JOINT TASK FORCE NATIONAL CAPITAL REGION MEDICAL (JTF CAPMED)

The VOICE

300 days to a new era in Military Regional Healthcare

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LEADERSHIP

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Commander

BG JONES

Deputy Commander

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Command Senior Enlisted Leader

CAPITAL SHIELD Joint Training Exercise — A "Tremendous Exercise"

Ann Brandstadter, J1,
Managing Editor, Electronic Media
Louise Cooper, Public Affairs Officer

The JTF CapMed successfully completed the annual joint training exercise CAPITAL SHIELD coordinated by Joint Force Headquarters – National Capital Region and the U.S. Army Military District of Washington on Oct. 13 and 14, 2010. This year CAPITAL SHIELD brought together more than 90 federal and local agencies, and private and public sector organizations in order to practice emergency management response, patient tracking, demonstrations and events.

Regional partners conducted health service support operations from two incident sites located at the Chemical, Biological Incident Response Force (CBIRF) training site at Stump Neck, Md., and at Lorton, Va. Civilian Emergency Management Services professionals and military personnel conducted their training according to Defense Support of Civil Authorities (DSCA) scenarios to test their plans in the event of a mass casualty incident in the National Capital Region.

JTF CapMed planned the medical portion of CAPITAL SHIELD to accomplish several goals, including the large-scale test of an electronic patient-tracking device that enables visibility of patients from Point-of-Injury to the Emergency Department in real time.

"An exercise like CAPITAL SHIELD provides fertile ground for testing," said COL Paul Duray, Chief of Current Ops Division.

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February 2011 National Security Personnel System Transition for JTF CapMed Employees

Rhonda M. Baxter, J1

Transition, integration, and change are words commonly heard by JTF CapMed employees throughout the creation of the Joint Healthcare System in the National Capital Region. Well the tides have shifted, and the JTF CapMed civilian employees will be experiencing transitional change internally.

The fiscal 2010 National Defense Authorization Act, Public Law 111-84, repealed authorities for and mandated the transition of National Security Personnel System (NSPS) employees to appropriate non-NSPS civilian personnel systems by January 12, 2012. The Department of Navy (DON) provides civilian human resource services to JTF CapMed; therefore, the transition out of NSPS will follow the phased guidelines of the DON Transition Management Office.

On February 27, 2011, most of the more than 70,000 DON employees will transition from NSPS to the General Schedule (GS) system. The exceptions to this scheduled transition date are physicians, dentists, and other approved 30 DoD healthcare occupations. National Naval Medical Center, Walter Reed Army Medical Center, and DeWitt Army Community Hospital employees will follow the transition guidelines as directed by their command Military Treatment Facilities.

For JTF CapMed HQ Employees Position Classification is the initial phase in the NSPS transition process. This phase will ensure undue interruption to the JTF CapMed mission. The J1 Personnel branch of JTF CapMed has been vigorously working with J-code Directors to properly classify position descriptions for each transitioning employee. Classification is strictly driven by duties, responsibilities, and qualifications required by the position. Current or past employee salary is not a factor for purposes of position

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COMMAND SENIOR ENLISTED LEADER'S PERSPECTIVE

Cultural Integration Efforts

CSM Donna Brock

We are deep into the efforts of integrating our military cultures. Why do we need to do this? We need to integrate our military cultures because we need to understand the people we will be working with on a daily basis. The Army, Navy, and Air Force have different focuses on military customs and traditions. In order to work in a joint environment, we must all understand those traditions and respect them. Although we all serve the same people and customer service is always at the forefront, we must be able to talk to one another and understand the different terms that are used among the services.

Some of our staff members think this is only a military member issue. That's not true. Our civilian population has worked with and gotten used to the particular service they have been working with so they will also have to be 'integrated' into this joint venture. It will take lots of cooperation and understanding among all personnel to make this successful.

The Senior Enlisted Leaders from all the facilities including Dewitt (soon to be Ft. Belvoir Community Hospital), Walter Reed Army Medical Center and National Naval Medical Center (soon to be called Walter Reed National Military Medical Center, Bethesda), 79th Medical Wing, Northern Regional Medical Command; and Joint Task Force National Capital Region Medical are working together to ensure that cultural integration is ongoing and successful. We ask each member of our staff to embrace our efforts to integrate our cultures and join us as we work toward a successful future in the National Capital Region!

