National Capital Region Medical Transformation Update

DoD Progress on Enhancing World-Class Healthcare Capabilities in the National Capital Region

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Agenda

- Purpose:
  - Provide an overview of DoD's progress in enhancing world-class healthcare capabilities at the new Walter Reed National Military Medical Center (WRNMMC), Fort Belvoir Community Hospital (FBCH), and the National Capital Region (NCR).

- Outline:
  - Background
  - Primary Components of Comprehensive Master Plan
  - Conclusion

Background

- Fall 2005: 2005 BRAC recommendations issued
- OCT 2008: Sec 2721, FY10 NDAA required independent review of BRAC plans for WRNMMC and FBCH
- JUL 2009: Defense Health Board (DHB) completed independent review and provided definition of world-class medical facility as well a recommendations for WRNMMC to be world-class
- 15 OCT 09: DoD endorsed DHB report recommendations
- 28 OCT 09: Sec. 2714, FY10 NDAA codified DHB definition of world-class medical facility and required Comprehensive Master Plan (CMP)
- 23 APR 10: CMP provided to Congress as roadmap to achieve additional “world-class” attributes in NCR as identified by DHB
- 31 AUG 10: DoD approved Supplement to the CMP (S-CMP)

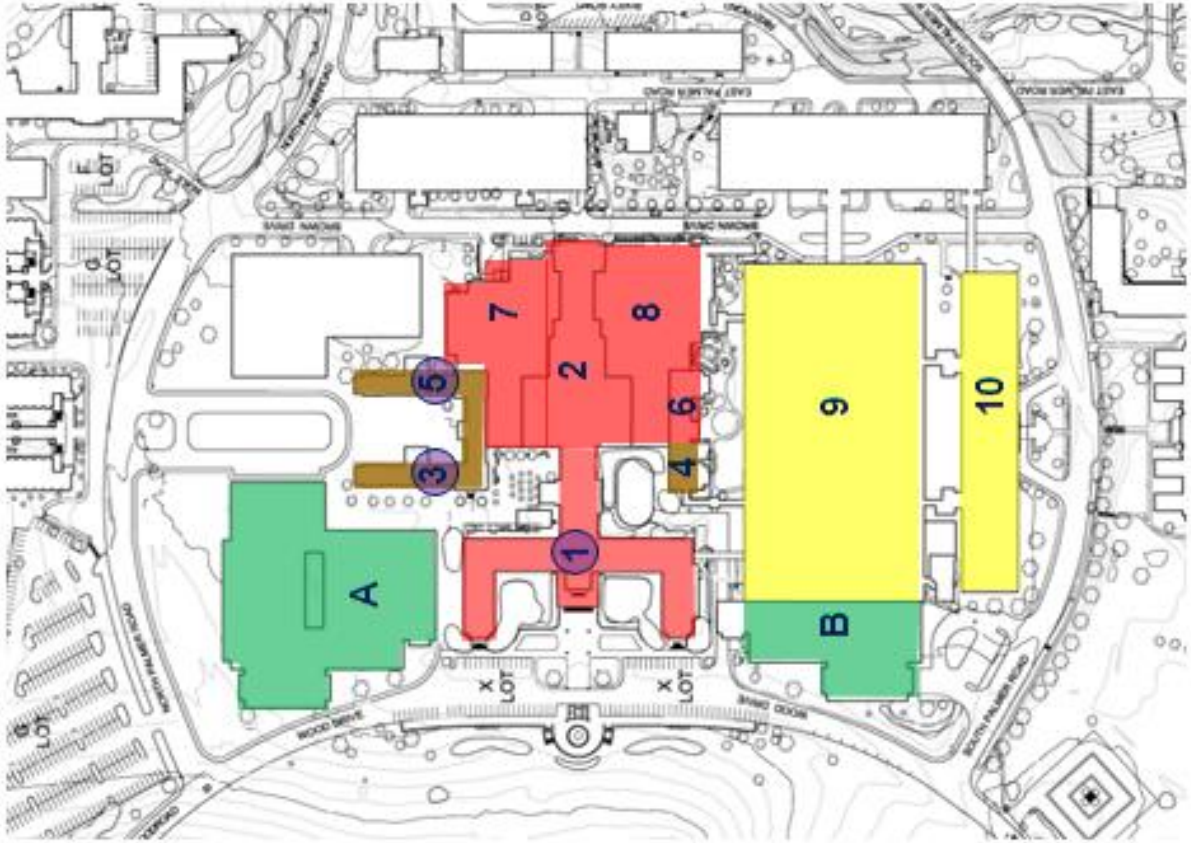
Primary Components of Comprehensive Master Plan

