

The JTF CAPMED

VOICE

ISSUE 5 | November 2009

Building a Legacy – A Grateful Nation Caring For Its Armed Forces

By: Colonel John S. Murray: J7 - Director of Education, Training & Research

From October 27 – 28, 2009 Joint Task Force National Capital Region Medical (JTF CAPMED) held its third annual Senior Leaders Conference at Noblis in Falls Church, Virginia. The conference was attended by almost 100 senior military leaders from across the Joint Operating Area (JOA). The data-driven agenda for the conference was developed based on what this leadership team requested as a part of a pre-conference survey which was completed by participants during the web-based registration process.

Day one of the conference was highlighted by an overview of JTF CAPMED by VADM Mateczun. Topics included: National Capital Region (NCR) Clinical BRAC overview, Deputy Secretary of Defense decisions which have been approved such as the civilian and military personnel staffing models, as well as pending decisions (e.g. JTF ultimate governance, management of financial resources and the Walter Reed National Military Medical Center and Fort Belvoir Community Hospital force mix). *(continued on next page)*



World Class workgroup develops strategy at JTF CAPMED Senior's Leaders Conference

JTF LEADERSHIP



VADM MATECZUN
CJTF



MG VOLPE
DCJTF



Col EDWARD
CoS



CSM BROCK
CSEL

INSIDE THIS ISSUE

- P3: Conference Breakout Notes
- P4: A Note From JTF CSEL
- P5: Exercise Capital Shield



Continue from front page

The Admiral also addressed manpower and personnel issues currently being addressed by JTF CAPMED and the Component Commands as well as steps toward achieving World Class in the NCR.

The keynote professional development speaker for the conference was General Anthony C. Zinni, United States Marine Corps (Retired), former Commander in Chief, United States Central Command. General Zinni's joint assignments included command of a joint task force and a unified command. He has also had several joint and combined staff billets at joint task force and unified command levels. The focus of his presentation was "Leading the Charge."

General Zinni spoke about the importance of being able to lead through crisis and change, the need to recognize the impact of culture on leaders and environments as well as how

"doing all the right things is not only the right thing to do, but it is good business."

A phenomenal speaker, General Zinni left participants with an abundance of sage advice. Each conference participant also received a signed copy of his recently released book, "Leading the Charge:

Leadership Lessons from the Battlefield to the Boardroom

Other conference features included presentations by the JTF CAPMED Deputy Commander, MG Volpe, Chief of Staff, Colonel Edward and Senior Enlisted Leader, Command Sergeant Major Brock. The conference also provided attendees with

the opportunity to participate in one of four work groups to develop a strategy and vision for: integrated delivery, care for the caregiver, benchmarking and world-class.

Each group provided a report out of their work to VADM Mateczun. Conference attendees received an update on requirements for transition to the new TRICARE contract in

addition to an overview of the JOA wide H1N1 pandemic response. The Component Commands and Uniformed Services University participated in a leadership panel where conference attendees could ask them questions related to BRAC and integration efforts. Feedback on the conference was exceptionally positive. ■



GEN Zinni speaks to participants at the annual JTF CAPMED Senior Leaders Conference



VADM Mateczun presents a JTF CAPMED token of appreciation to GEN Zinni



GEN Zinni signs his book at the annual JTF CAPMED Senior Leaders Conference



Conference Breakout Notes

Care for the Caregiver Break Out Group

Senior Leaders and enlisted advisors from Military Treatment Facilities around the Joint Operating Area (JOA) gathered last week to ensure they were all in accordance with the priorities that will go into developing an integrated healthcare system to deliver World Class Healthcare. After hearing the mission and priorities from JTF CAPMED leadership, conference attendees were assigned to break out groups to work specific challenges facing members of the JOA. The task of the Care for the Caregiver break out group was to develop a shared vision of a Care for the Caregiver System in the JOA. Taking care of the healthcare providers and administrators in the JOA supports World Class Patient Care and is one of the priorities of VADM John Mateczun, Commander, JTF CAPMED. The group's goal was for the system they conceived to be based on developing, sustaining, and recalibrating (when necessary) resilience in our healthcare providers. Comprised primarily of senior enlisted leaders, the group wanted the system to be

useful when caregivers are deployed, redeploying, or supporting operations in the rear. They included uniformed and civilian providers, as well as administrators in their vision for resilient caregivers.

The group looked at BUMED's Caregiver Occupational Stress Control program and at Army's Comprehensive Soldier Fitness Program to guide their discussions. Group members determined they wanted to take the best components of both programs – and others that they might learn about later – to design a JOA-wide program for VADM Mateczun to apply in the JOA. Group members realized they could not attain such admirable goals in a short time, so they pledged to continue their work after the Senior Leaders Conference. They asked that JTF CAPMED charter a formal working group to develop the Care for the Caregiver Program. Clearly, when it comes to taking care of those who will help to deliver world class healthcare in the National Capital Region, everyone agrees: it begins with taking care of the caregiver.

