



Walter Reed
National Military
Medical Center

20 | Annual 19 | Report



1 President



From left: Chief of Staff, COL Rodney Gonzalez; Director of WRNMMC, COL Andrew Barr; and Command Master Chief, Randy Swanson

Our **PURPOSE**

We are America's academic health center and the global leader for military medical readiness, providing extraordinary care to those we are privileged to serve.

Our **VISION**

Walter Reed Bethesda leads the world by transforming the teaching and practice of military medicine.

Our **MISSION**

We are the premier military academic health center. We provide innovative patient-centered care and advance readiness, quality, education, and research.

Our **PRIORITY**

Our patient is at the center of everything we do.

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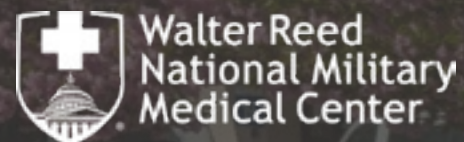
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WALTER REED
1851 - 1902
BACTERIOLOGIST
RESEARCH SCIENTIST

IN HONOR OF
HIS GREAT WORK
IN THE FIGHT
FOR THE
ERADICATION
OF YELLOW FEVER



Walter Reed National Military Medical Center (WRNMMC) is the Flagship of Military Medicine. Our mission is to serve our patients and their families through the provision of high-quality, safe healthcare ensuring the medical readiness of the force and a ready medical force.

WRNMMC is One Team! Every member of our team directly supports our mission.

Over the past year, WRNMMC achieved many successes and implemented multiple performance improvement projects to build on our excellent reputation in high-quality, safe clinical care; academics and research; fiscal responsibility; and leadership.

In the Fall of 2019, we implemented Leader Walkrounds, also known as Gemba Rounds. These regular leadership rounds with our clinical and administrative leaders and staff built and nurtured relationships with our teams and improved the WRNMMC Board of Directors' understanding of the successes and challenges our team members face every day in the Gemba... "the place where the work is done." Gemba Rounds improved leader presence, unit morale, and the safety and quality of the care we provide while elevating common issues and concerns to the organizational level for solution and action.

WRNMMC prioritized implementation of the I-PASS system to enhance team communication, patient and staff safety, and quality of care across the hospital. I-PASS, an evidence-based communication tool, directly improves transitions of patient care between healthcare teams leading to improved safety and patient outcomes. I-PASS will continue to expand across all aspects of care at WRNMMC and will address and improve WRNMMC's number one patient safety concern... communication in transitions of patient care.

In 2019, WRNMMC received numerous accreditations and certifications for outstanding care and service including reaccreditation of our Level 2 Trauma Program by the American College of Surgeons and recognition as a meritoriously performing hospital by the American College of Surgeons' National Surgical Quality Improvement Program placing us in the top 10% of all hospitals nationwide for all-cause and high-risk morbidity and mortality. More than 30 of our clinicians were acknowledged with Master and Associate Master Clinician distinctions reflecting excellence in clinical outcomes, superior patient satisfaction, high clinical volume, and contributions to medical education and research. WRNMMC Hospital Dentistry received zero findings on their 2019 Environment of Care inspection.

WRNMMC experienced multiple improvements in customer service, access to care, and multidisciplinary healthcare in 2019. The Pediatric Patient-Centered Medical Home opened a Saturday Clinic in November focused on newborn follow-ups and urgent care patients. The entire Pediatric PCMH team worked diligently over several months to implement this great service for our youngest Warriors. In collaboration with the National Capital Region-Medical Directorate, the WRNMMC Pain Initiative Team improved patient and clinician education and revised policies and treatment guidelines reducing concurrent prescriptions for opioids and benzodiazepines by 35 percent compared to a 4 percent annual decrease in the civilian healthcare sector. Finally, a six-year collaborative effort between the Directorate of Nursing and the WRNMMC Medical Staff culminated in the implementation of the Accountable Care Unit (ACU) program on our medical-surgical inpatient wards. Created to improve communication, safety, quality, and clinical skills, the ACUs will utilize the power of the multidisciplinary team to continually improve healthcare for inpatients at WRNMMC.

A proud member of the National Capital Consortium for Graduate Medical Education with the Uniformed Services University, Fort Belvoir Community Hospital, and Malcolm Grow Clinic and Surgery Center, WRNMMC graduated more than 300 healthcare and administrative professionals from 63 graduate medical programs in 2019. These graduates will go on to lead military medicine and provide care to our Warriors and their Families around the globe.

Moving forward, Walter Reed National Military Medical Center will continue to lead the Military Health System with an unrelenting focus on safe, high-quality healthcare; innovative research; and world-class graduate medical education providing an ever ready medical force while maintaining a medically ready force. As always, we will keep the patient at the center of everything we do.

We are proud of what we achieved in 2019 and we look forward to exceeding those accomplishments in the future. We remain honored to serve our Nation and its Leaders, Heroes, and Families.

One Team!

Andrew Barr, M.D.
COL MC USA
Director, Walter Reed National Military Medical Center



From the Director's Desk

DIRECTORATE OF ADMINISTRATION



“ We are the premier military Directorate for Administration. We provide Emergency Management, Operations, Logistics, Nutrition Services, Facilities, Patient Administration and Information Technology support that enable safe patient care. THANK YOU to the 1,000 plus strong DFA staff for another successful year! You are truly the backbone of Walter Reed Bethesda! ”

— CAPT Dennis C. Tolentino, MSC, USN
Director for Administration

DEPARTMENTS: Emergency Management • Facilities Management • Information Technology/Management • Hospital Operations Management • Logistics • Nutrition Services • Patient Administration

Emergency Management Department (EMD)

EMD maintains and executes a progressive “all-hazards” program to prepare for, respond to, and recover from, all types of emergencies and disasters impacting the medical center.



Facilities Management Department (FMD)

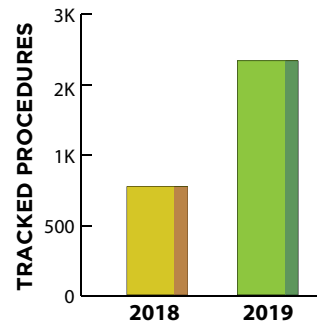
FMD operates and maintains facility systems to support safe, quality patient care and an outstanding patient experience. We’re committed to improving the monitoring and control of existing utility systems, and enabling earlier response times and predictive analysis of systems operations. To minimize patient risk during planned outages, we meet weekly with clinical stakeholders to coordinate and communicate any impacts to normal working conditions.

2019 Accomplishments

- Improved preventive maintenance program to increase safety, reduce facility disruptions, and enhance patient care by reducing required corrective maintenance, increasing system

reliability, and refining our inventory system Real Property Installed Equipment increased from about 16,400 items to about 85,600 items.

- Partnered with Behavioral Health and Nursing to evaluate and minimize ligature risks.
- Continued modernization and expansion of HVAC and other facility systems to improve tracking, response times, and predictability of maintenance.
- Completed two projects in Bldgs. 9 and 10: a four-year window replacement project, and the installation of air pressure monitoring stations in rooms with critical air pressure requirements.
- Completed a study evaluating pharmacy designs and processes to comply with USP 800 standards, and a study identifying single points of failure in the steam and chilled water distribution systems.
- Renovated six elevators (two in Bldg. 9, two in Bldg. 54, two in Bldg. 55).
- Remodeled eight public restrooms (four in Bldg. 9, four in Bldg. 10).



Hospital Operations Management

In 2019, we supported numerous entities within WRNMMC, across the National Capital Region, and throughout the DOD, including the State of the Union Address to a joint session of Congress, Memorial Day Observation at Arlington National Cemetery, and the 35th Annual Army Ten Miler. We also continued to

DIRECTORATE OF ADMINISTRATION

assess and monitor security posture measures and mitigating strategies for the facility while reassessing requirements as we move forward with the Medical Center Additions and Alterations (MCAA) project.

Information Technology Department (ITD)

ITD is diligently progressing with the MHS Genesis infrastructure readiness projects. The Medical Community of Interest (MEDCOI) effort will increase cybersecurity, availability, and ease of management across the enterprise. ITD continues to maintain a high-level of technology readiness by implementing numerous systems, hardware, and application upgrades (i.e. AHLTA/CHCS, Win10 v1809, Network Core, Mobile Services, etc.) to maintain integrity of services and remain in compliance with network security protocols.

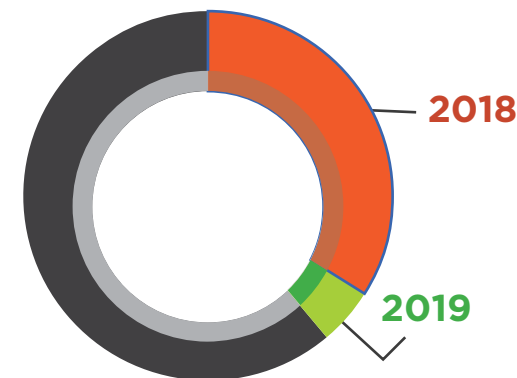
Logistics

We provide total logistics support to customers, from the acquisition and distribution of supplies, to maintenance and accountability of equipment. We also ensure that healthcare service contracts and non-labor contracts are managed effectively and provide maximum support to the command.

2019 Accomplishments

- First-ever wall-to-wall equipment inventory accounted for almost 40,000 items.
- New contract de-obligation process recouped over \$10 million that was redistributed to support critical needs.
- Improved procedures reduced warehouse processing and delivery time from 42 days to 24 hours.
- Enhanced process for reviewing supply orders and identifying sources of supply ensured the best value to the government, increased the use of mandatory e-Commerce sources, and decreased the use of Government Purchase Cards from 34% to 5%.

Government Credit Card Purchases



Nutrition Services Department (NSD)

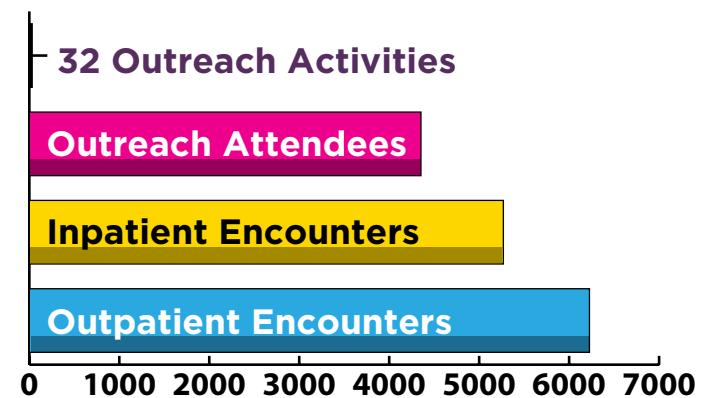
NSD provides efficient, patient-friendly nutrition services by:

- Offering nutritious, wholesome, tasty foods that enhance health and fitness;
- Maximizing patient outcomes using evidence-based nutrition care;
- Pursuing innovative research that advances nutrition practices.

In 2019, NSD team members served in leadership roles such as the Regional Health Command-NCR consultant, Defense Health Agency (DHA) representative on the DoD Nutrition Committee and Sub-committee, DHA Transition Nutrition Lead, and the White House consultant for nutrition intervention.

Our **Clinical Nutrition Division** provides both inpatient and outpatient medical nutrition therapy, and inpatient meal operations.

Medical Nutrition Therapy in 2019



2019 Accomplishments

- Started bi-monthly shared group medical appointments (GMA) with the Internal Medicine Clinic to teach patients about whole-foods and plant-based lifestyles to prevent, treat and manage medical conditions. GMAs included monthly cooking demonstrations, grocery shopping, food preparation tips, and recipes.
- Revamped test tray audits to provide immediate feedback to Patient Room Service cooks and tray line workers that informed continuous improvement efforts.
- Initiated education in conjunction with health promotion events to maintain high levels of compliance to the Ambulatory Data Module and End of Day reporting.

DIRECTORATE OF ADMINISTRATION

- Collaborated with the NICU PI team to analyze total parenteral nutrition and central line use to reduce hospital costs and improve patients' catch-up growth.
- Started the Fit for Performance Army Weight Loss Class.
- Developed annual training series on Healthy Eating and Meal Planning for the Orthopaedic Surgery Department.
- Helped develop the VA/DOD Clinical Practice Guidelines for hypertension.
- Earned the WRB Annual Director's Cup for Excellence in End of Day and Admin Accuracy and Timeliness.

Average Inpatient Meal Days Per Month	5,595
❖ Total Inpatient Meal Days	67,144
Average Outpatient Feeding Per Month	
➤ Guest Trays	13,284
➤ Murtha Cancer Center	1,684
➤ Emergency Department	420
➤ METU	20+

Our **Education and Research Division** tracks professional education and training, manages the Graduate Program in Nutrition and Army Dietetic Internship, administers the NSD Quality Assurance Program (QAP), and continues/develops nutritional research projects.



