



National Capital Region Medical Transformation Update



DoD Progress on Enhancing World-Class Healthcare Capabilities in the National Capital Region

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Agenda



- Purpose:
 - Provide an overview of DoD's progress in enhancing world-class healthcare capabilities at the new Walter Reed National Military Medical Center (WRNMMC), Fort Belvoir Community Hospital (FBCH), and the National Capital Region (NCR).
- Outline:
 - Background
 - Primary Components of Comprehensive Master Plan
 - Conclusion



Background



- Fall 2005: 2005 BRAC recommendations issued
- OCT 2008: Sec 2721, FY10 NDAA required independent review of BRAC plans for WRNMMC and FBCH
- JUL 2009: Defense Health Board (DHB) completed independent review and provided definition of world-class medical facility as well a recommendations for WRNMMC to be world-class
- 15 OCT 09: DoD endorsed DHB report recommendations
- 28 OCT 09: Sec. 2714, FY10 NDAA codified DHB definition of world-class medical facility and required Comprehensive Master Plan (CMP)
- 23 APR 10: CMP provided to Congress as roadmap to achieve additional "world-class" attributes in NCR as identified by DHB
- 31 AUG 10: DoD approved Supplement to the CMP (S-CMP)

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Primary Components of Comprehensive Master Plan



- World-class construction projects at Bethesda
- NCR organizational and budgetary authorities
- IM/IT
- Civilian Personnel

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Update on world-class construction projects at Bethesda

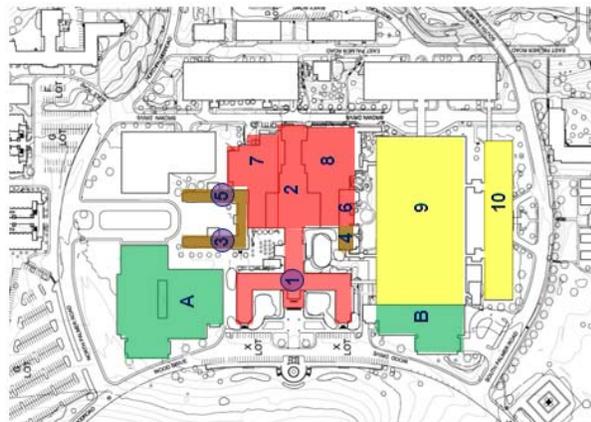


- CMP identified \$829M in world-class facility projects at Bethesda
 - Includes design, temporary facilities, parking garage, outfitting and base infrastructure upgrades
- Constructs ~560K SF, demolishes 325K SF poor/failing condition, renovates 120K SF of clinical space
 - Additional space required for conversion to single patient rooms, expanding/improving operating suites, rightsizing functional areas, etc.
- Projects estimated to begin in FY12 and be completed by FY18
 - Saturation of construction activity at Bethesda through BRAC
 - Navy has determined Environmental Impact Statement required
 - Coordination with community organizations required
- Costs will continue to be refined as:
 - Medical Master Facility Plan is completed (31 DEC 10) and design gets underway

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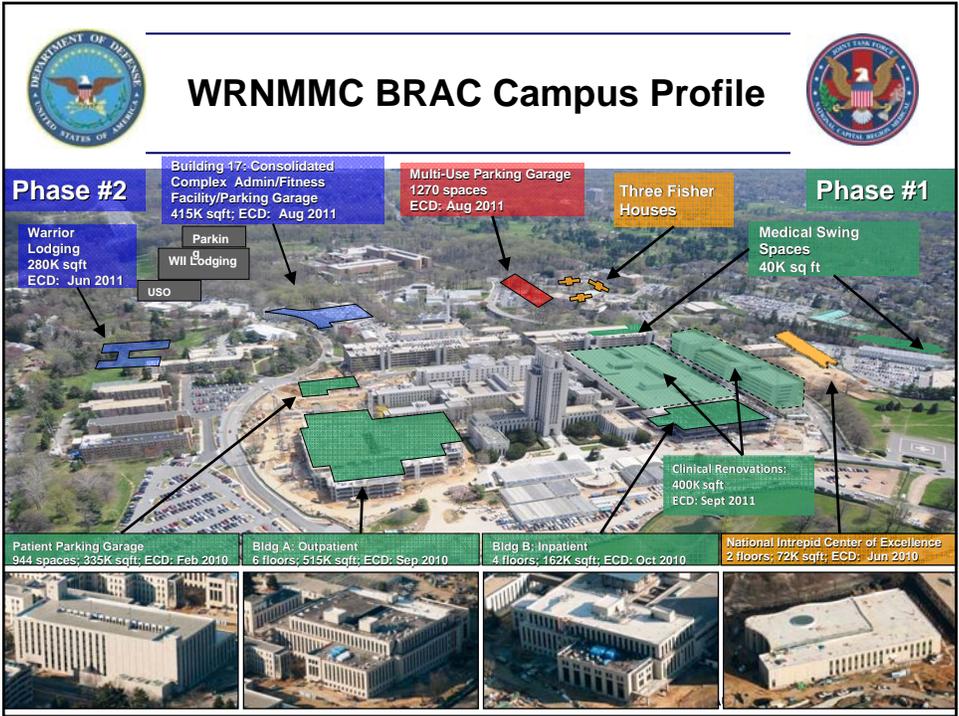
Current NNMCF Facility Condition Index (FCI)



FCI INDEX

- Historical
- Good (100% to 90%)
- Fair (89% to 80%)
- Poor (79% to 60%)
- Failing (59% to 0)