Benchmarking Break Out Group

Senior leaders from Military Treatment Facilities in the Joint Operating Area (JOA) gathered at Noblis Headquarters in Falls Church, Virginia recently for a strategic planning conference to ensure all were in line with the priorities set forth by the Commander Joint Task Force (CJTF) National Capital Region Medical, VADM John Mateczun.

In accordance with the guidance provided by the CJTF, the benchmarking workgroup was asked to look at Referral Management, Appointing, and Authorizations within the Joint Operating Area and develop a SWOT (strengths, weaknesses, opportunities, threats) analysis. The group received a brief history of the establishment and operating procedures, to include Business Rules, of Referral Management and Appointing.

The group suggested the current workgroup, Access to Care, assess if current appointing practices follow published standards, and compare how our access to care standards compare with civil-

ian counterparts. Group members agreed they needed to obtain a definition for "Prime is Prime", and define what metrics the JTF will follow with a desire for a "business decision support center" to centrally pull and analyze metrics. In relation to referral management, the group strongly suggested they revisit the business rules, explore the possibility of changing the Right of First Refusal (ROFR) default to accept and take action to appoint within the MTF, and explore the exception to the 30 minute policy for RORF acceptance. Additionally, suggestions were made to relook at the current 30 day rule for consult expiration in the system, and explore the process when the access standards begin. Currently, the clock starts when the consult is entered into the system and the question remains, should this change to when the patient calls to schedule an appointment?

Due to time constraints and the importance of referral management and appointing, the group did not complete a SWOT on authorizations.



What is World-Class Healthcare?

By: Scott Wardell, Deputy Chief of Staff, JTF CAPMED

As a requirement of NDAA 08 Section 2721(b), the Defense Health Board recently completed an independent review of the design and plans for the new WRNMMC and FBCH to determine whether they would be “world-class” facilities. This organization put together the “first ever” definition of world class and applied this to the ongoing efforts in the National Capital Region. A summary of their findings;

1. Continue with construction and renovations at WRNMMC and FBCH – and correct DHB identified deficiencies
 2. Identified authorities issue as “foundational” and recommended empowering a single official with complete organizational and budgetary authority in the NCR.
 3. Develop a comprehensive master plan for both WRNMMC and NCR Integrated Delivery System (IDS).
 4. Engineer integrated military healthcare culture.
 5. More fully incorporate clinician/end-user input into plans.
- Evaluate design and build processes for future use in MHS capital projects.

(a copy of the full report can be found at <http://www.health.mil/dhb/subcommittees-NCR-BRAC.cfm>)

As we all know, the task at hand is daunting but certainly noble and fully endorsed by the Depart-

ment of Defense. The term world class is often used in service and retail industries, athletic competition, and other non-health care settings to describe exceptionally good service or outstanding performance. Being characterized as world class is a high distinction accorded to an elite few and is generally taken to mean that one has achieved a level of performance excellence that ranks among the very best in the world.

As noted in the report, a recent internet search found more than 100 health care organizations marketing their services as world class, but very few offered any specifications to support their claim.

A work group was chartered during the Senior Leadership Conference to evaluate the Defense Health Board’s definition of world class and examine the 18 criteria across 6 domains identified by this study as attributes of world class. This group provided the Commander, Joint Task Force National Capital Region Medical with their input to what actions they believe will have the most significant impact on advancing a world class academic health center. These recommendations will be incorporated into an ongoing study of merging cultures and could provide a desired end state to move towards. Additionally, the group felt it was important to be able to clearly articulate the many world class attributes which our system has today while also describing a strategy for the advancement of the same. To this end, this group will be publishing a report soon which will allow us all to visualize and internalize this continued journey to world class. ■

JTF CAPMED CONTACT INFO:

Command Group /Special Staff	301.319.8400	J5 (Plans)	301.319.8823
J1 (Personnel)	301.319.4789	J6 (IM/IT)	301.319.8503
J3 (Operations)	301.295.1091	J7 (Education, Training, Research)	301.319.8921
J4 (Logistics)	301.319.8615	J8 (Resources)	301.295.4583

JTF CAPMED SOCIAL MEDIA:

TWITTER	http://www.twitter.com/jtfcapmed
YOUTUBE	http://www.youtube.com/watch?v=myDNmNgDnU
FACEBOOK	http://www.facebook.com/pages/Bethesda-MD/JTF-CapMed/88920054179

