



Joint Task Force National Capital Region Medical

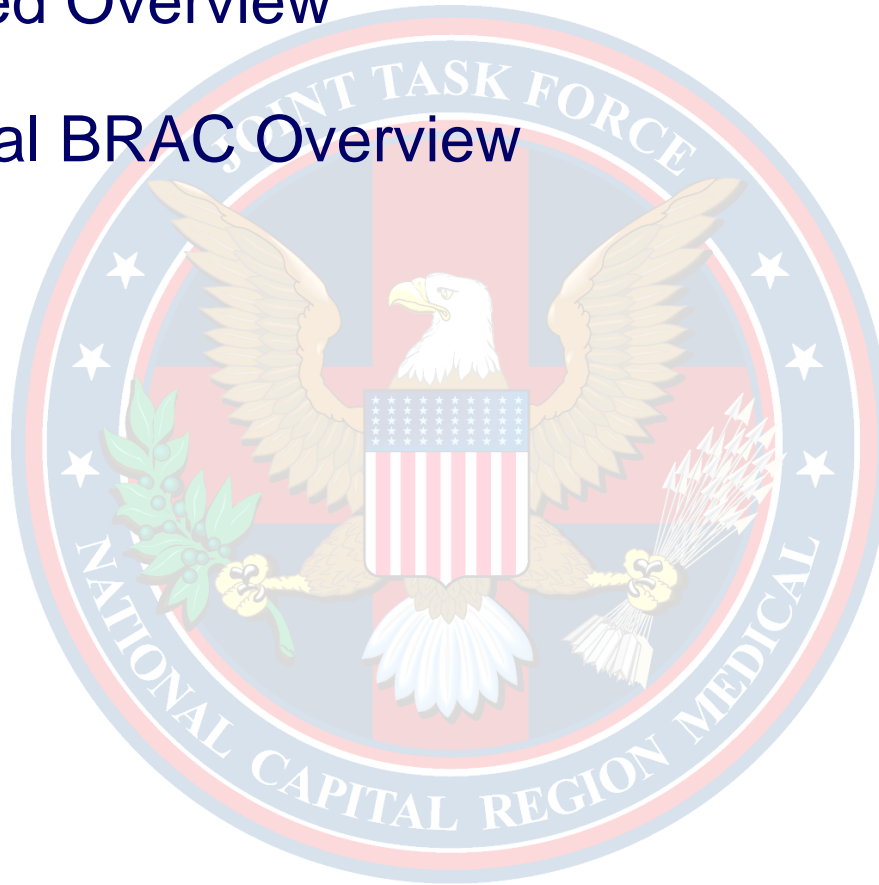




Agenda



- JTF CapMed Overview
- NCR Clinical BRAC Overview
- Questions





JTF CapMed Establishment Overview



- 14 SEP 07 - JTF CAPMED established
- 01 OCT 07 - Initial Operational Capability (IOC)
- 30 SEP 08 - Full Operational Capability (FOC)
- Fully functional Standing Joint Task Force reporting directly to the SECDEF through the DEPSECDEF
- Commander O-9 Medical Officer
 - Responsible under Section 601 of Title 10, US Code
 - Acts as senior medical officer in the JOA with responsibility for military healthcare in the NCR