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Bethesda BRAC Admin, Gym and Parking Complex



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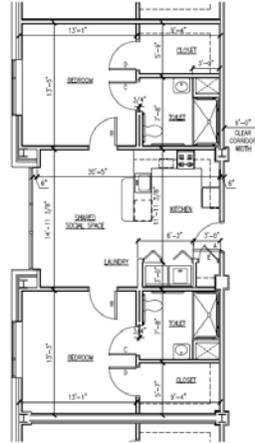
Walter Reed National Military Medical Center



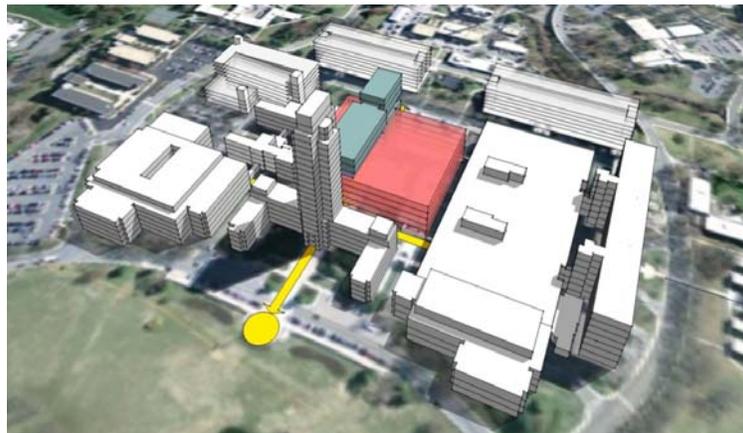
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Bethesda Warrior Lodging and Admin Complex

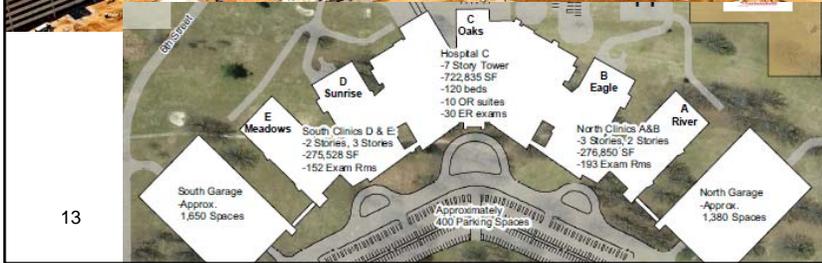


WRNMMC World-Class Clinical Expansion Concept





Fort Belvoir Community Hospital



Fort Belvoir Community Hospital Construction





Fort Belvoir Community Hospital Construction



Fort Belvoir Warrior Lodging and Admin Complex





NCR Organizational and Budgetary Authorities



- JTF CapMed delegated operational control and financial authorities over:
 - Walter Reed Army Medical Center (WRAMC)
 - National Naval Medical Center (NNMC)
 - DeWitt Army Community Hospital (DACH)
- Post-BRAC, JTF CapMed will maintain authorities over joint hospitals
 - WRNMMC
 - FBCH
- Authorities over NCR outpatient clinics may be consider post-BRAC
- Single organizational and budgetary authority
 - Achieves synergies for more effective and efficient operation
 - Aligns with DHB “foundational” recommendation that “one official should be empowered with singular organizational and budgetary authority”

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IM/IT



- IM/IT plan to support world-class care to include technologies such as:
 - Smart Suite Technology
 - Smart beds provide real-time patient monitoring of bed status, patient position, and activity to alerts care providers when patients need assistance
 - Electronic clinical dashboard presents unified intuitive view of patient’s data aggregated from different sources to include the electronic health record
 - Utilizes Real Time Location System Technology
 - Joint Medical Network (regional)
 - Serving as platform to develop DoD Electronic Health Record infrastructure
 - Sharing of critical information such as images (Cardiology, Ophthalmology, Endocrinology, Nuclear Medicine, etc.), records, etc.
 - Redundancies allow for Continuity of Operations Plan during outage
 - Real Time Location System Technology
 - Allows staff to know if patients are in their rooms as well as their condition and current medical information
 - Track equipment to locate critical medical devices
 - Alert patients to staff name, title, and department when entering their room.

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NCR Civilian Personnel and Guaranteed Placement Program



- **Notification Letters**

- 4,050 letters delivered to WRAMC, NNMC and DACH by supervisors by 15 Jun
- Employees not required to respond if they accepted assignment
- Positive feedback at all sites on individual notification letters
- Employing strategy with goal of meeting all geographic preferences

	Letters Delivered	Retiring/resigning before 2011	Accepted by Response	Acceptance by Non-Response	Acceptance Rate
WRAMC	2200	28	1874 with 209 requesting change in location	298	98.50%
DACH	700	13	628 with 5 requesting change in location	72	98%
NNMC	1150	3	872 with 18 requesting alternate location	279	99%

- **Way Ahead**

- JTF CapMed developing CONOPS for HR Servicing Office: Personnel/support will be provided by Army
- DoD coordinating delegation of civilian personnel authorities to JTF CAPMED
- Transition to DoD civilians in Apr 2011 and relocation Summer 2011



Conclusion



- DoD is committed to the to enhancing and improving world-class healthcare capabilities in the NCR
- The development of the NCR integrated healthcare delivery system will continue to provide more effective and efficient healthcare
- Casualty Care will remain the top priority in the NCR Medical
- DoD expresses its appreciation to the Defense Health Board for its support throughout the transformation of military medicine in the NCR



Back-up Slides

