

LEADERSHIP



VADM MATECZUN
Commander



BG JONES
Deputy Commander



CSM BROCK
Command Senior
Enlisted Leader



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209
days to a new era in
Military Regional
Healthcare

FEBRUARY 2011

JTF CapMed Participates in 2011 MHS Conference

Louise Cooper, PAO & Ann Brandstadter,
Managing Editor, Electronic Media

An estimated 4,000 military and civilian medical personnel from the Military Health System attended the 2011 conference held Jan. 24-27 at the Gaylord National Hotel and Convention Center in National Harbor, Md. The theme of the conference was “The Military Health Service Quadruple Aim: Working Together, Achieving Success.”

Each year, the MHS Conference promotes professionalism throughout the organization, encourages partnerships, and focuses on ways to best serve the preventive and health care needs of its diverse beneficiary population. The conference included an extensive exhibit hall featuring agency and commercial exhibitors with products and programs aligned with the MHS mission.

JTF CapMed was well represented with several speakers giving presentations and answering questions from the audience. Brigadier General Steve Jones, Deputy Commander, described how the MHS is transforming clinical and educational processes by implementing the Base Realignment and Closure directives in the National Capital Region. COL Paul Duray and Gene Smallwood discussed the CAPITAL SHIELD exercise and the integration of medical response efforts in the NCR. COL Julia Adams and CAPT Constance Evans, NC, USN, discussed some of the special challenges that affect Wounded, Ill and Injured Warriors and how they cope on a daily basis. CAPT Mary Jean Herden, MC, USN, and a panel of Service personnel discussed each Service’s Wounded Warrior Program and how Care Coordination is the key to success.

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Civilian Personnel Mark Your Calendars – The CHR Council is Coming to a Location Near You!

Debra Edmond, Special Assistant for
Civilian Human Resources

When change is all around, your best chance of surviving and thriving is to take advantage of as many information sources as you can find. One of the many resources that will soon be available to WRAMC, NNMC and DeWitt civilian employees and their supervisors will be recurring monthly visits by Civilian Human Resource Council representatives. Planned topics for the briefings include a broad overview of significant decisions and future plans, participating in cultural integration, managing change, and detailed information on the transition from Army and Navy civilians to DoD civilians – just to name a few. The information provided will be available in other venues (newsletters, information briefings, orientation and training) but the “CHR Council Live!” sessions will provide an opportunity to hear information with a National Capital Region perspective.

We are still in the process of planning programs and presentations that will help answer your questions and provide some tools to help you weather the changes to come. The length of the sessions may vary depending on subject matter but there will typically be two sessions on each of the scheduled dates. Please mark your calendars now and stay tuned for details! Times to be announced.

- WRAMC Joel Auditorium – second and fourth Tuesdays at 0700 and 1200, beginning 22 February
- NNMC Clark Auditorium – second Friday at 0630 and 1200, beginning 11 February
- DeWitt Main Conference Room – first session 10 March, then fourth Wednesdays beginning 23 March

The Council looks forward to seeing you there! Check for details at www.capmed.mil.



COMMAND SENIOR ENLISTED LEADER'S PERSPECTIVE

Do You Recognize the Ranks of the Other Services?

CSM Donna Brock

As we get closer to transition completion of the two new joint hospitals, we need to remind ourselves the importance of recognizing the appropriate rank for our officers and enlisted personnel. Share this chart with your folks and test each

other now and then! You'll be amazed at what you know and don't know!

All of this is part of "Cultural Integration 101." Stay tuned for next month's edition of *The Voice* where we will list officer ranks.