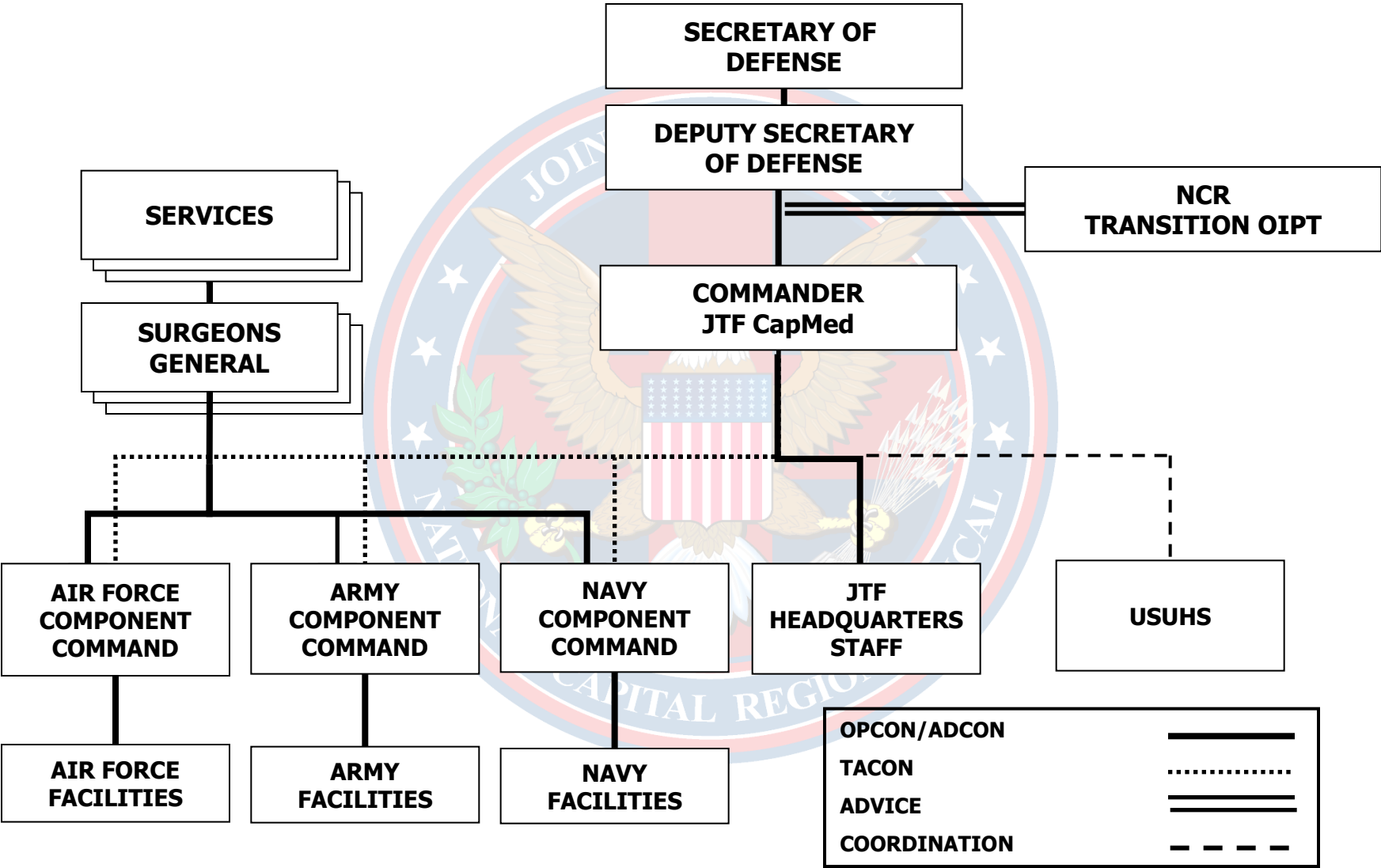
JTF CapMed Mission and Authorities



- Oversee, manage, and direct all health care delivery by military medical units within the Joint Operations Area (JOA) and ensure the military medical readiness of personnel in the JOA.
- Develop a Joint NCR Transition plan and oversee BRAC implementation and related military construction projects.
- Coordinate the scheduling and funding of clinical and non-clinical work with Services, MHS BRAC Program Integration Office, US Army Corps of Engineers and NAVFAC.
- Oversee, manage, and distribute resources to military health care assets within the JOA.
- Develop and maintain interagency and private partnerships.
- Other tasks as assigned.



