2011 Military Health System Conference

JTF CapMed Initial Outfitting and Transition (IO&T) – History, Process, Benefits

The Quadruple Aim: Working Together, Achieving Success

CAPT Russell Pendergrass
26 January, 2011
### JTF CapMed Initial Outfitting and Transition (IO&T) - History, Process, Benefits

**Report Documentation Page**

<table>
<thead>
<tr>
<th>1. REPORT DATE</th>
<th>2. REPORT TYPE</th>
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<td>JTF CapMed Initial Outfitting and Transition (IO&amp;T) - History, Process, Benefits</td>
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<th>7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)</th>
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<tbody>
<tr>
<td>Joint Task Force National Capital Region Medical, 8901 Wisconsin Avenue BG 27, Bethesda, MD, 20889</td>
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<th>8. PERFORMING ORGANIZATION REPORT NUMBER</th>
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<th>9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)</th>
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**Distribution/Availability Statement**

Approved for public release; distribution unlimited

**Supplementary Notes**

Presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland

**Security Classification of:**

<table>
<thead>
<tr>
<th>a. REPORT</th>
<th>b. ABSTRACT</th>
<th>c. THIS PAGE</th>
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**Limitation of Abstract**

Same as Report (SAR)

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**Name of Responsible Person**

Same as Report (SAR)
Table of Contents

- Introduction
- Goal
- Design / Bid / Build Challenges
- Acquisition Strategy
- Initial Outfitting and Transition
- Changes and Challenges to IO&T
- Verbal Contract Modification Process
- Value of IO&T
- One Man’s Story
- Questions
The Goal of IO&T
Goal

Two World Class Joint Hospitals

Walter Reed National Military Medical Medical Center

Fort Belvoir Community Hospital

Jointly Staffed; Jointly Operated; Jointly Led; Jointly Governed!
Walter Reed National Military Medical Center

345 Inpatient Beds
Square Footage:
Addition: 637,000
Alteration: 321,000
Support Facilities: 590,000
Fort Belvoir Community Hospital

120 inpatient beds
1.275 M GSF Hospital Complex
The Challenges

Challenges of Design/Bid/Build
Challenges: Alternative Strategies

- Traditional Design Bid Build Process
- Integrated Design Bid Build Process (FBCH)
- 2-Phase Design Build Process (WRNMMC)

Variable IO&T Execution Windows
Acquisition Strategy
Acquisition Strategy
Possible Courses of Action (COAs)

- Three COA proposed by procurement team:
  - Traditional Contracting Sources
    - North Atlantic Contracting Office (NARCO)
    - Fleet Industrial Supply Center (FISC)
  - General Services Administration (GSA)
  - US Army Medical Research Acquisition Agency (USAMRAA)
# Course of Action Comparison

<table>
<thead>
<tr>
<th>COURSE OF ACTION (COA)</th>
<th>ACQUISITION CRITERIA</th>
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<tr>
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<td>DOD</td>
</tr>
<tr>
<td>COA #1 Traditional Contract Sources</td>
<td>YES</td>
</tr>
<tr>
<td>COA #2 General Service Administration</td>
<td>X</td>
</tr>
<tr>
<td>COA #3 USAMRAA</td>
<td>YES</td>
</tr>
</tbody>
</table>
USAMRAA

WHY? Because it …

1. Achieves desired effects for success
   Use of DOD Contracting Office
   Provide Best Opportunity for IO&T Acquisition
   Risk Mitigation
   Standardization and Interoperability
   Quality Assurance

2. Additional Advantages
   USAMRAA is Ready to Start
   Minimal Fee
The IO&T

Initial Outfitting and Transition
IO&T Defined: Initial Outfitting and Transition

The IO&T Contract is a....

