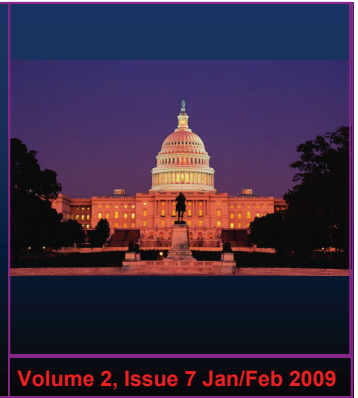




JTF CAPMED

Newsletter



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From the Helm

NCR MILITARY MEDICAL FACILITIES WILL BE JOINTLY MANNED

BETHESDA, MD. On 15 January 2009, Deputy Secretary of Defense Gordon England approved the establishment of Joint Commands at the Walter Reed National Military Medical Center and the community hospital at Ft. Belvoir. These new Joint Commands will report to the Joint Task Force National Capital Region Medical (JTF CapMed). The new facilities will be staffed as Joint rather than single Service billets with a mix of military medical professionals from the Army, Navy and Air Force.

This unprecedented and transformational decision ushers in a new model for health care delivery in the National Capital Region. While military hospitals have traditionally provided care to beneficiaries from all Services, Military Treatment Facilities have never been staffed with a representative mix of medical personnel from the Service Medical Departments.

This decision is the second in a series of decisions designed to implement an integrated regional approach to military healthcare and achieve unity of effort. The first decision approved by the Deputy Secretary of Defense on 20 October 2008 was the use of a single Department of Defense (DoD) civilian personnel staffing model at National Capital Region Medical Facilities. This means that ultimately current Army, Navy, or Air Force civilian personnel in the region will become a DoD civilian workforce.

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VADM John Mateczun, Commander JTF CapMed remarked, "These decisions provide the foundation that will allow us to achieve one of the nation's premier regional healthcare systems for our patients while enhancing the Services' ability to provide fully trained and ready expeditionary medical forces. Our skilled and dedicated civilian workforce will have new opportunities for career development that will be unprecedented."

The plans for implementation of these transformational decisions are in development. The BRAC law requires that the new facilities be fully operational by 15 September 2011. The manning documents for the hospitals have been undergoing spiral development and will now take the form of a Joint Table of Distribution or JTD. A Civilian Human Resources Council has been chartered with representation from the service systems as well as DoD. The JTF Staff and Component Commanders are completing an organizational structure for the new hospitals that will incorporate best practices and bring together some clinical services in new ways to enhance patient care.

NNMC Town Hall



Photo courtesy of MC2 (SW) Jason Turner

JTF Weighs in on integration process

By Sarah Fortney, Journal staff writer

In January, a town hall meeting was held at the National Naval Medical Center focused on integration, and featuring guest speaker Army Brig. Gen. Phil Volpe, deputy commander of Joint Task Force National Capital Region – Medical (JTF CapMed).

General Volpe spoke to a crowd of staff members in Bethesda's Laurel Clark Memorial Auditorium on the Joint Task Force's mission to forge a new frontier in military medicine.

“What we're trying to do is integrate a common military health system between the services and lead the way in doing that for the future for the enterprise in health care,” Volpe said.

Each branch of service has made significant changes in health care and technology, he said, though there has not been integration between services. For example, nurses are attending the same nursing schools and working in the same operating rooms. They also must meet the same standards, but what causes difficulties, he said, is moving cross-level resources. Thus, JTF CapMed was created.

Volpe described the challenges and decisions leadership will have to make, such as manning governance of the future Walter Reed National Military Medical Center (WRNMMC) and the new community hospital at Fort Belvoir. Volpe also detailed changes that will need to be made to the civilian personnel management system.

In the future, staff within WRNMMC and the new Ft Belvoir hospital will be roughly 50 percent civilians and 50 percent service members, he said.

Volpe explained how balancing personnel equally between hospitals will be a challenge. However, he is confident that civilians will have many options and find themselves working exactly where they want to be. Additionally, the Army has a Guaranteed Placement Program in place, he said.

“We want to keep all of our employees,” he said. “That's our goal.”

Volpe said JTF CapMed does not make any decision based on uniform or military service.

“We start with patient care,” he said. “What's in the best interest of the patient, not what's in the interest of Army or Air Force or Navy medicine.”

At the end of his presentation, Volpe took questions from staff members in the auditorium.

Over the next several weeks, integration will be the focus of every other town hall meeting at NNMC. Opposite the integration meetings, the town hall will continue to inform staff members on the Base Realignment and Construction progress.

