



NCR BRAC Health System Advisory Subcommittee Report

**Kenneth W. Kizer, MD, MPH
Chairman
November 13, 2009**



Key Milestones Since DHB Meeting in May 2009

- **Final NCR BRAC HSAS Report transmitted to DHB (June 3) and officially delivered to the Department (July 2)**
- **Department formally responds to Subcommittee report (October 15); briefs Congress (October 19)**
- **NDAA 2010 (PL 111-84) signed by President Obama (October 28)**
- **Section 2714, PL 111-84, codifies Subcommittee's definition of "world class medical facility" and mandates a master plan to address deficiencies by March 31, 2010**



NCR BRAC Health Systems Advisory Subcommittee – History

- **Convened to advise Department on the establishment of an integrated service delivery network (IDN) in the National Capital Region in May 2008**
- **Additionally charged to conduct an independent review of the design and construction plans for the new Walter Reed National Military Medical Center and Fort Belvoir Community Hospital in Oct 2008, as required by the NDAA 2009, Section 2721**
- **NCR BRAC HSAS member appointments expired Jul/Aug 2009**



NCR BRAC HSAS Relevant Context and Philosophy

- Understood the Congressional charge of being a “world class medical facility” to be more than an aspiration or a “journey of continuous improvement”
- “World class” taken to mean the ‘best of the best’
- Specifications should be objective and measurable whenever possible



NCR BRAC HSAS Key Findings

- An operational definition of “world class medical facility” was not specified by Congress
- Many aspects of the *visible architecture* of a “world class medical facility,” as well as its processes of care, can be objectively specified and measured
- The *invisible architecture* (i.e., culture, values, etc.) is not well measured with today’s methods
- The new WRNMMC is not being designed to be a “world class medical facility”
- Design of the new Fort Belvoir Community Hospital is closer to achieving Congressional intent



NCR BRAC HSAS Key Findings

- Congressional intent may be achieved without halting new construction if sufficient and timely corrective actions are taken, including necessary non-BRAC funded renovation
- Realignment of organizational structure and budgetary authority is essential to achieve an IDN
- Master plans are needed for the installation, facilities and technology
- Cultural alignment is essential and not occurring



NCR BRAC HSAS Key Findings

- Need to better incorporate clinician/end-user input into plans
- Many specific details of the design need to be reconsidered (e.g., single rooms, surgical suites, simulation capability, others)
- Evaluate the design and build processes used for these facilities to inform future MHS construction



Department's Response to the Subcommittee's Report (October 15, 2009)



NCR BRAC HSAS Response to the Department's Response

- Appreciates the Department's general concurrence with the Subcommittee's findings and its acknowledgement that Congressional intent will not be achieved on the current course
- Concerned that the Department might have not understood the essentiality of taking certain corrective actions soon if halting construction is to be avoided and if Congressional intent is to be achieved



NCR BRAC HSAS Response to the Department's Response

- Concerned about the number of corrective actions that are “proposed,” “under review” or “under consideration”; the lack of specificity about what will be done to correct deficiencies; and the absence of deadlines and milestones,
- Multiple specific points are commented upon in the Subcommittee’s written response (e.g., need for a demand analysis and not just surge capacity analysis, need for a facilities master plan, need for an overall technology master plan, single rooms are an established standard, surgical suite deficiencies, other)



NCR BRAC HSAS Response to the Department's Response

- Subcommittee hopes to continue to work with the Department to see the goal of achieving “world class” excellence realized