JTF CapMed Relationships





JTF CapMed

Component Task Organization



Army Component CDR: MGEN Hawley-Bowland

Walter Reed Army Medical Center, Washington, DC

DeWitt ACH, FT Belvoir, VA
Andrew/Rader FHC, FT Meyer, VA
AP Hill AHC, Bowling Green, VA
Fairfax FHC, Fairfax, VA
Woodbridge FHC, Woodbridge, VA
Kimbrough AHC, FT Mead, MD
Barquist AHC, FT Detrick, MD
Dunham AHC, Carlisle, PA
Defense Distribution Center AHC, New Cumberland, PA
FT Indiantown Gap AHC, Annville, PA
Letterkenny Army Depot AHC, Chambersburg, PA
Kirk AHC, Aberdeen Proving Ground, MD
Edgewood OHC, Edgewood, MD
Troop Medical Clinic, Aberdeen, MD
McNair AHC, Washington, DC
Pentagon HC, Arlington, VA (DiLorenzo)
Tri-Serv Dental Clinic, Pentagon (DiLorenzo)

Navy Component CDR: RDML Nathan

National Naval Medical Center, Bethesda, MD

BHC Carderock, Anacostia, MD
BHC/DC Dahlgren, VA
BHC/DC Earle, Colts Neck, NJ
BHC/DC Indian Head, MD
BHC/DC Lakehurst, Lakehurst, NJ
BHC Mechanicsburg, PA
BHC/DC NAF Washington, DC
BHC NRL, Washington, DC
BHC Philadelphia Naval Bus Ctr, PA
BHC/DC Sugar Grove, WV
BHC/DC Washington Navy Yard, DC
BHC/DC Willow Grove, PA
NHC Annapolis, MD
BHC Bancroft Hall
NHC Pax River, Patuxent River, MD
NHC Quantico, Quantico, VA
BHC Basic School
BHC OCS Brown Field

Air Force Component CDR: MAJ GEN Graham

79th MDW, Andrews AFB, MD

779th MDG, Andrews AFB, MD

579th MDG, Bolling AFB, DC

AF Flight Medicine Clinic, Pentagon



JTF CapMed 2008 JOA Profile



- 545K Eligible Beneficiaries
- 282K MTF Enrollees
- 3.1M MTF RVUs
- 111K MTF Bed-days
- 24K MTF Dispositions
- 27K MTF RWPs
- \$1.3B MTF Budget
- 12K Military and GS employees
- \$588M Purchased Care





Walter Reed National Military Medical Center



345 Inpatient Beds

Square Footage:

