



National Capital Region Medical Transformation Update



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

**VADM John Mateczun, MC, USN
Commander, Joint Task Force National Capital
Region Medical**

November 2, 2010



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)



Primary Components of Comprehensive Master Plan



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



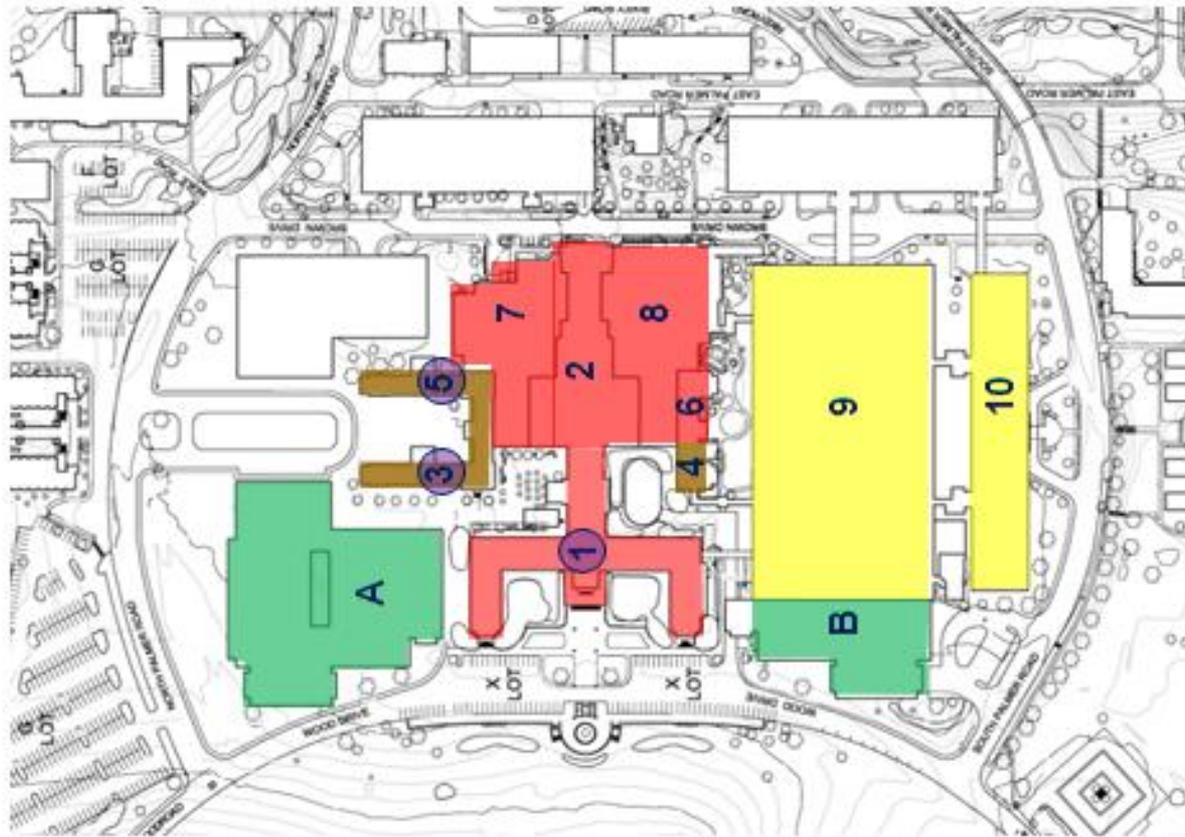
Update on world-class construction projects at Bethesda



- 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



Current NNMC Facility Condition Index (FCI)