2019 Accomplishments

- Served as a hospital-based training research site and Army dietetics training site.
- Provided more than 3,990 supervised practice hours for dietetic interns in the provision of medical nutrition therapy, patient feeding, research, and nutrition management.
- All interns (3) graduated in September 2019, and sustained our 100% first-time pass rate for the Dietetic Interns National Registration Examination.
- Research projects included 1 publication, 3 presentations, 4 interviews, 6 published abstracts, 1 electronic article, 2 newspaper articles and 7 poster sessions.
- NSD QAP decreased staff wait times in the dining facility to less than 2 minutes at registers, and improved patient feeding satisfaction scores to greater than 90%.
- Offered more than a dozen continuing education trainings for dietitians at WRNMMC and throughout the NCR.
- More than 20 food service staff members were certified as Serve Safe Food Handlers, and a 68M Diet Technician attended the Joint Field Feeding Nutrition Course.

Our **Food Operations Division** procures, stores, plans, prepares, and executes all meals for inpatient and dining facility operations.

Dining Facility Food Operations (FY19)	
➤ Total meals/patron transactions	899,528
❖ Total revenue	\$ 3,619,706.34

2019 Accomplishments

- Served nearly 3,000 customers each day.
- Hosted 14 themed meals supporting WRNMMC's equal opportunity and cultural awareness initiatives.
- Integrated CS1 (E-6) into supervisory roles to enhance morale, training, and efficiency.
- Supported the USS Comfort with the deployment of seven culinary specialist sailors.
- Added more than 300 items to receipt system to improve itemization/tracking.

DIRECTORATE OF ADMINISTRATION

- Implemented Go for Green in Café 8901, using food choice architecture (positioning foods for easy selection of healthier choices) and improved nutrition labeling.

Patient Administration (PAD)

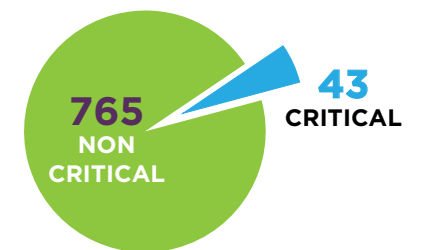
PAD provides administrative oversight, coordination and support to patients and staff members for inpatient admission and discharge actions, medical boards, inpatient and outpatient medical record management and coding. Our department is comprised of the following divisions: Admissions and Dispositions, Inpatient Medical Records, Medical Evacuation (MEDEVAC), Medical Evaluation Boards (MEB), and Outpatient Medical Records.

2019 Accomplishments

- Our new Patient Coordination Center (PCC), responsible for expedited admissions through a one-call process, reduced call-connection time by about 50%, and call-completion time by about 25%.
- Developed the Patient Flow Committee to monitor our performance according to six major lines of effort identified to improve intra/inter patient flow.
- Increased patient safety by standardizing MEDEVAC personnel training.

- Six MEDEVAC team members completed Emergency Medical Technician training and earned national certification.
- Coding compliance rate improved from 89% to as high as 97% for Ambulatory Procedure Visit records.
- Established two new positions in Medical Records Coding to improve workload and reimbursement capture, and help identify and manage training opportunities throughout the medical center.
- Completed medical evaluation boards for 260 active duty service members and fully processed 239 service members.
- Scored 100% on the MEB Quality Assurance Program Review for both accuracy and consistency for the past five quarters.

MEDEVAC Transports



ASSISTANT CHIEF OF STAFF



“I am really proud of the staff here, and I am often reminded how unique our mission is. The people here are doing more than their job, and I’m very proud to be one of those people.”

— CDR Theresa M. Lavoie, NC, USN (ret)
Assistant Chief of Staff

DEPARTMENTS: Institutional Review Board • Healthcare Resolutions • Warrior and Family Coordination Cell • Legal • Executive and Legislative Affairs • Project Management • Privacy Compliance • Equal Employment Opportunity • Medical Staff Services • Organizational Development • Inspector General • Executive Secretariat • Office of Command Communications • Pastoral Care • American Red Cross • John P. Murtha Cancer Center

The mission of the Assistant Chief of Staff (ACoS) directorate is to support WRNMMC, the medical center Director, the Chief of Staff and their offices; the medical center’s governing bodies and hospital-wide programs; and provide administrative and programmatic oversight to all Special Assistant functions. ACoS applies stewardship and accountability practices while accomplishing its mission in support of the organization’s Strategic Plan.

Healthcare Resolutions

Healthcare Resolutions is a non-legal venue to resolve complex healthcare issues following unanticipated/ adverse outcomes or quality of care concerns, offering equitable resolutions in a neutral setting for patients, providers and the healthcare organization. Healthcare Resolutions extended its Peer Support Program in 2019.

Warrior and Family Coordination Cell (WFCC)

WFCC is the liaison and event planner for Wounded, Ill & Injured patients stationed at WRNMMC.

Hosted **304** Events
\$316,995.86 Gifts

Executive and Legislative Affairs

Executive and Legislative Affairs educates the public about WRNMMC’s premiere healthcare delivery through coordination and execution of strategies, executive interface and legislative affairs activities.

170+ Onsite Delegation Visits
45+ Congressional Inquiries/Requests

Project Management Office (PMO)

66 Coordinated FCC Outages	43+ Video Vignettes
12+ Coordinated Town Halls	50+ Construction Communications

PMO provides best-practice guidance and framework for command-sponsored special projects and complex organizational initiatives to maximize effectiveness and efficiency of project outcomes. PMO facilitates programs such as the Unified Construction Coordination (UCC) Program and Medical Center Addition and Alterations (MCAA) Lines of Effort, which include the construction and facilities outage processes, Facilities and Clinical Coordination (FCC) processes and tools and communication networks and products. PMO conceptualizes and assists with execution of command-level strategic communications platforms.



ASSISTANT CHIEF OF STAFF

Privacy Compliance Department (PCD)

PCD is responsible for WRNMMC’s compliance of the HIPAA Privacy Rule, the Freedom of Information Act (FOIA), the Privacy Act of 1974 and the Civil Liberties Programs. The PCD is responsible for processing breaches of patient information including investigations and privacy concerns; expungements of erroneous patient data; and FOIA requests; and CLA concerns.

In 2019, PCD investigated more than 39 breaches of patient information, completed 80 expungements, closed 28 FOIA requests and launched the WRNMMC CLA program.

The HIPAA/Privacy Act Training compliance stands at 96%. The PCD is working closely with the Defense Health Agency (DHA) to standardize all practices. The PCD will continue facilitation of the CLA program and educate all WRNMMC staff.

Equal Employment Opportunity (EEO)

EEO promotes a discrimination-free workplace where every civilian and applicant has the opportunity to reach his or her potential without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information. The EEO program components consists of: Complaint Processing, Alternative Dispute Resolution (ADR), Reasonable Accommodations and EEO and Diversity Training. EEO is now in the early stages of implementing a robust training program to enhance workplace awareness of EEO programs to managers and employees.

Medical Staff Services Office (MSSO)

MSSO manages all privileging and medical staff appointment processes as well as the credentialing process of all clinical support staff. MSSO serves as a point of contact to privileged staff during initial application for medical staff appointment and for biennial re-appointments. Manage and update documents of evidence contained in the provider credentials file relevant to education, experience, licensure, certification, registration, and training to ensure accuracy and currency of information.

John P. Murtha Cancer Center (MCC)

MCC is the Department of Defense’s (DoD’s) only Military Health System (MHS) designated Center of Excellence for Cancer Care. MCC’s support of multidisciplinary translational cancer care and research includes programs at WRNMMC, Uniformed Services University (USU), several MHS Military Treatment Facilities (MTFs), National Cancer Institute (NCI), VA, and civilian cancer centers. The MCC supports the readiness of the Active Duty Force through screening, prevention, research, and treatment for cancer.

The MCC focuses on clinical care and research designed to address cancer prevention, screening, treatment, rehabilitation, and survivorship of service members, beneficiaries, and veterans who suffer from cancer.

Over 1,000 active duty service members are diagnosed with cancer every year.



ASSISTANT CHIEF OF STAFF

MCC's program includes translating research and development into novel and innovative treatment and rehabilitation options. As indicated by the recent Assistant Secretary of Defense for Health Affairs [ASD (HA)] Initial Capabilities Document for Cancer (approved by The Joint Staff in October 2017), the ultimate goal of the MCC within the MHS is that cancer is prevented, screened for, detected, treated, cured, and rehabilitated, or impacts of cancer and cancer treatment are mitigated so service members are returned to duty, re-classified to a new duty position, or reintegrated into civilian life with highest possible quality of life. MCC's cancer educational and clinical research capabilities which include programs such as the Center for Prostate Disease Research (CPDR), Clinical Breast Care Project (CBCP), and Gynecology Cancer Center of Excellence are designed to enable the MHS to effectively and efficiently support a medically ready force and provide world-class cancer services.

The MCC program is executed through collaborations with other federal and civilian entities such as the NCI, Veterans Administration / VHA, civilian cancer centers, academic institutions and bioinformatics and pharmaceutical companies. These relationships enable the acceleration of discovery in cancer and translate findings into clinical care while strengthening and developing research cooperation. They also allow for the collaborative use of state-of-the-art methods in proteogenomics to characterize and compare tumors,

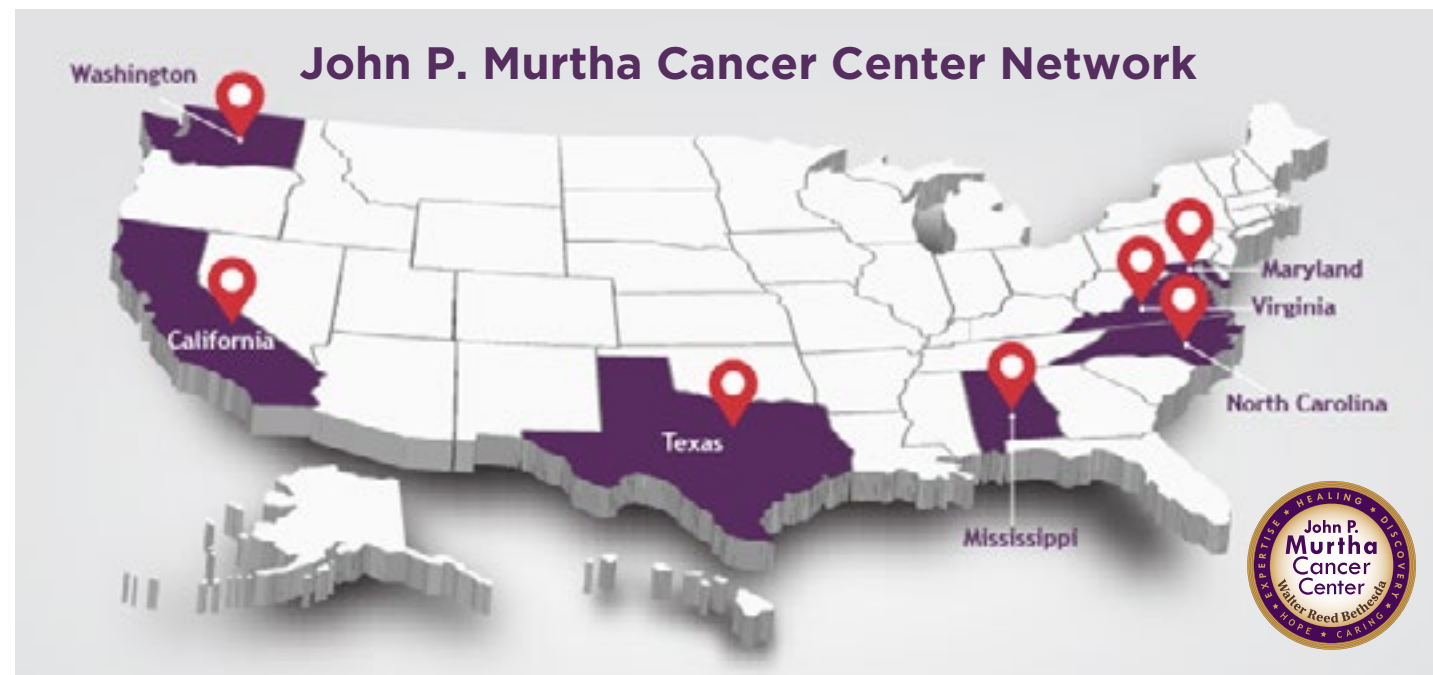
identify potential therapeutic targets, and identify pathways of cancer detection and intervention.

Expanded MCC Military Cancer Clinical Trials Network became fully operational. Eight MTFs, one VHA facility and a civilian hospital system have begun to consent patients and collect and ship research specimens to the MCC's central biorepository located in Windber, PA.

Research protocols for the Applied Proteogenomics Organizational Learning and Outcomes (APOLLO) network were submitted for approvals and research efforts set to begin. APOLLO network uses state-of-the-art methods in proteogenomics to provide precision oncology to advance personalized cancer care for active military, dependents, veterans, and civilians treated for cancer at WRNMMC and all our network sites.

MCC is a member of the Oncology Research Information Exchange Network (ORIEN) which is a unique research partnership among 17 of North America's top civilian cancer centers aiming to accelerate cancer discovery through collaborative learning and partnerships. It is currently the world's largest precision medicine collaboration to address cancer. MCC has achieved TIER 1 status among the 17 Comprehensive Cancer Centers.

