanced Scorecard proponents recommend four measurement dimensions: Learning & Growth, Internal Business Processes, Customer, and Financial. In lieu of financial growth and profitability, the chief aim for the public sector is to achieve the mission; hence, the mission is at the very top of the strategy map. A strategy map is normally developed from the top down. (See Figure 3)

**You can't improve what you can't measure.** ASBP performance measures and targets have been developed based on the priorities of the Strategic Plan and the projects identified to make the plan a reality. ASBP decision makers will examine the outcomes of various measured processes and strategies and track the results to guide the organization and provide feedback. The goal of



**Our strategic plan's goals reach to the ground floor of operations**

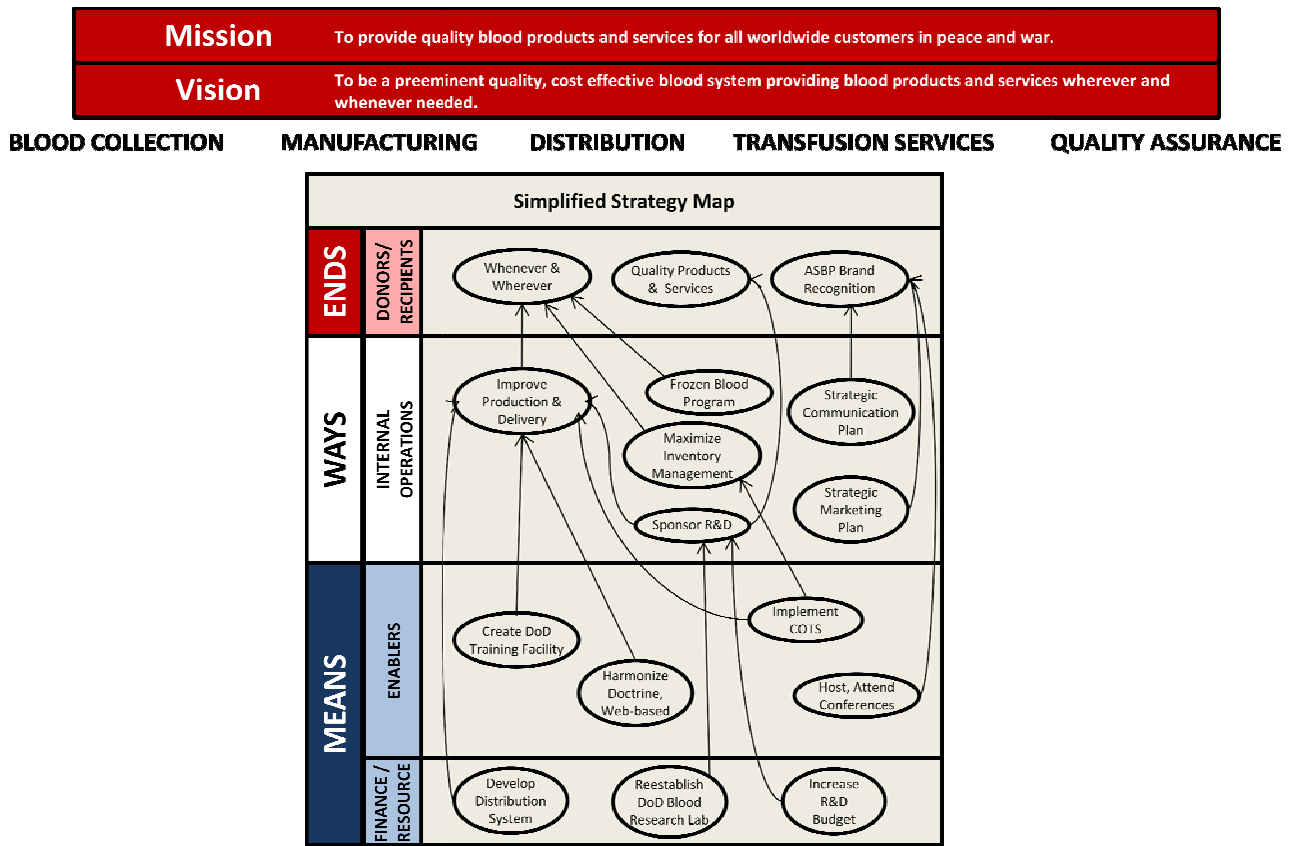


making measurements is to permit managers to see their organization more clearly and to make wiser long-term decisions.