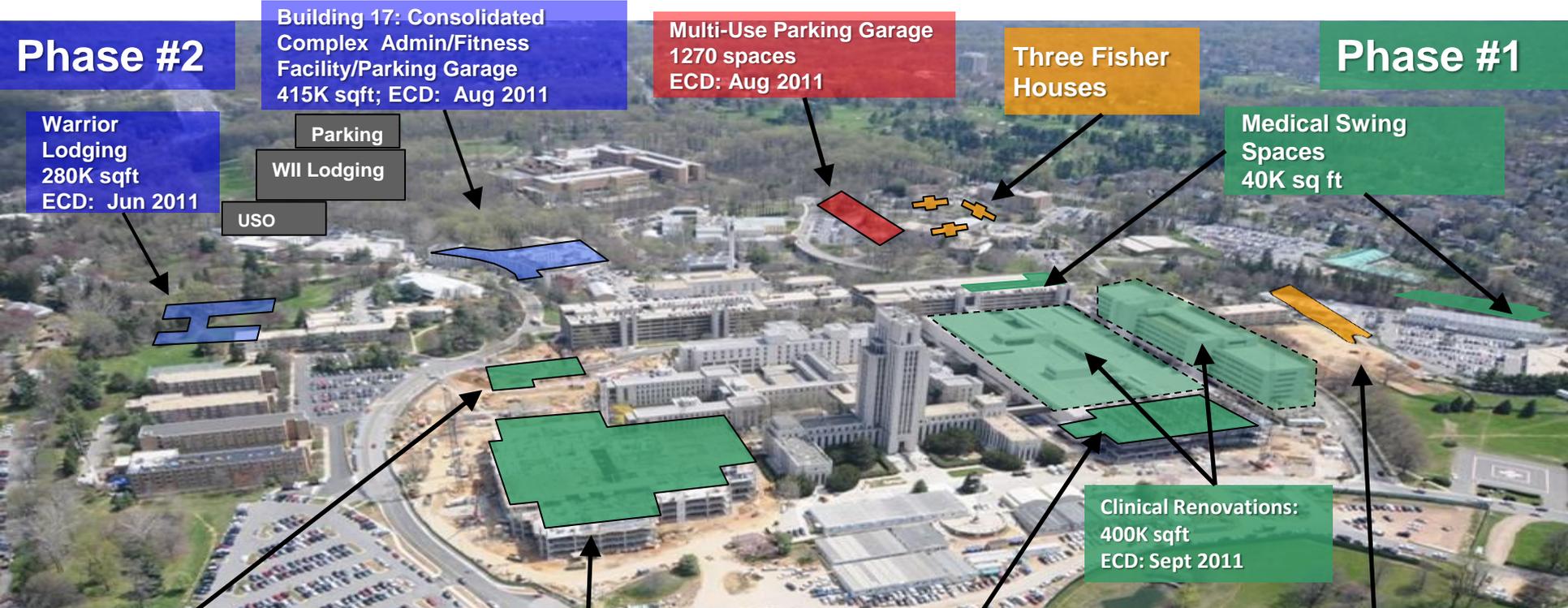


FCI INDEX

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



WRNMMC BRAC Campus Profile



Patient Parking Garage
944 spaces; 335K sqft; ECD: Feb 2010

Bldg A: Outpatient
6 floors; 515K sqft; ECD: Sep 2010

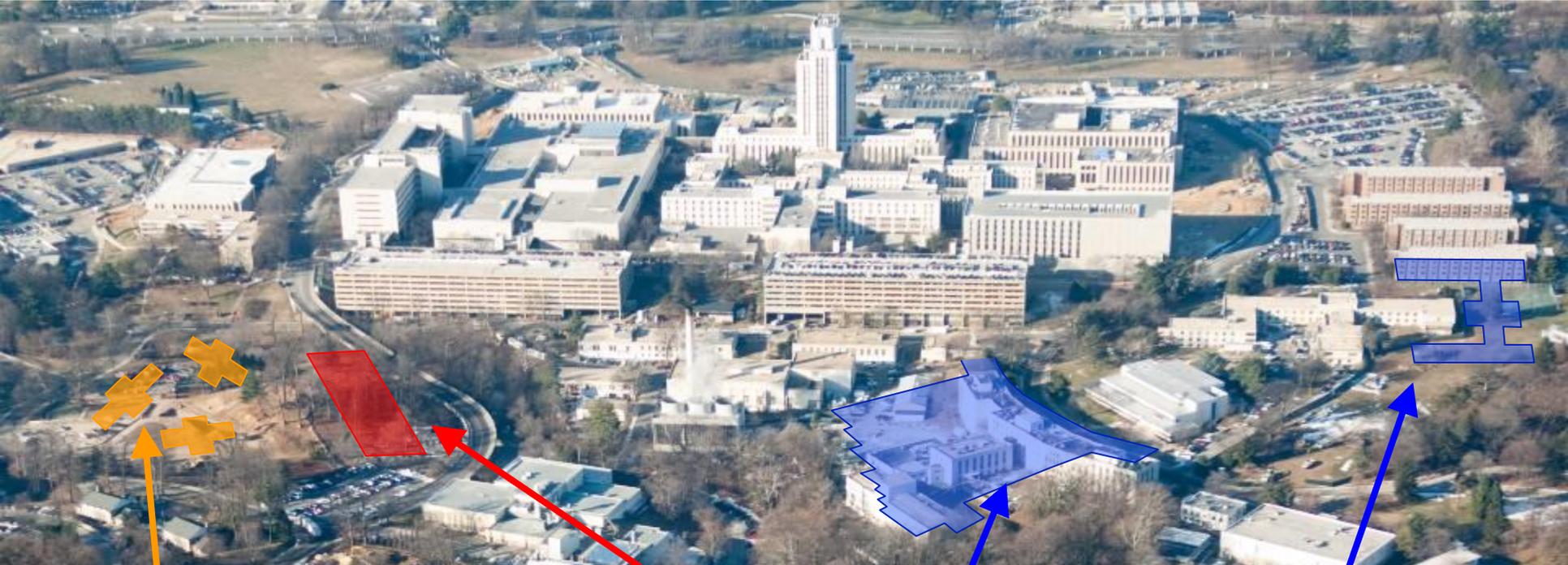
Bldg B: Inpatient
4 floors; 162K sqft; ECD: Oct 2010

