



**Medical Team
Transports Newborn**

Army Lt. Col. Mark
Croley, Lt. Col.
Christopher Coppola
and Maj. Melissa Tyree
prepare 3-day-old
Stuart Parker for
surgery to place him
on a transportable
Extracorporeal
Membrane
Oxygenation unit in
San Juan, Puerto
Rico. (U.S. Air Force
photo/Master Sgt.
Scott Reed)



The NCMCC: Providing integrated pediatric care for over 20 years

By Breanna Hockenbury, strategic communications, Joint Task Force National Capital Region Medical

While physical integration in the National Capital Region will not occur until Sept.—when all the medical capabilities at DeWitt Army Community Hospital, Walter Reed Army Medical Center, and National Naval Medical Center integrate—Pediatric subspecialty services at Military Treatment Facilities in the NCR have provided integrated, cross-Service care for over 20 years.

The WRAMC and NNMC pediatric departments formally integrated in Oct. 2007, establishing the National

Capital Military Children’s Center. This subspecialty department is currently staffed by board-certified subspecialists in 14 areas of pediatric medicine.

A family seeing pediatric subspecialists at WRAMC or NNMC, is cared for by professionals proudly affiliated with both institutions and from all Service branches. “We have the greatest combination of academic and clinically inclined physicians who are dedicated to the care of military families and children,” said Army Col.

Arthur DeLorimier, M.D., pediatrician and clinical operations for Joint Task Force National Capital Region Medical. The NCMCC brings together the best of military medicine to provide the best in state-of-the-art pediatric care in a family-centered setting, which is one of the many goals for the greater NCR health care system.

The NCMCC offers a wide range of primary care and subspecialty services including behavioral health, genetics, pulmonology, rheumatology,

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Upcoming Events

May 3

Civilian Human Resources Council Town Hall at Walter Reed Army Medical Center-Joel Auditorium 0700 and 1200

May 13

CHRC Town Hall at National Naval Medical Center - Clark Auditorium 0630 and 1200

May 24

CHRC Town Hall at WRAMC - Joel Auditorium 0700 and 1200

May 25

CHRC Town Hall at Fort Belvoir Time and Location TBD

Sept. 15

Base Realignment and Closure deadline

Smart Suites in the National Capital Region will provide patient-centered care

By Breanna Hockenbury, strategic communications, Joint Task Force National Capital Region Medical

The new Walter Reed National Military Medical Center and Fort Belvoir Community Hospital are installing smart suite technology to bring world-class capabilities to the new integrated delivery system in the National Capital Region.

Smart suite technology will improve both care and clinician efficiency with smart beds, bed-side entertainment, two-way communication devices, high-resolution audiovisual technology and wireless capability. This technology will allow patients to control temperature and lighting at the bedside. Smart Suites enhance providers' ability to deliver safe, quality care through active patient monitoring of bed status, patient position, and activity that alerts care providers when patients need assistance. It also facilitates communication between patients and the care team through nurse call integration.

Smart suites include various unique patient-centered features. First, a patient education and entertainment monitor that digitally alerts patients when staff members enter the room and displays that staff member's information. It also includes information about a patient's medical team,

"Installing Smart Suites in the medical facilities in the NCR is part of JTF CapMed's effort to incorporate evidenced-based design principles that provide patient and family-centered care and increase patient safety."

Christine Bruzek-Kohler, Ed.D., executive director, health care operations, JTF CapMed

even when there is no provider in the room. Additionally there will be external electronic signage devices placed outside a patient's room that displays patient information—including allergies—and allows the patients to update their status—for example, "do not disturb"—from their own patient monitor. These features are all part of enhancing the patient-centered care available in the NCR.

Smart suites will be integrated with Military Health System Clinical systems (Essentris and CHCS) to give critical care clinicians a single intuitive dashboard that displays electronic medical record and device data without having to log into different systems and view multiple pages.

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Left: Single-patient room in Building 10 at National Naval Medical Center Bethesda, Md. (Photo by the Joint Task Force National Capital Region Medical)

Right: Smart Suites will provide an optimal patient experience with comprehensive communication, education and entertainment strategy for inpatients during their stay.