RANK INSIGNIA OF THE U.S. ARMED FORCES

ENLISTED

E-1	E-2	E-3	E-4	E-5	E-6	E-7	E-8	E-9	
ARMY									
no insignia Private E-1 (PV1)	 Private E-2 (PV2)	 Private First Class (PFC)	 Corporal (CPL) Specialist (SPC)	 Sergeant (SGT)	 Staff Sergeant (SSG)	 Sergeant First Class (SFC)	 Master Sergeant (MSG) First Sergeant (1SG)	 Sergeant Major (SGM) Command Sergeant Major (CSM)	 Sergeant Major of the Army (SMA)
MARINES									
no insignia Private (Pvt)	 Private First (PFC)	 Lance Corporal (LCpl)	 Corporal (Cpl)	 Sergeant (Sgt)	 Staff Sergeant (SSgt)	 Gunnery Sergeant (GySgt)	 Master Sergeant (MSgt) First Sergeant (1stSgt)	 Master Gunnery Sergeant (MGySgt) Sergeant Major (SgtMaj)	 Sergeant Major of the Marine Corps (SgtMajMC)
AIR FORCE									
no insignia Airman Basic (AB)	 Airman (Amn)	 Airman First Class (A1C)	 Senior Airman (SrA)	 Staff Sergeant (SSgt)	 Technical Sergeant (TSgt)	 Master Sergeant (MSgt) First Sergeant (E-7)	 Senior Master Sergeant (SMSgt) First Sergeant (E-8)	 Chief Master Sergeant (CMSgt) First Sergeant (E-9)	 Command Chief Master Sergeant (CCM) Chief Master Sergeant of the Air Force (CMSAF)
NAVY									
no insignia Seaman Recruit (SR)	 Seaman Apprentice (SA)	 Seaman (SN)	 Petty Officer Third Class (PO3)	 Petty Officer Second Class (PO2)	 Petty Officer First Class (PO1)	 Chief Petty Officer (CPO)	 Senior Chief Petty Officer (SCPO)	 Master Chief Petty Officer (MCPO) Force or Fleet Command Master Chief Petty Officer (FORMC) (FLTMC)	 Master Chief Petty Officer of the Navy (MCPON)
COAST GUARD									
 Seaman Recruit (SR)	 Seaman Apprentice (SA)	 Seaman (SN)	 Petty Officer Third Class (PO3)	 Petty Officer Second Class (PO2)	 Petty Officer First Class (PO1)	 Chief Petty Officer (CPO)	 Senior Chief Petty Officer (SCPO)	 Master Chief Petty Officer (MCPO) Command Master Chief (CMC)	 Master Chief Petty Officer of the Coast Guard (MCPON-CG)

www.army.mil/symbols



2011 MHS

(Continued from page 1)

VADM John Mateczun, Commander, JTF CapMed, was one of the key note speakers during a discussion of Integrating Delivery Systems and enhancing the patient experience. He described how the new systems will include state-of-the-art technologies and facilities based on evidence-based design principles in order to deliver patient-centered, world-class health care. “We are leading the way for world-class military health care across the Department of Defense,” he said.

Later that day, CAPT Kevin Berry, MC, USN, described evidence-based design and Smart Suite



Photo by Ann Brandstadter

At her panel discussion, CAPT Mary Jean Herden, MC, USN, introduced three brave Wounded Warriors, who told their stories of how they overcame their injuries and how they are coping: MA3 Nathan Dewalt (pictured here); and Sergeant Major Raymond Mackey, and Staff Sergeant Keaton Nielsen.

technology—both of which will be used at the new Fort Belvoir Community Hospital and Walter Reed National Military Medical Center—and how these concepts will help redefine how the MHS delivers inpatient care. CAPT Russell Pendergrass, SC, USN, discussed how to increase patient safety and decrease health care costs by using medical material standardization for initial outfitting and transition. CAPT Pendergrass also presented a video called “Healing Heroes,” which features the testimony of Corporal John Michael Peck. This video can be viewed at www.capmed.mil.



Photo by MilitaryHealth
Vice Admiral Mateczun spoke of the Wounded Warrior Lodging tower being built at WRNMMC, Bethesda, “Construction is going extraordinarily well, and we look forward to moving Wounded Warriors into these terrific new facilities.”

The MHS Conference focused on sharing knowledge and achieving breakthrough performance in health care delivery, research, education and training. Each day featured a specific educational theme with plenary and breakout sessions aligned to furthering the goals of the Quadruple Aim and the associated Strategic Imperatives.

