Joint Task Force National Capital Region Medical (JTF CapMed)

The VOICE

Vol. II Issue II

July 2010

418

days to a new era in Military Regional Healthcare

LEADERSHIP

VADM MATECZUN

Commander

BG JONES

Deputy Commander

Col EDWARD

Chief of Staff

CSM BROCK

Command Senior Enlisted Leader

JTF CapMed Hosts Joint Transition Conference

Col John Murray, J7

On Tuesday, June 29, 2010 VADM Mateczun and his senior staff hosted the Joint Task Force National Capital Region Medical (JTF CapMed) Joint Transition Conference at the Noblis Facility in Falls Church, Virginia. The purpose of this conference was to bring together senior leaders from the inpatient Military Treatment Facilities to share information regarding continued efforts to align and integrate healthcare facilities in the Joint Operating Area (JOA).

VADM Mateczun began the conference by reminding conference participants of the JTF priorities of casualty care, care for the caregiver, be ready now, regional healthcare delivery and common standards & process and the commitment to each. The Admiral thanked the senior leaders for their hard work to date. He continued, “Important milestones have been met. More work needs to be accomplished. Each leader present at this meeting today needs to ask themselves how can I help get over the finish line of Sept. 15, 2011.” VADM

Ms. Debra Edmond, JTF CapMed Special Assistant for Civilian Human Resources, provides an update on civilian personnel. Photo courtesy of Tom Dembeck, Noblis.

Mateczun also introduced to the group the new JTF CapMed Deputy Commander, BG Jones, who will focus on leading clinical integra- (Cont’d on page 9)

Colonel Annicelli Assumes Command of DeWitt Health Care Network

Kayla Munro
DeWitt HCN Public Affairs

COL Susan Annicelli assumed command of the DeWitt Health Care Network July 15 from COL Charles W. Callahan during a change of command ceremony at the front entrance garden of the main hospital here.

A Newton, Mass., native, Annicelli comes to DeWitt after serving at the Joint Task Force National Capital Region Medical working on warrior and transition care issues. Prior to that assignment, she served as the deputy commander for Nursing and Health Services at Walter Reed Army Medical Center.

"Welcome to DeWitt Army Community Hospital, and welcome back to the Northern Regional Medical Command," said reviewing officer and NRMC/Walter Reed Army Medical Center Commander MG Carla B. Hawley-Bowland. "You’ll have the privilege of seeing the Fort Belvoir Community Hospital transition process through completion ... I look forward to working with you as you continue the record of excellence this command has sustained for many years.”

Annicelli told ceremony attendees she is honored to serve as DeWitt’s commander and is filled with anticipation and excitement for the road ahead. “For more than 50 years, the DeWitt hospital and health care system have served the Belvoir community proudly as a beacon of health care. Building on evidence-based design, a Culture of Excellence and patient- and family-centered care, we will continue that tradition bringing quality, compassion, and safety to the fore- (Continued on page 8)

"Workplace abuse, harassment and bullying of nurses is unacceptable at all times and should never be tolerated," said Col John S. Murray.

99.5%

Number of delegates who voted yes to approve the resolution.

30

Number of minutes a beneficiary drives from home to a Primary Care Manager according to TRICARE time and distance standards.

Federal Nurses Take Center Stage

Col John Murray, J7

The American Nurses Association (ANA) recently held its 2010 House of Delegates (HOD) meeting from Wednesday, June 16 to Saturday, June 19, in Washington, D.C. Federal nurses were represented by Col John S. Murray, USAF, NC, President of the Federal Nurses Association (FedNA) and ANA Delegate; CAPT Julie Sadovich, USPHS, ANA Delegate; and CDR Sue Larkin, USPHS, Vice President of FedNA and ANA Delegate. Opening ceremonies for the meeting included the pledge of allegiance led by CAPT Sadovich and a visit by President Obama who thanked ANA nurses for their strong commitment to ensuring excellence in health care.

Col John Murray, CDR Sue Larkin and CAPT Julie Sadovich represent Federal nurses at 2010 American Nurses Association House of Delegates meeting.