"Team of Teams — Ready to Serve."

Transition

(Continued from page 1)

description classification.

After position classification, the employee's adjusted NSPS salary is compared to the highest applicable GS pay rate based on the classified GS grade assigned. If the adjusted NSPS salary is above the GS pay rate, employees will be placed on pay retention. Pay retention will guarantee that through the transition from NSPS to GS, employee salaries retain their rate of pay as long as the employee stays in the same position at the same command.

The J1 Personnel branch will continue to work with the DON to provide information as it becomes available, and will communicate with employees through J-code Directors, onsite information/training sessions, and through articles in *The Voice*. Please visit https://www.donhr.navy.mil/nsps/ for more information and online resources. J1 Personnel is committed to an open, strategic, and orderly transition to the GS system.

WTB prepares for BRAC moves

By Kristin Ellis, Stripe Assistant Editor

With the move of Walter Reed under the Base Realignment and Closure (BRAC) law less than a year away, the Warrior Transition Brigade detailed their plan for the future of the brigade and its warriors as the Army medical center transitions to Fort Belvoir Community Hospital (Va.) and the Walter Reed National Military Medical Center (Bethesda, Md.).

"As far as helping [warriors] transition to the next phase in their life, they will see no change," explained LTC Jean Jones, senior nurse case manager for WTB. "The change they will see will be mostly aesthetic as we will be on a different campus with newer facilities and an integrated staff [at Bethesda] The WTB will remain an all-Army asset. The triad of care concept [primary care manager, nurse case manager and squad leader] will not change, and we will maintain the same standards of care that the warriors receive now at the WTB."

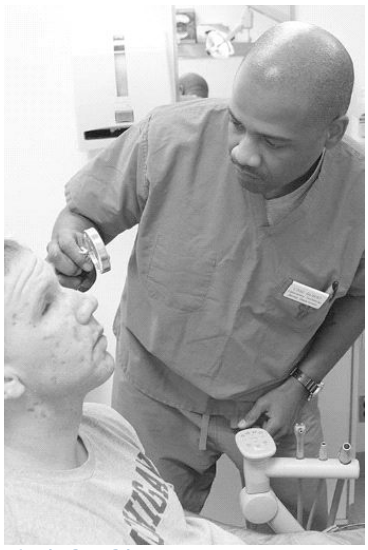

Photo by Craig Coleman

Warrior Transition Brigade officials assure people the world-class care wounded warriors currently receive at Walter Reed will continue after its move, whether care is delivered at Bethesda, Md., or at Fort Belvoir, Va.

The WTB is planning to move around 600 Wounded, Ill, and Injured warriors, in addition to 300 cadre to WRNMMC or the new FBCH within a detailed and comprehensive four-phase operation. The timeline for the north/south moves centers around the completion of infrastructure at both locations, but are tentatively scheduled for the end of August 2011.

"I do know we will not move warriors until everything by function is ready," said MAJ Barry Brinker, brigade operations officer. "There will be no disparity of care between north and south campuses, just different functions."

Jones added the decision on where a warrior will move to is "all based on medical necessity. If the best person or medical service to care for the warrior is at Fort Belvoir, then the warrior will go there. If the best person or medical service to care for the warrior is at WRNMMC, then the warrior will go to that facility."

She went on to explain that the significant trauma patients will go north to the new Walter Reed. Both facilities will house many of the same services for warriors and their families, such as the Soldier Family Assistance Center and Warrior Clinic (though the clinic at Bethesda will be integrated with the other military services). There is a Military Advanced Training Center-type facility also being built at the new Walter Reed. Brinker added that indeed the same services will be provided (such as the SFAC), but there is still some discussion as to what it will all look like.

Both campuses are building new facilities to house warriors with 350 on-post rooms for outpatients, and 150 for non-medical attendants, at the new Walter Reed alone.

"There will be appropriate housing for everybody regardless of on-or off-post," Brinker said, noting the enhanced discharge process and warrior lifecycle model currently being used at Walter Reed Army Medical Center to ensure warriors are in the lodging facility that meets their needs.