Services Coordinate Integration of Warrior Care

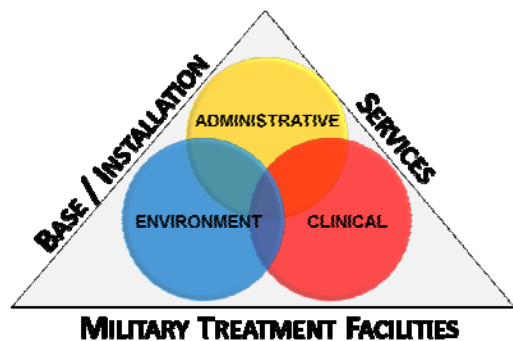
Damara C. Cockfield, J3A

The JTF CapMed Warrior Transition Division led a series of presentations on Wounded, Ill and Injured Warrior and Family care in the National Capital Region during the MHS Conference. COL Julia Adams, Chief of the Warrior Transition Division, and a panel of speakers representing all the Services presented valuable information about the integration of Warrior care and what an

integrated healthcare system means to Warriors and their Families.

COL Adams presented an overview of the JTF CapMed Warrior Transition Division’s mission -- *to provide coordination and integration of non-medical and medical services to ensure optimal Warrior care throughout the NCR Joint Operating Area*. She noted that the WTD can effectively coordinate Warrior and Family support efforts – non-medical and medical – by understanding the definitions of the Services’ WII Warriors, the operation of their Warrior Programs, and the Programs’ eligibility/transition requirements. The complexity of warrior care includes an interwoven blend of administrative, environmental, and clinical components that require a synchronization of effort among the Services, NSA Bethesda Base / Ft. Belvoir Installation, and Military Treatment Facilities along the continuum of care from point of injury/illness through transition.

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BG Jones at the MHS Conference:

We are going to have only one referral center so patients can call one phone number that has access to appointments in all of the facilities. We’ll eventually have a monitoring station to monitor the ICUs in both facilities [FBCH and WRNMMC]. These are some of the joint services that we will be providing as part of our integrated system.

CAPT Kevin Berry On Evidence-Based Design:

Evidence Based Design flips the typical design process upside down starting first with what needs to be done within a space and then tailoring it to do exactly that. For example, if you expect people to wash their hands every time they enter a particular room, then you can’t hide the sink behind the door. Innovators have constructed simple and cheap prototypes of rooms and found hand washing goes up when the sink is located straight ahead, there is a colorful foot path leading to it and an accent light shines on it.



FOR MORE
INFORMATION ON
TRICARE SERVICES
CONTACT:

WWW.TRICARE.MIL/
[MYBENEFIT/HOME](mailto:MYBENEFIT@HOME)

[JTFCAPMEDQUESTIONS
@MED.NAVY.MIL](mailto:JTFCAPMEDQUESTIONS@MED.NAVY.MIL)

301-295-4523

Beneficiary Reassignment in the NCR

Louise Cooper, PAO

JTF CapMed sent beneficiary reassignment notifications in December to all non-active duty beneficiaries enrolled as of the summer 2010 at the Walter Reed Army Medical Center and the National Naval Medical Center.

The initial mailing to approximately 38,000 TRICARE Prime and TRICARE Plus beneficiaries notified them of a projected change to their Primary Care Manager and healthcare facility. Initial projected assignments were based on TRICARE Management Activity's access standards, for example, factoring in travel time which may not exceed 30 minutes from a residence to a primary care delivery site unless necessary due to the absence of providers in the area.

In the initial letter, beneficiaries had an opportunity to indicate their acceptance of their projected assigned Military Treatment Facility. JTF CapMed is preparing to send letters to those beneficiaries who were dissatisfied with their reassignments to request more information. Every effort is being made to accommodate beneficiaries' requests.

This month, additional letters will be sent to remind those who have already received a letter and to notify beneficiaries who may have enrolled in TRICARE Prime since the December 2010 reassignment effort. TRICARE will send beneficiaries their final reassignment notifications this summer. This change of Primary Care Manager and treatment facility goes into effect Sept. 15, 2011.

Primary Care versus Specialty Care

LouAnne Glaccum, J3B

Beneficiary reassignment locations pertain only to Primary Care Services provided by a Primary Care Manager. Specialty care will be available throughout the National Capital Region, including Walter Reed National Military Medical Center, Fort Belvoir Community Hospital and the 779th Medical Group depending on patients needs. All specialty care currently available within the NCR will also be available after September 2011.