Some performance measures can be ascribed to the mission, but the real success in achieving the mission is born out in the perspectives of the users or customers that the public organization impacts. Therefore, for the public sector, after the mission, the most important factor is the users and/or customers. For the ASBP these are better represented as the donors and recipients, for that reason the strategy map begins with them. It is helpful to think through the strategy in terms of “what would an achieved mission look like to the donors and recipients?”

The bubbles on the Strategy Map in Figure 3, many of which are tightly coupled to the ASBP Strategic Objectives and Projects, attempt to represent those conditions or states that would need to be realized to make the level above them a reality. The same logic is carried successively through each of the score card factors. The arrows show the cause and affect linkages.

## Armed Services Blood Program Strategy Map



This is a dynamic living document

June 2009

Figure 3: The ASBP Strategy Map

## 4. THE ASBP STRATEGIC GOALS AND OBJECTIVES

### 4.1 Strategic Goals

To meet the challenges, the ASBP leadership tasked key stakeholders to transform the Armed Services Blood Program. A team of SMEs with many years of service from across the Services was convened to select the top Strategic Goals to guide the ASBP during the second decade of the 21<sup>st</sup> century.



Carrying a wounded Soldier in theatre

The Strategic Goals are a general expression of a functional aspect of the ASBP's vision. A Strategic Goal is an ideal or desired prospect – looking three to five years into the future. The goals are meant to be broad, stretching, and open-ended.

#### **GOAL 1: EFFICIENTLY AND EFFECTIVELY DELIVER QUALITY BLOOD PRODUCTS AND SERVICES**

The ASBP operates within a business strategy of operational excellence, and, as such, efficiency and effectiveness in all operations is paramount. Blood and blood products need to be available for use whenever and wherever they are needed. However, the products and services must be of the best possible quality. The wounded Soldier or civilian casualty from natural disasters is never served by receiving a contaminated or otherwise inferior product. So, this goal begins with taking the best possible products and seeks to deliver them in the most timely and efficient manner possible for any given situation.

#### **GOAL 2: DRIVE TOWARDS JOINTNESS AND STANDARDIZATION IN PEOPLE, PROCESSES AND TECHNOLOGY**

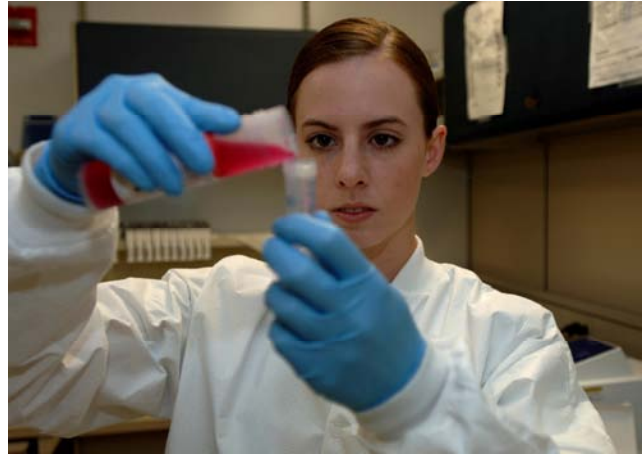
Just as all Services play a unique role in the defense of America, each Service is able to bring unique strengths to the Armed Services Blood Program. It is the mix of these unique strengths and capabilities that achieves the optimal production and delivery of blood and blood products. This overall system is composed of people, processes, and technology; and standardization in each of these areas ensures that best practices are uniformly implemented to achieve the mission.