Addition: 637,000

Alteration: 321,000

Support Facilities: 590,000

MILCON PA: \$1,020M



New NCR Capabilities at WRNMMC

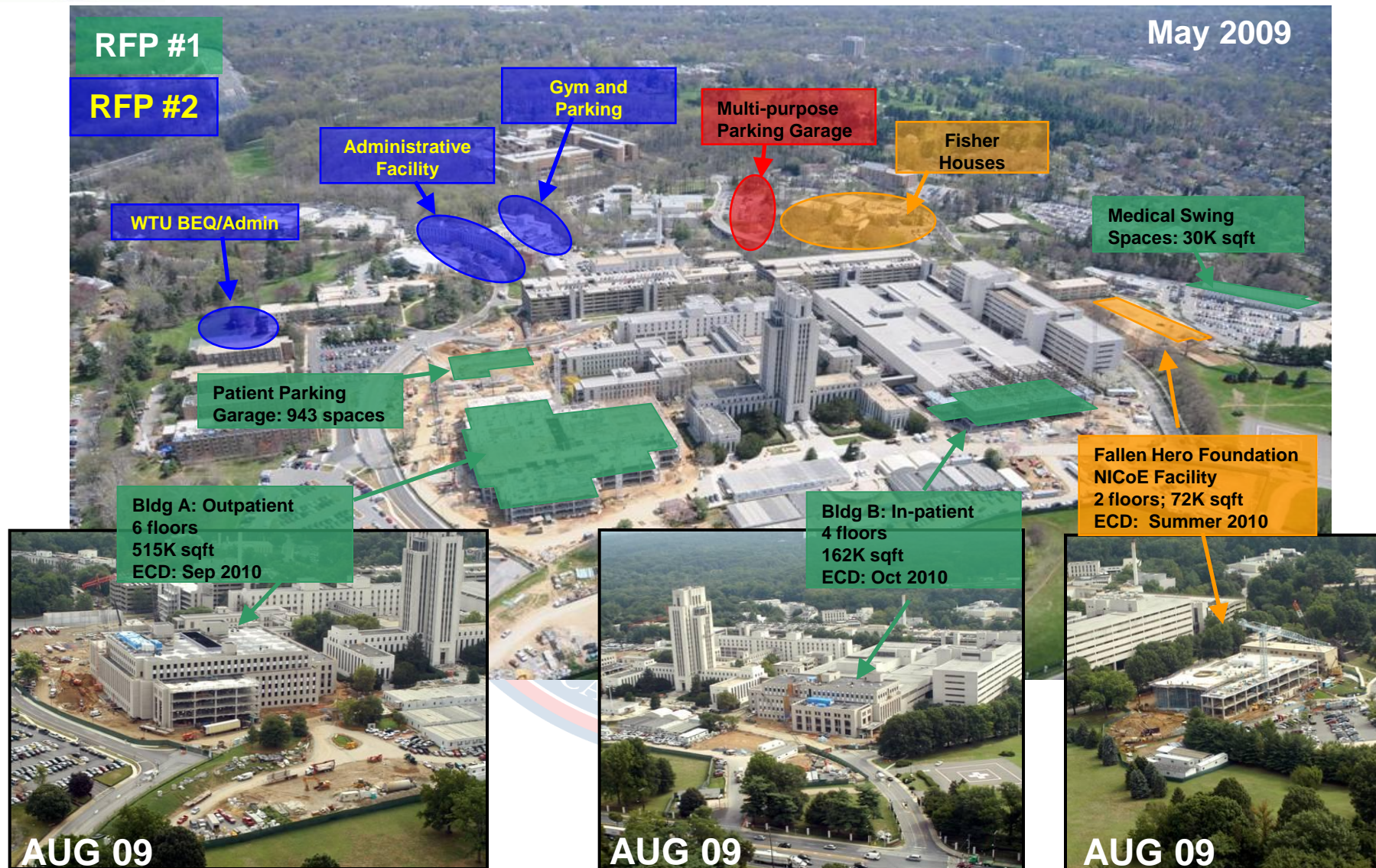


- Vision Centers of Excellence
- National Intrepid Center of Excellence
- Level I Trauma Care
- Consolidated Cancer Center
 - Gynecological Oncology
 - Prostate Oncology
 - Breast Cancer
 - Medical Oncology
 - Surgical Oncology
- Comprehensive Warrior Transition Support Services
- Joint Pathology Center





WRNMMC Campus Projects





National Intrepid Center of Excellence



- 75,000 square foot, two-story facility being built next to new WRNMMC
- Advanced diagnostics, initial treatment plan and family education, introduction to therapeutic modalities
- Provides referral and reintegration support for military personnel and veterans with TBI, post traumatic stress disorder, and/or complex psychological health issues.
- Anticipated completion: Spring 2010



WII Lodging, Messing and Administrative Complex





Administrative, Gym and Parking Garage Complex





Fort Belvoir Community Hospital



120 inpatient beds
1.275 M GSF Hospital Complex
MILCON PA: \$807M



New NCR Capabilities at FBCH

- Adult Oncology Services
- Radiation Oncology
- Intensive Care Unit
- Inpatient Behavioral Health
- Inpatient Pediatric
- Breast Center
- Nuclear Medicine
- Laser Eye Center
- Oral Surgery
- Chiropractic Services
- Pain Clinic
- Rheumatology
- Comprehensive Warrior Transition Support Services
- Vascular
- Cardiac Catheter Lab
- Neurology
- Endocrinology
- Pulmonary Clinic
- Patient Resource Library
- Infectious Disease Clinic
- Interventional Radiology
- VA Health Clinic
- Executive Medicine Clinic
- Residential Substance Abuse Treatment
- Multidisciplinary Interventional Services