On Thursday, June 17, Col Murray addressed the delegates on a resolution dealing with hostility, abuse and bullying in the workplace authored by FedNA and co-sponsored by the American Nurses Association Ethics and Human Rights Advisory Board, Center for American Nurses and Texas Nurses Association. FedNA has led this workplace advocacy initiative internationally for the past five years. FedNA introduced the first resolution on workplace abuse to the House of Delegates four years ago. Since 2006, the problem of workplace abuse and harassment of nurses has continued to escalate to the point where the Joint Commission intervened to address the growing concern in health-care. Col Murray told the delegates, "workplace abuse, harassment and bullying of nurses is unacceptable at all times and should never be tolerated." He continued, "the problem is far reaching and will have increasingly more serious implications for the nursing profession if something is not done soon. Threats to patient safety, quality of patient care, and current and future shortages of nurses will continue if swift and effective action is *(Continued on page 8)*

Reassignment of TRICARE Prime/Plus Beneficiaries

Anneliese Strumpell, J3

As Walter Reed Army Medical Center (WRAMC), National Naval Medical Center (NNMC), and DeWitt Army Community Hospital join together to become Walter Reed National Military Medical Center Bethesda and Fort Belvoir Community Hospital, the highest quality health care will be available throughout the National Capital Region. Staff from Joint Task Force National Capital Region Medical, TRICARE Regional Office North, Health Net Federal Services, and subject matter experts at Military Treatment Facilities of the Joint Operations Area continue to work together to ensure beneficiaries are enrolled to a site that meets their health care needs.

Some beneficiaries will be reassigned to Primary Care Managers (PCM), as WRAMC merges with NNMC, based on TRICARE time and distance standards, primary healthcare needs, and capacity at the facility. A PCM or team of providers can be doctors, physician's assistants, or nurse practitioners who will see the beneficiary first for their health care needs. The PCM provides and/or coordinates care, updates health records, and refers beneficiaries to specialists.

TRICARE time and distance standards for TRICARE Prime beneficiaries state that the beneficiary's PCM must be within a 30 minute drive time to their residence, if the beneficiary resides within a Prime Service Area. For more information about TRICARE time and distance standards or PCMs please visit the TRICARE website, http://www.tricare.mil.

In Fall 2010, beneficiaries enrolled to WRAMC and NNMC will be notified of their projected primary care enrollment site for Summer/Fall 2011. If the projected enrollment site does not coincide with the beneficiary's preference, a process will be outlined to share feedback that may lead to the preferred enrollment site. Families who wish to enroll together will be able to do so.

All TRICARE Prime and TRICARE Plus beneficiaries in the National Capital Region will be able to continue to receive both primary and specialty care in the National Capital Region. Regardless of primary care enrollment site, specialty care continues to be available to TRICARE Prime enrollees.

Update: Transition and Integration of the Workforce

Rhonda M. Baxter, J1

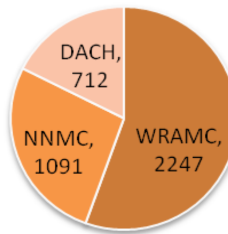
Prior to the distribution deadline of June 15, 2010, as directed by the Chairman, Joint Chiefs of Staff, a total of 4,050 initial notification letters were distributed to the permanent civilian workforce at each of the current Medical Treatment Facilities (MTFs).

Now that the letters have gone out, the civilian workforce transition process enters the maintenance phase. The maintenance phase will be an ongoing process through the transition and integration period. This phase will include multiple steps to be performed and monitored by representatives of the Civilian Human Resource Council (CHRC) and JTF J1, Manpower and Personnel. The steps include:

- Recording written civilian responses
- Adjustments of civilian placement requests where and when possible
- Mapping of new hire permanent employees to one of the future MTFs
- Initiation and management of regional recruitment and hiring actions

The military workforce mapping review will begin this summer to ensure identification and appropriate placements of the military staff. The military review will focus on three personnel identification guidelines: transitioning, stabilization, and inbound personnel all to maintain continuity of care and continuance of mission in the existing and future MTFs. With collaboration from Component

Civilian Notification Letters



Commanders, new military orders will be produced for affected military members through September 15, 2011.

Once workforce mapping of permanent civilians and military personnel are validated, then term, temporary, and contractor placements will be determined by management; all to ensure a total workforce ready and capable to achieve the "World Class" mission of integrated healthcare in the NCR.

For continued information on the transition process to Walter Reed National Military Medical Center at Bethesda and Fort Belvoir Community Hospital, please visit our website at http://www.jtfcapmed.mil and look forward to continued newsletters.