The ASBP Leadership at Travis Air Force Base

**GOAL 3: PROVIDE GLOBAL LEADERSHIP AND INNOVATION IN ALL ASPECTS OF BLOOD OPERATIONS**

Having the best products and processes available is never a static condition. Advances in medical science and methods of operation continually yield better products and/or better ways to achieve the goal of delivering the best whenever and wherever. To establish superiority in leading the charge in all aspects of blood operations will require the ASBP to invest in research and development and to stay abreast of the latest advances in the global blood community, and to be continually ready to adopt emerging best practices.



**Blood, blood product and blood processing Research & Development ensures that the ASBP stays on the cutting edge of best practices for our customers**

**GOAL 4: COMMUNICATE AND COLLABORATE WITH INTERNAL AND EXTERNAL STAKEHOLDERS TO ENHANCE THE ASBP RELEVANCE, REPUTATION, AND AWARENESS**

The rich 50 plus-year ASBP heritage has earned the trust and support of our military members, their dependents, and our civilian workforce. To acquire the donors needed, as well as stay at the forefront of technology and service, the ASBP must strategically communicate and market to internal and external stakeholders. This is not simply passive advertising but an active, calculated effort to showcase the leadership, advances, and operational excellence that is the ASBP. Past success, cutting edge capabilities, and civilian agency interoperability should be spotlighted to distinguish the ASBP among the other blood organizations serving the nation and world.



**The ASBP cares for everyone**

**4.2 Strategic Objectives**

The ASBP leadership realizes that reaching a strategic goal will involve accomplishing a set of objectives along the way, which are specific and measurable, closed-ended elaborations of the strategic goal. The ASBP objectives describe an end state of what the organization wants to do or achieve.

The ASBP leadership identified Strategic Objectives for each Strategic Goal.

## **GOAL #1: EFFICIENTLY AND EFFECTIVELY DELIVER QUALITY BLOOD PRODUCTS AND SERVICES**

**Objective 1.1:** Maximize Inventory Management to Achieve < 5% RBC Outdate Rate within 18 Months

**Objective 1.2:** Establish Standard Frozen Blood Program (Collection/Manufacturing/Distribution/Education/Use) Within 18 Months

**Objective 1.3:** Maintain and Improve Blood Production and Global Delivery System Which Meets the Needs of the DoD Trauma Care Community, e.g., Age of Blood, Within 12 Months

## **GOAL #2: DRIVE TOWARDS JOINTNESS AND STANDARDIZATION IN PEOPLE, PROCESSES AND TECHNOLOGY**

**Objective 2.1:** Harmonize Blood Deployment Policy and Procedures and Disseminate in a Web-Based Platform Integrated at Medical Treatment Facilities (MTFs) (Deployed and Fixed) within 18 months

**Objective 2.2:** Implement a Commercial off-the-Shelf (COTS) System as an Interoperable Information Conduit and Blood Management Tool Within 24 Months

**Objective 2.3:** Create DoD Center of Excellence for Pre-deployment Blood Bank Training by 2011

## **GOAL #3: PROVIDE GLOBAL LEADERSHIP AND INNOVATION IN ALL ASPECTS OF BLOOD OPERATIONS**

**Objective 3.1:** Develop a Future-focused, Robust Blood Research & Development Program that is Readiness and Battlefield-relevant Within Two Years

**Objective 3.2:** Host, Present or Attend International/National/Regional Conferences to Leverage Best Practices and Lessons Learned within 12 Months