971 Patients to date consented to MCC/ORIEN Protocol at WRNMMC



Walter Reed National Military Medical Center, Bethesda, MD • Fort Belvoir Community Hospital, Fort Belvoir, VA • San Antonio Military Medical Center, San Antonio, TX • Keesler Medical Center, Keesler, AFB, Biloxi, MS • Womack Army Medical Center, Fort Bragg, NC • Naval Medical Center Portsmouth, VA • Naval Medical Center San Diego, CA • Madigan Army Medical Center, Takoma, WA • Veterans Affairs Palo Alto, Palo Alto, CA • Anne Arundel Medical Center Annapolis, MD • Plans are underway to add Tripler Army Medical Center, Honolulu, HI to the network.

ASSISTANT CHIEF OF STAFF

MCC began participation in ORIEN Avatar Program and 93 samples to date shipped under the Avatar program

The MCC Adolescent and Young Adult Program entered 106 new young adult patients bringing the total young adults supported to 150. The average age is 31.

WRNMMC Virtual Genetics program has evaluated and treated more than 100 patients to include patients at Womack Army Medical Center, Spangdahlem Air Force Base, Cannon Air Force Base and US Naval Hospital Guantanamo Bay since starting ten months ago.

The MCC's goal is to accelerate the research and successfully expedite the translation of results to better patient outcomes. Likewise, the medical center also prioritizes on various research approaches to gain insight about efficacy and adverse effects of medical treatments and health prevention methods.

Creative Arts Program



Established as an extension to the National Summit: Arts, Health and Well-Being held at WRNMMC (in collaboration with the National Initiative for Arts & Health in the Military), the Creative Arts Program has become a widely recognized form of therapy for interested patients and their families. Various self-expression art mediums including photography are used for this ongoing forum and allows those interested to demonstrate the strides they have made in their recovery. The response engagement for such creativity is a constant reminder that art can be healing.

American Red Cross

During 2019, the Red Cross at WRNMMC provided almost 71,000 hours of volunteer time and provided nearly 42,000 items to patients. Over 500 volunteers met 364 Medevacs offering comfort items to newly arriving patients and families. They also provide support in clinics, the Department of Rehabilitation, via Comfort Carts that go through the inpatient wards every day of the year, including holidays and weekends, NICoE and

many other places throughout the hospital. We have 109 professional volunteers who continue to practice their specialty as volunteers. Alike, both the Yoga team and the Animal Visitation team with 36 dogs provide weekly comfort to patients and staff.

Office of Command Communications

The Office of Command Communications (OCC) serves to directly support local, national and international media. Acting as the liaison between the media, staff and patients, the team's goal is to continuously increase awareness and support of WRNMMC's vision and mission while building enduring relationships with stakeholders. Managed by the Command Communications Director, the official spokesperson for the Command, the OCC leads the charge for the strategic planning, development, and execution of the medical center's internal and external communications programs and campaigns. This includes graphic design services and brand management of WRNMMC's Annual Report, Life Line Magazine, social media, internal WRB-TV Channel 138, digital signage displays, internal signage, and external TRICARE website. For a snapshot of OCC's 2019 accomplishments, see Community Engagement on pages 38-39.

Department of Pastoral Care (DPC)



We are committed to supporting all of our patients' religious preferences to meet their spiritual needs. Thus, DPC is available around the clock to provide a wide range of worship services and resiliency events to support those in need at seminal moments of their lives.

2,880 Inpatient Visits
77,462 Hours
76 Resiliency Events
71 Ceremonies

DPC's goal is to continue to integrate and train medical providers to encourage a culture where everyone understands their role in healing not only the body and mind, but spirit as well.

DIRECTORATE OF BEHAVIORAL HEALTH



“The appropriate management of behavioral health issues is critical to military medicine. Our exceptional team of providers, administrators, and trainees ensures that we consistently provide top-quality, 24/7 care throughout Walter Reed Bethesda to beneficiaries from across the globe. 2019 was especially notable for the national recognition of several of our personnel, as well as for record-breaking recruiting success enjoyed by several of our training programs.”

— COL Wendi M. Waits, MC, USA
Director for Behavioral Health

DEPARTMENTS: Acute and Outpatient Behavioral Health • Behavioral Health Consultation and Education • Social Work

The Directorate of Behavioral Health (DBH) has approximately 350 personnel and provides broad-spectrum support throughout the medical center. Our vehicles for care delivery include two inpatient units, two intensive outpatient programs, four outpatient clinics, four integrated/consultation services, and the DoD’s only Center for Forensic Behavioral Sciences. DBH also has a significant training mission, met by nine academic training programs and affiliated academic institutions. On any given day, nearly 20 visiting trainees join our 80 interns, residents, and fellows to participate in didactic instruction and hands-on learning opportunities.

2019 was an outstanding year for DBH’s training programs. Our two largest programs each had a record number of applicants: more than 50 applicants for 23 joint psychiatry residency slots and 40 applicants for 5 Navy psychology internship slots. Our forensic psychology program, the only one in the nation accredited by the American Psychological Association (APA), earned an amazing 10-year accreditation this year, matching the 10-year accreditation earned last year by our Navy psychology internship program. Our child and family social work fellowship also became one of only four fellowships nationwide to be accepted into

an accreditation pilot by the Council on Social Work Education (CSWE).



In addition to enriching our training programs, DBH has continued to invest in full-time staff throughout 2019. We hosted trainings in Prolonged Exposure Therapy, Written Exposure Therapy, Mindfulness-Based Stress Reduction, the Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2 RF), Advanced Accelerated Resolution Therapy, and various leadership topics. We also hosted the Artiss Symposium, which focused on Operational Behavioral Health Issues and included several outside speakers from the field and fleet. Additionally, our staff helped facilitate two WRNMMC Ethics symposia, the NCR Substance Use Disorder symposium, the DoD Pain Care Skills Training event, and the annual USU Amygdala Conference. Several DBH providers were also hand-selected to participate in working groups developing the new VA-DoD Clinical Practice Guidelines for the Management of Suicide, Concussion-mTBI, and Chronic Multisymptom Illness. Two nurse practitioners also became the first in the nation to be certified to use the Neurostar™ Transcranial Magnetic Stimulation system independently.



DIRECTORATE OF CLINICAL SUPPORT



“The Clinical Support Directorate is comprised of specialty-trained health-care and administrative professionals charged with the awesome responsibility of delivering expert, high quality care in the Departments of Pathology, Pharmacy, Public Health, and Radiology. The breadth of these services are delivered far beyond the medical center, extending specialty care services to military treatment facilities across the Nation and extending to the entire Navy Fleet. The DCS senior leadership has the utmost respect for all of our employees given their dedication to caring for our nations’ heroes and their loved ones.”

— COL Kari A. McRae, USA
Director for Clinical Support

DEPARTMENTS: Pathology • Pharmacy • Public Health

2019 Pathology Accomplishments

Pathology achieved the bi-annual national College of American Pathologists reaccreditation in October 2019 and received numerous laudatory statements, including a best practice comment concerning the department’s Quality program and processes. Findings, all expeditiously addressed, were noted on only 0.67% (13) of about 1600 accreditation checklist requirements.

The department passed two FDA inspections at two locations; maintaining licensure for two additional years; and successfully passed the 2019 AABB accreditation assessment, maintaining blood bank accreditation and AABB institutional membership for an additional two years.

The Armed Services Blood Bank Center (DoD’s Regional Blood Donor Center) obtained FDA licensure for leuko-reduced packed red blood cells, the industry gold standard; initiated the production of Low-titer O Whole Blood for use in theater of operations (the blood product of choice in the management of damage control resuscitation as noted by the Joint Trauma System’s Clinical Practice Guidelines), and consistently met

Armed Services Whole Blood Processing Lab quotas in support of world-wide blood operations.

Other successes included:

- Implemented high-sensitivity troponin 5th generation testing in concert with an interdisciplinary interpretive algorithm for improved detection of acute myocardial infarction.
- Implemented new cell imaging locator to aid in rapid review of cellular morphology and improve diagnostic consultations.
- Validated and implemented new testing panels to increase the speed of microbiological diagnoses.
- Initiated an influenza next generation sequencing pipeline to better predict vaccine effectiveness; a unique initiative in the DOD.
- Trained two military microbiologists through the Clinical Microbiology Clerkship Program, which led to achieving their board certification as Clinical Microbiologists by the American Society of Clinical Pathology (ASCP).

2019 Pharmacy Accomplishments

The Pharmacy reduced patient wait time by 52% at Arrowhead pharmacy and 36% at America pharmacy between April 2018 and June 2019 by optimizing drug assignments in ScriptPro robots, pre-packing, simplifying Q-flow choices, introducing intranet site for staff refills, and installing the Wounded Warrior kiosk in Bldg. 85T.

In 2019, Pharmacy earned First Place in Patient Experience category at the 5th Annual NCR Quality Symposium for “Reducing Pharmacy Wait Times”.



DIRECTORATE OF CLINICAL SUPPORT



- Achieved >95% discharge medication reconciliation completion rate (25% at the patient bedside).

2019 Public Health Accomplishments

In 2019, Public Health delivered virtual health solutions to support mission readiness and operational medical capabilities, including a new telehealth program for latent tuberculosis infection (LTBI) and counseling services.

Public Health also sponsored the FY2019 Child Development Center (CDC) Influenza Vaccination Campaign, and vaccinated more than 200 beneficiaries.

Executed command and control of the 2019-2020 NCR Medical Directorate Immunization Vaccination Influenza Program (IVIP) and Mobile Influenza Vaccination Immunization Program (MVIP). More than 8,000 active duty service members, civilian employees and contractors were vaccinated at the Pentagon, DHHQ, and Mark Center.

Instituted the first FDA-approved radioisotope targeted therapy treatment (Lutetium-177) for gastroenteropancreatic neuroendocrine tumors (GEP-NET), generating a potential cost-containment figure of \$70,000/treatment.

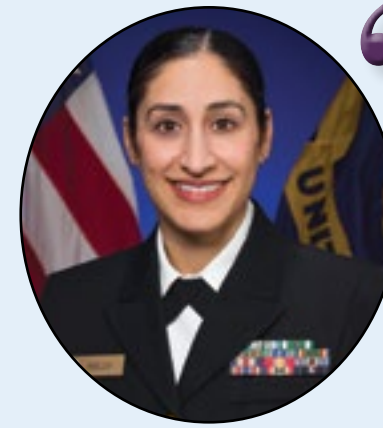
Conducted 462 food and general sanitation inspections for seven facilities in the NCR Market, and trained 120 personnel in food safety and sanitation topics.

Additional accomplishments include:

- Held the first-ever influenza immunization campaign at the Navy Exchange (NEX) at NSAB. A DHA and Navy first, this NEX influenza immunization site vaccinated 1,162 patients during its two-week campaign.
- Performed hardware and software upgrades to automated medication dispensing cabinets and trained more than 400 staff members, established 22 user roles per WRNMMC and DHA policies, and created nearly 600 user accounts which supported administration of more than 1900 medications, and 2,500 transactions daily.



DIRECTORATE OF DENTAL SERVICES



“The Directorate for Dentistry is primarily responsible for the dental and medical readiness of the service members of WRNMMC and the NCR. Our team continually strives for exceeding all benchmark metrics and sustaining a superior medically ready force! We are also host to 2 residency programs; the largest tri-service Oral Maxillofacial Surgery Program in the DOD and an embedded General Practice Residency within the Hospital Dentistry Clinic comprised of multidisciplinary specialists. Our expert staff, here and at our Fort Meade satellite clinic, are committed to providing a meaningful and extraordinary encounter each and every time for our most deserving beneficiaries and their families.”

— CDR Rasha H. Welsh, DC, USN
Director for Dentistry

DEPARTMENTS: Primary Care Dentistry • Health Readiness • Hospital Dentistry • Oral and Maxillofacial Surgery, Fort Meade Satellite Clinic

The Directorate of Dentistry is comprised of multiple dental specialties and two residency programs that treat a wide range of complex patients in the NCR, including:

- special-needs children and adults
- multidisciplinary maxillofacial surgical and prosthetic patients
- wounded warriors

Our clinics and GME training programs continue to exceed the NCR-MD’s medical and dental readiness goals, achieving rates well above their respective benchmarks of 85% and 95%.

Committed to our goal of zero percent medically indeterminate service member readiness, Primary Care Dentistry opened a Walk-in Clinic that expedites access to care for service members.

Additionally in 2019, our General Practice Residency (GPR) Program achieved accreditation by the Commission on Dental Accreditation (CODA) through 2025, and our Oral Surgery Program contributed six publications to nationally and internationally recognized specialty journals.



EDUCATION, TRAINING AND RESEARCH



“I am extremely proud of ETR’s accomplishments in 2019 and I am humbled to serve as their Director. ETR exists to guarantee that our nation’s medical force is always ready to heal our nation’s warriors, in every mission that we are called to serve in.”

— CDR Ruben Acosta, MC, USN
Director for Education, Training and Research

DEPARTMENTS: Hospital Education and Training (HEAT) • Simulation • Graduate Medical Education (GME) • Darnall Medical Library • Department of Research (DRP)

HEAT



Organized into two services (Staff and Faculty Development and Health Professions Education), HEAT consists of a subject matter expert healthcare team dedicated to train and educate our staff on current techniques and information in order to provide our patients with the greatest care possible.

