



NCR BRAC Health System Advisory Subcommittee Report

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Chairman
May 7, 2009



NCR BRAC Advisory Subcommittee

- **Convened to advise DoD on the establishment of an integrated service delivery network (IDN) in the NCR service area (May 2008)**
- **Additionally charged to conduct an independent review of the design and construction plans for the Walter Reed National Military Medical Center and new Fort Belvoir community hospital, as required by the NDAA 2009 (October 2008)**



PL 110-417 (NDAA 2009), Section 272 Independent Design Review

- **NDAA 2009 calls for an independent design review of:**
 - ✓ **WRNMMC**
 - ✓ **FBCH**
- **Questions to be answered by independent design review:**
 - ✓ **Will the design achieve the goal of providing “world-class medical facilities”?**
 - ✓ **If not, what changes should be made to ensure the construction of world-class medical facilities?**



PL 110-417 (NDAA 2009), Section 272 Corollary Questions

- **What is a “world-class medical facility”?**
- **Is DOD’s approach to design and construction of the WRNMMC sound?**
- **Is there any reason to call a halt to construction at this time?**
- **Are there other considerations that must be dealt with?**



NCR BRAC Subcommittee Process

- **Subcommittee supplemented with SMEs**
- **Multiple in-person meetings and conference calls**
- **Extensive review of facility plans and other documents; heard numerous presentations**
 - ✓ Re: what is “world-class” hospital design
 - ✓ Re: plans for these two facilities
- **Outside review of “world-class” definition by healthcare leaders**



NCR BRAC Subcommittee

What is a “world-class medical facility”

- **“World-class” is a descriptor increasingly used in healthcare to convey an impression of being “among the best in the world”**
- **No recognized body has previously established an operational definition of “world-class”**
- **Subcommittee developed a definition**
 - ✓ **extensive review of documents**
 - ✓ **committee’s considerable collective experience and expertise**
 - ✓ **favorable reviews and helpful suggestions from >30 healthcare luminaries**
 - ✓ **presented to 2009 meeting of ACPE**



NCR BRAC Subcommittee Findings

What is a “world-class medical facility”?

- **Qualities that can be measured with current methods (Appendix B)**
 - ✓ 6 domains
 - ✓ 18 conditions
- **Qualities that cannot be measured with current methods**
 - ✓ routinely goes above and beyond what is required
 - ✓ the whole is greater than the sum of the parts
 - ✓ advances the frontiers of knowledge and pioneers improved processes of care
 - ✓ makes the extraordinary ordinary and the exceptional routine



NCR BRAC Subcommittee Findings

Key Findings and Issues

- **BRAC funding limitations prevent a comprehensive design plan**
- **The vision and mission are unclear**
- **Organizational and funding authority are fragmented**
- **The service-specific and facility-centric cultures conflict with the needs of an IDS**
- **A comprehensive master plan is absent**
- **No need to halt construction if a master plan addressing needed backfill renovation is completed in a timely manner**



NCR BRAC Subcommittee Findings

Is the DOD's approach to the design of the WRNMMC sound?

- **Yes; design process shortened timeline, and still provided flexibility in comparison to traditional MILCON process.**
- **Inability to complete renovation of NNMC because of limitations in BRAC funding process is a serious problem.**



NCR BRAC Subcommittee Findings

- **NCR IDN concept is likely to improve service delivery**
- **A lot of diligent work has been done, but efforts are hampered by an ambiguous vision, unclear chain of command and incomplete funding due to its multiple sources having different requirements**
- **Plans for Fort Belvoir Hospital appear to be well conceived; some areas where improvements could be made**



NCR BRAC Subcommittee Findings

- **Variable use of input from users (patients, clinicians, staff)**
- **Needed culture change to support the NCR IDN not occurring by design**
- **Insufficient demand analysis for WRNMMC**
- **No “master plan” for WRNMMC or NCR IDN**
- **Present inability to complete renovations at NNMC/WRNMMC because of limitations in BRAC funding process is a serious problem**



NCR BRAC Subcommittee Findings

- **Current WRNMMC plan has significant deficiencies**
 - ✓ **non-conformance with Joint Commission standards**
 - ✓ **surgical suite deficiencies**
 - ✓ **hospital bed plan**
 - ✓ **no on-site simulation labs**
 - ✓ **IM/IT plans need additional work**
 - ✓ **approach to medical records needs further review**
 - ✓ **strategic technology plan needed**
 - ✓ **location of dialysis unit problematic**
 - ✓ **plans for support services incomplete**



NCR BRAC Subcommittee Recommendations

- **Empower a single official with complete organizational and budgetary authority**
- **Develop a master plan for both WRNMMC and NCR IDN**
- **Begin engineering needed culture change**
- **Correct identified deficiencies**
- **More fully incorporate end-user input into plans**
- **Evaluate design processes for future use in MHS capital projects**
- **Continue with construction and backfill renovations**



Further Subcommittee Process

- **Publish report**
- **Present and discuss findings as requested**
- **Continue with review of the development of the NCR integrated delivery network**
- **Otherwise as directed**