Civilian Workforce Mapping a Success

Rhonda M. Baxter, J1

Retention and proper placement of the civilian and military workforce is an essential part to achieving "World Class" health care in the future Walter Reed National Military Hospital at Bethesda and Fort Belvoir Community Hospital. JTF CAPMED in cooperation with the Civilian Human Resources Council (CHRC) and integration representatives from Dewitt Army Community Hospital, National Naval Medical Center, and Walter Reed Army Medical Center distributed civilian placement notification letters. As of June 30, 2010, the civilian workforce has returned 3,402 of the 4,050 letters to the CHRC, indicating that 98.7% have accepted their placements to the future Joint Hospitals made during the workforce mapping process. Due to the success of civilian workforce mapping, realization of Joint health care in the NCR is one giant step closer.

Stay tuned for continued newsletters and please visit our website at http://www.jtfcapmed.mil.

Editor's Note: It was not mandatory for all employees to return their notification response; letters stated "absence of employees returned response," it would be assumed employee accepted placement.

4,050

Number of notification letters distributed to permanent civilian employees at three Medical Treatment Facilities.

98.7%

Number of employees who accepted.

326

Number of computer systems/applications clinicians rely on to deliver patient care.

"........IT investment in the US healthcare systems led to reduced patient mortality and increased patient satisfaction numbers as well as increased profitability."

The Clinical Informatics Journey

Rosemary Pascarella, BSN, MS,RN
Kathleen W. Scalon, BSN, MS, RN

All Aboard! In today's world of health-care technology, many studies have shown clinical information systems contribute to optimal patient outcomes, increases in safety measures, and improvements in quality care. Consider for a moment that you are a clinician who in September 2011 will move from Walter Reed Army Medical Center to work at Fort Belvoir Community Hospital (FBCH) or Walter Reed National Military Medical Center (WRNMMC). The probability that as a clinician you will be providing care to patients at a different facility, possibly utilizing new care delivery processes and tools; many of which will involve the use of clinical information systems. To merely say we must change is an understatement; we are revolutionizing the way military medicine will be delivered. Since joining the Joint Task Force in June 2009, the J6 clinical informaticists have been working on the Clinical Information Systems Integration (CISI) for FBCH and WRNMMC. This involves identifying the clinical systems in use at the three campuses, such as documenting current and future state workflows, working with an Integrated Department, Transition Chiefs and other clinical stakeholders. The efforts are to determine how best practices will be implemented and supported at FBCH and WRNMMC.

Mobile tablets will enable clinician's collaboration and documentation at the point of care. NNMC cardiologist Dr. Alexander Bustamante and Nurse Christine Silver, discuss medical notes of a patient.

In addition to the core clinical systems: AHLTA, CHCS and Essentris, both WRAMC and NNMC have a myriad of computer systems/applications -326 identified to date that clinicians rely on to deliver patient care. Some of these computer applications are shared between the sites; while others perform similar or the same functions. In June 2009 the Integrated Department chiefs reported at an IM/IT Summit the clinical systems that their departments intended to use at FBCH and WRNMMC. Following the Summit, the clinical informaticists gathered and analyzed the data, along with system inventories from JTF, FBCH, and WRAMC. In order to obtain a comprehensible understanding of the systems, it was necessary to develop a systems tracking portfolio document to assemble and manage the variability. This is the comprehensive list of clinical systems used for CISI planning for WRNMMC.

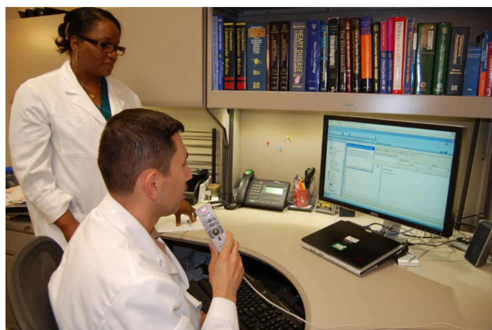
The Journey Begins To provide a streamlined care delivery one must not only consolidate the computer systems but also take into account consolidation of business processes. The "how do we do it" varies among the Services vastly and the importance of integrating technology and processes is too often unfamiliar to many. A recent comprehensive study published by the Journal of American Medical Informatics Association noted that not integrating technology into the workflow of the healthcare environment can produce unexpected and even negative outcomes. To further substantiate the findings, another study reported that Business Process Redesign in healthcare involving IT investment in the US healthcare system, not only led to reduced patient mortality and increased patient satisfaction numbers, but also an increased profitability (Devarj and Kholi, 2005). Automation of processes is and will be a challenging endeavor given our current state; Tri-Services and the EHR. We remain confident as we continue onward we may be laying new tracks. To do so and remain in conjunction with the "world class" definition, the J6 informaticists have established the Clinical Business Informatics Workgroup (CBIWG). This group of Tri-Service (Air Force, Army and Navy) representatives who have IT and clinical informatics backgrounds will provide the forum for furthering the goal for an Integrated Health-

Informatics

(Continued from page 7)

care Delivery System – the Joint Domain.