Staff and Faculty Development (SFD) provides and coordinates high-quality education and training opportunities, referrals, and guidance to all identified personnel within the National Capital Area to meet orientation, training, and staff development needs. Health Professions Education (HPE) leads the military health system in the provision of education and training to ensure nurses, medics, corpsmen and airmen possess the necessary clinical and technical skills to sustain the force and provide high-quality health care in all environments.

The United States Army Practical Nurse Course is a 51 week program. Students begin in Phase I at the Academy of Health Sciences, U.S. Army Medical Center of Excellence (MEDCoE) at Fort Sam Houston, San Antonio, Texas, where they receive eleven weeks

of didactic study. They transition to the Phase II site at WRNMMC, culminating in a total of 1,921 didactic hours and over 700 hours of clinical nursing preceptorship. The current NCLEX-PN First Time Pass rate is 100%.

The MEDCoE, 6F-66C Psychiatric/Mental Health Nurse Course is the only formal educational program for the treatment of adults with Psychiatric/Behavioral Health Disorders. It’s a 16 week course with didactic instruction (8 weeks) and clinical practicums. Upon graduation, the officer is assigned the AOC of 66C, Psychiatric/Behavioral Health Nurse and may meet eligibility for the ANCC generalist certification examination.

Dialysis Specialty Course 300-68CM3: equips selected enlisted personnel with the knowledge and skills required to perform safe and effective hemodialysis treatments with emphasis on other renal replacement therapies including: peritoneal dialysis; continuous renal replacement therapies; renal transplant; and plasma exchange/apheresis. The course has 480 hours of clinical practicum with emphasis on dialysis in the combat theater.

Simulation

The Department of Simulation is a founding member of the NCR Simulation Consortium. It is the only simulation program in the DOD, and one of only a few in the world to receive maximal accreditation from both the Society for Simulation in Healthcare and American College of Surgeons.

Our Simulation Center developed and ran a new readiness training symposium in conjunction with ETR leadership. This initial training developed critical

EDUCATION, TRAINING AND RESEARCH

operational medicine skills within the staff at Walter Reed, ensuring optimal readiness posture of our medical staff to deploy in support of the operational forces at a moment’s notice.



The department also created a first of its kind training curriculum in conjunction with the Practical Nurse Course (PNC) to strategically train targeted skills gaps identified in the current training paradigm. This has allowed the PNC to maintain increased training output of new Army Licensed Practical Nurses without sacrificing quality of training.

Dr. William Sweeney, research chair and director of the Walter Reed surgical simulation fellowship, created novel curriculum for evaluation and treatment of the military working dog for general surgeons. This training was created based on feedback from theater where units were bringing their injured working dogs into the aid stations and forward surgical teams for treatment of battle injuries. The course is the only known course of its kind in the world specifically training surgeons on this critical part of deployment surgery.

Quality Improvement

All of our GME programs find ways to integrate innovation and change into everyday education. Teaching quality improvement is a goal of GME faculty. With mentorship, our GME trainees have participated in quality improvement projects that have improved the care of our patients here at WRNMMC and across the MHS.

Excellence and Innovation

Our trainees are leaders in the healthcare system. Some of our trainees are influencing the health system at a national level on a variety of committees and projects. In addition, GME has been instrumental in teaching military and civilian healthcare providers to ensure world-class medical care across our nation. While the clinical focus of our Graduate Medical Education training programs is wide and varied, the focus on excellence and innovation in care is universal.

Darnall Medical Library

The Darnall Medical Library continuously works to integrate and support GME and clinical departments. In 2019, librarians have responded to >1000 in-depth reference questions related to clinical rounding, patient care, and research. They presented >100 classes and briefs to approximately 1500 faculty and GME trainees. The DML Library Technicians provided >6000 articles to customers via document delivery and interlibrary loan. DML collaborated with the Office of Experience and developed new initiatives supporting patient education to include the release of the Patient Health Education Portal (PHEP).



Department of Research Programs

At the Department of Research Programs (DRP), protocol analysts are the entry point for life-saving studies at WRNMMC. Analysts help researchers develop their protocols and shepherd them through the online system. Our team of biostatisticians aids investigators early on with study design and sample size, and later, with data analysis.



Our Business Office steers researchers through grant writing, technology transfer, patents, and agreements

MILITARY HEALTH SYSTEM MONTHLY THEMES

JANUARY	FEBRUARY	MARCH	APRIL
<p>JANUARY IS CERVICAL HEALTH AWARENESS MONTH</p> <p><i>Remember</i></p> <ul style="list-style-type: none">✓ Pap and HPV Test When Recommended✓ Vaccinate Early <p>Prevention and Early Detection Saves Lives.</p>  <p>MHS Military Health System health.mil</p>	<p>LOVE YOUR HEART</p> <p>February is Heart Health Month</p> 	<p>BRAIN INJURY AWARENESS MONTH</p> <p>#BIAMonth</p> 	<p>MILITARY CHILDREN'S HEALTH MONTH</p> 
MAY	JUNE	JULY	AUGUST
<p>MHS Military Health System health.mil</p> <p>KEEP YOUR MIND MISSION READY</p> <p>MENTAL HEALTH AWARENESS MONTH</p> <p>#MindMissionReady</p> 	<p>MEN'S HEALTH MONTH</p>  <p>MHS Military Health System health.mil</p>	<p>JULY IS Health Innovation MONTH</p> 	<p>AUGUST PREVENTIVE HEALTH MONTH</p>  <p>MHS Military Health System health.mil</p>
SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
<p>SUICIDE PREVENTION MONTH</p>  <p>To learn more visit www.health.mil/SuicidePrevention</p> <p>MHS Military Health System health.mil</p>	<p>HEALTHY. READY. HERE.</p> <p>WOMEN'S HEALTH MONTH</p> <p>To learn more visit www.health.mil/WomensHealth</p>  <p>MHS Military Health System health.mil</p>	<p>WARRIOR CARE MONTH</p> <p>SHOW OF STRENGTH</p>  <p>To learn more visit www.health.mil/WarriorCare</p> <p>MHS Military Health System health.mil</p>	<p>Year In Review—A Look Forward</p>  <p>To learn more visit www.health.mil/YearInReview</p> <p>MHS Military Health System health.mil</p>

EDUCATION, TRAINING AND RESEARCH

with collaborators. Its work supports and protects the intellectual property produced at our hospital. Meanwhile, our exempt determinations officials have the critical task of sorting research from inquiry. Their work paves the way for projects in quality and performance improvement, and evidence-based practice, which lift the caliber of care for service members, beneficiaries, and U.S. leaders.

Housed inside DRP, the managers and support specialists of Institutional Review Board (IRB) operations partner with researchers to ensure a smooth, ethical approval process by the independent IRB. After IRB approval, our compliance and quality assurance monitors regularly visit research teams to ensure that their practices match the rules and regulations that safeguard human subjects.

The Research Education team oversees research ethics training, and plans outreach, from the monthly Research Roundtable to the annual Research & Innovation Month. This team maintains an intranet website as a one-stop shop for research resources, such as policies and procedures, forms and templates, events, and contact points. Research Ed also produces a monthly, 16-page e-newsletter that shares the latest outreach, policies, and medical studies.

With more than 11,000 square feet and 25 rooms, the Biomedical Research Laboratory offers investigators bench space and advanced equipment. Along with its skilled staff, the lab provides assays, DNA analysis, and measurement of drugs and metabolites.

Graduate Medical Education / Graduate Dental Education

WRNMMC is the largest and only tri-service platform for Graduate Medical Education (GME) in the DOD, encompassing more than 600 physicians in training, 1200 clinical faculty and 62 programs representing virtually every specialty in medicine with some recognized among the finest nationwide. These programs last anywhere from one to seven years and are supported by in-depth exposure to all major medical areas.

Most of the interns, residents, and fellows who make up our trainees have been competitively selected from either the Health Professions Scholarship Program as graduates from some of the finest civilian medical schools in the country, or from our own military medical school, the USU, collocated on the Naval Support Activity Bethesda (NSAB) campus. The faculty, likewise, are chosen specifically for their teaching interests, clinical skills and diversity of experiences. Both faculty and residents are actively involved in medical research with extensive publications in major medical journals and academic presentations routinely performed both nationally and internationally. WRNMMC's programs prepare participants not only for board eligibility and certification, but to be leaders in military medicine. The programs are all accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by specialty-specific accrediting bodies.



DIRECTORATE OF HEALTHCARE OPERATIONS



“Indeed, the greatest asset of DHO is our staff. Over the past year, they have worked tirelessly to optimize the delivery of healthcare across the region, enhance access to care, provide actionable data analysis, and strengthen external partnerships while always keeping our patients at the center of what we do.”

— CAPT Hasan Hobbs, MC, USN
Director for Healthcare Operations

DEPARTMENTS: Business Decision Support • Data Quality • External Partnership Referral Office (EPRO) • Medical Management (Case Management, Disease Management, Referral Management, Utilization Management) • Member Services • Virtual Health (VH)

Directorate of Healthcare Operations (DHO)

DHO priorities include data quality, access to care, re-engineering clinic processes into efficient business practices that result in improved clinical productivity, and strengthening external regional partnerships to optimize inpatient and outpatient referrals for specialty care.

In January 2019, we opened the Patient Coordination Center (PCC), in collaboration with Patient Administration. The PCC facilitates efficient and organized patient transfers to WRNMMC while improving the patient and provider experience.

Business Decision Support (BDS)

BDS provided MTF and regional level support for analysis on access to care, the Quadruple Aim Performance Process, and Market optimization.

Data Quality

Data Quality, in combination with the clinical and administrative directorates, contributed to WRNMMC achieving the 97% benchmark for end-of-day processing, inpatient record coding, and ambulatory procedure visits coding.

External Partnership Referral Office (EPRO)

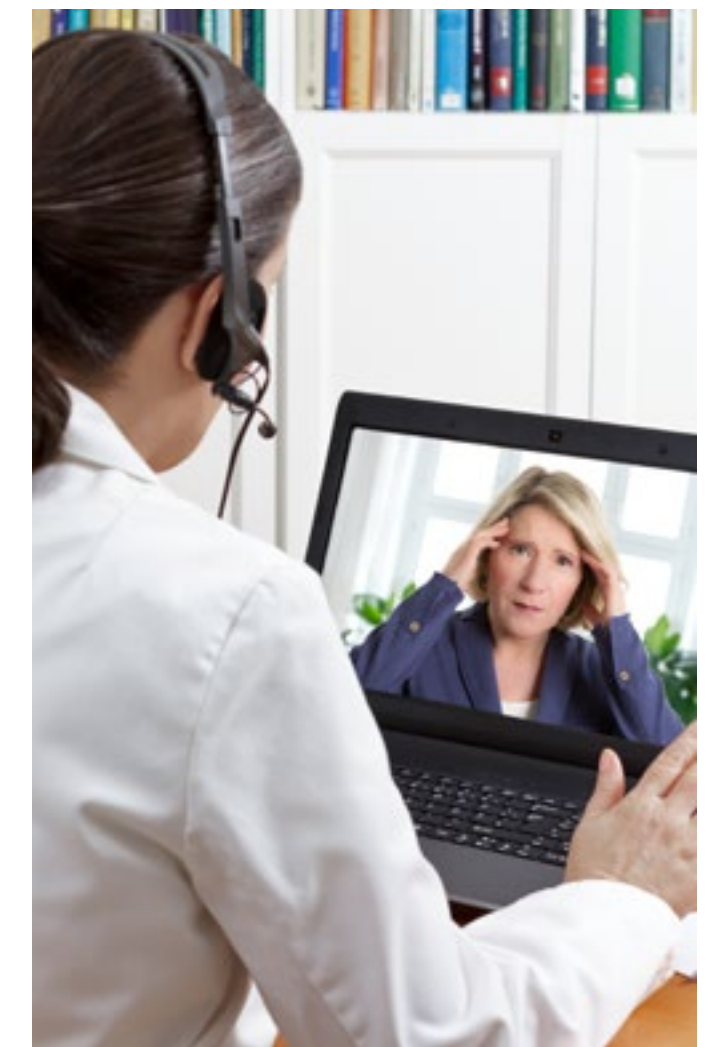
EPRO enhanced our partnerships with the Veterans Administration, National Institutes of Health Clinical Center, and Johns Hopkins HealthCare with new agreements to support our readiness mission.

Member Services

Member Services successfully assisted our beneficiaries during the first and second TRICARE Open Enrollment Seasons.

Virtual Health (VH)

VH expanded services across the NCR and the MHS to improve beneficiary access for primary and specialty care.



DIRECTORATE OF MEDICINE



“The Directorate of Medicine, the largest at WRNMMC, has oversight of approximately 1,300 exceptional personnel across 64 clinics in the Departments of Medicine, Pediatrics, Emergency Medicine and Neurology, with additional oversight of the University Family Health Clinic at the Uniformed Services University. The patient remains at the center of all we do in delivering high-quality, safe care, as we support readiness, the warfighter and families.”