- World-class construction projects at Bethesda
- NCR organizational and budgetary authorities
- IM/IT
- Civilian Personnel

Update on world-class construction projects at Bethesda

- CMP identified $829M in world-class facility projects at Bethesda
  - Includes design, temporary facilities, parking garage, outfitting and base infrastructure upgrades
- Constructs ~560K SF, demolishes 325K SF poor/failing condition, renovates 120K SF of clinical space
  - Additional space required for conversion to single patient rooms, expanding /improving operating suites, rightsizing functional areas, etc.
- Projects estimated to begin in FY12 and be completed by FY18
  - Saturation of construction activity at Bethesda through BRAC
  - Navy has determined Environmental Impact Statement required
  - Coordination with community organizations required
- Costs will continue to be refined as:
  - Medical Master Facility Plan is completed (31 DEC 10) and design gets underway

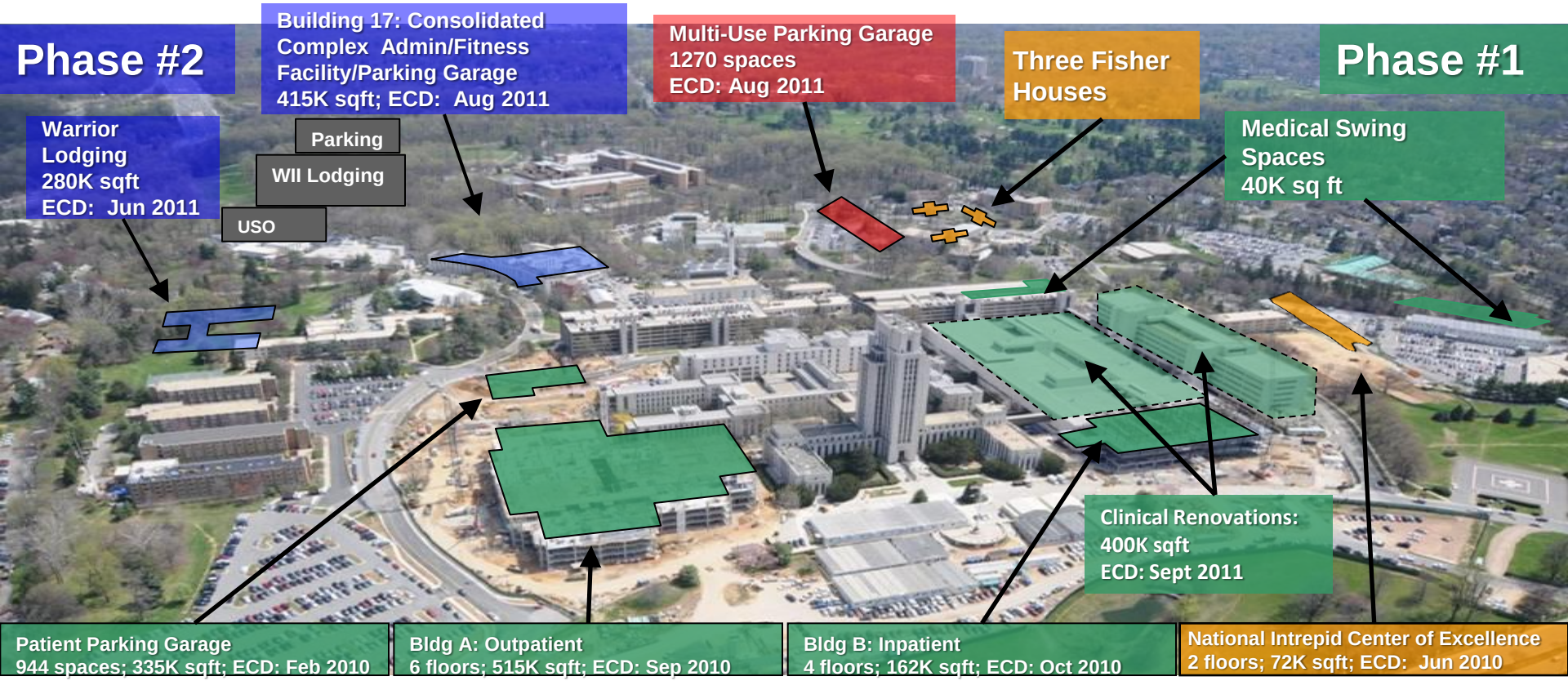
Current NNMC Facility Condition Index (FCI)



