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

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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)
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)
WRNMMC BRAC Campus Profile

**Phase #1**
- Medical Swing Spaces
  - 40K sq ft
  - ECD: Aug 2011
- Three Fisher Houses
  - 1270 spaces
  - ECD: Aug 2011
- Multi-Use Parking Garage
  - 1270 spaces
  - ECD: Aug 2011

**Phase #2**
- Warrior Lodging
  - 280K sq ft
  - ECD: Jun 2011
- Building 17: Consolidated Complex Admin/Fitness Facility/Parking Garage
  - 415K sq ft
  - ECD: Aug 2011
- USO
- Parking
- WII Lodging
- Building 17: Consolidated Complex Admin/Fitness Facility/Parking Garage
  - 415K sq ft
  - ECD: Aug 2011

**Clinical Renovations:**
- 400K sq ft
- ECD: Sept 2011

**Patient Parking Garage**
- 944 spaces; 335K sq ft
- ECD: Feb 2010

**Bldg A: Outpatient**
- 6 floors; 515K sq ft
- ECD: Sep 2010

**Bldg B: Inpatient**
- 4 floors; 162K sq ft
- ECD: Oct 2010

**National Intrepid Center of Excellence**
- 2 floors; 72K sq ft
- ECD: Jun 2010
BRAC Bethesda Support Facility
Construction Underway

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

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

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

Three Fisher Houses
ECD: TBD
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
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

<table>
<thead>
<tr>
<th>Location</th>
<th>Letters Delivered</th>
<th>Retiring/resigning before 2011</th>
<th>Accepted by Response</th>
<th>Acceptance by Non-Response</th>
<th>Acceptance Rate</th>
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</thead>
<tbody>
<tr>
<td>WRAMC</td>
<td>2200</td>
<td>28</td>
<td>1874 with 209 requesting change in location</td>
<td>298</td>
<td>98.50%</td>
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<tr>
<td>DACH</td>
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<td>13</td>
<td>628 with 5 requesting change in location</td>
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<tr>
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<td>3</td>
<td>872 with 18 requesting alternate location</td>
<td>279</td>
<td>99%</td>
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</tbody>
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**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 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