— CAPT Saira N. Aslam, MC, USN
Director for Medicine

DEPARTMENTS: Allergy/Immunology • Cardiology • Dermatology • Emergency • Endocrinology • Executive Medicine, Gastroenterology • Hematology/Oncology, Infectious Disease • Internal Medicine • Nephrology • Neurology • Pediatrics • Pulmonary/Sleep Medicine • Rheumatology • University Family Health Clinic at USU • Warrior Clinic

The Directorate of Medicine is the largest Directorate at WRNMMC, with oversight of 1,300 personnel across 64 clinics in the Departments of Medicine, Pediatrics, Emergency Medicine and Neurology, with additional oversight of the University Family Health Clinic at USU. Our clinical services completed over 260,000 patient encounters over the past year. We ensure appropriate primary and specialty care access for our patients and focused on active duty access to align with our primary mission of support to the warfighter. In addition, we focus on creating a foundation for resourcing clinical care requirements, establishing a directorate level quality program, and moving forward with key strategic projects aligned with priorities above to ensure efficient delivery of high quality health care to our patients.

The Department of Medicine

The creativity and ingenuity of our clinical teams continues to bring world class care to our beneficiaries.

- Modern Health Care Solutions
- Open access colon cancer screening
- Electronic consultation — bringing endocrinology expertise to our patients
- Mobile dermatology units
- Nighthawk Program to increase patient safety

Our collaborative services range from gastroenterology, dermatology and nephrology to even more specialized services such as Pediatric Infectious Diseases and Neurophysiology.

Gastroenterology provides state-of-the-art colon cancer screening to beneficiaries with high-definition optical colonoscopy or virtual CT scan colonography (VTC).

We also offer open-access screening where patients can fill out an online medical questionnaire and have a gastroenterologist review their health history. Our scheduling department then arranges appointments for the procedure during a phone consultation, sparing patients an office visit and allowing increased access to care for symptomatic patients.

Endocrinology initiated the electronic consultation (eConsult) service to improve efficiency of care delivery, access to endocrine care and patient satisfaction. The eConsult Initiative allows us to take specialty care to remote areas of the region where there is a general lack of specialty access and reduces the inconvenience of our patients needing to travel a long distance to receive care. Coupled with our Secure Messaging service and in collaboration with our primary care colleagues, this innovative service reduces the burden of unnecessary visits for our patients while allowing them to continue receiving the same high-quality care rendered remotely.

Dermatology continues to evolve in its practice of superior medicine. Dr. Jeffrey Lackey and Dr. Jason Marquart expanded the regional dermatology presence through Mobile Dermatology Units (MDUs) that have taken enhanced care to FBCH, Kimbrough Ambulatory Care Center and Naval Health Clinic as well as the U.S. Capitol, the White House Medical Unit, Camp David and the Pentagon.

The Children’s Center at the WRNMMC is the military health system’s premier facility for comprehensive multidisciplinary primary and subspecialty pediatric care.

- Inpatient Services
- Inpatient Pediatric Ward
- Outpatient Pediatric Sedation Unit

DIRECTORATE OF MEDICINE

- Level III Neonatal Intensive Care Unit
- Pediatric Intensive Care Unit
- Mother Infant Care Center

Our primary care services include our three Pediatric Primary Care Medical Home (PCMH) teams as well as our Adolescent and Young Adult PCMH team.

Serving the primary care needs of more than 10,000 beneficiaries as well as almost 2,000 children and adolescents of our NATO partners.

Subspecialty Services

- Child Abuse and Forensic Pediatrics
- Developmental and Behavioral Pediatrics
- Genetics
- Pediatric Cardiology
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Hematology–Oncology
- Pediatric Infectious Diseases
- Pediatric Nephrology
- Pediatric Pulmonology
- Pediatric Rheumatology

Subspecialists do outreach at many of the military clinics in the NCR bringing specialty care closer to our patients’ homes.

The Children’s Center employs a patient and family centered care model that promotes team-based care in both our primary care and subspecialty settings. Our staff works to coordinate clinic visits, laboratory testing and radiology studies on the same day in one location. Our outpatient and inpatient teams are fully integrated and include Social Work, Nutrition, and Child Life services.

Wait times for pediatric subspecialty appointments are one-fourth of the national average. In addition to our satellite clinics throughout the NCR, we have expanded telemedicine services and virtual consultative services to address the needs of families stationed locally, nationally, and overseas.

Nowhere are the strengths of the Children’s Center more apparent than in our 25 pediatric multidisciplinary clinics. During these condition focused half day clinics, physicians and specialists will evaluate children with complex medical conditions allowing for quality coordinated care within a single office visit, minimizing the number of appointments and trips to the hospital.

The Pediatric Primary Care and Adolescent and Young Adult Medicine medical homes are improving our compliance with STI screening. This project involves all aspects of care delivery. In addition, the PCMH is instituting a screening test for Adverse Childhood Events (ACE) with associated follow-up care at the four-year-old well child visit and working to engage as a pilot site for a DoD healthy steps program for at risk families.

The Emergency Department serves as the safety net for military beneficiaries in the NCR.

Twenty-one board certified Emergency Medicine physicians and physician assistants, 35 nurses, and 15 corpsmen/medics, medical support assistants, core administrative staff, patient transporters, and housekeeping deliver critical health care to over 30,000 patients annually

Our Department and the hospital have renewed their ACS’s certification as a Level II Trauma Center and have partnered with the Maryland Institute for Emergency Medical Services System (MIEMSS) to further pave the way to bring trauma patients into our department. As the hospital looks to expand these capabilities, the Emergency Department will play a key role stabilizing these patients when they first arrive.

The medical center is working to expand its capabilities beyond trauma care. As WRNMMC pursues The Joint Commission (TJC) and Maryland certification as a stroke and ST Elevation Myocardial Infarction (STEMI) center, the Emergency Department once again will play a pivotal role in these hospital-wide initiatives. By working together to meet the requirements of TJC and MIEMSS, we will achieve new milestones that ensure WRNMMC’s stroke and cardiac patients receive the latest innovations of care that have been shown to improve outcomes.

The Emergency Department recently partnered with the John Hopkins Applied Physics Laboratory to further improve all areas of emergency health care delivery. One large project from this partnership includes a revamping of our patient flow to include a “nurse first” triage system to immediately screen patients on arrival to the Emergency Department, consistent direct bedding when available, and team-based care delivery. Working with our inpatient colleagues, we have piloted a more efficient admission process to further optimize patient care.

The Emergency Department first launched its “Fast Track” in 2015 and continues to be highly successful. By diverting lower acuity patients from the main Emergency Department, we are able to consistently deliver prompt care to our patients needing urgent care. The Neurology Department offers numerous unique capabilities that support the warfighter and their family

DIRECTORATE OF MEDICINE

members not present elsewhere in the DoD. We have the only inpatient neurology ward service, inpatient adult and pediatric epilepsy monitoring unit, and the only autonomic testing laboratory in the DoD health care system.

We are the sole DoD medical center with fellowship-trained sub-specialists in neuro-immunology, epilepsy, autonomic disorders, and neuro-oncology.

The USU Neurology Department maintains strong ties with our department supporting medical student and resident education. Over 9,500 patients were cared for in the adult neurology clinics and 1,300 children and adolescent dependents were cared for in the pediatric neurology clinic.

We are over 125% of our full time equivalent (FTE) goals over the last 8 months of FY2018.

- Access for all appointment types was under 30 days
- (for the majority of the fiscal year)
- civilian wait time: >3 mos

Looking into the future, the department strives to expand acute stroke care as part of the Trauma/STEMI/Stroke initiative throughout the NCR. We plan to use this initiative as a springboard towards becoming a certified, acute stroke center. Furthermore, our epilepsy service will continue to expand epilepsy surgery capabilities including evaluating patients for novel, surgically implanted treatment options for refractory epilepsy patients (e.g. NeuroPace).

Hematology/Oncology Service played a key role in creating the first US system to screen for genomic abnormalities to match tumor types to therapies. The APOLLO network will look at a patient's genes (genomic analysis) and the expression of those genes in the form of proteins (proteomic analysis) in order to create the nation's first system in which cancer patients are routinely screened for genomic abnormalities and proteomic information to match their tumor types to targeted therapies.

The field of medicine is constantly advancing. Hospital and health system training and education programs are increasingly important to help employees improve their skillsets to positively impact patient care to include:

- Resuscitative Medicine training and certification for the entire NCR, The Pentagon, The White House, WRAIR, and USU, with over 3000 students annually.
- Emergency Medical Technician (EMT) Basic training and recertification, Tactical Combat Casualty Care training for pre-deployment, and Trauma Nursing Critical Care for all active duty throughout the NCR.

Pediatric Hematology/Oncology fellowship established a process for off therapy follow-up and transition of care between pediatric and adult providers for our young adult patients and survivors of childhood cancer disseminated to other MTFs with pediatric hematology/oncology patients. This process influences the practice of military and civilian health systems.

Residents in the Department of Pediatrics are currently supported by over 70 teaching faculty from WRNMMC and USU to prepare 33-35 residents and 16-20 fellows per year while incorporating a military-unique curriculum. Residents provide world-class care in our PCMH, engage in over 48 core pediatric and military-relevant learning modules, participate in international global health engagements and humanitarian assistance missions and seek opportunities to attend courses such as: the neonatal STABLE course, Military Medical Humanitarian Assistance Course, Deployment and International Health Short Course, Global Medicine Course, Tropical Medicine Program, and the Combat Casualty Care Course.

Pediatric Endocrinology fellowship made screening for depression and eating disorders for all adolescents with Type 1 Diabetes standard of care at all routine diabetes outpatient visits. This screening resulted in improved detection of these disorders leading to their management and improved overall diabetes care.

Pediatric Hematology Oncology Service held its inaugural annual Pediatric Cancer Symposium at WRNMMC to provide innovative information in Oncofertility to over 120 attendee. They secured a 2 year grant to provide an Art Therapist dedicated to our families fighting pediatric cancers, and we have furthered our transition of care programs to include sickle cell patients.

Neuro-Immunology plans to initiate an academic, quarterly meeting including the programs at NIH and Georgetown as a forum to enhance faculty and resident education by collaborating on difficult cases.

Sleep Fellowship program participates in sleep research totaling more than 2 million dollars in funding.

Inpatient Care Focus

Department of Medicine's inpatient teams average over 500 admissions per month on the inpatient Medicine, Cardiology, Hematology/Oncology, Pediatrics, Neurology, Medical Intensive Care Unit, Pediatric Intensive Care Unit, and the Neonatal Intensive Care Units. We partnered with the Safe and Reliable team to build a culture focused on patient safety and quality across both our inpatient outpatient units. Safe and Reliable has facilitated the installation of visual lens

DIRECTORATE OF MEDICINE

boards in our adult primary care clinic and the medical intensive care units to facilitate patient safety huddles.

Establishment of Sexual Assault Forensic Exam Program

As of last year, the only option for victims of sexual assault at WRNMMC who desired a Sexual Assault Forensic Exam (SAFE) were referred to Shady Grove Medical Center, Rockville, Maryland (SGMC) via a Memorandum of Agreement (MOA). In conjunction with our Emergency Department, the Directorates for Surgery and Administration, DMS was able lead the way for WRNMMC's first SAFE capabilities ensuring we are fully supporting our Active Duty service members. During a recent unannounced drill by regional Navy Sexual Assault Prevention team, WRNMMC SAFE program received excellent ratings from the inspection team.

Hematology/Oncology Quality and Patient Experience Project

Oncology unit Welcome Guide was developed to help our patients understand the unit and hospital processes. Finally, a Patient Activity room was created which offers a physical space on the unit for patients and their family members to engage in physical fitness activities, art therapy and play games.

Palliative Medicine Service

The Palliative Medicine Service provides consultation on complex pain and symptom management in the setting of chronic, serious illness, enhanced communication during complex medical decision making for decisions around goals of care and education, and symptom management in hospitalized patients who are actively dying.

Primary and Specialty Care Access

DMS team has worked closely with leaders from our PCMH clinics to ensure adequate staffing to maintain access. We have worked to balance military and civilian physician staffing across our primary and specialty clinics to ensure appropriate staffing for our specialty care benefit delivery and also appropriate staffing for our Graduate Medical Education programs. We have also partnered with the NCR Integrated Referral and Appointing Center (IRMAC) to streamline the specialty appointing process.

The Allergy and Immunology Service (In collaboration with the Infectious Diseases Service) has made significant strides in addressing antimicrobial resistance at WRNMMC and in the NCR and the MHS. A significant impediment to the efficient function of these ASPs is the 10-20% of patients with a documented penicillin allergy. Since the inception of the WRNMMC

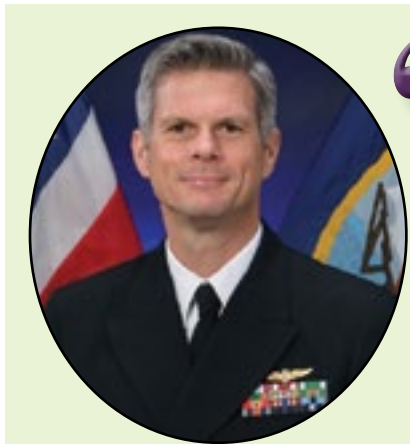
ASP, Allergy and Immunology has piloted an inpatient penicillin allergy assessment program. Allergy and Immunology also proactively screened and evaluated in-patients with a listed penicillin allergy. Testing has led to a 97% clearance rate of those patients.