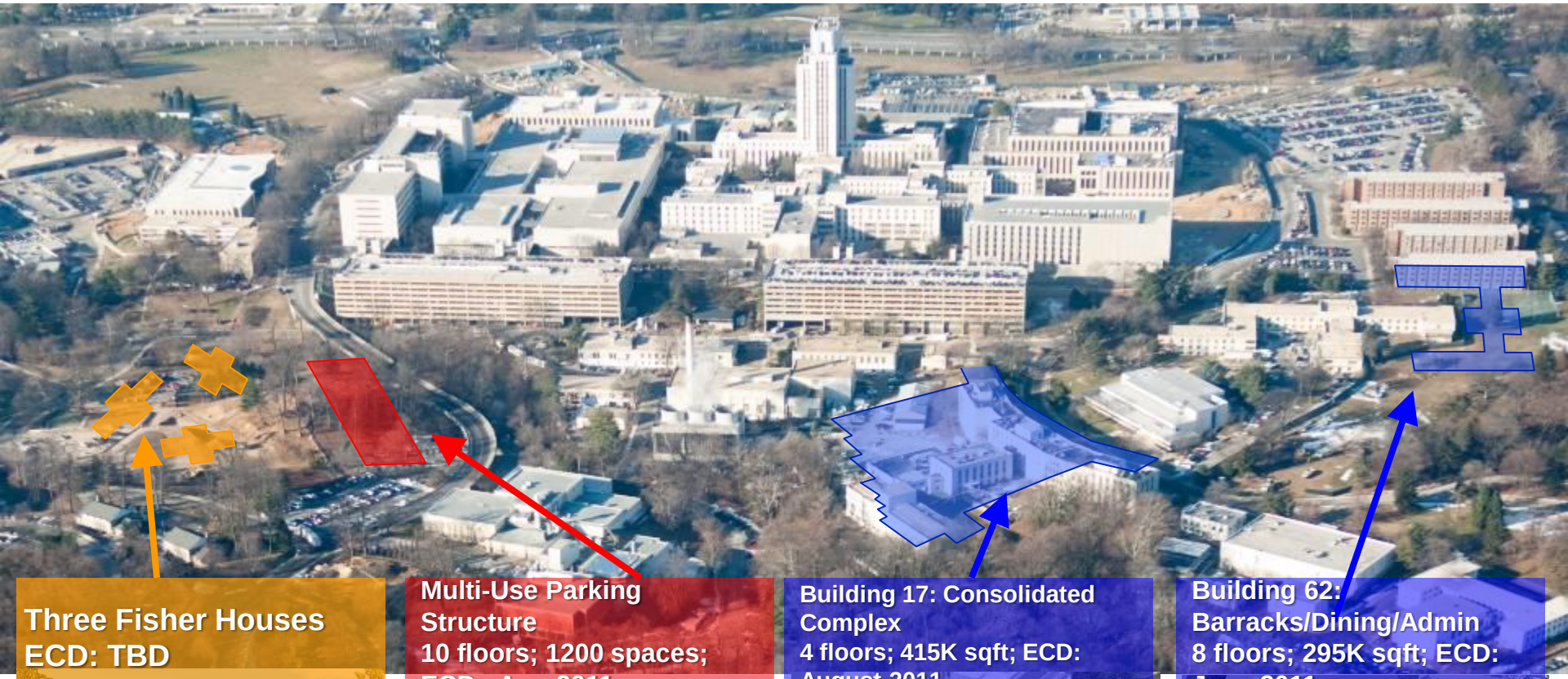
FCI INDEX

- Historical
- Good (100% to 90%)
- Fair (89% to 80%)
- Poor (79% to 60%)
- Failing (59% to 0)