FBCH





EBD Principles: Patient and Family Centered Care & Care of the Whole Person



Healing gardens
visible and accessible
from each building

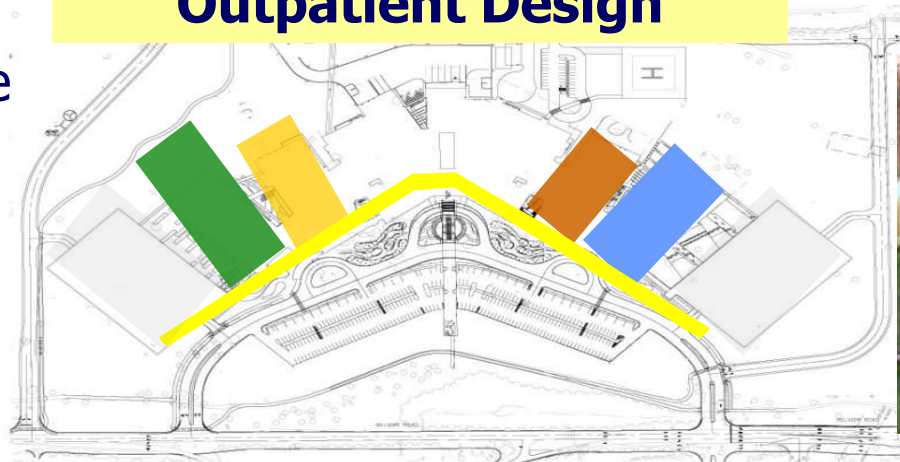


Meadows Garden



Group support in the
Chapel Garden

Outpatient Design



Children's Garden

EBD Goals:

- Decrease stress
- Increase social support
 - Provide light
 - Improve privacy
- Improve rest and sleep
 - Provide positive distractions



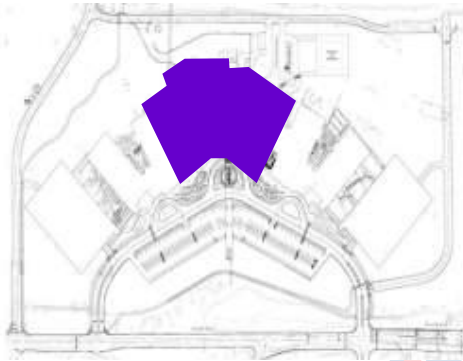
Signature design
elements ease
way finding



EBD Principle: Patient and Family Centered Care & Care of the Whole Person



Inpatient Design



Design Features

- Single patient rooms
- Family zone with large window
- Family lounge
- Control of environment
- Personalized services
- Meditation rooms on each unit

EBD Goals:

- Decrease stress
- Increase social support
 - Provide light
 - Improve privacy
- Improve rest and sleep
 - Provide positive distractions