Full Steam Ahead Assessment of end user computer devices and automation tools in progress will be analyzed for feasibility. The identification of current state processes for the FBCH, the NNMC, and the WRAMC is in progress with an analysis of high risk points. These activities will assist in standardizing and normalizing databases and consolidating efforts among the Military Treatment Facilities.



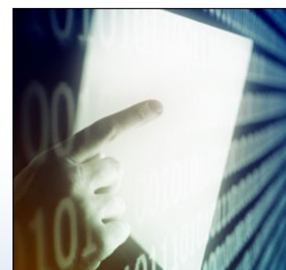
A clinical information system called DragonSpeak enables clinicians to dictate, review and sign records in real-time into a patient's Electronic Health Record. NNMC cardiologist Dr. Alexander Bustamante and nurse Christine Silver, update and review a patient's medical record. Photo by Louise Cooper, PAO.

The Clinical Informaticists will assist the clinicians with the development of integrated future state processes, which will enable clinicians to deliver cross-campus capabilities and ensure continuity of care. They will also assist clinicians with the automation of processes by integrating technologies with workflows specific to tasks, for example, bar coding, radio frequency identification (RFID), and real-time location systems (RTLS) as they are deemed appropriate. These types of workflow-integrated technologies provide retrievable data to ensure that performance measurements are met and can be evaluated.

Deployment and training of technology tools to assist in data capture are in progress and will be implemented by the fourth quarter of 2010. These tools include Dragon Speak, AsUType, and portable devices. These technologies are in use at the WRAMC and, to some extent, at the NNMC. However, the deployment lacked standardized training and evaluation of the providers' current state of computer competencies. A formalized plan and implementation will follow overseen by the CBIWG. One of the areas with growing momentum and concern is the preservation of Information Assurance (IA). Upon review of the governance and compliance frameworks among the Services there are variations noted. A collaborative effort is in progress to establish guidelines and assistance with the Defense Information Assurance Certification Accreditation Process (DIACAP) which each system will need as it moves to the Joint Network. There will also be the Interim authority to Operate (IATO) granted until the DIACAP is complete; which in some cases may take up to a year. Although an arduous task is ahead, rest assured, the light is green. There have been preparations for alternative solutions in an interim phase.

Final Destination-Joint Domain The success of the JTF CapMed BRAC initiative is critical for the future of the MHS healthcare delivery. A key component is the successful implementation and integration of the information technology and business processes that are in use by clinicians, which will help to ensure world-class care delivery for our Wounded, Ill and Injured (WII) warriors and their families. To guarantee a triumphant transition of the IM/IT capabilities to the new WRNMMC, efforts must continue to be aggressive and inclusive. Many of these activities as described throughout this article are in progress while others have yet to be initiated or defined. Each effort will require vigilant oversight and teamwork to ensure that the JTF CapMed Joint Facilities are not only a benchmark in the NCR, but also serve as the blueprint for other MHS consolidation efforts.

A key component is the successful implementation and integration of the information technology & business processes which will help to ensure world—class care delivery for our wounded, ill & injured.



AROUND THE JOA

41ST

Environmental Design Research Association annual conference was held in Washington, D.C.

9200

The number of new healthcare facilities across the nation built with federal grants financed in part by the Hill-Burton Act.

The Hill-Burton Act of 1946 provided federal grants that built 4.5 beds per 1000 people before the program ended in 1975.

Green, Safe and Effective

CAPT Kevin Berry, Special Projects

What could be more pleasantly unexpected than an invitation to speak about the pioneering work going on in the Joint Task Force CapMed Joint Area of Operation? COL Charles Callahan, commander of the DeWitt Army Committee Hospital and I were honored with an invitation to speak at one of only two conference plenary sessions of the Environmental Design Research Association 41st annual conference in Washington, DC, about the latest principles in and application of evidence-based healthcare design in the National Capital Region.