The process provides a large level of support to warriors as they transition from inpatient to outpatient status and most receive lodging close to their military treatment facility. As the warrior progresses with their care and goals, the WTB enables the warrior to begin to more independently manage their care and help build both skill sets and confidence so that the warrior can feel comfortable living further away from a MTF. When this is accomplished and the warrior becomes more independent, the WTB will help find appropriate off-post lodging, explained Jones.

Representatives from the Fort Belvoir Transportation Office have toured the Walter Reed barracks and facilities. The plan is to move the warriors over two weekends; one weekend dedicated to the move north, the other weekend, south. All inpatients will move to the new Walter Reed under the hospital's own BRAC timeline.

"I'm not worried because we have our plans," Brinker said. "We've laid out *(Continued on page 7)*

SGT Chelsey Billing received The American Legion of Spirit Award:

http://serve.mt.gov/?page_id=2963

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"We were fortunate to work with Joint Force Headquarters NCR in this exercise to advance our efforts to fulfill Vice Admiral Mateczun's goal of 'Be Ready Now,'"

— COL Casper P. Jones, Director of Current Operations, JTF CapMed

CAPITAL SHIELD

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"This patient tracking system is mandated by the State of Maryland and is used by every hospital and EMS unit there on a daily basis. We are now seeing regional adoption by Arlington and Fairfax County first responders in Northern Virginia. CBIRF has recently adopted the system as well. If regional adoption continues, this tool could help establish medical Unity of Effort during an incident."

According to COL Casper P. Jones, Director of Current Operations, "We were fortunate to work with Joint Force Headquarters NCR in this exercise to advance our efforts to fulfill Vice Admiral Mateczun's goal of 'Be Ready Now.' This exercise allowed us to engage our DSCA mission, and allowed us to exercise our patient transport and

Active duty service members role-play as "casualties" in the CAPITAL SHIELD exercise.

command and control missions with the military facilities. We evacuated patients to four DoD and 30 civilian treatment facilities. In the course of two days, more than 500 patients were transported successfully using a patient tracking device that showed visibility of patients' injuries, where patients were located, where they were going, and how long they were present during different segments of the evacuation exercise."

This exercise included evacuating live role player "casualties" from both incident sites to military and civilian hospitals throughout the region. Patients were transported by the U.S. Air Force's 1st Helicopter Squadron from Joint Base Andrews, water-borne craft provided by the U.S. Coast Guard Auxiliary/D.C. Flotilla, and civilian and military ground medical transport vehicles.

"The Department of Defense had an opportunity to train with civilian technical rescue crews and

Montgomery County Civilian Emergency Response Team (CERT) volunteers carry out a "casualty" at Lorton, Va.

send casualties to military and civilian hospitals. It is important to know how the hospitals in the region would handle a surge of patients and that all would receive medical care in the event of a real-world disaster. We were testing our capability to provide support to our civilian counterparts," said Gene Smallwood, Civil-Military Operations Officer and the senior Medical Exercise Officer for CAPITAL SHIELD.

JTF CapMed accomplished a two-fold task: conducting readiness training in collaboration with and in support of civil authorities; and developing interagency, private and public sector partnerships. "We are now more familiar with those we would be working with side-by-side during a real disaster," said Smallwood.

He said mutual collaboration between military and civilian counterparts working toward a common goal helps alleviate the pain and suffering for those who could be harmed through a natural or other disaster, and this collaboration would thus collec-

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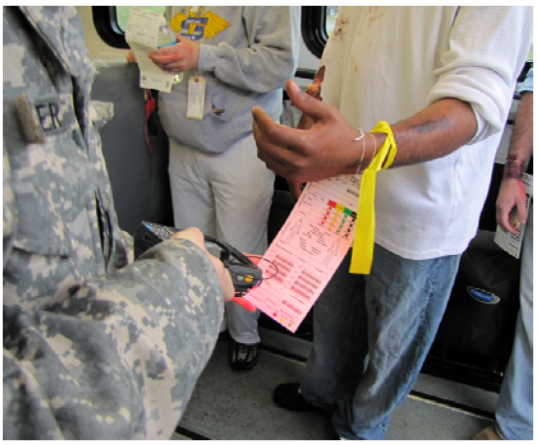

A Military Medic scans patient information using the patient tracking device.