WRNMMC BRAC Campus Profile

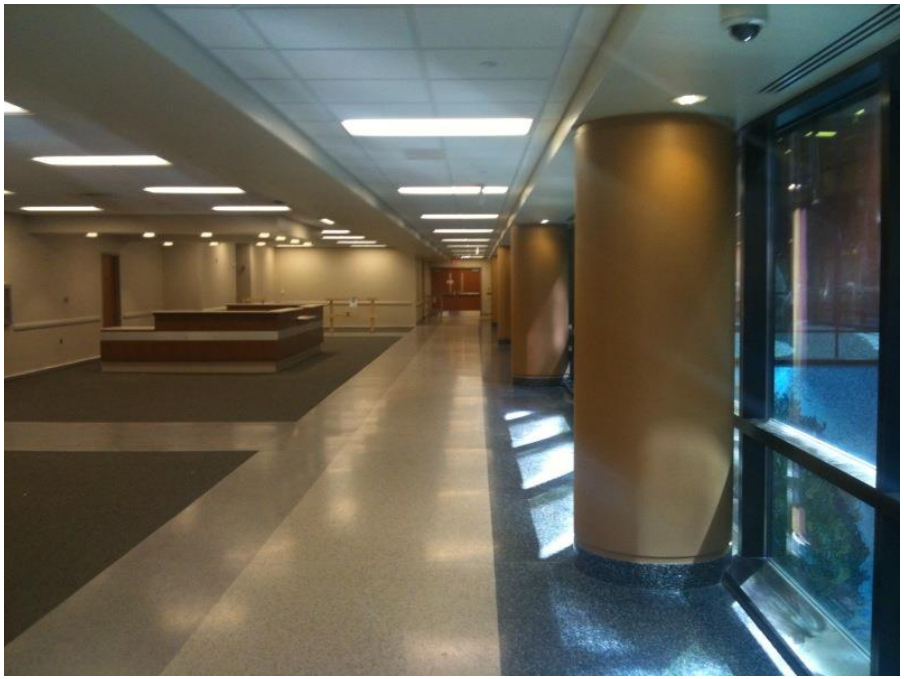


BRAC Bethesda Support Facility Construction Underway

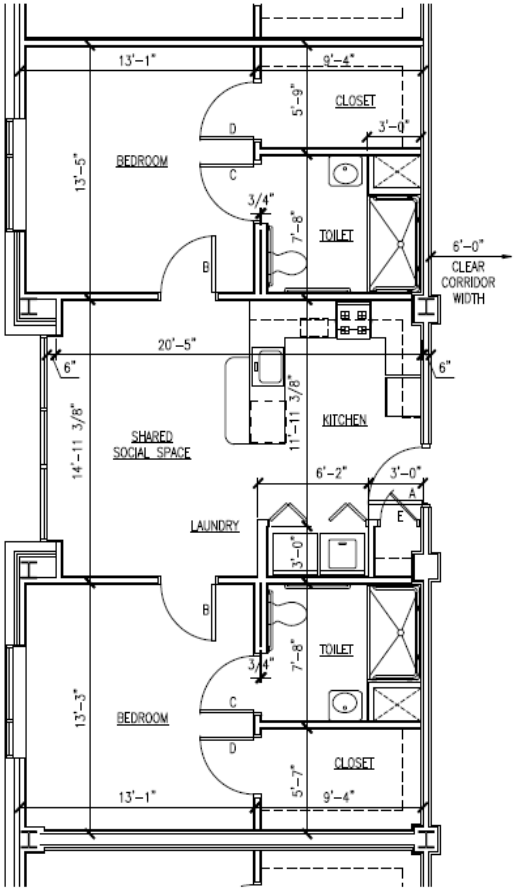