The speaking opportunity was the suggestion of Dr. Craig Zimring, PhD, professor of psychology and architecture at the College of Architecture, Georgia Institute of Technology, and one of the top 25 world experts on evidence based design. Dr. Zimring together with Dr. Roger Ulrich, PhD, professor of Architecture Texas A&M University and a number of their colleagues wrote The Center for Health Design September 2008 landmark review "Healthcare Leadership White Paper Series: Evidence-Based Design for Healthcare Executives: A Review of the Research Literature on Evidence-Based Healthcare Design." The work of Ulrich and Zimring is often quoted by organizations, for example, The Joint Commission, the Institute for Healthcare Improvement and the Department of Health and Human Services Agency for Healthcare Research and Quality on the future of healthcare facility design.

EDRA was founded in 1968 to advance and disseminate environmental design research to improve the understanding of the relationships between people and their built environment and natural surroundings in order to create environments responsive to human needs.

Attending the June 6th plenary session entitled "Green, Safe and Effective: The Role of Evidence-Based Design and Evidence-Based policy in Reforming Healthcare was Dr. Galen Cranz, PhD, Professor of Architecture, University of

(left) CAPT Kevin Berry, JTF Cap Med Special Projects; Jeff Getty, RA, LEED AP, Senior Vice President, HDR Architecture; COL Charles W. Callahan, Commander of DeWitt; Craig Zimring, PhD, College of Architecture, Georgia Institute of Technology; and Barbara A. Dellinger, EDAC, AAHID, IIDA, Director of Healthcare Interiors- East Coast, HDR Architecture. The panel presented the Evidence-Based Design "drivers" for the planning and design of the Fort Belvoir Community Hospital in Ft. Belvoir, VA.

Green

California Berkeley. During the question and answer session she asked why the term evidence-based design was coined now when for more than 40 years the members of EDRA have been doing this kind of work.

Her question was an excellent one but the answer was more elusive, Dr. Zimring said. He said the phrase came into use about 2001 and seems to resonant with healthcare executives who are facing the need to replace thousands of healthcare buildings originally built in the post World War II era under the Hill-Burton Act of 1946. The Hill-Burton Act provided federal grants that built about 4.5 beds per 1000 people before the program ended in 1975. By 1968 the Hill-Burton Act had financed, in part, 9200 new healthcare facilities across the nation.

Dr. Zimring opened the plenary session noting that despite the serious downturn in the US economy, hospital CEOs expect to spend $42B per year out through 2013. The MHS is planning to spend billions over this time period too.

Dr. Zimring reviewed research literature that clearly demonstrates the relationship between the built environment and the patient human and healing experience, and patient and staff safety. Building owners must consider designs that reduce noise, increase family and social support, increase access to natural light and views to nature, reduces patient transfers, reduces hospital acquired infections and improves the patient and staff satisfaction.

This time is past for designing hospitals with double occupancy rooms; they are neither safe nor cost effective. He said these research results were sometimes not intuitive and often resulted in "pushback" from hospital board members and senior healthcare executives. "But," he said, "the evidence speaks for itself."

The evidence is also solid for the use of patient lifts built into patient rooms. There is no doubt the cost of installing ceiling lifts to assist nurses in patient movement pays back quickly figuring in savings from lower worker compensation claims alone, not factoring in the savings from patient injuries and falls when staff and patients attempt to go without a lift.
Co-presenters Jeff Getty, AIA, Senior Vice President HDR; and Barbara Dellinger, IIDA, AAHID, senior interior designer for HDR, talked about the EBD features built into Fort Belvoir Community Hospital. Getty and Dellinger were on the world class HDR architecture, engineering and consulting firm team that designed FBCH and are assisting the DoD with a renewed Master Facility Plan for the new Walter Reed National Military Medical Center, Bethesda, Md.

Explaining the relationship of the natural setting and the environment, Getty talked about how the new FBCH will save more than a million gallons of municipal water a year by collecting and using rain water to irrigate the natural views that are a part of the facility design and that benefits patients and staff alike.
Dellinger gave the audience a good look at how the interior design aided way finding, reduced stress and incorporated the natural outdoor environment with the interior design.

COL Callahan, the commander of DeWitt Army Community Hospital, talked about the hard work the DeWitt hospital staff has done to assure the "invisible" architecture matches a world class facility. Mind, body, heart, soul and spirit come together as the DeWitt healthcare team transforms and integrates the delivery of the caring experience by uniting people, place and practice. DeWitt team members have taken the DeWitt culture of excellence pledge and adopted a written code of conduct. Callahan says his team is ready to share, learn, and collaborate with those who join the DeWitt team to become the new Fort Belvoir Community Hospital.

