

LEADERSHIP



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VOL. II ISSUE III

398
days to a new era in
Military Regional
Healthcare

AUGUST 2010

Human Capital: Assets of World-Class Healthcare

There are 398 days remaining until fulfillment toward the world-class integrated Joint healthcare workforce in the Joint Operating Area (JOA). JTF CapMed, J1 Directorate, has accomplished the immense task of mapping the civilian workforce to both Walter Reed National Military Medical Center and Fort Belvoir Community Hospital. One of the next tasks will be the implementation of the Human Capital Management Plan, developed by J1, to ensure the mission and expectations of both internal and external stakeholders are achieved.

Human Capital is defined as the collective knowledge, skills, and abilities of people within the organization that are acquired on the job, through training, and/or experience. JTF CapMed recognizes the importance of its workforce across the JOA. Human Capital is focused on the synchronization of these assets to meet workforce needs and, in turn, the mission of world-class healthcare in the JOA. Traditionally, management focuses heavily on the development of organizational assets, such as tangible property, equipment, or facilities; personnel are too often overlooked as valuable assets to an organization. However, human resource trends are transforming this tradi-

tional view to one that recognizes personnel as a primary organizational asset. According to *Executive Healthcare Magazine*, there is a movement from an information-age to a knowledge-and-talent-age, and about 80% of most organizations' market value is based on intangibles like creativity, partnerships and relationships. At JTF CapMed, the talented and dedicated workforce is recognized as a primary asset and their needs will be continually addressed to support delivery of world-class services to patients and their families.

Over the course of the transition and beyond, JTF CapMed will develop programs and initiatives to support organizational commitment and optimal performance from the healthcare staff in the JOA. JTF CapMed is thoughtfully and thoroughly approaching this task of developing and implementing Human Capital Management practices to support the workforce in the continuous and enhanced delivery of care across the JOA. Over the next year, the Human Capital Management plan will unfold, yielding great benefits for management, employees, and beneficiaries alike. For more information about workforce integration and transition visit our website.

Rhonda M. Baxter, J1

JTF CapMed Granted OPCON Over MTFs

CDR Paul Toland, J5,
Chief of Policy

Commander, JTF CapMed has been granted and is now fully exercising Operational Control (OPCON) over Walter Reed Army Medical Center (WRAMC), National Naval Medical Center (NNMC) Bethesda and DeWitt Army Community Hospital (DACH). OPCON is not legally defined in law, but is instead derived from the authorities of Combatant Command (COCOM). It is a subset of COCOM authorities, and grants authority to:

- **Organize** and employ commands and forces
- **Assign** tasks, designate objectives, and give authoritative direction necessary to accomplish the mission

- **Provide** authoritative direction over all aspects of military operations and joint training necessary to accomplish missions to the command.

OPCON provides full authority to organize commands and forces, and employ those forces as the commander considers necessary to accomplish assigned missions. WRAMC, NNMC and DACH remain as Service commands following the tactics, techniques and procedures already in place, but will receive their overarching guidance from JTF CapMed.

(Continued on page 4)



COMMAND SENIOR ENLISTED LEADER'S PERSPECTIVE

Communication and Customer Service: Are YOU with the Program?

CSM Donna Brock

Recently, I had the opportunity to attend a conference I've never attended before. The main subjects discussed were "Communication and Customer Service". I have to say, after 30 years of working in the healthcare environment and serving customers at all levels, I found out that even someone as experienced as myself has some improvements that I need to work on in order to be the best leader, manager and customer support agent that I can be!

It does not matter who you are or who you represent, each and every one of our staff members, whether military or civilian either take care of customers (or patients), or take care of those 'who take care' of customers... so this definitely applies to each and every one of our staff.

"The quality of our work depends on the quality of our people."

It's imperative that we all realize that each of us has a role in taking care of our customers. Our customers have expectations when they walk through our doors, come to your desk, look us up on the web, and call us on the telephone. They expect to

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"SORRY, I CAN'T TAKE YOUR ORDER RIGHT NOW... I'M ON MY COFFEE BREAK."

What NOT to do!



A smile goes a LONG way!

receive 'World Class Service', as we advertise.

We need to remember the little things that make our customers (or patients) feel special: Smile and maintain eye contact, use the proper greetings, repeat or call them by their first name or what's appropriate, be welcoming, be friendly, be genuinely concerned.... This is nothing new – we know these things and are trained to standard, but we periodically need to be reminded or refreshed on the purpose of why we are here. We all understand that healthcare is the business-side of what we do. But the bottom line is that it's about "people". Everything we do should start out on the 'human side', move into the business part, and then end with the 'human side'.

Always keep in mind that we should treat people as we would want to be treated—each and every one of the customers who we see or take care of on a daily basis wants to be treated fairly, humanely, and with dignity and respect. This is easy to do. And never be 'indifferent' to your customers and don't stand for anyone who you work with to be indifferent either, we owe the highest honor for caring for our customers and patients. Be a part of the 'team'. You owe it to yourself.