JTF CapMed

The Joint Task Force National Capital Region Medical is a fully functional Standing Joint Task Force reporting directly to the Secretary of Defense through the Deputy Secretary of Defense. The JTF CapMed is charged with leading the way for the effective and efficient realignment and enhancement of military health care in the National Capital Region.

**Navy Vice Adm.
John Mateczun, M.D.**
commander

**Army Brig. Gen.
Steve Jones, M.D.**
deputy commander

**Army Command Sgt. Maj.
Donna Brock**
senior enlisted leader

Christine Bruzek-Kohler, Ed.D.
executive director, health care
operations

Scott Wardell
executive director, administrative
operations

Nancy Popejoy
director, communications

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Civilian personnel: New challenges and opportunities

By Debra Edmond, special assistant for civilian human resources, Joint Task Force National Capital Region Medical

It will surprise no one that merging three different workforces from three facilities into one workforce shared among two facilities is a complicated undertaking. What may surprise some are the opportunities to collaborate on new and better processes and to solve problems in ways that produce unanticipated benefits for employees and the organization. Attendees at the Apr. "CHR Council Live!" sessions at Walter Reed National Military Medical Center, National Naval Medical Center and DeWitt Army Community Hospital heard about how one of these opportunities is being explored and developed with the creation of the new Joint Task

Force National Capital Region Medical Civilian Human Resources Center.

The future JTF CapMed Civilian Human Resources Center will provide service exclusively to JTF CapMed organizations, focusing on the challenges of recruiting and retaining a world-class medical workforce in the National Capital Region. The new Director, Stephanie Rainey, began standing up the new organization in late March. According to Rainey, "Our plan is to build this new HR organization based on the best of Army and Navy HR practices, tools and customer service standards. It is an incredible opportunity to create a unique HR

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What is Culture? Simple question, complex answer

By Mary Abbajay, cultural integration, Joint Task Force National Capital Region Medical

This is a difficult question to answer. As individuals we simultaneously identify with many cultures. For example, your family, your location, your profession and your organization/place of work.

All of these cultures have their own set of values, norms and accepted behaviors, i.e., "the way we do things around here". To fit in, and often without thinking about it, we adapt our behaviors to the culture we are in at any given moment.

Organizational culture is like an iceberg. Only about 10 percent of organizational culture is openly and formally articulated, e.g., in formal documents—mission statements and employee codes of conduct—and uniforms. The other 90 percent is usually informally articulated and, like an iceberg, is not easily seen or

navigated by those outside of the organization. You need to identify the hidden component and learn to navigate it, or it can derail both organizational success and your ability to accomplish tasks.

When two or more institutions merge, it is essential to navigate the iceberg—both in terms of formal and informal cultural realities. Leaders and employees at all levels must be prepared to talk openly about each institutions' favored way of doing things, determine common ground and work to create a new integrated culture that carries forward the "best of" and celebrates the richness of each individual culture. In this way Cultural Integration means being aware and honoring what makes us unique while committing to work together toward a mutual mission.



Smart Suites in the NCR cont'd from page 2

In preparation for the smart suites a workflow analysis was performed and kick-off sessions were held with clinical staff from Dewitt Army Community Hospital, Walter Reed Army Medical Center and National Naval Medical Center to present the new technology and observe on-site operations. The information gathered will be used to prepare the way ahead for deploying smart suite technology in NCR.

Rita Torkzadeh and Yisel Maryse Ramos, JTF CapMed, contributed to this article.

Commander's Corner by Navy Vice Adm. John Mateczun, M.D.



Navy Vice Adm. John Mateczun, M.D., commander, JTF CapMed

We are in the homestretch for the historic merger of two iconic Medical Centers, Walter Reed Army Medical Center and the National Naval Medical Center, out of these two great institutions will be born the Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital. This summer, we will be executing the movement of up to 150 inpatients and over 4,000 staff. We are all planning, training and rehearsing to ensure patient safety and quality of care are maintained at the highest levels during transition and that we are always capable to provide casualty care. Executing the transition will require extra vigilance, team work and resilience. I know that you are up to the challenge and will do everything we must for the Wounded, Ill and Injured and all the beneficiaries that we are privileged to care for.