## **GOAL #4: COMMUNICATE WITH ALL STAKEHOLDERS TO MAINTAIN AND ENHANCE PROGRAM RELEVANCE, REPUTATION AND AWARENESS.**

**Objective 4.1:** Develop and Execute Internal and External ASBP Communication Plans within 12 Months

**Objective 4.2:** Develop ASBP Strategic Marketing Plan within Six Months



**The ASBP is vital to the return of the wounded**



# Executing the ASBP Strategic Plan

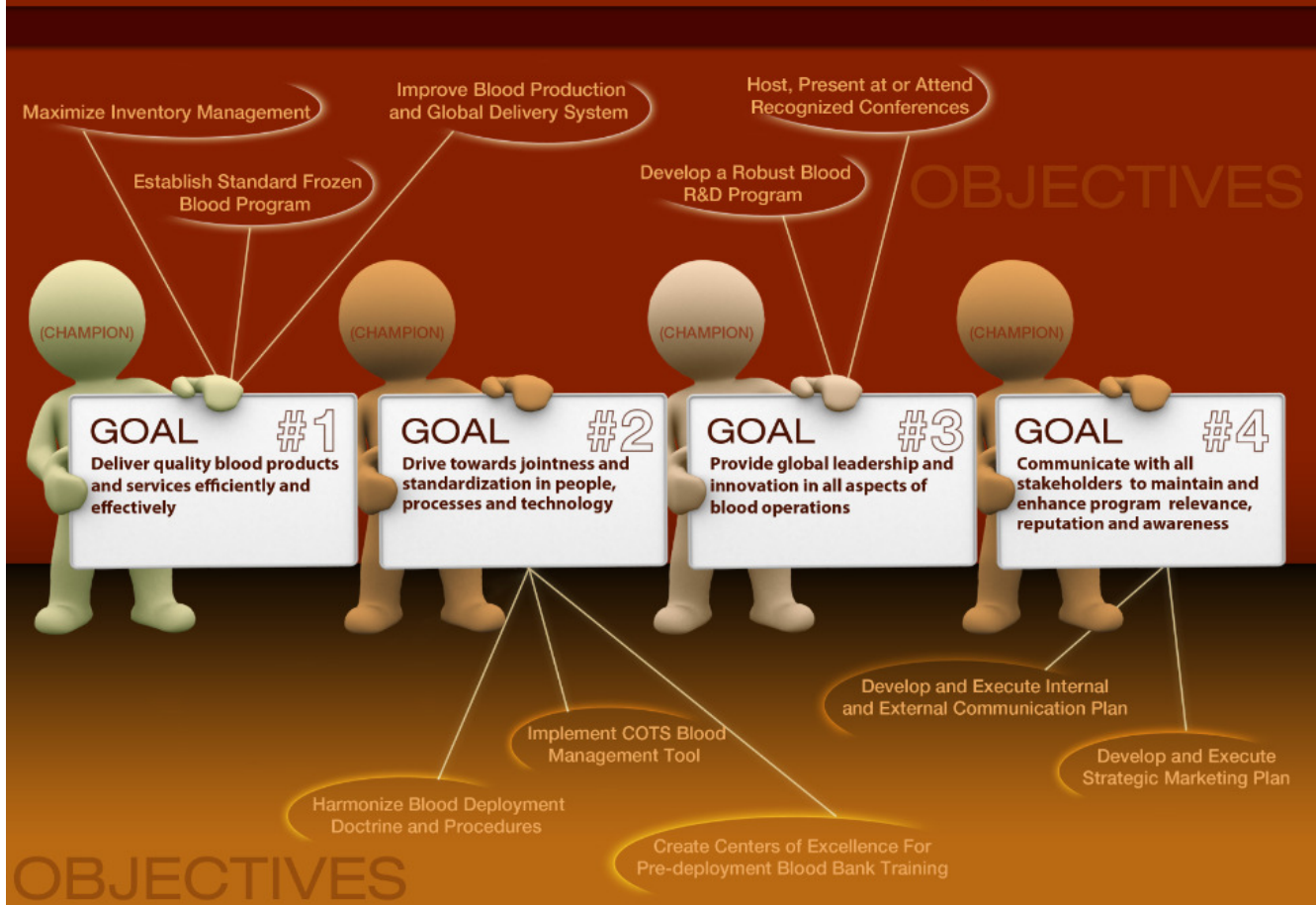


Figure 5: A champion will own each strategic goal, along with its objectives, measures and projects