Noteworthy News

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JTF CapMed Professional Development Series



JTF CapMed kicked off the new year with the Professional Development presentation about “Disaster Response in the National Capital Region.” Held at the Uniformed Health Services University (USU) and hosted by J-5’s CAPT Ras, LTC Roessler, and CDR Hoey, audience members stepped through slides outlining the Commander’s intent and the unique role of JTF CapMed in the event of an emergency on a massive scale. Discussions ensued about the role of JTF CapMed in providing Medical Response in the NCR in the event of manmade or natural disaster including coordinating organizations and chains of authority/command.

The presentation was timely in that JTF CapMed was heavily involved in Inaugural Event military medical support planning and execution.



Awards and Ceremonies



HMC Davenport was presented with the Joint Commendation Medal in a January 15th ceremony to reward his outstanding support of JTF CapMed in the J-5.



The Command said “Goodbye” to Mrs. Carolyn Stoneburner, who is going to work at Walter Reed in their integration division. Having been on board from the beginning, VADM presented her with a Plank Owner Certificate, signifying that she was one of the founding members of JTF CapMed.



Family, friends, and staff gathered at a January 16th Frocking ceremony, where LTC Darden was promoted to Colonel. Colonel Darden is the Director of J-1, Manpower and Personnel.

Noteworthy News

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Awards and Ceremonies (cont)



JTF CapMed celebrated two very significant retirements in January. Captain Vince Musashe, Director, J-5 Plans and Policies, and the Command Master Chief, CMDCM Robert Elliott, both had elaborate retirement ceremonies attended by family, friends, and colleagues.

Captain Musashe leaves behind a legacy of Joint Staff experience and actually led the charge for Joint integration efforts.

Master Chief Robert Elliott was hand-selected to become the Command Senior Enlisted Leader for JTF CapMed after serving as the 11th Bureau of Medicine and Surgery Force Master Chief and Director of the Hospital Corps.



Inaugural Support

January's Inauguration saw a maturation of the JTF CapMed Battle Staff, as they endeavored to undertake the complete coordination of DoD medical support to all the Inaugural events. For the first time ever, all the services, in cooperation with over 50 other federal, state, and local agencies, worked seamlessly as one force to ensure that the crowd was safe and secure and had access to immediate medical response. Months of planning paid off as the 123 military medical personnel on site provided immediate medical attention to several event participants. Amazingly, out of an estimated crowd of over 2.2 million people, only two people needed to be transported to a military treatment facility!

This effort marks the beginning of an era in the National Capital Region in which all the services will work in complete unity to accomplish the mission of providing world-class health care to military medical beneficiaries.



Dr. Ward Casscells, Assistant SECDEF for Health Affairs, gets briefed on the patient tracking system by VADM Mateczun.



JTF CapMed Joint Operations Center (JOC) in action during the Inaugural Events.



Outside and inside of CASPER, the mobile command vehicle used by JTF CapMed to facilitate communications during the Inaugural Events.

JTPB Update

Joint Education and Training Dashboards Approved by JTPB

On December 17, 2008 the J7 (Education, Training & Research Directorate) presented a decision brief to the Joint Transition Planning Board (JTPB) on Education and Training Dashboards for the Joint Operating Area (JOA). The purpose of this briefing was to obtain a decision for a dashboard concept that provides a means of viewing key metrics that reveal the robustness and health of training programs in the JOA.

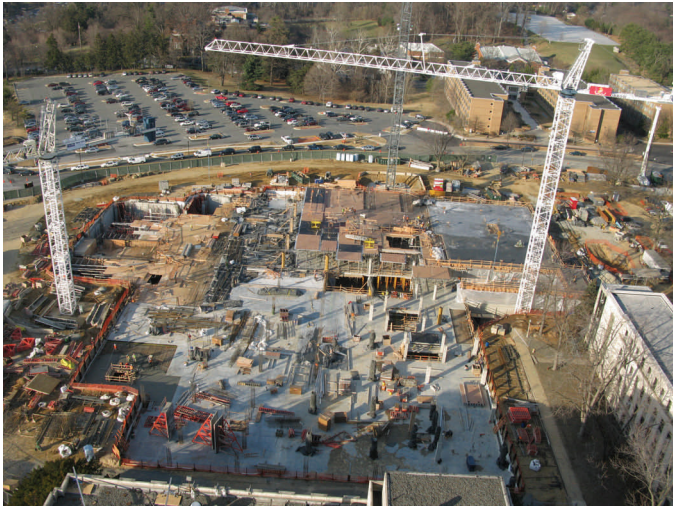
These dashboards were developed with Tri-Service and Uniformed Services University (USU) involvement by the J7 Enlisted Training, Health Professions Education (HPE), and Graduate Medical/Dental/Undergraduate Medical Education (GME/GDE/UME) cells. These key metrics for GME, GDE, UME, Allied Health, Nursing and Enlisted Training Programs meet all of the Joint Task Force National Capital Region Medical (JTF CapMed) Commander's priorities of casualty care, care for the caregiver, be ready now, regional healthcare delivery and common standards and processes.