Emergency Department actively engaged in process improvements to bring innovations in care and further increase the quality of care delivered. We introduced a triggered sepsis pathway to bring bundle care to our most critical patients. We have partnered with the Department of Pediatrics to bring essential resources to our younger patient population. Newly improved nurse-triggered order sets are being implemented to improve the efficiency of care for all patients presenting to the Department. Incorporating evidence-based medicine like the "HEART Score" into our daily care for chest pain patients introduces another initiative to improve quality for all of our patients. To further improve our processes, we hired a Public Health nurse to communicate laboratory results and coordinate care with our patients.

There are currently 40 active quality improvement projects in the Directorate of Medicine. Some additional highlights that illustrate the wide ranging focus of these initiatives directed at improving the care of our patients to include:

- Revamping admission flow to minimize Emergency Room dwell times for the patient.
- The development of a valvular heart disease/anti-arrhythmic medication patient tracker in order to ensure surveillance echocardiograms/EKGs (respectively) are being conducted at appropriate intervals.
- Improving the notification process for patients undergoing cancer screening with fecal occult blood test.
- Multidisciplinary rounding with medical teams, nursing staff, social work, and discharge planning services to improve patient transitions from the hospital and length of stay.
- Implementing and tracking long-term cancer screening follow-up.
- Establishment of an NCR Asthma database to track required follow ups and longitudinal care of asthmatic patients.
- Improving creation and submission of advanced directives, easily accessible to primary care managers and admitting teams, for the NCR.
- Developing of a database of all patients on biologic therapy to improve compliance with recommended immunizations.

NATIONAL INTREPID CENTER OF EXCELLENCE

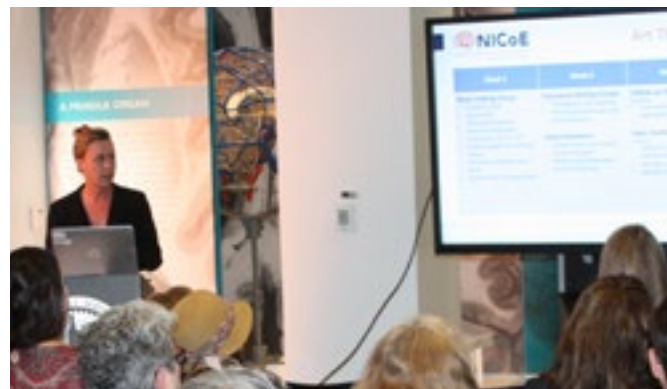


“The NICoE takes great pride in supporting the mission of the world-class Walter Reed National Military Medical Center, serving as an integral part of the Military Health System’s Traumatic Brain Injury Pathway of Care at a local, regional and national level, and leading in the development and refinement of interdisciplinary care for patients and families dealing with complex health conditions. None of this amazing work in clinical care, management, and research would be possible without the remarkable work of everyone on the NICoE team.”

— CAPT Walter Greenhalgh, MC, USN
Director for the National Intrepid Center of Excellence

The National Intrepid Center of Excellence (NICoE) was established in 2010 as a center dedicated to advancing the nation’s understanding of the invisible wounds of war. NICoE’s vision is to become a global leader in traumatic brain injury (TBI) care, research, and education. NICoE’s interdisciplinary approach allows patients to experience the full spectrum of TBI care in a collaborative environment that promotes physical, psychological, and spiritual healing. Services include individual outpatient treatment, a four-week Intensive Outpatient Program (IOP), inpatient consults, and several family-centered outpatient treatment modalities. Family members and other caregivers are also a strong focus of attention.

This past year, NICoE’s Clinical Operations team continued to develop and implement processes and tools to streamline access to care, improve accuracy in day-to-day care, and ensure continued excellence



in patient experience. Patients reported 90-96 percent overall satisfaction during 2019, and 81 percent of the IOP patients reported clinically significant improvement on standardized measures of self-reported treatment outcomes. The majority (83 percent) of the patients cared for reported NICoE’s care as “the best possible.”

In 2019, more than 2,000 patients received care from NICoE providers in more than 34,000 clinical encounters in the four-week IOP, in TBI outpatient services, and in collaboration with inpatient teams from other WRNMMC directorates.

A fully-integrated directorate of WRNMMC and a Military Health System (MHS) asset, NICoE is seen as a beacon of leadership and innovation supporting the maturation of a national network of Intrepid Spirit Centers (ISCs), integrative health-focused TBI clinics at military treatment facilities across the country that work collaboratively to augment the effectiveness of TBI care.

Throughout 2019, NICoE continued to strengthen collaborations within the ISC network and within the MHS TBI Pathway of Care, including working with MTFs as far away as Joint Base Elmendorf-Richardson in Alaska and Landstuhl Regional Medical Center in Germany. These collaborations contribute to continual research into and improvement of effective clinical treatments.

NATIONAL INTREPID CENTER OF EXCELLENCE



Equally vital to NICoE’s approach is the need to partner with other government organizations and academia. NICoE’s collaborators include the Defense and Veterans Brain Injury Center (DVBIC), USU, the Center for Neuroscience and Regenerative Medicine (CNRM), the National Institutes of Health (NIH), the National Endowment for the Arts, the National Center for Post-Traumatic Stress Disorder, and the Department of Veterans Affairs.

To improve outcomes for patients through research, NICoE researchers leverage findings from longitudinal studies, treatment-based protocols, and data collection. In 2019, there were more than 25 active, IRB-approved research protocols with a range of collaborators, including other federal agencies, nonprofit and private organizations, and academia.

Throughout the year, NICoE presented and published more than 110 peer-reviewed journal articles, research panel presentations, scientific posters, and abstracts.

NICoE researchers and affiliated partners participated in the 2019 MHS Research Symposium (MHSRS), the DoD’s premier scientific meeting. MHSRS provides a collaborative environment for military medical care providers, DoD scientists, academia, and industry to exchange information on research and health care advancements in the areas of combat casualty care, military operational medicine, and clinical and rehabilitative care. NICoE had the opportunity to present scientific posters, participate in podium presentations and media roundtables on cutting-edge

topics related to TBI treatments and technologies, and—for the first time—host an exhibition booth to further promote its TBI expertise in the MHS community.

In September 2019, NICoE hosted its 2nd Annual Research Fair that provided an opportunity for researchers to showcase their authored-work from the past year to an audience of colleagues from WRNMMC, USU/CNRM, NIH, DVBIC, and the ISCs.

NICoE continued to enhance the MHS’s informatics and analytics capabilities during 2019 as development continued on the NICoE-created TBI Portal, the Defense Health Agency (DHA) enterprise application within CarePoint that provides a consolidated view of TBI patient data to inform clinical decision making across the MHS.

In May 2019, the TBI Portal was selected by senior government and industry executives as a recipient of the 2019 FedHealthIT Innovation Award for its contribution to the TBI community and for its innovative approach of leveraging DHA enterprise capabilities while integrating the latest technology.

In 2019, the DHA Survey Portal, the enterprise system to collect and aggregate patient self-reports that is based on the TBI Portal platform, was introduced in support of several other clinical communities beyond TBI. NICoE informatics experts joined the MHS booth at the AMSUS conference in December 2019 to provide live demonstrations of the TBI Portal, DHA Survey Portal, and other enterprise capabilities to federal

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health professionals in the MHS and other government organizations.

Increased use of common informatics platforms and increased collaboration in the TBI network have helped standardize how NICoE collects, analyzes, and manages data and outcome metrics in support of research and clinical operations. These efforts not only support the mission of driving innovation in TBI care, research, and education, but also readiness of the fighting force and the capacity and capability of TBI treatment in the MHS.

NICoE staff are active organizational ambassadors through their various contributions to the larger MHS, civilian, and academic communities. NICoE is committed to engaging current and future TBI clinicians, researchers, healthcare professionals, and staff members through numerous activities and

programs during the year. In 2019, NICoE held 28 training, development, and social opportunities, including staff engagement social activities. NICoE introduced several new vehicles to increase staff communication and interaction and promote continuous improvement. These vehicles include an every-other-month internal, electronic newsletter, Intrepid Voices; leadership rounds that provide an opportunity for staff throughout the organization to engage with the NICoE leadership team; and an initiative that provides opportunities to help new and existing staff members bring their ideas to improve patient care and research to leadership.

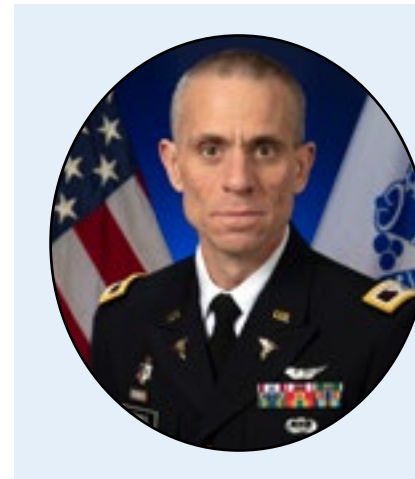
Educating clinicians and researchers through hands-on experience allows NICoE to influence care within both the MHS and civilian sectors, nationally and internationally. In 2019, 21 students received hands-on training at NICoE through internships, fellowships, and young professional programs. Throughout the year, NICoE's education team successfully conducted 35 didactic and clinical education lectures to enhance the knowledge of NICoE and other hospital staff and the global community about TBI diagnosis and treatment best practices. More than 350 continuing education credits were provided.

NICoE hosted 51 distinguished visitor tours in 2019. International visitors represented more than 12 countries.

Distinguished visitors represented national and international military, federal government, and academia eager to learn more about the NICoE's success in understanding and treating TBI. This effort allows NICoE to share its clinical and research expertise, communicate the NICoE story to key stakeholders, and solidify NICoE's vision to be a global leader in TBI care, research, and education.



DIRECTORATE OF NURSING



“It is my distinct honor to serve with nearly 1,200 Walter Reed Bethesda DNS professionals where we focus on providing comprehensive care to prevent disease, restore health, and maximize readiness for our service members, their dependents and beneficiaries. This core group of Military, Government and Contract staff are vital to maintaining the integrity of our wartime medical mission. I am exceedingly proud to lead such an elite team united in a uniquely diverse culture forged in military and professional values.”

**— COL Michael E. Ludwig, AN, USA
Director for Nursing**

DEPARTMENTS: Critical Care • Inpatient Clinical Education • Medical • Maternal • Nursing Administration • Psychiatric • Surgical

The DNS has 15 inpatient units, PICC team, Nurse of the Day (NOD), Discharge Planning, Wound Care team and Clinical Nurse Transition Program.

Our Clinical Nurse Transition Program (CNTP) was awarded 'Accreditation with Distinction' by the American Nurses Credentialing Center Practice Transition Accreditation Program on March 25, 2019. Walter Reed National Military Medical Center is the first joint facility in the DHA to receive Accreditation with Distinction honors. Since 2011, the WRNMMC CNTP contributed to the development of over 500 novice nurses.

The Mother Infant Care Center continues to exceed the standards to maintain Walter Reeds Baby Friendly designation. Last quarter we successfully earned 100% exclusive breastfeeding rates during Joint Commissions quarterly audit. The unit also has successfully implemented the DHA Postpartum Hemorrhage bundle, an effort that required the collaboration of Nurses, Providers and logistics.

The Neonatal Intensive Care Center (NICU) advanced three long-term quality improvement projects. "THE GOLDEN HOUR: A Team-Based Approach to Improving NICU Care" was awarded third place in Quality Improvement at NCR Quality Symposium in March 2019 and presented within the MHS at the Naval Medical Center Portsmouth Quality Symposium (May 2019). National presentations of the Golden Hour QI project included the American Academy of Pediatrics National Conference (October 2019) and the premier, annual, international neonatal conference "Hot Topics in Neonatology" (November 2019). The Golden Hour PDCA cycles targeting thermoregulation demonstrate an improvement from 68% to 89% of Golden Hour babies maintaining normothermia in our NICU. Additionally the advancement of the "Infant Driven Feeding QI Project" has yielded positive trends with data demonstrating decrease LOS, and decreased time to full feeds.

The Pediatric Inpatient Unit, 3W, is in the implementation phase of an interdisciplinary PI project to provide high flow nasal cannula (HFNC) therapy on 3W for bronchiolitis patients less than 2 years of age. Once these patients are stable in the PICU, they can be transferred on HFNC to 3W for ongoing treatment thereby decreasing PICU stay days and allowing the PICU to take more critically ill patients. 3W was a pilot location for the Blacklight project, to improve cleanliness of patient rooms at turnover. 3W and the Environmental Staff worked together to revise and improve our Room Ready process & SOP (to also include common areas like the playroom). An extensive work group achieved standardization of chemotherapy administration amongst the inpatient & outpatient, adult & pediatric hematology-oncology units and clinics along with the hematology-oncology pharmacy. This standardization was done to improve patient safety as evidenced by Patient Safety Reports related to chemotherapy & to help with becoming compliant with the pending USP 800 initiative.