- Single Award Cost Plus Fixed Fee
- Incentives
  - On-schedule IO&T of North and South projects
  - Share in savings for exceeding cost goals for provisioning
- Cost/Schedule/Performance Risks exist
  - Dependence of IO&T performance on construction completion schedule
  - Complexity due to number of events to be synchronized
One Efficiency of the IO&T Model

- Saving 40 FTE for two project offices
- Eliminates competition for scarce resources
- Volume purchasing and standardization increases efficiencies of scale and receipt of competitive price advantages
“Day to Day” Acquisition Team

Mrs. Laurie Hovermale
(Contracting Officer)

CAPT Russell Pendergrass
(Contracting Officer Representative)

Ms Abigail Diffenderfer
(Administrative Contract Specialist)
Mrs. Laurel Carey
(Contract Specialist)

JTF CAPMED
(Staff)
Ms. McCreary-Watson
(Program Manager)

Walter Reed National Medical Center

WRAMC
Lead

Fort Belvoir Community Hospital

Ms Sherri Hopkins
(COTR)

Thomas Fitzpatrick

Mr. David Fortune
(COTR)
The General Dynamics Team works across the dimensions of project management, operational capability, and project infrastructure.
Contract Summary

“One Stop” Solution to Contracted Initial Outfitting & Transition Requirements

- Specialized Hospital Transition & Activation Services
- Staff Orientation and Training
- Provisioning IM/IT Equipment
- Operations and Maintenance Training
- Equipment and Furniture Installation
- Warehousing
- User Maintenance
- Testing/Calibration/Safety Certification all Equipment
- Transition of Government Records & Files
- Property Management
- Equipment & Materiel Transition and Relocation
- Equipment Standardization
- Provisioning Furniture & Furnishings
- Provisioning Medical & Non-Medical Equipment

Performance Based Services Acquisition
Single Integrator of contracted services
Services include provisioning of hardware, equipment, furniture
Initial Awarded Contract Value - $322M
Combination of MILCON, O&M and OP funds

Walter Reed National Military Medical Center
Walter Reed Army Medical Medical Center
Fort Belvoir Community Hospital

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Changes and Challenges to the Initial Outfitting and Transition
A revision/contract modification MUST come from a properly executed contract modification signed by the Contracting Officer—see FAR 1.602-3 “Unauthorized commitment”
Contract Challenges - Projected

FTE

NORTH TRANSITION

SOUTH TRANSITION

IO&T Work

Major Contract Deliverables

Illustrative Purposes Only

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Contract Challenges - Actual

IO&T Work

NORTH TRANSITION

SOUTH TRANSITION

Actual

★ Major Contract Deliverables

FY2009
FY2010
FY2011

Illustrative Purposes Only
Equipment Schedule Major Milestones

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<th>SEP</th>
<th>DEC</th>
<th>JUN</th>
<th>SEP</th>
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- **South – BLDG A**
- **South – BLDG E**
- **South – BLDG B**
- **South – BLDG D**
- **North – BLDG A**
- **North – BLDG B**
- **South – BLDG C**

**Plan**
- Equipment Order Plan - Building Specific
- Plan Outfit Completion - Building Specific

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<td>JUN</td>
<td>JUN</td>
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<tr>
<td>DEC</td>
<td>SEP</td>
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- **Actual Equipment Order - Building Specific**
- **Actual Outfit Completion - Building Specific**

2011 MHS Conference
<table>
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<th>SEP</th>
<th>DEC</th>
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**Plan**
- Equipment Order Plan - Building Specific
- Plan Outfit Completion - Building Specific

**Actual**
- Actual Equipment Order - Building Specific
- Actual Outfit Completion - Building Specific

*2011 MHS Conference*
## IO Requirements Summary Table

<table>
<thead>
<tr>
<th>JSN Summary Detail</th>
<th>JSN Count</th>
<th>Items QTY</th>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>838</strong></td>
<td><strong>19,016</strong></td>
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<tr>
<td><strong>Medical</strong></td>
<td></td>
<td></td>
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<tr>
<td>North</td>
<td><strong>586</strong></td>
<td><strong>7,789</strong></td>
</tr>
<tr>
<td>South</td>
<td><strong>553</strong></td>
<td><strong>11,227</strong></td>
</tr>
<tr>
<td><strong>Non-Medical</strong></td>
<td></td>
<td></td>
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<tr>
<td>North</td>
<td><strong>171</strong></td>
<td><strong>7,076</strong></td>
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<tr>
<td>South</td>
<td><strong>96</strong></td>
<td><strong>13,090</strong></td>
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<td><strong>IT</strong></td>
<td><strong>48</strong></td>
<td><strong>11,817</strong></td>
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<td>North</td>
<td><strong>38</strong></td>
<td><strong>5,561</strong></td>
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<td>South</td>
<td><strong>32</strong></td>
<td><strong>6,256</strong></td>
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<td><strong>Furniture</strong></td>
<td><strong>137</strong></td>
<td><strong>50,493</strong></td>
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<td>North</td>
<td><strong>120</strong></td>
<td><strong>23,465</strong></td>
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<td><strong>104</strong></td>
<td><strong>27,028</strong></td>
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<td><strong>Summary</strong></td>
<td><strong>1,421</strong></td>
<td><strong>101,492</strong></td>
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<td>North</td>
<td><strong>1,121</strong></td>
<td><strong>43,891</strong></td>
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<tr>
<td>South</td>
<td><strong>806</strong></td>
<td><strong>57,601</strong></td>
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</table>