A unanimous decision was made by all three Services and USU to implement the Education and Training Dashboard concept for all training programs in the JOA. Over the coming months, the Education, Training & Research Directorate cells overseeing education programs will finalize determination of key metrics and begin to explore data collection and population of the dashboards.

According to Colonel John Murray, J7 – Director of Education, Training & Research for JTF CapMed, “The education and training dashboards will significantly enhance visibility of education and training programs and processes in the JOA as well as help connect key metrics to specific performance goals and initiatives.”

The Joint Transition Planning Board (JTPB) is a Tri-Service senior level decision-making body, chaired by the JTF CapMed Director of J-5 (Plans and Policies). Usually meeting on the 1st and 3rd Wednesday of every month, one of their most critical functions is to facilitate Tri-Service communication about pending decisions regarding BRAC implementation and the integration of military medical care in the National Capital Region.

WRNMMC Construction



Construction progress on Buildings A and B on the Bethesda campus. All this ongoing construction is occurring at a very active hospital! Constant reminders are sent out to the staff of National Naval Medical Center to increase awareness of pedestrian safety on the hospital's campus. *Photos courtesy of NAVFAC*



Ft Belvoir Construction



These most recent aerial views of the new community hospital under construction at Fort Belvoir show the remarkable level of progress being made there. When completed, the \$806.9 million dollar project will boast a 7-story main hospital and 4 multi-story clinical buildings totaling 1.365M GSF. In addition to 120 inpatient beds, a central utility plant, a helipad and ambulance shelter, and 3500 parking spaces, the finished product will serve as a model for Department of Defense Evidence-Based Design Medical Facilities.



War Games



February's War Gaming Exercise was really 15 sessions ongoing simultaneously. 5 rooms each worked through 3 potential Courses of Action (COA)s for clinic transition and move timelines while focusing on Inpatient perspectives, Outpatient perspectives, Ancillary perspectives, Administrative aspects, and Overall Patient perspectives.

War Gamers/Attendees of this four day exercise included Integrated Department Chiefs, Deputy Commanders of Integration, Senior Nursing Functional Leaders, Key JTF CapMed representation, a broad cross-section of all functional areas: administration, logistics, etc. and Patients.

The six criteria the event participants used when comparing the COAs were: Maintain Patient Safety and Quality of Care, Provide Full Access to Services Throughout, Maintain Clinical and Training Accreditations, Promote Patient Satisfaction, Promote Transition Success and Staff Satisfaction, and Equipment Re-Use Supportability.

One course of action they considered was to explore the possibility of making all moves from WRAMC to the new facilities as soon as space is inhabitable/online (beginning Oct 2010).

The second they considered was to explore the possibility of scheduling two primary movement times: June 2011 (this option would take advantage of the GME and PCS cycles, and a traditional lull in patient loads) and the remainder moving at the end of August 2011.

The third possibly to be explored was to move everything at the end of August 2011 over a four-day weekend.