Creating a Joint Healthcare System–The Journey Continues

A transformed Joint Healthcare System in the National Capital Region (NCR) will be achieved in September 2011. JTF CapMed is vigorously completing numerous objectives for the integration of Army, Navy, and Air Force healthcare resources and personnel.

Completion of the objectives will integrate thousands of military healthcare personnel to accomplish a unified medical mission. The integration of military healthcare will enhance clinical care, enrich joint training/education, and expand military medical research opportunities.

The Manpower and Personnel (J1) Directorate, JTF CapMed, has a mission to meet BRAC business plans to achieve an integrated healthcare delivery system. The J1 Directorate requirements entail integration of the military healthcare workforce to ensure world-class healthcare, readiness, medical education, and research. Colonel Pierce, JTF CapMed, Manpower and Personnel (J1) Director said, “No other organization in the Department of Defense (DoD) has ever attempted a redesign such as this. To accomplish our mission, we are using cutting edge technology and processes to guide transformation and synchronization of our requirements.” There are many priorities

and constraints involved with meeting this mission, but the delivery of world-class patient care is the primary priority. This entails not only integrating current civilian and military personnel into the future Joint Hospitals, but addressing transitional objectives such as:

- Implementation of the Human Capital Management Office
- Maintenance and modification of Workforce Mapping (WFM)
- Completion of the Intermediate Manning Document (IMD)
- Migration and orientation of Defense Medical Human Resources System – internet (DMHRSi)
- Review of Manpower Models for effective management of future workloads

Our goal is to provide factual integration and transition information to the workforce. During the months leading to an integrated military healthcare system, the workforce will receive timely information regarding the combined transitional objectives. Please visit our website at <http://www.jtfcapmed.mil>, and look forward to future articles and newsletters. We thank you for the opportunity to serve military medicine in the NCR.

“No other organization in the Department of Defense (DoD) has ever attempted a redesign such as this.” –COL Pierce

WRAMC Scores High Marks With Patients

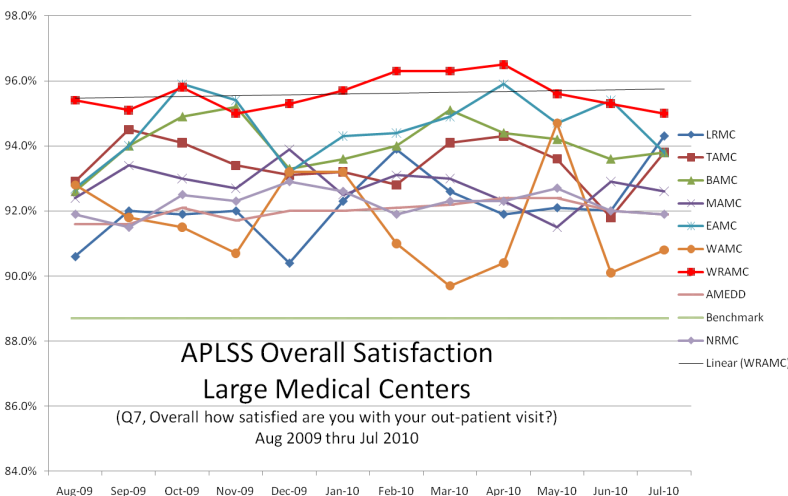
Chuck Dasey, WRAMC PAO

Walter Reed Army Medical Center is committed to improving the hospital experience for each of its patients. Every staff member has had training in customer service. Hospital leadership is promoting a cultural transformation among military and civilian, direct care and support staff.

of The Surgeon General, US Army. Every patient receiving out-patient care at an Army medical treatment facility receives a survey request following the visit. The survey has eight questions regarding the care experience and another twelve questions on the overall care process experience. (Continued on page 4)

Walter Reed aims to understand the expectations of each patient, and then to exceed those expectations by providing the best health care experience possible. One indicator of success in this campaign is the high scores achieved by Walter Reed in the Army Provider Level Satisfaction Surveys (APLSS).

The APLSS program is conducted by the Office



95.5% Average score Walter Reed received in an outpatient satisfaction survey on the Army's large medical centers. This was also the highest score of any Army medical treatment facility.



The spill has already significantly affected animal and marine life.

The Effects of the Gulf Oil Spill on Children

The Gulf of Mexico oil spill is the worst natural disaster in U.S. history. It is still unclear how much destruction has resulted from the massive spill affecting Louisiana, Mississippi, Alabama, Florida and Texas. The natural disaster is having a devastating impact on residents whose life and livelihood depend upon the waters, marshlands and coastline. The spill has already significantly affected animal and marine life. However, the potential impact on the physical and mental health of residents living along the coast has yet to be comprehended. The Centers for Disease Control and Prevention has developed a comprehensive surveillance plan for monitoring the potential effects of the oil spill on the health of communities contaminated by the disaster. Published literature is replete with guidance on meeting the needs of children during disasters such as hurricanes, tornados, floods and earthquakes. However, there is a paucity of published information on the potential health effects of manmade disasters such as oil spills on children.