Civilian personnel: New challenges and opportunities cont'd from page 3

organization that meets the needs of this phenomenal, new medical region and world-class hospitals."

In addition to information on the new HR Center, attendees will have

an opportunity to learn more about the JTF CapMed Classification Plan of Action. The schedule, handouts and presentation materials for the "CHR Council Live!" sessions are

available at capmed.mil. Click on Civilian Personnel and scroll to the Briefings section.

Breanna Hockenbury and Yisel Maryse Ramos, JTF CapMed, contributed to this article.

The NCMCC: Providing integrated pediatric care for over 20 years cont'd from page 1

infectious disease, and hematology-oncology. The Tri-Service Cystic Fibrosis Center, Armed Forces

Center for Child Protection Center, Asthma Outcomes Project, Diabetes Clinic and Level II Neonatal Intensive Care Units underscore NCMCC's excellence of pediatric care. Additionally, its diverse subspecialties and world-class providers make NCMCC the home to the Department of Defense's largest pediatric residency and clinical center for a majority of the military pediatric fellowships.

The NCMCC is dedicated to providing world-class care to the

children of the men and women serving our country in the Army, Navy, Marine Corps, and Air Force. This integrated pediatric team—comprised of more than 250 providers, nurses and administrative staff—understands the unique requirements of military families and is dedicated to providing the best of care for our military children.

Army Col. Arthur DeLorimier, M.D., and Yisel Maryse Ramos, JTF CapMed, contributed to this article.



All about family Marine Corps Gunnery Sgt. Kory Marino greets his son and daughter after returning home from Operation Enduring Freedom. (U.S. Marines Corps photo by Lance Cpl. Lydya L. Collison/Released)

NCMCC Pediatric Subspecialties

- Allergy
- Cardiology
- Developmental Pediatrics
- Endocrinology
- Gastroenterology
- Intensive Care
- Neonatology
- Nephrology
- Neurology
- Neurosurgery
- Ophthalmology
- Otolaryngology
- Pulmonology
- Urology

Clockwise:

Army Brig. Gen. Steve Jones, M.D., addresses Wounded Warriors and their Families at the Apr. 6 town hall at the Walter Reed Army Medical Center in Washington, D.C. (Joint Task Force National Capital Region Medical photo by Breanna Hockenbury)

Army Brig. Gen. Steve Jones, M.D., discusses transition timelines, including when Warriors will move to Fort Belvoir and Bethesda. (Joint Task Force National Capital Region Medical photo by Breanna Hockenbury)



“The ultimate goal is to provide patient and family-centered care that best supports the healing of all Wounded Warriors.”

Army Brig. Gen. Steve Jones, M.D., deputy commander, Joint Task Force National Capital Region Medical



Wounded Warrior Town Hall at WRAMC

By Breanna Hockenbury, strategic communications, Joint Task Force National Capital Region Medical

On Apr. 6, Joint Task Force National Capital Region Medical Deputy Commander Army Brig. Gen. Steve Jones, M.D., briefed approximately 200 Wounded, Ill, and Injured Warriors and Family members from the Warrior Transition Brigade at Walter Reed Army Medical Center. Jones shared the benefits of the Base Realignment and Closure transition in the National Capital Region, and addressed concerns about relocating to the new Walter Reed National Military Medical Center in Bethesda, Md. or Fort Belvoir Community Hospital in Fort Belvoir, Va. “Wounded Warriors,” according to Jones, “are JTF CapMed and the facilities’ first priority throughout this transition and will continue to be in the new integrated delivery system”.

Wounded Warriors and their Families learned about the relocation and room assignment decision criteria. As part of the enhanced discharge planning process, case managers, providers and Service Command and Control will use medical requirements as the first deciding factor for assigning Warriors to the appropriate facility and room. “The ultimate goal is to provide patient/family-centered care that best supports the healing of all Warriors,” stressed Jones. Warrior Cadres will move first to ensure that the facilities and rooms are patient-ready.