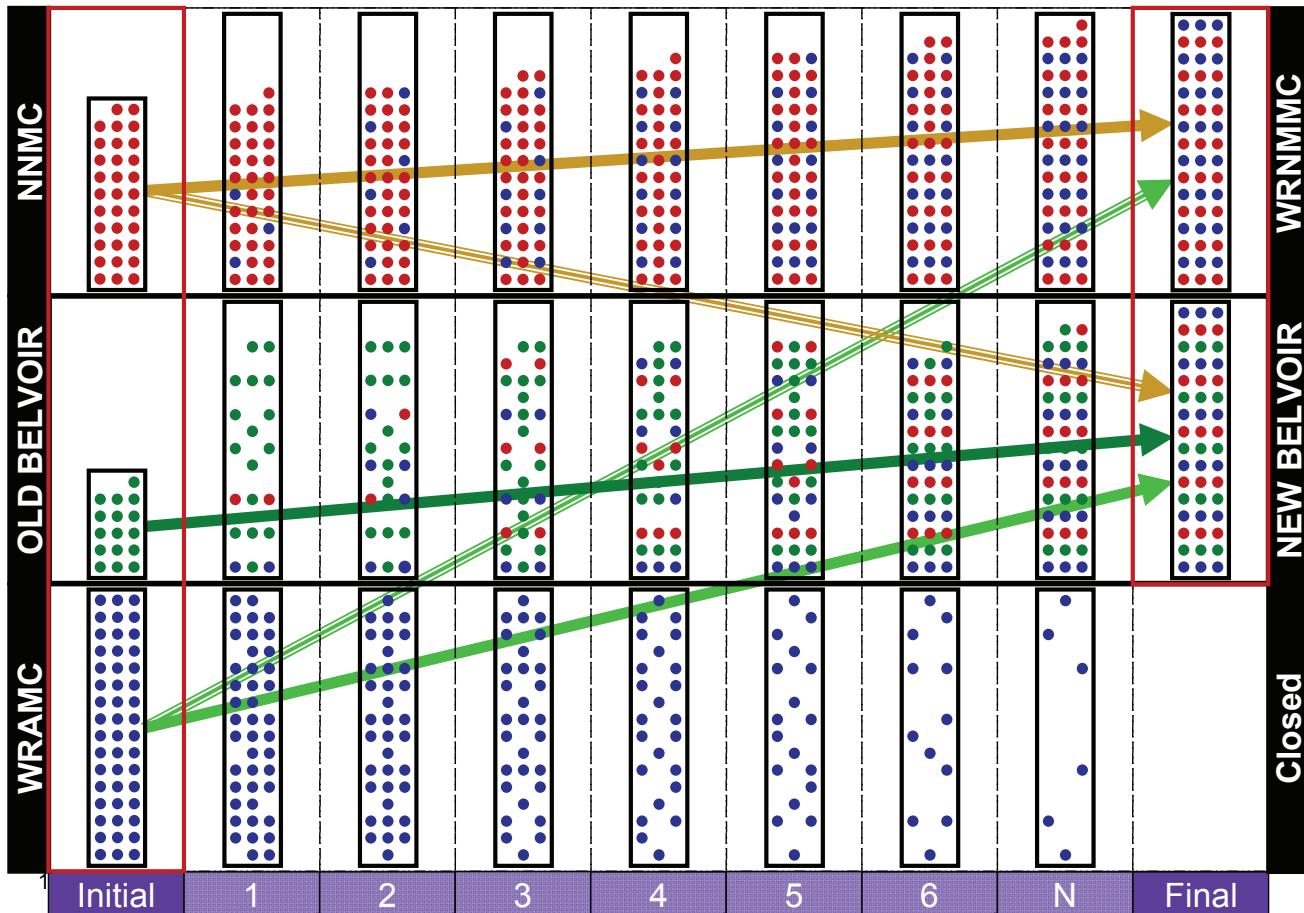
Each of these options carried both merits and risks, and at the exercise's conclusion, CJTF VADM Mateczun concurred with the majority's opinion that moving everything all at once would best mitigate the several risk factors. However, he did go on to strongly recommend that this process be started earlier than August 2011, since the BRAC deadline is September 15th, and the ambitious moving schedule could be subject to a myriad of unforeseeable delays.

While much work remains to be done, the way ahead is becoming more clearly defined as working groups concentrate their efforts on developing integrated master schedules, populating joint tables of distribution, and identifying resource requirements.



From the Deputy's Desk

Transition – Numerous Discrete States



Greetings! This is one of my favorite slides, and I love to use in presentations to demonstrate to people just how complicated transforming military healthcare in the National Capital Region really is. We face so many challenges with “Transition and Transformation” as we conduct this integration process, both at the new facilities under construction, and throughout the entire Region.

It has been whirlwind year since I joined the JTF CapMed Team and what I have seen thus far is truly impressive. The effort everyone is putting forth towards meeting our mission is incredible. From the delivery of quality healthcare, to education, research and academics, and to operational and readiness contributions you do it all, and you do it well, everyday. It is breath-taking to watch as our military and civilian clinical and administrative staff and leaders throughout this command work to tackle the major challenges of creating a “new” world-class health system within the National Capital Region.

Proud to serve and respectfully yours,

Brigadier General Volpe, Deputy Commander