Primary care services provide health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. Specialty Care includes specialized medical services provided by a physician specialist (e.g., cardiology, oncology, obstetrics, and surgery).

Malcolm Grow Medical Center Transitioning to State-of-the Art Ambulatory Care Center

Mike Martin, Air Force District of Washington Public Affairs

The Malcolm Grow Medical Center on Joint Base Andrews, Md., is in the early process of designing and building a new state-of-the-art Ambulatory Care Center with an Ambulatory Surgery Unit. Construction for the new ACC is projected to begin Spring 2012.

The almost 345,000-square foot ACC will feature a parking garage for patients and new emergency care facilities. Andrew's Dental Clinic will also be moved to the same medical campus for patient convenience. Moreover, the care center will be reduced to three stories from MGMC's five.

"Right now we have labs on two floors," said Lt. Col. Lance Rodgers, 779th Medical Group Administrator. "Combining these on one floor is an example of one way we will increase our manpower effi-

ciency. Our facility upgrades will also help patient flow and be far more energy efficient."

Construction will start in MGMC's main parking lot. Parking during the construction will be vital to continuing operations, so designated parking areas and shuttles are already in place. Once the ACC is operational, MGMC will be demolished and replaced with additional parking.

"The current building is 53 years old and has maintenance issues. Also, the layout is out-of-date for the way medicine is practiced today," said 779th Medical Group Commander, Col. Rudy Cachuela. "Though the maintenance crew does an excellent job keeping the building running and looking good, and the providers and staff do a great job providing healthcare, we can be much more efficient."

(Continued on page 6)



Standardized Joint Enlisted Medication Administration Course Pilot Launched

SMSGt. Michael Steiner, USAF, J7

Ten enlisted personnel from all three Services completed the first Standardized Joint Enlisted Medication Administration Course offered in the Joint Operating Area. The medics and corpsmen represented Walter Reed Army Medical Center, National Naval Medical Center, and DeWitt Army Community Hospital and they participated in the pilot version of the course hosted by WRAMC's Hospital Education and Staff Development. The JTF Executive Council approved of the concept and guidelines. This course further implements the vision of the Commander Joint Task Force in the delivery of regional healthcare through the development of common standards and processes throughout the JOA.

The course was in developmental stages since 2009 and was crafted with a focus on compliance with Joint Commission standards as well as National Patient Safety Guidelines. It is designed to facilitate interoperability and cooperation between the three Services, as well as standardize the scope of practice for enlisted medics and corpsman and maximize their opportunities for enlisted personnel to practice the full scope of their skill sets.

The course was modified from previously developed and approved curriculums from both the Army's M6 (Licensed Practical Nurse) and the Navy's Introduction to Medication Administration course. Students participated in a day and a half of classroom instruction provided by subject matter experts from both WRAMC and DACH. Instructors were from various patient care areas and Walter Reed's Hospital Education and Staff

Development. They provided students with real-world experience as well as didactic instruction. Students also participated in an afternoon skills lab and were able to practice hands-on skills associated with preparation and distribution of various medications.

Following successful completion of the course, students will enter the preceptor-based clinical competency phase of the pilot program. Students will complete a standardized competency assessment, developed jointly by clinical nurse specialists at both WRAMC and NNMC and based on skills checklists from Mosby's Nursing Skills online resource. Upon completion of competency assessments, students will be able to administer medications from the approved medication list. They will also undergo on-going and annual clinical competency assessments to ensure adherence with approved standards.

The course received very positive feedback from the students, who also provided recommendations on improvements to increase its effectiveness and applicability. Future course offerings and schedules are in development, and the next class will be held in April. Once the course is fully operational and functioning in the JOA, the possibility exists for exploration of Joint policies for implementation across the military health system. The Standardized Joint Enlisted Medication Administration Course is just one more example of the many efforts to improve patient safety and increase interoperability in our future Joint world class medical centers.