I concluded the plenary session by talking about how health facility planning policy could be reformed. Evidence-based design like evidence-based medicine continually pushes for a higher standard. The pace of new EBD knowledge acquisition challenges healthcare leaders, governance structures, and planning methods.

I quoted B.L. Sadler, A. Joseph and B. Rostenberg in the 2009 Institute for Healthcare Improvement white paper, "Using Evidence-Based Environmental Design to Enhance Safety and Quality." Hospital leaders and boards face a new reality: they can no longer tolerate allowing environmentally preventable patient hospital-acquired conditions such as *(Continued on page 9)*

"Among the nurses recognized by the FedNA this year were those who lost their lives as a result of the Fort Hood shooting," said Col John S. Murray.

1,400

COL Charles W. Callahan praised the work and dedication shown by employees of the hospital and outer-lying clinics.

COL Susan Annicelli told ceremony attendees she is honored to serve as DeWitt's commander.

Nurses

(Continued from page 3)

not taken." The ANA delegates overwhelmingly approved the resolution. Of the 562 delegates who voted, 559 (99.5%) voted yes to support the resolution.

During HOD meetings, a tribute is paid to nurses who lost their lives since the last assembly. The Nightingale tribute is a very compassionate ceremony, which these late nurses truly deserve. Among the nurses recognized by FedNA this year were those who lost their lives as a result of the Fort Hood shooting. More information on the ANA HOD meeting can be found at http://www.nursingworld.org/ Information on FedNA can be located at http://www.fedna.org/

President Obama spoke at the ANA HOD meeting and addressed the Patient Protection and Affordable Care Act. His speech is located at http://www.whitehouse.gov/photos-and-video/video/strengthening-our-health-care-workforce

DeWitt

(Continued from page 1)

front of all we do for the benefit of those entrusted to our care," Annicelli said.

Leaving dedicated service as the DeWitt HCN commander, Callahan directed and guided employees of the hospital and outer-lying clinics for two years. In making his farewell remarks, Callahan praised the work and dedication shown by the 1,400 staff members.

"Serving as your commander has been the greatest experience of my three decades as an officer. In my mind, I will always be a member of the DeWitt and Fort Belvoir family," he said in his departing speech. "I was at a dinner in May where I was introduced to a Navy admiral. When she saw my maroon 'Spirit of DeWitt' polo shirt, she remarked, 'Oh, you're from DeWitt. That's the place that gets it right.' I could not agree with her more."

Hawley-Bowland echoed those sentiments, but focused on the work and dedication of Callahan as well.

"You were trained as an infantry officer before you became a doctor," she said, "and for the past two critical years of the BRAC process, you have been our guy on the ground, leading the way to the magnificent new Fort Belvoir Community Hospital."

Callahan will now serve as the chief of staff/deputy commander of the National Naval Medical Center as it prepares to transition to the new Walter Reed National Military Medical Center in Bethesda.

Annicelli received a direct commission into the U.S. Army in 1980 after completing a Bachelor of Science in Nursing from the University of Massachusetts in North Dartmouth, Mass., and a Master's of Science in Nursing from the University of Texas Health Science Center in San Antonio, Texas, as a clinical nurse specialist. In 1985, she completed the Army Anesthesiology Program and was awarded a MSN from the State University of New York at Buffalo as a Certified Registered Nurse Anesthetist.

She also earned a Master's in Strategic Studies from the U.S. Army War College; Carlisle, Pa. in 2002 and has held numerous military assignments at locations such as Fort Sam Houston, Texas; Fort Bragg, N.C.; Fort Belvoir, Va.; and Fort Huachuca, Ariz.

Editor's Note: This was the first change of command ceremony held in the Joint Operating Area since JTF received operational control over Military Treatment Facilities in the National Capitol Region.

COL Annicelli speaking at the DeWitt HCN Change of Command

Conference

(Continued from page 1)

tion efforts to get to a Common operating picture for the JOA.

Other highlights of the conference included briefings from each of the Component Commands and the Uniformed Services University on how the regional concept of integrated healthcare delivery is working from their perspective.

In addition, JTF CapMed staff provided updates on civilian personnel, integration and transition as well as the plan for the Wounded Ill and Injured concept of operations.