National Intrepid Center of Excellence
2 floors; 72K sqft; ECD: Jun 2010





BRAC Bethesda Support Facility Construction Underway



Three Fisher Houses
ECD: TBD



Multi-Use Parking Structure
10 floors; 1200 spaces;
ECD: Aug 2011



Building 17: Consolidated Complex
4 floors; 415K sqft; ECD:
August 2011



Building 62: Barracks/Dining/Admin
8 floors; 295K sqft; ECD:
June 2011





Bethesda BRAC Admin, Gym and Parking Complex



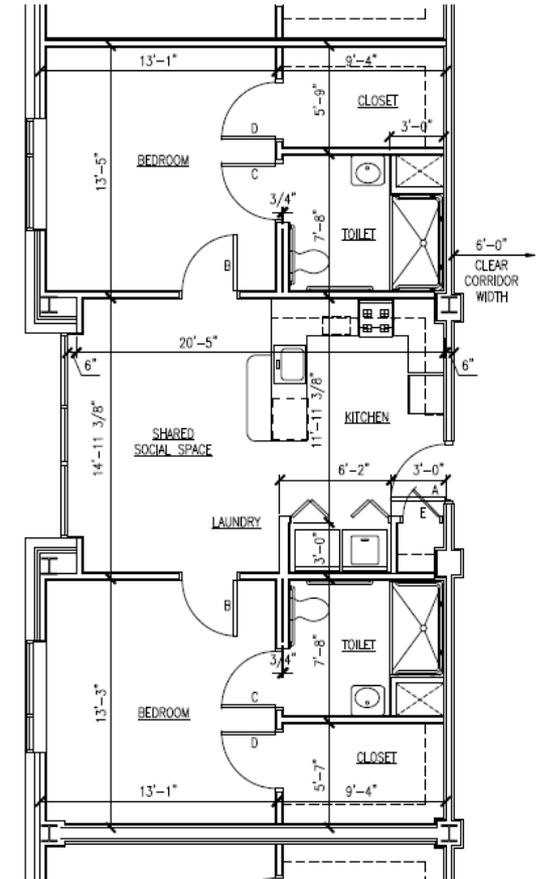


Walter Reed National Military Medical Center



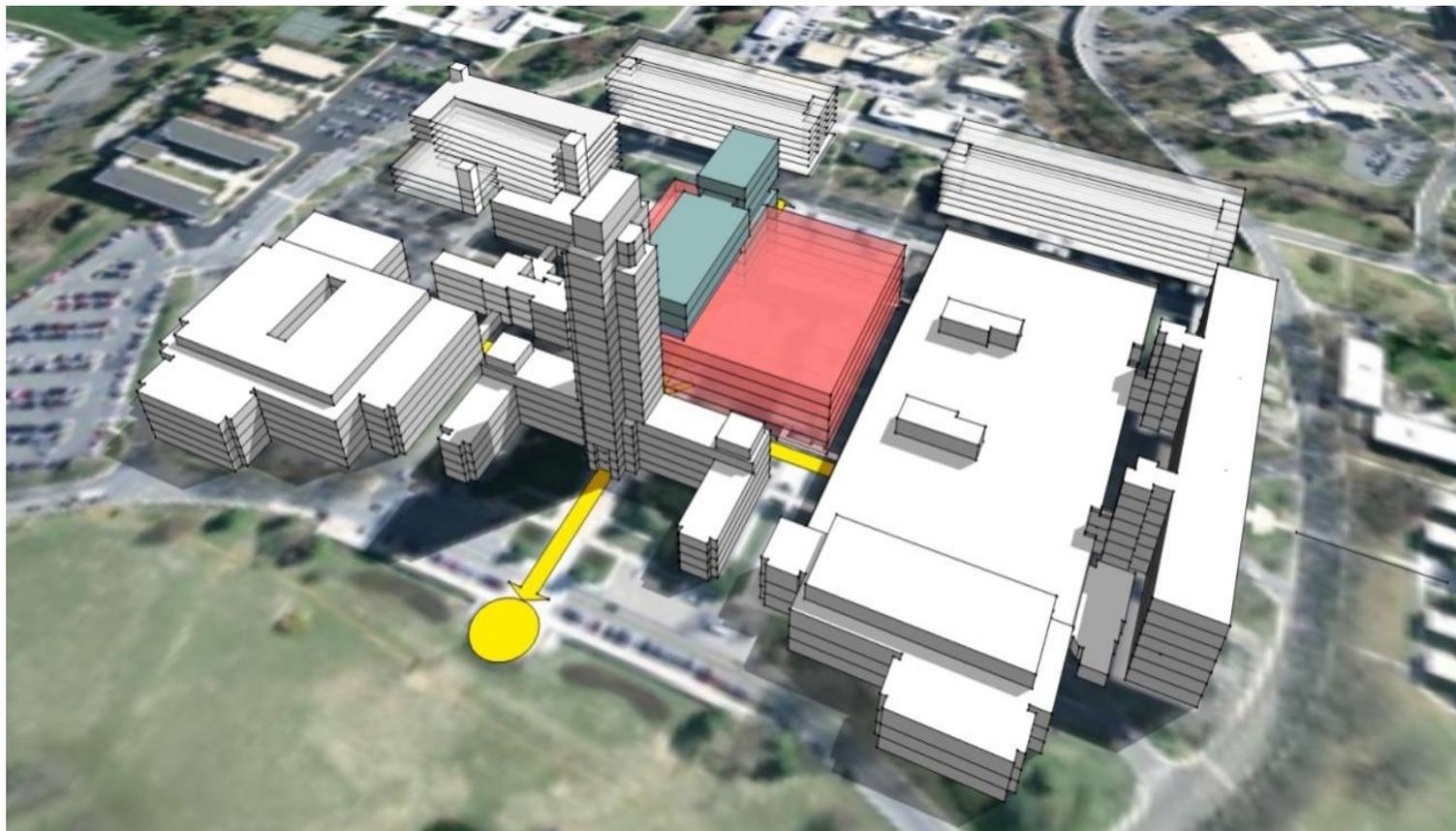


Bethesda Warrior Lodging and Admin Complex



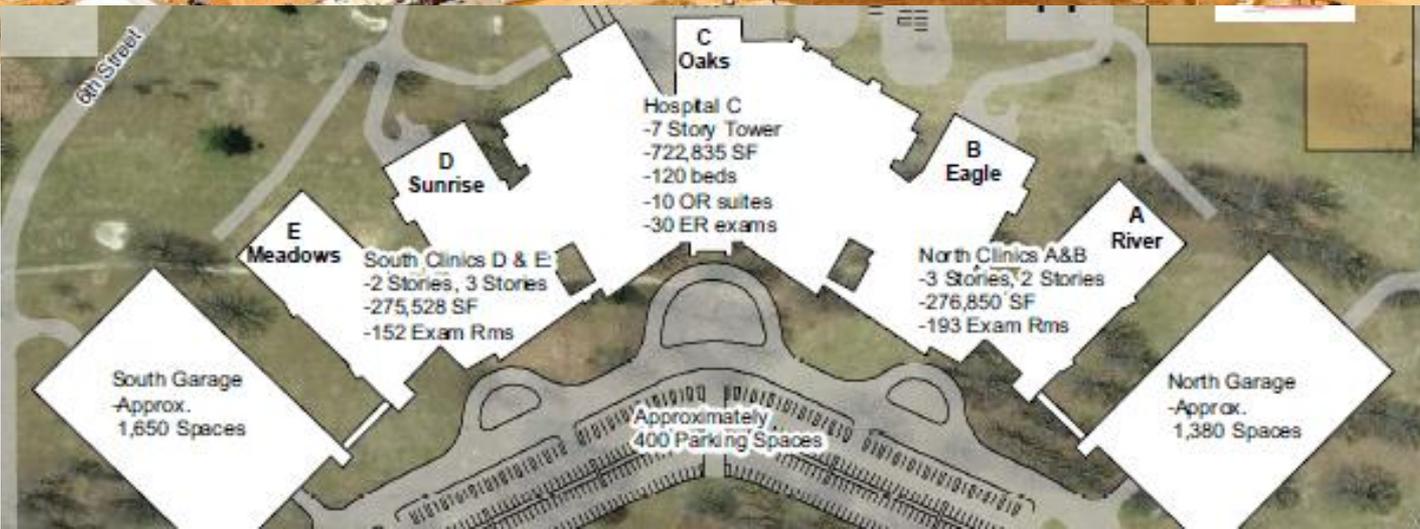


WRNMMC World-Class Clinical Expansion Concept





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”



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.



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