## 4.3 Assumptions

As the ASBP moves forward to achieve its Strategic Goals and Objectives, planning assumptions must be factored into decision-making and management activities. For instance, we assume that current funding will continue and increase 5% annually. Active personnel deployments will diminish due to the current administration’s aim to withdraw troops from Iraq, and therefore theater blood requirements will decline proportionately. The ASBP may see a shift from responding to combat related needs to a more humanitarian role. With diminished wartime requirements, the ASBP’s focus may shift to a greater focus on streamlining and improving the efficiency and effectiveness of collection, manufacturing, distribution, and transfusion. Coupled with that may be a move to channel resources into increased research and development. Re-prioritization of energy and resources will also include opportunity to evaluate lessons learned from combat operations and to refine policy and doctrine accordingly.



#### 4.4 Changing the Way the ASBP Thinks and Acts

To be effective, transformation and change must be substantiated in all facets of an organization. The ASBP is committed to adhering to necessary paradigm changes. The following table summarizes the characteristics of the new ASBP.

<i>Old Paradigm</i>		<i>New Paradigm</i>
Inefficient delivery of blood products	To	Efficient delivery
Remove expired blood from inventory	To	Maximize inventory management
Low visibility among blood organizations	To	Recognized leader
Independent Service research	To	Joint research capability
Disconnected, redundant data entry and reporting	To	Interoperable IT
Ad-hoc blood drive marketing	To	Strategic communications and marketing

Table 1: The desired future state of the ASBP requires changes in thought and action

#### 4.5 Alignment to the MHS Strategic Plan

The ASBP Strategic Plan aligns to The Military Health System (MHS) Strategic Plan at multiple points. The ASBP objectives "flesh out" or bring on-the-ground practical steps and activities to achieve MHS desired outcomes.

Alignment to the MHS Mission Outcomes is shown below in Table 2.

<b>MHS Desired Mission Outcomes</b>	<b>ASBP Objectives</b>
<b>1.0 Casualty Care and Humanitarian Assistance</b> <b>(1A) Reduce Combat Losses</b>	1.3 Maintain and Improve Blood Production and Global Delivery System Which Meets the Needs of the DoD Trauma Care Community Within 12 Months
<b>2.0 Fit, Healthy and Protected Force</b> <b>(2B) Improve Mission Readiness</b>	2.3 Create DoD Training Facility for All Medical (Non-Lab) Staff For Specialized (Pre-Deployment) Mission Training by 2012
<b>3.0 Healthy &amp; Resilient Individuals, Families &amp; Communities</b> <b>(3B) Health Care Quality</b> <b>(3D) Beneficiary Satisfaction and Perception of MHS Quality</b>	2.1 Harmonize Blood Deployment Doctrine and Procedures, and Disseminate in a Web-Based Platform Integrated at MTFs (Deployed and Fixed) Within 18 Months 2.2 Implement COTS as an Interoperable Information Conduit and Blood Management Tool Within 24 Months 2.3 Create DoD Centers of Excellence for Pre-deployment Blood Bank Training by 2011 3.2 Host, Present or Attend International/National/Regional Conferences to Leverage Best Practices and Lessons Learned 4.1 Develop and Execute Internal and External ASBP Communication Plans Within 12 Months 4.2 Develop Strategic Marketing Plan within Six Months
<b>4.0 Education, Research and Performance Improvement</b> <b>(4A) Capable Medical Workforce</b> <b>(4B) Advancement of Medical Science</b> <b>(4E) Performance-based Management and Efficient Operations</b>	1.1 Maximize Inventory Management to Achieve < 5% RBC Outdate Rate Within 18 Months 1.3 Maintain and Improve Blood Production and Global Delivery System Which Meets the Needs of The DoD Trauma Care Community Within 12 Months 2.2 Implement COTS as an Interoperable Information Conduit and Blood Management Tool Within 24 Months 2.3 Create DoD Centers of Excellence for Pre-deployment Blood Bank Training by 2011 3.1 Develop a Future Focused, Robust Research & Development Program That is Readiness and Battlefield Relevant Within 24 Months