Bethesda BRAC Admin, Gym and Parking Complex

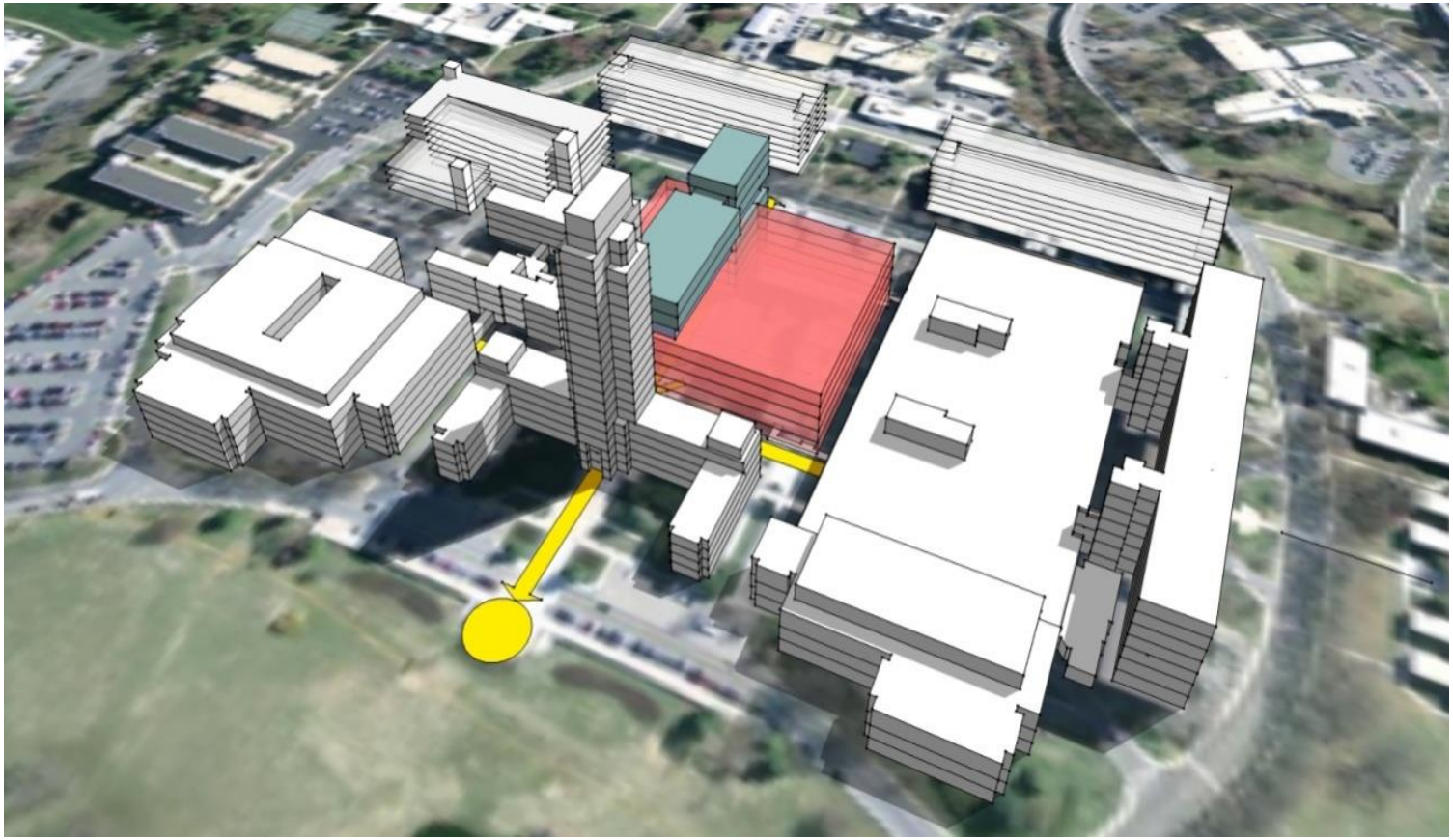
Walter Reed National Military Medical Center