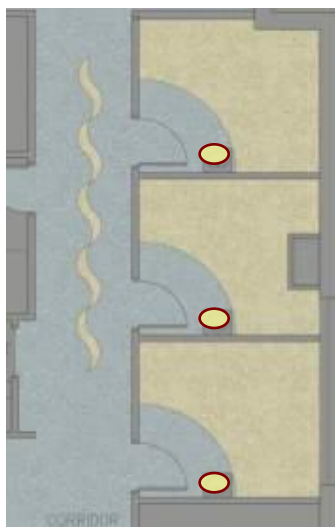




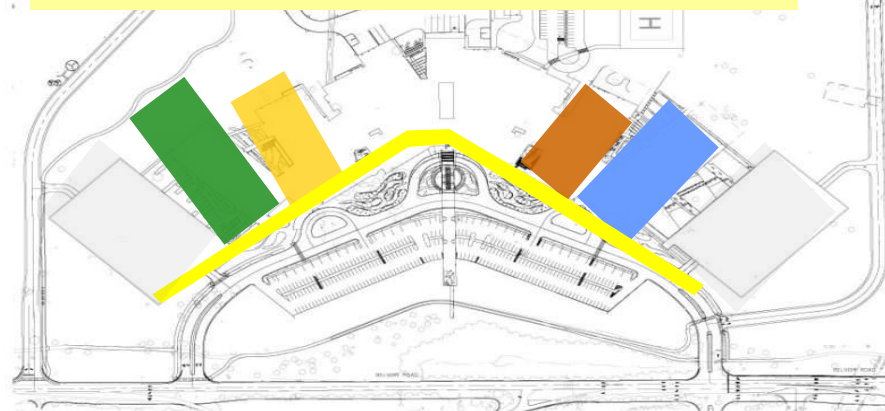
EBD Principle: Improve Healthcare Quality and Safety

Clinic Exam Rooms

- Patterned floor leading to the sink
- Alcohol gel dispenser on the wall near the otoscope
- Curtain track placement



Outpatient Design



More Design Elements

- Rubber and carpeted floors
- Sound absorbing ceiling tiles
- Optimal lighting for high-risk tasks
- HEPA filtration
- Hands free communication

EBD Goals:

- Decrease healthcare associated infections
- Prevent patient falls
- Reduce medication errors
- Reduce noise stress to improve speech intelligibility

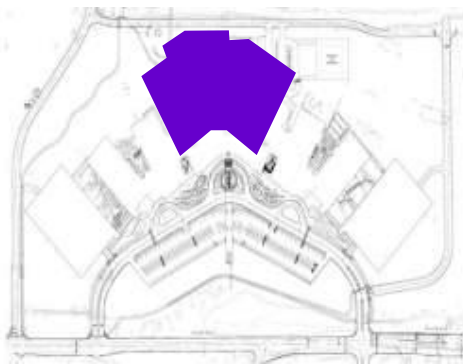




EBD Principle: Improve Healthcare Quality and Safety



Inpatient Design

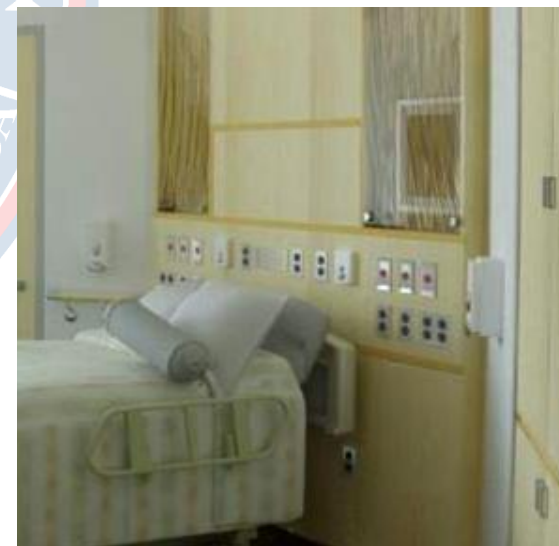


EBD Goals:

- Decrease healthcare associated infections
- Prevent patient falls
- Reduce medication errors
- Reduce noise stress to improve speech intelligibility

Design Features

- Single patient rooms
- Accented and visible sink
- Multiple alcohol gel dispensers
- Bathroom on headwall with handrail
- Ceiling mounted lifts
- HEPA filtration
- Distributed staff support with good lighting