**Table 2: ASBP objectives align to MHS desired mission outcomes**

## Appendix 1: CURRENT GOVERNANCE STRUCTURE OF THE ASBP

The governance of the ASBP is delineated in several regulations, including DoDD 6000.12, DoDI 6480.4, and AR10-64.

The ASBP shall be a single, integrated, blood products system composed of the Military Departments' and the Combatant Commands' blood programs. That program shall ensure, to the maximum extent possible, the provision of all blood and blood products to DoD Component medical treatment facilities (MTFs) for both peacetime and wartime.

The ASBP shall be coordinated by the ASBPO, a joint DoD field operating agency, subject to the authority, direction, and control of the Secretary of Defense, and under operational control of the Joint Chiefs of Staff. The ASBPO shall coordinate with the Chairman of the Joint Chiefs of Staff on all program related operational matters.



The Pentagon

Management authority is delegated to the Secretary of the Army, which, as DoD Executive Agent for the ASBPO, exercises this authority through the Surgeon General. Staff supervision is provided by the Director, Health Care Operations, OTSG. The Assistant Secretary of Defense for Health Affairs (ASD(HA)) provides policy guidance for the ASBP and shall implement policies for the ASBP through the ASBPO, maintaining maximum standardization of procedures and equipment. The ASD(HA) shall also exercise authority, direction, and control over the Director, Armed Services Blood Program Office, except for those DoD Executive Agent responsibilities designated to the Secretary of the Army. The Force Health Protection Council provides oversight of the ASBPO.

The Director, ASBPO, shall coordinate the day-to-day activities of the ASBP, in accordance with the policies established by the ASD(HA) and the plans, programs, standards, and procedures established by the Department of Defense, the Chairman of the Joint Chiefs of Staff, the Unified Combatant Commands, and the Military Services. The Director of the ASBPO shall communicate directly with government and civilian agencies involving blood and related items.

The Secretary of the Army (SA), in support of the Armed Services Blood Support Program, will provide administrative support for the internal administration and operation of the ASBPO and program, budget, and finance all ASBPO operating costs. This does not include the pay, allowances, and travel of military members and assigned staff. These funds are provided by the respective military departments. Upon mobilization, The SA will fund for blood product procurement from civilian sources, including the cost of transportation to the Armed Services Whole Blood Processing Laboratory. This procurement may be made when military needs exceed supply.

The ASBP Governance, current as of February 2009, is depicted below in Figure 6.