CAPITAL SHIELD

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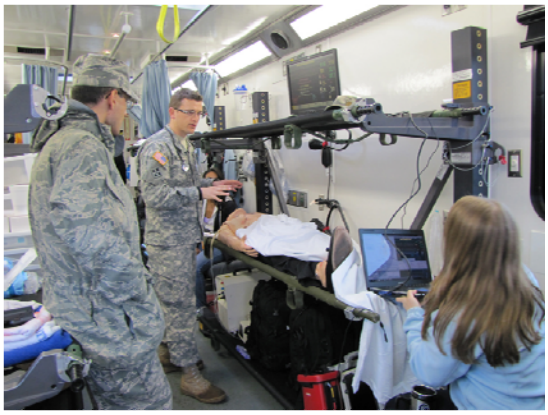
tively provide the necessary and required health care support for all within the National Capital Region.

Day 1 gave planners an opportunity to train with CBIRF. "This is a significant training opportunity," said Smallwood. "When we train for a National Security Special Event, we often find ourselves working closely with CBIRF. CAPITAL SHIELD gave us an opportunity to train with them; something we've not done in the past."

Additionally, JTF CapMed exercise participants had an opportunity to train with the U.S. Coast Guard Auxiliary, as they tested and evaluated maritime evacuation. This was a training exercise first and provided a valuable opportunity for the participants, an "eyes on" assessment from our Department of Health and Human Services partners and insights into future plans for the NCR, according to Jones.



Doctors check the vital signs of a patient inside WRAMC's Patient Evacuation Vehicle (ICU on wheels).

Day 1 also gave the U.S. Air Force an opportunity to train helicopter pilots, medics, nurses and all the people involved in the mass casualty medical elements at Joint Base Andrews. Malcolm Grow Medical Center, operated by 779th Medical Group, was one of the 34 military and civilian hospitals participating in CAPITAL SHIELD.

Day 2 shifted to evacuating casualties from the Lorton, Va. exercise site. JTF CapMed professionals trained with Virginia units, such as Arlington, Alexandria, and Fairfax County Fire and EMS departments; and the U.S. Army's 911th Technical Rescue Engineer Company (TREC).

One observer present at both days of CAPITAL SHIELD was Dr. Christine Bruzek-Kohler, executive director, Health Care Operations, "This exercise was a historic event in the scope of participation — many more agencies were involved this year than last year. This showed the integration of civilian and government agencies working together, moving over 500 patients in two days. At Stump Neck we were able to utilize all three modes of patient transportation — air (helicopters), buses, and for the first time we used the Coast Guard Auxiliary. Their boats transported about 12 patients across the water to DeWitt. This has never been done before and that is exciting. Stump Neck was a great exercise in moving patients successfully."

VADM John Mateczun checks on a wounded patient.

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A patient shows her ailment ID tag that tells who she is, what happened to her, and what her symptoms are.

"THIS WAS A GOOD TEST OF OUR ABILITY TO THINK ON OUR FEET, BE FLEXIBLE, AND ADAPT TO THE SITUATION— THERE WAS NO WAY TO PREDICT WHAT THE WEATHER WAS GOING TO BE LIKE. THAT IS THE BEST TRAINING."

– DR. BRUZEK-KOHLER

Case Management Professionals Meet to Discuss Roles and Responsibilities

Clinical and Healthcare Business Operations, JTF CapMed

Two Case Management Work Group meetings were recently held in the BRAC Journey Room, National Naval Medical Center. The objectives of the first meeting were to make a clear distinction between Case Management and Care Coordination activities, identify redundancies and role overlap between disciplines, and identify Case Management roles, along with their initial and continued interaction with WII Service Members, across the continuum of care. Attendees stated that they gained an understanding of the roles of their sister services Case Managers, including the WTB, and the role of the Veterans Administration's Federal Recovery Coordinators. The group will begin working on: a tracking tool, enhanced management, weekly meetings with WII, and specific discharge planning goals.

Objectives of the second meeting were to discuss the similarities and differences between Service-specific Case Management (CM) Programs and to inform the group on process improvement recommendations within CM, with a specific focus on the discharge planning processes. An invitation will be sent to Veterans Health Affairs personnel to attend future meetings, as they play a crucial role in Case Management and the optimal transition of Warriors. The next meeting is tentatively scheduled for mid-December.

New Parking Decal and ID Badge Update:

As of Jan. 1, 2011, all vehicles entering the NNMC campus must display a new DoD Decal and NNMC Staff ID Badge.