Tar ball located on beach along Gulf Coast with children playing nearby Photo Courtesy of Miami Herald

There will be many lessons learned from this manmade disaster that will inform disaster response experts in order to advance the state of the science. In the interim, pediatric healthcare professionals have a responsibility to provide the guidance, care and resources that are needed to help children adjust to this traumatic experience. The focal point must be on keeping the family and community safe and supported for a positive adjustment to a stressful life experience of great magnitude.

Editor's Note: Col John Murray, J7 - Director of Education, Training & Research, has written an article on "The Effects of the Gulf Oil Spill on Children" to provide guidance to pediatric healthcare profes-

sionals and disaster response experts providing care to children along the Gulf Coast. The article will be published in the *Journal for Specialists in Pediatric Nursing* (JSPN). JSPN is the international evidence-based practice journal for nurses who specialize in the care of children and families.

OPCON JTF's exercise of OPCON authority over the MTFs does not alleviate the services of their ongoing Administrative Control (ADCON) responsibility to these MTFs. ADCON is identified in Title 10, USC, and is the authority necessary to fulfill Military Department statutory responsibilities for administration and support. Joint Publication 1 (JP1), section II-6, states that "The Secretaries of the Military Departments are responsible for the administrative and support of the Service forces assigned or attached to combatant commands (and joint commanders). They fulfill their responsibilities by exercising ADCON through the commanders of the Service Component Command."

These ADCON responsibilities include, but are not limited to, many personnel functions (urinalysis, fitness training, career counseling, service awards, leave), credentialing, contract administration, maintenance of property books, service specific training, etc.

To put it simply, the services ADCON responsibility is to provide a fully trained and equipped force to the Joint Commander and the Joint Commander's responsibility is to utilize OPCON authority to employ that force to accomplish the mission.

WRAMC Each reporting period covers 28 days and is updated every 14 days. Question 7 of the survey asks, "Overall, how satisfied do you feel about your visit?"

From August 2009 through July 2010, Walter Reed maintained the highest score of all the Army's large medical centers in this category of overall satisfaction with outpatient visits. We are proud of the story told by this data, and we continue to strive to improve the health care experience of our patients.

A WORLD-CLASS REGION, ANCHORED BY A WORLD-CLASS MEDICAL CENTER.



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JTF CapMed was established in September of 2007 as a fully functional Standing Joint Task Force reporting directly to the Secretary of Defense through the Deputy Secretary of Defense. The JTF is charged with leading the way for the effective and efficient realignment and enhancement of military healthcare in the NCR.

“A healthcare task force in the NCR capitalizes on the unique multi-Service military healthcare market in the region and provides the DoD with the opportunity to create a system that improves patient care through an integrated delivery system that promises world-class healthcare for beneficiaries. America's Military Health System is a unique partnership of medical educators, researchers, healthcare providers, and their worldwide personnel support.”

~VADM Matezcun

WEBSITE

www.jtfcapmed.mil

SOCIAL MEDIA

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Emergency Management Conference To Be Held Next Month

Bruce A. Thompson,
J5 Deputy Chief

Even before the 3.6 earthquake hit our area this summer on July 16, plans were in place to discuss the “Response to an Earthquake in the National Capital Region” at our conference next month.

On Sept. 23, 2010, JTF CapMed will sponsor the Fifth National Capital Region Emergency Management Conference from 8:00 A.M. to 4:00 P.M. at the Uniformed Services University of Health Sciences, Bethesda, Md. We recommend that the conference is attended by military and private sector medical treatment facility emergency managers and medical clinicians; Federal, state, and local emergency management officials; public health pro-

fessionals; first responders; and other Federal agencies that have a stake in responding to all-hazards within the NCR.

The conference agenda will kick-off in the morning with subject matter experts briefing on the capabilities of their organizations to respond to an earthquake followed by a tabletop exercise in the afternoon.

The invitation with the agenda and directions to USUHS will be distributed within the next couple of weeks. If you know of other people who would like to attend, please have them contact Bruce Thompson at 301-295-1588 or email

bruce.thompson2@med.navy.mil

We encourage authors to submit articles to the JTF CapMed Newsletter. We are looking for stories to highlight what activities are in process, planned, or being developed in order to deliver world class health care for our wounded, ill, and injured. We encourage you to continue sending us stories to promote your service and facilities to the rest of the Joint Operations Area and our wider national and international audience.

JTF CapMed “The Voice” is a monthly informational newsletter published by the Commander, JTF CapMed, Office of the Assistant Secretary of Defense. The Editorial Office address is 8901 Wisconsin Ave, Bldg 27, 3rd Fl, Bethesda, Md 20889.

Note from the Editor



Our copy deadline is the 10th of the month. Please remove all copy editing symbols before emailing; also if you are providing photos, please provide captions.

Email your submissions to louise.cooper@med.navy.mil, 301-245-4307.

Graphic design by Ann Brandstadter; ann.brandstadter@med.navy.mil, 301-319-8844.