The Warriors and Families will enjoy brand-new lodging and advanced medical care at the new facilities.

They had the opportunity to browse posters of the new facilities to get a sense of where they would be living and receiving care after the transition. Jones encouraged all the Warriors to participate in the Wounded Warrior Facility tours once reassigned to their new location.

The formation included a questions and answers session, where attendees expressed they were primarily interested in parking, child care and the timeline for the move. Although, at this time, parking at both facilities is competitive, Warriors will enjoy the benefit of dedicated Warrior parking in convenient locations to their clinics and lodging. Child care services at the new facilities will be similar to what is currently available at Walter Reed today and BG Jones encouraged Warriors to email him personally if they had specific questions regarding their Families. Jones also shared the current transition timelines, including Warrior moves to Fort Belvoir and Walter Reed. All dates are subject to change based on construction and outfitting schedules; however, at the moment, all are on schedule.

The audience was pleased to learn the latest transition information from JTF CapMed leadership. As the move dates get closer, additional town halls will be scheduled to keep Warriors and their Families informed.

Yisel Maryse Ramos, JTF CapMed, contributed to this article.

Did you know?

1.2

million Number of square feet that will be available at the Fort Belvoir Community Hospital in Fort Belvoir, Va.

2

million Number of square feet that will be available at the Walter Reed National Military Medical Center in Bethesda, Md.

89

Percentage of Feb. 24 Fort Belvoir town hall respondents who liked the logo for the new integrated deliver system.

98

Percentage of Feb. 24 Fort Belvoir town hall respondents who found the meeting informative.

DMLSS Data Migration Success!

By Anne Hart, logistics systems analyst, Joint Task Force National Capital Region Medical

The Base Closure and Realignment Commission task of establishing an integrated delivery system in the National Capital Region—anchored by the Fort Belvoir Community Hospital and Walter Reed National Military Medical Center—is a massive undertaking. To ensure a successful integration and transition, logisticians immediately identified the Defense Medical Logistics Standard Support program as the tool for addressing the property accountability and control challenges of maintaining accountability of both the existing and new equipment provisioned to outfit the new world-class facilities.

The DMLSS application is the automated medical logistics system for Military Treatment Facilities and key to achieve accountability. However, to truly benefit from its functionality, the Joint Task Force National Capital Region Medical partnered with the Defense Health Services Systems/Joint Medical Logistics Functional Development Center, to develop an efficient and effective process for populating approximately 20,000 line items into the application. Manual data input is prone to errors and time consuming. For example, the average person takes approximately 13 minutes to gather, organize and input one equipment accountability record and its associated maintenance records. At this rate, it would take approximately 650 8-hour days for one person to input all required data for property accountability, maintenance and data management; too lengthy to meet BRAC deadline.

To expedite the data input process, logisticians, Biomedical Engineering Technicians, functional analysts, data managers, program managers, software developers, and schedulers

from JTF CapMed, DHSS, JMLFDC, General Dynamics Information Technology and the MTFs devised an import process for data maintained in an external database.

After months of coordination, requirements gathering, and source code and process development, the first set of GDIT data was validated by JTF CapMed and MTF staff, passed to JMLFDC and successfully imported to the live DMLSS server at FBCH. On that day, the team stood tall knowing their hard work and time had created a repeatable process. This new repeatable process can be leveraged by a variety of Military Health System opportunities that require legacy system data imports into DMLSS.

Based on our estimates and a GS7 data input specialist rate, in addition to time savings, this new data import process resulted in approximately \$101,000 in savings. This is a conservative estimate since the time allocation for BMETs, Property Book Officers and other supervisors were not taken into account in the calculation. Also, the data migration for the 20,000 line items will take approximately 90 minutes versus the 650 days if entered manually. The lessons learned in this research can be applied to other DMLSS migration challenges in the future.

Michael Silva and Yisel Maryse Ramos, JTF CapMed, contributed to this article.

DMLSS application
 Defense Medical Logistics Standard Support delivers an automated and integrated information system with a comprehensive range of medical material, equipment, war reserve materiel and facilities management functions for the Military Health System. (Photo courtesy of Defense Health Services Systems)