Open Letter from the CSEL

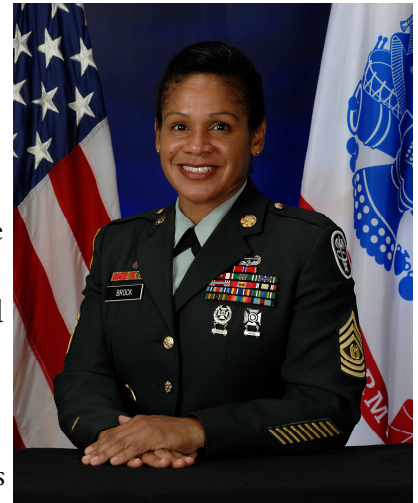
COMMAND SENIOR ENLISTED LEADER (CSEL)

JOINT ACTIVITIES

I'm excited to share with you the Joint activities that we are working on. First and foremost, we are hosting the very first 'Joint Holiday Ball' here in the JOA on 12 Dec 09. The organizations that comprise the joint committee are NNMCM, WRAMC, USU, 79th MDW (Andrews and Boling), and of course JTF HQ. All services are represented in the group and we are so excited about this venture!

As a Joint Activity, we held our first Joint fundraiser in which volunteers assisted in working the food and beverage booths at one of the Redskins Football Games held at FEDEX stadium. We had a great turnout (31 personnel from the NCR) and there were no slackers with this group! Everyone worked hard and had a great time doing it! We raised a lot of funds and got to know each of our sister services a little better! We look forward to the next joint activity.

Looking forward to branching out to the entire JOA and doing some joint training/morale activities too! Be on the lookout for my team and me! We may show up at any time!



CSM Donna Brock

“CSEL ENLISTED SENIOR LEADERS CONFERENCE BREAKOUT”

During the Senior Leaders conference, the enlisted group seized the opportunity to discuss pressing issues and questions from the enlisted perspective.

planned for training at Bethesda campus?
• Medication Administration training – Will all medics/corpsmen/4Ns have to go thru initial training?

Topics of discussion included:

- Integration and Transition — How the Warrior Transition Cadre fit into the planning; the Joint Manning Document and how Soldiers and Sailors would be distributed between North and South
- Space – Do we have the appropriate space to function on Bethesda campus; barracks space/dorms?
- Enlisted Training Plans: Standardized practices – emphasis on who's responsible
- Joint SEL training
- Dashboard for Phase II training – Is there space being



Other topics discussed were:

- Taskings – who is the 'taskmaster'...JTF or present Regional Commands?
- Manning document vs. Readiness issues – How to backfill deployed soldiers and sailors?
- And many other areas of interest.

The component CSELS each gave updates from their perspective areas. JTF CSEL spoke about promotion opportunities, updates on education, networking, and introduced new initiative for 2010 – Joint Senior Enlisted Leader and Service member of the Year program. More information will be published.



Exercise Capital Shield

JTF CAPMED participated in exercise Capital Shield, a Joint Forces Headquarters (JFHQ)

sponsored exercise, which included CAPMED units from the Northern Regional Medical Command, 79th Medical Wing, Fairfax County Fire Department, DC Fire and Emergency Medical Support, Montgomery County Community Emergency Response Teams, 121st Air Ambulance Company, DC National Guard, 911th Technical Rescue Engineering Company, and the 3rd US Infantry. The annual two day capstone interagency emergency training exercise was



conducted at the former Lorton Youth Detention Facility in Virginia and recently concluded on 14 October 2009.



Throughout two continuous days of damp and dreary weather, under cloudy skies only occasionally broken with sunshine, JTF CAPMED coordinated direct medical support to a simulated emergency terrorist bombing scenario. Advanced Trauma Life Support Teams (ATLS) provided by WRAMC, DeWitt Army Community Hospital, and Malcolm Grow Medical Center; as well as air and ground evacuation

platforms provided direct support of the training objectives; which included: managing health resources, integrating military operations with regional interagency partners, and conducting consequence management operations in the joint operations area.

For the very first time, JTF CAPMED used the virtual patient system provided by the U.S. Army Program Executive Office for Simulation, Training, and Instrumentation in Orlando, Florida and Fort Lewis, Washington. Army and Air Force trauma teams treated 140 simulated and role-playing casualties. Throughout the 2 days,



trauma teams were able to hone their skills on a variety of traumatic injuries ranging from crushing to penetrating wounds, to traumatic amputations of limbs, ocular injuries, burns, blasts and psychological injuries.



At the conclusion of the first day's training, team members even took time to celebrate the 234th birthday of the U.S Navy by holding a ceremonial cake-cutting.

By the conclusion of the exercise, members from the 121st Air Ambulance Company, DC National Guard, had actually performed 99 medical evacuations using UH-1H (Huey) and UH-72 (Lakota) helicopters. The two day exercise solidified CAPMED's motto "Be Ready Now" as participating units incrementally improved their overall readi-



ness posture while simultaneously reinforcing operational links to supported and supporting DoD forces,

Gene Smallwood, Civil-Military Operations Officer, J3/Readiness, Training & Exercise Division,