Bethesda Warrior Lodging and Admin Complex



WRNMMC World-Class Clinical Expansion Concept



Fort Belvoir Community Hospital

Fort Belvoir Community Hospital Construction

Fort Belvoir Community Hospital Construction

Fort Belvoir Warrior Lodging and Admin Complex

NCR Organizational and Budgetary Authorities

- JTF CapMed delegated operational control and financial authorities over:
  - Walter Reed Army Medical Center (WRAMC)
  - National Naval Medical Center (NNMC)
  - DeWitt Army Community Hospital (DACH)
- Post-BRAC, JTF CapMed will maintain authorities over joint hospitals
  - WRNMMC
  - FBCH
- Authorities over NCR outpatient clinics may be consider post-BRAC
- Single organizational and budgetary authority
  - Achieves synergies for more effective and efficient operation
  - Aligns with DHB “foundational” recommendation that “one official should be empowered with singular organizational and budgetary authority”

IM/IT

- IM/IT plan to support world-class care to include technologies such as:
  - Smart Suite Technology
    - Smart beds provide real-time patient monitoring of bed status, patient position, and activity to alerts care providers when patients need assistance
    - Electronic clinical dashboard presents unified intuitive view of patient's data aggregated from different sources to include the electronic health record
    - Utilizes Real Time Location System Technology
  - Joint Medical Network (regional)
    - Serving as platform to develop DoD Electronic Health Record infrastructure
    - Sharing of critical information such as images (Cardiology, Ophthalmology, Endocrinology, Nuclear Medicine, etc.), records, etc.
    - Redundancies allow for Continuity of Operations Plan during outage
  - Real Time Location System Technology
    - Allows staff to know if patients are in their rooms as well as their condition and current medical information
    - Track equipment to locate critical medical devices
    - Alert patients to staff name, title, and department when entering their room.

NCR Civilian Personnel and Guaranteed Placement Program

- **Notification Letters**
  - 4,050 letters delivered to WRAMC, NNMC and DACH by supervisors by 15 Jun
  - Employees not required to respond if they accepted assignment
  - Positive feedback at all sites on individual notification letters
  - Employing strategy with goal of meeting all geographic preferences

	Letters Delivered	Retiring/resigning before 2011	Accepted by Response	Acceptance by Non-Response	Acceptance Rate
WRAMC	2200	28	1874 with 209 requesting change in location	298	98.50%
DACH	700	13	628 with 5 requesting change in location	72	98%
NNMC	1150	3	872 with 18 requesting alternate location	279	99%

- **Way Ahead**
  - JTF CapMed developing CONOPS for HR Servicing Office: Personnel/support will be provided by Army
  - DoD coordinating delegation of civilian personnel authorities to JTF CAPMED
  - Transition to DoD civilians in Apr 2011 and relocation Summer 2011

Conclusion

- DoD is committed to the to enhancing and improving world-class healthcare capabilities in the NCR
- The development of the NCR integrated healthcare delivery system will continue to provide more effective and efficient healthcare
- Casualty Care will remain the top priority in the NCR Medical
- DoD expresses its appreciation to the Defense Health Board for its support throughout the transformation of military medicine in the NCR

Back-up Slides