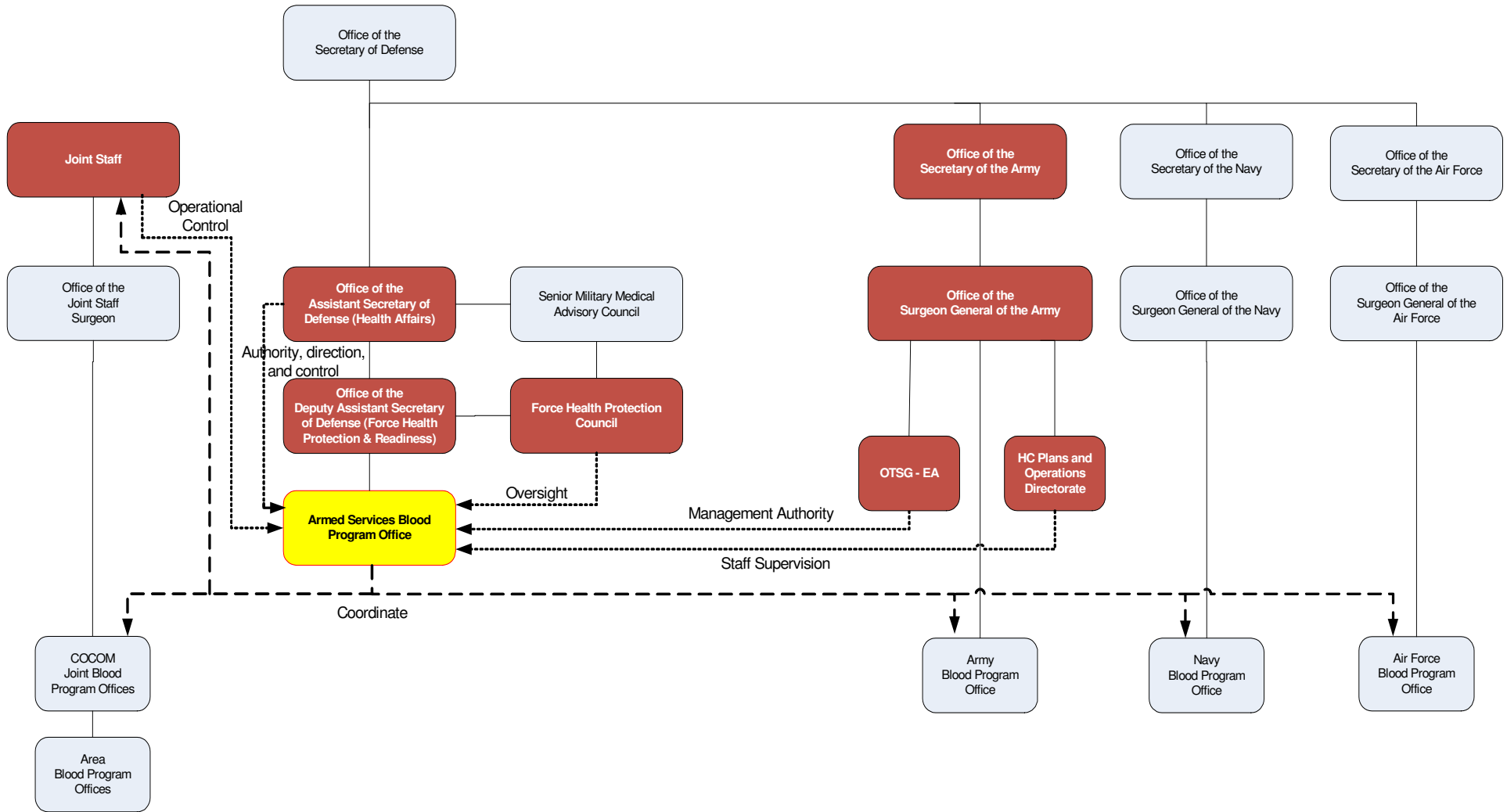


Figure 6: ASBP organizational relationships and governance (February 2009)

What makes  
you think it's  
not about  
**YOU?**



**'Noot' Burnett, USAF Vet**  
Gives blood to honor late son,  
Chad, and all fallen heroes.

**ASBP**   
**Armed Services  
Blood Program**

[militaryblood.dod.mil](http://militaryblood.dod.mil)

Winner of the Association of Donor Recruitment Professionals (ADRP),  
*Tools of the Trade* Best Ad Campaign 2008.



**ASBP**  
Armed Services Blood Program



**Armed Services Blood Program Office**  
5109 Leesburg Pike, Suite 698  
Falls Church, VA 22041-3258  
ASBPO.otsg@otsg.amedd.army.mil  
Commercial Phone: (703) 681-8024  
Fax: (703) 681-7541  
DSN: 761-8024