During one of the afternoon sessions, the Careerstone Group, who specializes in cultural integration of organizations, provided an overview of recommendations for integrating Service cultures in the JOA. Special emphasis was placed on the importance of combining the "best of" cultures and practices. Mary Abbajay, founder of the Careerstone Group, commented, "Cultural integration is change and change is never easy. Cultural integration won't occur overnight. It requires a commitment to creating something new." She concluded with a quote she attributed to VADM Mateczun, "Each Service brings unique and critical capabilities to our mission, and our goal is to achieve an integrated healthcare delivery system which will bring the 'best of the best' together to work in concert on behalf of the population they serve."

National Capital Region Senior Leaders participate in an exercise to explore reactions to change as part of cultural integration. Photo courtesy of Tom Dembeck, Noblis

VADM Mateczun thanked senior leaders for their hard work to date. He asked each leader to ask themselves "how can I help get over the finish line of Sept. 15, 2011."

"... our goal is to achieve an integrated healthcare delivery system which will bring the "best of the best" together to work in concert on behalf of the population they serve," said VADM Mateczun.

Green

(Continued from page 7)

infections and falls; injuries to staff; unnecessary intra-hospital patient transfers that can increase errors; or increased patient and family anxiety, stress, and length of stay caused by noisy, confusing care environments.

Leaders need to understand the clear connection between constructing well-designed healing environments and improved healthcare, safety, and quality for patients, families, and staff, as well as the compelling business case for doing so. The physical environment in which people work and patients receive their care is one of the essential elements in reducing a number of preventable hospital acquired conditions.

As part of their management and fiduciary responsibilities, hospital leaders and boards should include cost-effective, evidence-based environmental design interventions in all their improvement programs or risk suffering the economic consequences in an increasingly competitive and transparent environment, implemented successfully, responsible use of evidence-based design will improve patient safety and quality, enhance workforce recruitment and retention, and produce a significant multi-year return on investment.

Traditionally, facility planning and building has followed the waterfalls model where requirements must be documented in full before there can be a design and construction. The waterfall model works well if requirements are perfectly known and do not change. However, that is not the situation any more with the build environment. A more adaptive model is needed in order to incorporate the advances in EBID and to achieve the goals of the MDS Quadruple Aim: Readiness, Care, Health and Costs.

Editor's Note: Former DeWitt HCN commander, COL Charles W. Callahan, will now serve as the chief of staff/deputy commander of the National Naval Medical Center.

$42B

Hospital CEOs expect to spend this amount per year throughout 2013, said Dr. Zimring. They are facing the need to replace thousands of healthcare buildings built in the post World War II era.

A World-Class region, anchored by a world-Class Medical Center.

CONTACT INFORMATION

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

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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

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3 Roads Communications Wins Three Telly Awards

3 Roads Communications, Inc. of Frederick, MD. was named the winner of three prestigious Telly Awards for video projects they produced within the past year. The Telly Awards were selected from 13,000 international entries and honor outstanding local, regional and cable TV commercials and programs, as well as the finest video and film productions. 3 Roads won for the following productions:

A silver Telly Award for "A Hero is Reborn", a twelve minute video focusing on Marine Sgt Michael Blair and the trials and tribulations he and his family endured after he was wounded in Haditha, Iraq. Sgt Blair, who lost both kneecaps while in combat, is now able to walk again thanks to the medical care he received from the joint military services in the North Capital Region. The video was coproduced by Shondell Towns, the Marketing Manager for JTF CapMed.

A silver Telly Award for their public service announcement focusing on the annual "Tunnel to Towers Run," which follows the inspiring route taken by Stephen Siller a 9/11 firemen killed in action.

And a bronze Telly Award for their "Tunnels to Towers Highlights" DVD recounting all the events of the weekend.

"We're thrilled that 3 Roads received recognition for these projects," said Russ Hodge, President of 3 Roads. "We pride ourselves on producing stories that emphasize the best in human nature and the human spirit, and both Stephen Siller and Sgt Blair are the very embodiment of those attributes." 3 Roads is listed on the GSA schedule. For more information: www.3roads.com

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 submission to louise.cooper@med.navy.mil

In last month's newsletter, Lt Col Mary T. Carlisle was incorrectly identified as assigned to the Malcolm Grow Medical Center. Carlisle is assigned to the 579th Medical Group at Bolling Air Force Base.