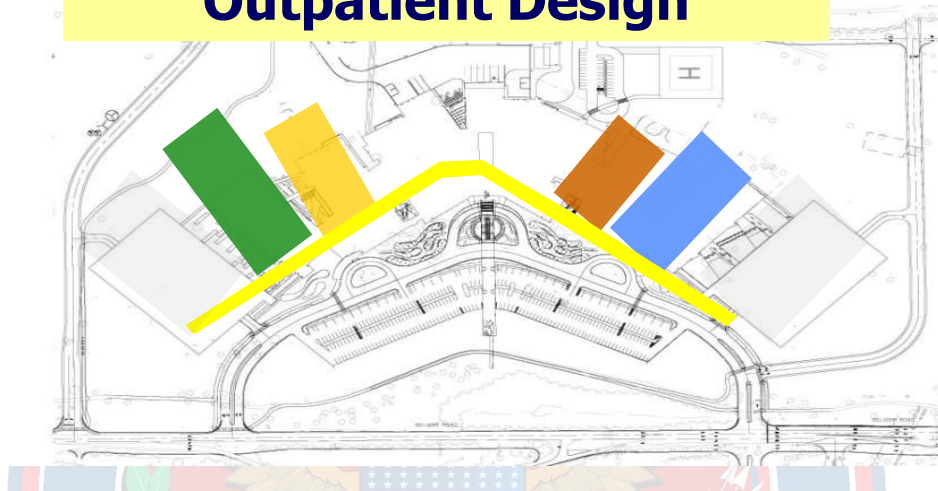


EBD Principle: Provide a Positive Work Environment

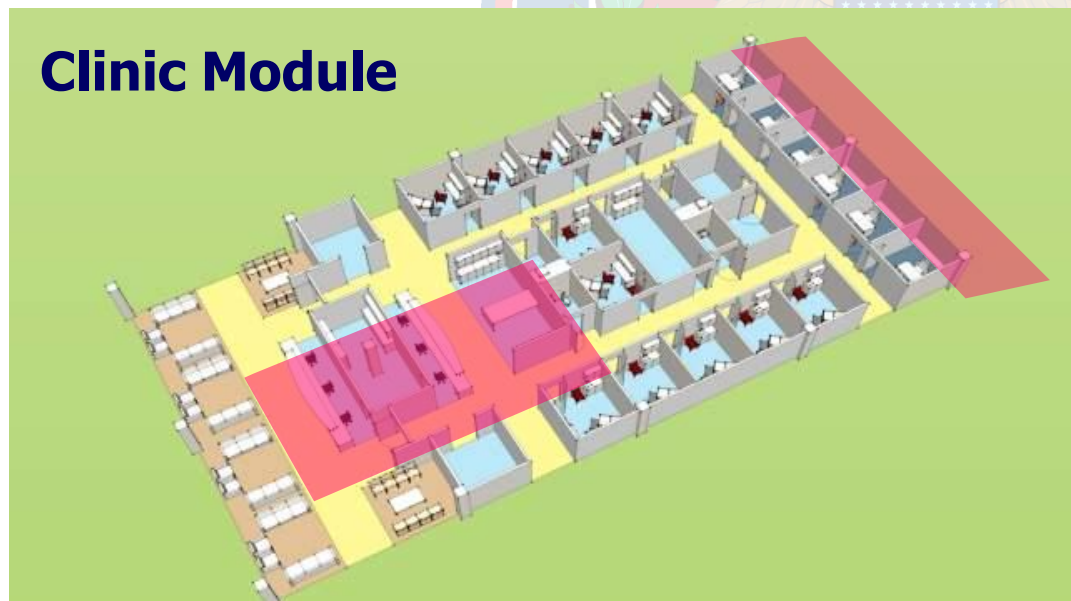
Clinic Design

- Modular
- Centralized and flexible staff support areas
- Rubber floors
- Staff lounges with windows

Outpatient Design



Clinic Module



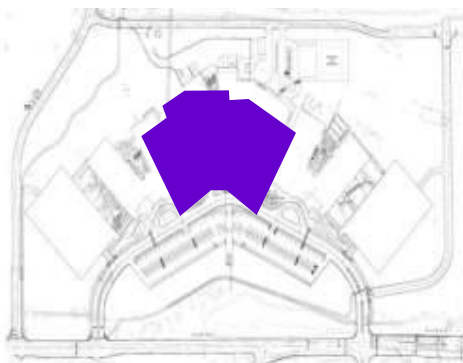
EBD Goals:

- Decrease back pain and work related injuries
- Reduce staff fatigue
 - Increase team effectiveness
- Eliminate noisy and chaotic environments



EBD Principle: Provide a Positive Work Environment

Inpatient Design

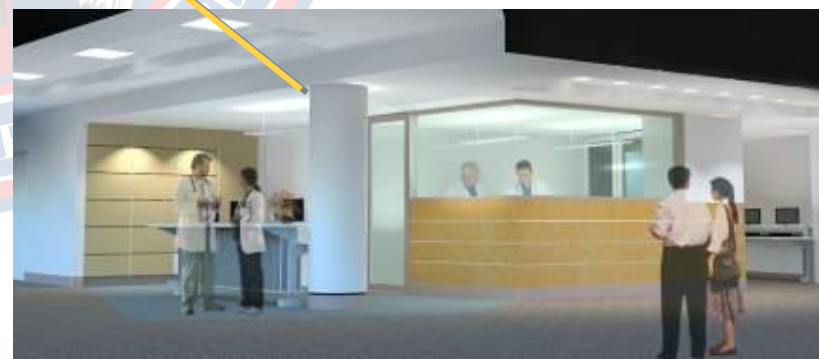


EBD Goals:

- Decrease back pain and work related injuries
- Reduce staff fatigue
 - Increase team effectiveness
- Eliminate noisy and chaotic environments

Design Features

- Distributed staff support to decrease walking
- Multi-disciplinary work room with half-height windows
- Staff lounge with large windows
- Bright lighting for high risk tasks
- Ceiling mounted lifts





EBD Principle: Design for Maximum Standardization, Future Flexibility & Growth

Design Features

- 25 % future growth possible
- Collocation of like services to enhance care coordination
 - Cancer care
 - Musculoskeletal
- Flexible public spaces to support many missions
 - Health fairs
 - MASSCAL

Outpatient Design



EBD Goals:

- Facilitate care coordination and patient service
- Provide flexibility for change and growth

Modular





EBD Principle: Design for Maximum Standardization, Future Flexibility & Growth



Inpatient Design



Design Features

- Combination intensive care and intermediate care unit to decrease patient transfers
- Patient bathroom to support care
- 25% future growth expansion

EBD Goals:

- Facilitate care coordination and patient service
- Provide flexibility for change and growth





JTF CAPMED

Initial Outfitting – WRNMMC/FBCH

- United States Army Medical Research Acquisition Activity
 - Acquisition Strategy - ~ \$400 million O&M contract with tens of thousands of line items
 - Performance Based Services Acquisition
 - Single integrator of necessary services
 - w/hardware, equipment, supplies
 - Cost Reimbursable
 - Possible incentives for performance
 - Best Value Tradeoff Source Selection
 - Source Selection Evaluation Board
 - Source Selection Advisory Committee
 - Source Selection Authority
 - Cost/Price Evaluation Board/ DCAA Audit
- Total 31 weeks minimum to award contract ~ 1st QTR FY 09

Two Facility Strategy achieves economies of scale, standardization and greater patient safety.



DEPSECDEF Decisions

Approved:

- **Military Personnel Staffing Model - Approved 15 Jan 09**
 - Continues JTF CAPMED as a joint military command, establishing joint commands for WRNMMC and FBCH
- **Civilian Personnel Staffing Model - Approved 20 Oct 08**
 - DoD Civilian Model includes realignment of resources, including transfer of civilian personnel authorities to CJTF CapMed

Pending:

- **JTF Ultimate Governance - Deferred 15 Jan 09**
 - DEPSECDEF: "These deliberations need to continue and recommendations brought forth expeditiously."
- **Financial Management**
 - JTF to become Allotment Administrator for NCR in FY12
- **WRNMMC and FBCH Force Mix**
 - Programming and manning documents for inclusion in 2011 POM/BES