Distribution will take place at NSA Bethesda Pass and ID Office, NNMC Bldg. 7, 1st Floor, adjacent to the Subway end of Main Street (opposite end from the Main Street Café).

Hours of distribution will be from 0800 to 1500. The dates of distribution for JTF CapMed are Dec. 6-8.

NCC PCCM Fellowship Wins Third Consecutive "Chest Challenge"

The National Capital Consortium Pulmonary/Critical Care Medicine Fellowship, an integrated team of fellows from the Walter Reed Army Medical Center, brought the national championship trophy home for the American College of Chest Physicians "Chest Challenge" for a third successive year.

Chest Challenge is a national, Jeopardy-style knowledge competition for Pulmonary/Critical Care Medicine fellowship programs held annually at the American College of Chest Physicians conference.

The NCC PCCM team once again competed and was victorious –a third straight Chest Challenge Championship for the NCC PCCM Fellowship program. The team consisted of fellows CPT Matt Aboudara, LT Greg Fuhrer, and LT Scott Parrish.

AMERICAN COLLEGE OF CHEST PHYSICIANS

Family Preparedness

Bruce A. Thompson, Deputy Chief, J5 Plans Division

Here are a couple of Emergency Preparedness tips as the temperature drops and we get closer to winter:

Plan an Emergency Preparedness Kit for your family and your pet
Gather your emergency supplies in an accessible place. Keep some cash in the house in case ATMs and credit card machines are not usable in a disaster. Have at least one regular phone that is not cordless. http://www.do1thing.com/november.php

Check your Emergency Preparedness Kit
Make sure your emergency stockpile isn't missing any items and that the food hasn't expired. You want to refresh your emergency supplies before a disaster occurs. http://www.getreadyforflu.org/clocksstocks/

If you haven't created a stockpile yet, now is the time to create one! And as always, don't forget to check the batteries in your smoke alarms. This information is good year-round. You don't have to wait for the clock change to update your stockpile.

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

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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www.jtfcapmed.mil

SOCIAL MEDIA

www.facebook.com/pages/Bethesda-MD/JTF-CapMed/88920054179

www.twitter.com/jtfCapMed

www.youtube.com/watch?v=myDNmNgDnU

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, 301-412-2557.

Graphic design by Ann Brandstadter; ann.brandstadter@med.navy.mil, 301-602-5874.

CAPITAL SHIELD

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"The Lorton portion of the exercise tested our ability to think on our feet – and that was exciting as well. Nothing went as planned due to bad weather conditions – it was rainy and cold, with low visibility. Helicopters could not fly in these conditions so we had to rely on ground transportation. This was a good test of our ability to think on our feet, be flexible, and adapt to the situation—there was no way to predict what the weather was going to be like. That is the best training," said Dr. Bruzek-Kohler.

COL Jones also commented on the bad weather conditions on Day 2 of the exercise at Lorton, VA, "Our ability to improvise was successful. It also demonstrated the value of JTF CapMed, the civilian agencies, and the military agencies. There was one point of contact for the coordination and the execution of the exercise. This eliminated redundancies in coordination and collaboration, yet at the same time it accentuated the ability for a single headquarters orchestrating assets available and their employment. This was a tremendous exercise and a launching point for us to engage more players next time and add complexity to the scenarios."

Dr. Bruzek-Kohler added a final note, "Everyone who participated looked like they were having a good time and truly enjoying themselves – it was a great experience for all."

Editor's Note: All photos were taken by Ann Brandstadter.

BRAC

(Continued from page 3)

by function how we are going to move and we know what we need to do to get there the last day here, the warrior is going to have the same level of care as the first day at their new campus."

In addition to moving units north and south, the WTB will be standing up a battalion headquarters at Fort Belvoir, as well as two company-sized Warrior Transition Units and a remote care unit for warriors whose care can be managed remotely. The Bethesda campus will house two WTUs, the reception company, and a brigade headquarters. "There is a lot to do, but we know what to do," he said. "Everybody has the warriors' best interests in mind, whether it's Army, Marines, Navy, or Air Force."

"We all know we have a mission," Jones agreed. "That mission is to provide world-class care. Everyone involved knows that that mission is a no-fail mission."

Editor's Note: This Article was originally published in the Stripe.