LCDR Reaves and LT Crotty were selected at Nursing Co-Chairs for the Quality Council for the National Capital Region (NCR).



DIRECTORATE OF QUALITY



“The Directorate for Quality has the responsibility of enhancing the delivery of safe, high quality care through expertise and support for organization-wide activities in patient and occupational safety, process improvement, patient and staff experience, accreditation compliance, and risk management. In 2019, the Quality Team supported implementation of multiple evidence-based practices that will lay the foundation for transformational changes needed to accelerate Walter Reed on its journey toward high reliability. I am grateful for the commitment and passion of our Quality Team and their support for the delivery of safe, high quality care to the heroes of this Nation and their families.”

— Dr. Felicia F. Pehrson
Director for Quality

DEPARTMENTS: Patient Safety • Occupational Safety • Performance/Process Improvement • Joint Commission Accreditation • Risk Management • Experience Office

High reliability is a single-minded focus by the entire workforce to identify potential problems and high-risk situations before they lead to an adverse event. Our directorate’s top three accomplishments in 2019 involve laying the ground work for WRB’s journey to high reliability through the implementation of:

- **Daily Safety Huddles** where significant safety, quality, or service concerns from the last 24 hours, as well as high risk, out-of-the-norm activities or issues anticipated in the next 24 hours, are presented among directorate leaders to provide a shared understanding of events and risk across the organization in order to mitigate risk and harm at all levels.
- **Leadership Walk Rounds** when directorate leaders visit the front-lines of care to identify concerns, process issues, and opportunities for improvement. Walk Rounds help leaders gain sensitivity to front-line operations and promote a culture of safety.
- **Learning Engagement Boards (LENS)** which are digital or analog boards that display key processes, measures, and improvements at the unit level to enable effective communication, huddles, and training.

We also developed and implemented a Patient and Family Partnership Council to promote collaboration in the delivery of safe quality care with volunteer patients, family members, and staff.

In pursuit of transparency, in January 2019, WRB became the first military treatment facility to submit data to the Leap Frog Group, which scores hospitals on their overall performance in keeping patients safe from preventable harm and medical errors.

The **Patient Safety** department focused on eliminating

preventable patient harm, and used an internally developed dashboard and patient safety reporting system to facilitate leadership monitoring of Patient Safety Report (PSR) trends. Our patient safety advocates (PSAs) embedded throughout the organization addressed PSRs in a timely and effective manner. During 2019, we developed enhancements to the PSR database, dashboard and reporting features, and installed the PSR system at Naval Health Clinic Patuxent River and Kimbrough Ambulatory Care Center, expanding availability of the system to ten MTFs across the NCR. Ongoing development has been instrumental in maintaining an overall PSR closure rate of 90% or greater.

Occupational Safety (OS) focuses on occupational and staff safety to mitigate and eliminate staff harm by safety event monitoring and proactive inspection and monitoring through a variety of preventive programs such as the Respirator, Air Quality, and Ergonomic Programs. During 2019, we proactively engaged in the extensive ongoing construction to ensure associated hazards are continuously mitigated, hosted a Safety Fair that enhanced staff awareness of safety issues, and developed summer and winter safety videos to promote seasonal safety.

Performance/Process Improvement (PI) aggregates data, identifies areas for quality improvement, and facilitates development of sustainable improvement practices. PI took on many opportunities for improvement in 2019. Highlights include:

- Enhancement of the PSR Dashboard to track, close, and run reports, as well as graph and analyze data.
- Deployment of the Patient Innovation board which displays patient safety information such as hand hygiene compliance, falls prevention data, and tracking of medication errors.

DIRECTORATE OF QUALITY

- Improvement of the Main Operating Room electronic debrief to streamline tracking of staff, equipment, supply, instrument and preference card issues. The new process has a 90% debrief compliance rate with 100% of reported issues being addressed and corrected.
- Training 623 staff members in various levels of lean six sigma and process improvement methodologies
- Teaching 632 new staff members the Fundamentals course of TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety)
- Developing 50 new TeamSTEPPS Master Trainers for WRB, Kimbrough Ambulatory Care Center, Naval Health Clinic Patuxent River, Fort Belvoir Community Hospital, Naval Health Clinic Annapolis, Lakehurst Naval Health Clinic, Malcolm Grow Medical Clinics and Surgery Center, and Dilorenzo TRICARE Health Clinic.



Our Joint Commission Accreditation department uses a systematic approach to ensure that Joint Commission standards are continuously exceeded, working closely with PI to develop targeted solutions for areas of improvement. During our annual Mock Survey in May, we identified ten command-level opportunities and multiple departmental and stakeholder-specific opportunities for improving the safety and quality of care and reducing risk in the care environment. We facilitated 11 monthly Director’s Quality and Safety Grand Rounds which provided 11 hours of educational credits to hundreds of WRNMMC staff members. We facilitated “Just Do It” self-assessment, Senior Enlisted Leader Environment of Care, Command Tracer, and other ongoing survey readiness assessment and improvement activities.

The **Experience Office** is comprised of the Patient Relations Service, which monitors and reports on patient experience via survey data with real time problem resolution; and the Resiliency Service, which focuses on building staff resiliency. We constantly strive

to improve our services and enhance each patient’s experience while supporting our staff. In 2019, we developed a recognition program for staff and clinics identified by the Joint Outpatient Experience Survey as the “Best of the Best”; developed and implemented a Patient Family Partnership Council which has established a new lending library in the America Pharmacy and provided feedback on the new WRB public website; and provided weekly updates to the Board of Directors to promote leadership awareness of the patient and staff experience.

Patient Relations provided customer service training for Medical Support Assistants, addressed beneficiary concerns involving more than 1,658 patient encounters, and helped increase Interactive Customer Evaluation (ICE) submissions which soared to 1,944 in the first 11 months of 2019 (a 45% increase from 2018).

Our **Resiliency** service completed 36 unit climate assessments, more than 100 onsite trainings, and multiple one-on-one counseling sessions to more than 50 staff members; increasing outreach activities by more than 50%.

Risk Management supports organizational risk identification and assessment, and the development of prioritized, systematic risk reduction strategies and process improvement activities to provide safe, high-quality patient care. We’ve been developing new processes and procedures to align with the new DHA Clinical Quality Management Procedure Manual, covering topics such as:

- Adverse action due process procedures
- Impaired Healthcare Provider Program
- Adverse and no-harm event management



DIRECTORATE OF RESOURCE MANAGEMENT



“The Directorate for Resource Management (DRM) is responsible for oversight of the Military Health Systems’ largest operating budget encompassing nearly \$1.2B annually for personnel, supplies and equipment. Additionally, the DRM provides human resources support for a staff of over 6,300 Active Duty military, government civilian, and contract personnel. What we do, every day, supports Service operational readiness and enables all staff to meet our mission: To serve our patients and their families. I am extremely proud to have the privilege to lead such a fantastic DRM team and could not be more appreciative and thankful for all they have accomplished in 2019.”

— CDR Stephen Marty, MSC, USN
Director for Resource Management

DEPARTMENTS: Budget Services • Accounting Services • Human Resources

The Directorate for Resource Management (DRM) at WRNMMC is responsible for effective oversight and management of all command resources. In accordance with NCR, DHA, and DoD policy and guidance, the DRM has the authority to direct, manage, and coordinate budgeting, allocation, and execution of the command’s Defense Health Program (DHP) funding. Additionally, the DRM has oversight of all Human Resources at WRNMMC encompassing more than 6,300 active duty, civilian and contract staff.

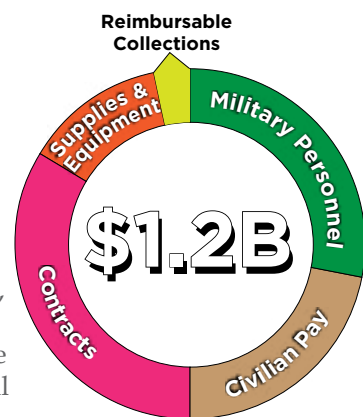
The DRM reports directly to the Director, WRNMMC. In execution of their responsibilities, the DRM is divided into three departments: Budget, Accounting, and Human Resources. These departments coordinate closely with the other WRNMMC Directorates as well as the Board of Directors in the day-to-day execution of DRM matters.

In calendar year 2019, the DRM achieved several notable achievements.

Budget and Accounting Departments

Oversight of the MHS’ largest operating budget of nearly \$1.2 billion annually inclusive of approximately \$350 million in military personnel costs, \$270 million for civilian pay, \$420 million for contracts, \$160 million for supplies and equipment, and more than \$40 million in annual reimbursable collections.

In FY 19, WRNMMC executed nearly \$850 million in operation and maintenance funding and consistently led the NCR in execution efficiency.



As the DHA and MHS faced significant funding shortfalls, the DRM oversaw several key initiatives to reduce, avoid, or eliminate a total of nearly \$50 million in the command’s budget. This work included a complete review and analysis of all command expenditures, including all open commitments and unliquidated obligations, to ensure funds were repurposed for mission critical requirements including equipment and contract full time equivalents (FTEs). Overall, these efforts enabled a successful FY 19 year-end closeout and ensured the command had the resources required to meet all mission requirements.

The DRM oversaw a study of the Orthotics and Prosthetics (O&P) service led by the John Hopkins University Applied Physics Laboratory designed to develop an operational cost model and improve the effectiveness and efficiency across the entire amputee care continuum covering more than \$30 million in annual expenditures. As of December 2019, the study has already provided more than \$5 million in annual savings through more effective and efficient contract oversight and supplies management throughout the O&P service.

We led the NCR in audit compliance (i.e., completeness and accuracy). WRNMMC also met all NCR corrective action plan requirements and exceeded the NCR’s goal for audit response timeliness. Additionally, WRNMMC was the largest MTF tested for financial integrity within the DHA, setting the footprint for all other MTFs to follow.

The WRNMMC Business Analysis and Audit Readiness team worked closely with the NCR Audit Response Team and WRNMMC’s General Equipment Managers throughout 2019, resulting in the first-ever posting of all General Equipment Assets on the National Capitol Region Medical Directorate (NCR MD) Balance Sheet. This was a critical milestone on

DIRECTORATE OF RESOURCE MANAGEMENT

the financial statement for the NCR-MD and DHA in achieving financial auditability.

The directorate implemented by clinic tracking of other health insurance (OHI) collection progress focused on high patient volume clinics including Pharmacy, ED, Internal Medicine, and Radiology. Since inception, monthly OHI collection totals and new OHI discovery has more than tripled from 2018 to 2019.

In coordination with WRNMMC’s Health Care Operations Department, the DRM revamped VA billing and collections procedures. This work enabled WRNMMC to increase VA collections by nearly \$2M from 2018. Additionally, in FY 19 Walter Reed collected over 95% of VA reimbursement for authorized care in the year services were rendered. This represented one of the highest reimbursement rates throughout the MHS and was nearly a 30% increase from 2018.

We awarded an Other Health Insurance (OHI) discovery contract, one of the first of its kind throughout the MHS. This will not only ensure WRNMMC is more compliant with DoD regulations, it is also projected to significantly increase annual reimbursable collections.

A new contract was implemented for reviewing over \$50 million in WRNMMC’s aged accounts receivables. This contract addressed a critical gap identified by the Department of Defense Inspector General (DoD IG) regarding excessive aged accounts receivables (an issue identified throughout the MHS and will significantly improve both WRNMMC’s and the NCR’s financial audit posture. Moreover in 2019, this effort reduced 31,571 aged accounts receivable claims totaling over \$19.8 million while yielding over a \$1 million return on investment.

Human Resources (HR) and Cost Analysis and Program Evaluation Departments

Together these departments executed over 300 contract to civilian conversions, ensuring inherently governmental responsibilities were transitioned to government civilian positions. These conversions

enabled more consistent staffing in critical, hard to fill, clinical positions throughout the command and resulted in more consistent staffing and better continuity for all beneficiaries. Additionally, these conversions resulted in over \$7.5 million in costs savings that enabled the command the ability to hire 33 previously unfunded, high-priority, command staffing requirements.

We consistently led the NCR and DHA in Defense Performance Management Appraisal Program metrics covering over 2,409 civilians, the largest command throughout the region.

The departments updated the command’s Total Force Management Board business rules and processes to ensure more timely and effective hiring practices and better alignment of board actions with command strategic priorities. These efforts also led to the development and implementation of tools for Directorates to track hiring actions in real-time resulting in a drastic increase in the transparency of hiring actions.

The establishment of a standardized hiring practice for registered nurses throughout the command is projected to decrease hiring times by at 7-10 business days.

The departments also implemented a unique Medical Expense and Performance Reporting Systems identifier for the newly established Navy Medicine Readiness Training Command (NMRTC). This enabled the NMRTC to not only act independently financially, it also provided leadership the ability to quantify and value the work conducted by all NMRTC staff and better understand the resource split between readiness and benefit delivery.

With the DHA’s FY20 transitions to the Integrated Resource and Incentive System, the implementation of a monthly reconciliation and directorate-level tracking of labor reporting using Defense Medical Human Resource System Internet (DMHRSi) was critical. DMHRSi ensured all 6,300 staff at WRNMMC report their work accurately using the correct labor codes in the correct work center.