Service Delivery Assessment Vital to Patient Care

Patient feedback through a centralized phone survey program provides Air Force clinics with direct, rapid and relevant feedback from their patients vital to national security, Air Force Medical Service officials said.

"Improving the health of Airmen and their families is our mission and patient feedback is vital to our efforts to continuously improve," said Lt. Gen. (Dr.) Charles B. Green, Air Force Surgeon General.

A weekly report allows Air Force clinics to quickly take corrective action in areas where there are shortcomings or improvement needs. It also helps Air Force clinics understand what is working well at their facility; promote and perfect best practices; and share successes with other facilities through lessons learned.

Melanie Moore, PAO, 79th Medical Wing, Malcolm Grow Medical Center.

Upcoming Conference: Restoring Sleep After Deployment

Presented by Defense and Veterans Brain Injury Center (DVBIC) and Walter Reed Army Medical Center Traumatic Brain Injury Service

Friday, March 4, 8:30am to 4:00pm, National Intrepid Center of Excellence Auditorium, NNMC

This conference is developed for mental health and medical providers of all specialties who are interested in learning about sleep dysfunction: staff psychologists, social workers, nurses/nurse practitioners, psychiatrists, physiatrists, neurologists and other medical specialists as well as psychiatry residents, psychology interns and residents, and social work graduate trainees.

REGISTRATION: Registration is complimentary. For additional conference information and to register go to www.hjf.org and click on events.

If you require any special arrangement to attend and fully participate in this conference, contact Angie Fischer at (240) 821-9721 for special requests.

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CONTACT INFORMATION

Command Group/Special Staff	301.319.8400
J1 (Personnel).....	301.319.4789
J3A (Current Operations).....	301.295.5297
J3B (Clinical & Business Ops).....	301.295.1091
J4 (Logistics).....	301.295.5103
J5 (Plans).....	301.319.3854
J6 (IM/IT).....	301.319.8503
J7 (Education, Training, Research).....	301.319.8921
J8 (Resources).....	301.295.4583
J9 (Facilities).....	301.295.8615
PMO	301.295.2703
Public Affairs Office.....	301.412.2557

Note from the Editor



Our copy deadline is the 5th 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.

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 health care 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 Mateczun

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www.capmed.mil

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YouTube

www.youtube.com/watch?v=myDNmNgDnU



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Warrior Care

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COL John Mayer, Commanding Officer of the Marine Corps Wounded Warrior Regiment, highlighted the WWR's mission – *provide and facilitate assistance to WII Marines, Sailors attached to or in support of Marine units, and their Family members in order to assist them as they return to duty or transition to civilian life* – and how they provide support throughout the continuum of care. COL Mayer said there is no singular response to Warrior care. It encompasses the three Rs – recovery, rehabilitation, and reintegration. It is through these stages that the Marine's body, spirit, and Family are not only healed, but strengthened and improved.

LTC Jean Jones discussed the Army's Warrior Transition Brigade at Walter Reed Army Medical Center. The Bri-

gade, which in some aspects is similar to the Marine Corps WWR, provides non-medical and medical support to Warriors and their Families.

CAPT Constance Evans, Director of the new Walter Reed National Military Medical Center, spoke about the Warrior Family Coordination Cell. She noted that the WFCC, on both the Bethesda and Ft. Belvoir campuses, will be a 24/7 one-stop shop that will serve as a liaison to the Services' WII Warrior programs.

The well attended session gave the audience a better understanding of what an integrated health care system means, where Warriors and their Families' non-medical and medical care needs will be met regardless of their Service, and noted that the JTF CapMed will be the organization to ensure equitable distribution of these care resources and support in the NCR.

Malcolm Grow

(Continued from page 4)

The ACC will play a significant role within the National Capital Region. Approximately 500 patients currently enrolled at Walter Reed will be reassigned to the 779th Medical Group.

“The biggest change will be inpatient care. Those patients will be transferred to Walter Reed National Military Medical Center at Bethesda or Ft. Belvoir Community Hospital,” said Colonel Rodgers. “But Andrews will retain robust ambulatory care capability to include all the same outpatient services currently provided.”

The ACC is expected to be completed by spring 2015. The latest news and updates can be found at www.79mdw.af.mil/.