DIRECTORATE OF SURGICAL SERVICES



“The Walter Reed Bethesda Directorate for Surgical Services continues to provide world-class, multi-disciplinary surgical care while striving to support a superb undergraduate and graduate medical education experience, function as the top military readiness training platform, perform ground-breaking research, and increase access to care while providing an exemplary experience for every patient, every time. Our excellent staff makes all of this possible, and we appreciate their hard work, commitment and dedication to the mission throughout 2019.”

— COL Benjamin K. Potter, MC, USA
Director for Surgery

DEPARTMENTS: Anesthesia • Obstetrics and Gynecology • Orthopaedics • Perioperative Nursing • Rehabilitation • Surgery

DSS provides premier inpatient and outpatient surgical care for active duty, their families, and retired service members in a patient and family-centered care environment. We support academic medicine with advanced research, fully accredited residencies and fellowship training programs, and destination referral surgical care for the most complex diagnoses and advanced treatments.

Home to the DoD Osseointegration Program, our multidisciplinary team seeks to advance osseointegration (OI) capability throughout the MHS, and advance complimentary technologies to improve function after amputation. Osseointegration (OI) refers to the direct, transcutaneous skeletal attachment of a prosthesis to bone. We have numerous ongoing research studies involving both upper and lower extremity patients, and we have the only upper extremity OI FDA clinical trial in the United States. In addition to translational research, complimentary research efforts include targeted muscle reinnervation and regenerative peripheral nerve interfaces, sensory feedback, and clinical outcomes research seeking to increase function, relieve pain, and improve quality of life for patients with limb loss.

Obstetrics and Gynecology (OBGYN)

We serve as a tertiary referral center for complicated obstetrics in the National Capital Region. All OBGYN sub-specialties are represented to provide the highest quality of definitive medical and surgical management to include: Maternal Fetal Medicine, Reproductive Endocrinology and Infertility, Gynecologic Oncology, Urogynecology, Minimally Invasive Gynecologic Surgery, and Pelvic Floor Physical Therapy. We have the largest Women’s Health training platform in the DOD, the only Tri-Service residency, and four fellowship programs.

In 2019, we conducted more than 41,000 outpatient visits, 2,000 surgeries, and 1,200 deliveries; and cared for 1,600 inpatients. Other accomplishments include:

- Approval for the DOD-VA Joint Incentive Fund (JIF) for the Tele-Women’s Health Clinic to improve specialty care and collaboration between DOD and VA partners; one of only ten projects selected. This will dramatically improve access to surgical care for our VA beneficiaries.
- Opening of the Walk-In Contraception Clinic, offering a full range of contraceptive options as well as contraceptive counseling for all beneficiaries. This clinic has provided effective contraception to more than 200 patients, improved patient satisfaction and service member readiness, and helped to reduce the number of unintended pregnancies.
- Conducting a randomized controlled trial that validated the use of a cesarean section simulator that showed significant improvement in the ability to complete the procedure as well as manage complications such as hemorrhage. Subsequently, this training model was incorporated into local residency training as well as a nationally accredited trauma course for deploying trauma surgeons (ASSET+).



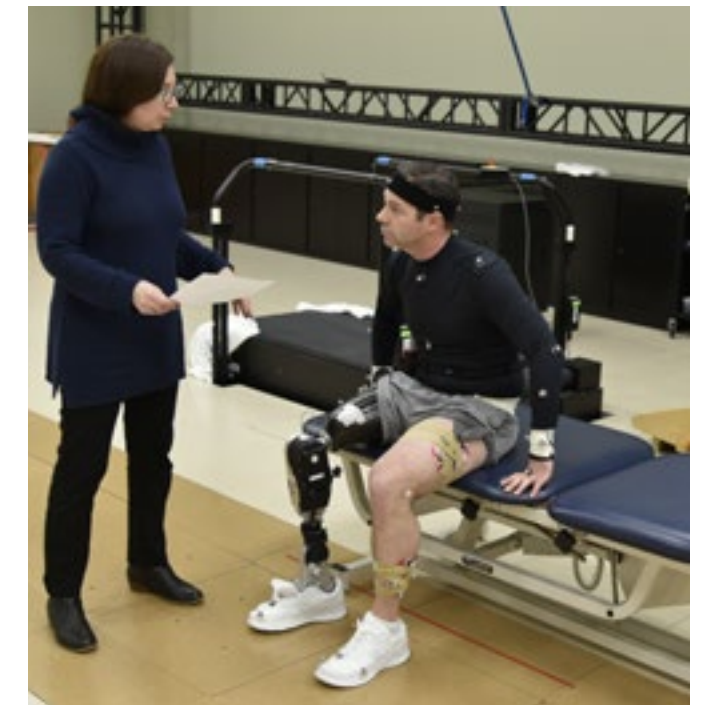
DIRECTORATE OF SURGICAL SERVICES

Orthopaedics and Rehabilitation Departments

Our Military Advanced Training Center (MATC) is a state-of-the-art facility where patients use sophisticated prosthetics and cutting-edge athletic equipment to move from injury to independence. Using a Sports Medicine model, many of the same fitness drills practiced by professional athletes are used to work on core strength, balance and stability. Our focus is to build our patients’ strength, skills and confidence, and return them to the highest level of physical, emotional, and psychological functional ability.

We recognize the importance of recreational and adaptive sports to well-being and recovery, and coordinate a community reintegration program that offers a wide variety of experiences outside the clinic setting, including trips to public venues such as shopping areas, movie theaters, restaurants and museums. The program provides adaptive sports activities such as scuba diving, therapeutic horseback riding, basketball, cycling, running and golf, which allow our patients to be challenged and help to provide meaning and purpose.

The Gait Lab of the Center for Performance and Clinical Research (CPCR) uses sophisticated motion analysis equipment (27 infra-red cameras, reflective markers and six force plates) to quantify patients’ movements. The information gained through motion analysis helps us to evaluate or modify physical therapy programs and prosthetic and orthotic components to facilitate improvement of functional tasks such as walking, running and jumping.

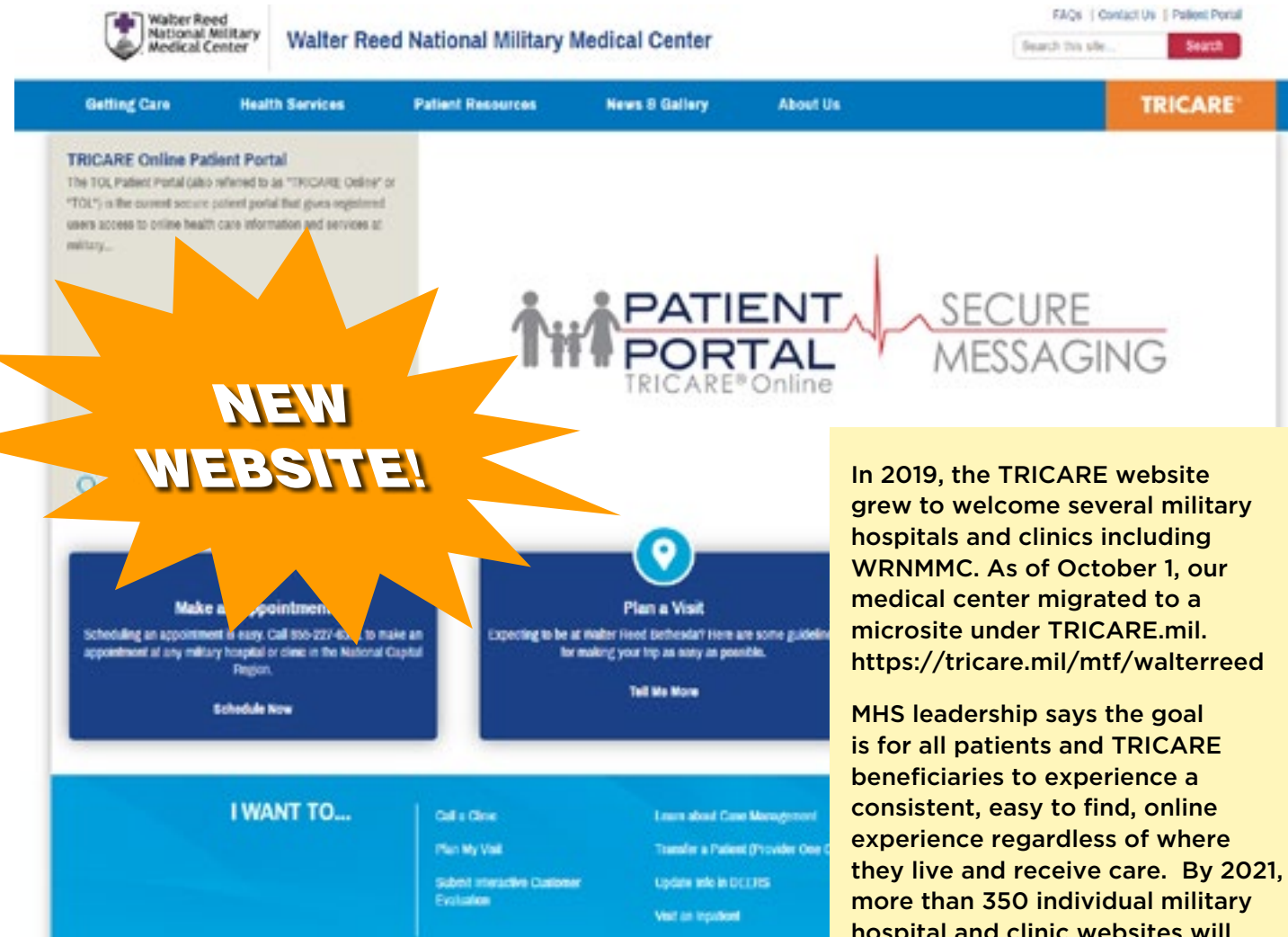


Surgery Department

The Department of Surgery continued to lead the MHS in surgical quality and outcomes throughout 2019. The American College of Surgeons recognized us with a meritorious recognition for scoring in the top 10% nationally for both All Case and High Risk patient outcomes. Our Breast Center reaccredited through the National Accreditation Program of Breast Centers (NAPBC) through the American College of Surgeons with a surveyor comment of “the best I have surveyed to date.” The Plastic Surgery service implemented a robust multidisciplinary peripheral nerve injury program to provide a more coordinated and timely evaluation of patients. The Center for Prostate Disease Research expanded its Congressionally-directed research footprint to a state-of-the-art research facility, and enrolled 400 new cancer patients into the national database. Our Organ Transplant Service is the military’s only solid organ transplant program, and provides kidney transplant outcomes that exceed all civilian transplant centers in the NCR, which included 23 living donor transplants in 2019.

2019 COMMUNITY ENGAGEMENT

2019 COMMUNITY ENGAGEMENT



In 2019, the TRICARE website grew to welcome several military hospitals and clinics including WRNMMC. As of October 1, our medical center migrated to a microsite under TRICARE.mil. <https://tricare.mil/mtf/walterreed>

MHS leadership says the goal is for all patients and TRICARE beneficiaries to experience a consistent, easy to find, online experience regardless of where they live and receive care. By 2021, more than 350 individual military hospital and clinic websites will move to TRICARE.mil. To learn more, visit health.mil/Military-Health-Topics/MHS-Transformation.

LIFE LINE



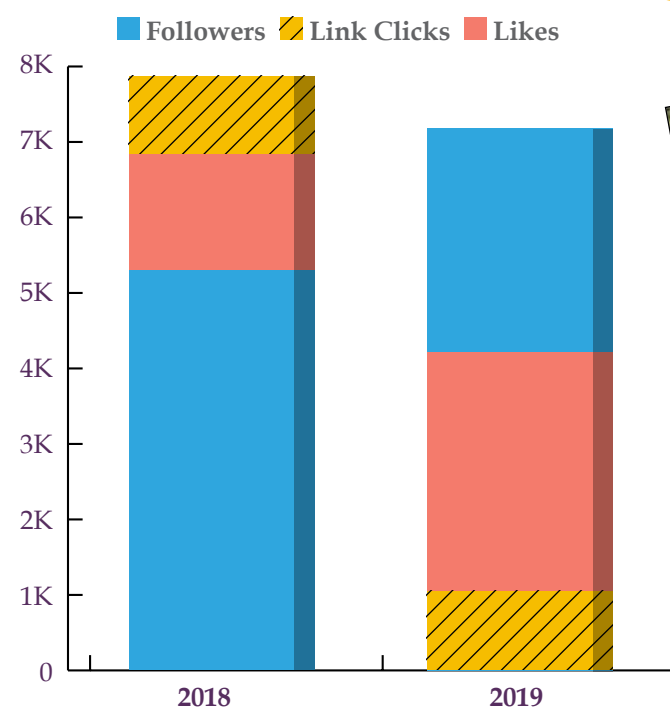
f 44,661
 FOLLOWERS *Actively Expanded on Video Usage*

- Top video posts of the year:**
- LIVE: Welcome Ceremony for WRB Facility Dog, Sully, Feb. 2019
 - LIVE: Farewell to Capt. Mark Kobelja, May 2019



t 7,577
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ig 2,075
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