**Notes:**
- JSN "Count" represents total number of unique JSNs in North, South, and Total
- Equipment list analysis is based on 2 March, 2010 contract list.
The Verbal Contract Modification Process
Verbal Contract Modification (VCM) Process

- TMA willing to set aside funds to avoid Anti-Deficiency Act (ADA)
- TMA provided certification of set aside funds with line of accounting to Contracting Officer
- The VCM process was borne
- Written modifications followed which memorialized verbal modifications
- Continuous change validated this innovation
Then A Miracle Occurs....
Validation Process for Equipment Lists

**Areas Of Responsibility**

- **MTF**
  - PFD Start

- **JTF**
  - J4 -reviews Current REQ’s & performs Quality Assurance
  - Copy of Final Requirements + ∆ Sent

- **Selection Process**
  - Specification Selection/Purchase Ready REQs
  - JTF, equipment planners, GDIT (RTKL) all meet to validate Current requirements ∆, and all specs are verified.

- **COTR**
  - Validates equipment list. Submits Validated Final REQ’s + ∆ Equipment list

- **COR**
  - J4 – Final Verification & performs Quality Assurance
  - Received Current REQ’s Change Request Packet to be approved or not approved
  - Decision Threshold

- **COR + PM**
  - Decision
  - Greater Than $100K per unit
  - Approx. 1 to 5 days depends on scope

- **Integrated Chiefs Validation**
  - Approved
  - Developed IGCE
  - ~ 2 days

- **Pricing**
  - Not Approved
  - Change Request Review

- **KO**
  - Not Approved
  - Develop IGCE
  - ~ 2 days

- **GDIT**
  - KO Decision & Other Process
  - Not Approved
  - PMIS
  - Executes the Buy

Equipment Planners’ develop requirements list [checks changes against the baseline.]

1. Checks updates for user groups
2. Checks against drawings & validates in SEPS
3. Facility IMIT/IMD & J6 CIO Review
4. Reuse items identified
5. Review Construction Change Impact: ECP vs. ECR - signed documentation

- **KO**
  - 3 days = Issues VCM
  - Receives IGCE
  - Required 90 days prior to RFE date

- **GDIT**
  - Notification (JTF CAPMED PM)
  - PMIS
  - Executes the Buy

- **KO**
  - KO Decision & Other Process

Updated as of 20 October 2010
IO&T Contract Value Changes

- **NOV 2009** Contract Award
- **MAR 2010** $44M in reductions due to reuse and refinement of requirements.
- **SEP 2010** Added Smart Suites for North and other technology
- **Current** Updated Video Integration System (South) & Surgical instrument review
- **DEC 2010** Updated Requirements

IO&T Contract Value ($M)

- 322
- 278.6
- 294.5
- 298
- 313
- Continuing validation of equipment requirements
- Fluid design and construction schedule
- Reaching consensus of among Service Subject Matter Experts (SMEs) of the equipment requirements
Value of IO&T

The Value of the IO&T Process
The Value of IO&T

- Optimizes purchasing power with enhanced vendor responsiveness
- Realized cost avoidance and savings
- Enabled synchronization of outfitting, hospital transition, relocation and operational readiness with an aggressive schedule
- Unity of purpose and effort
- Management and relocation of reuse items
- Precise relocation planning and execution ensuring continuity of patient care operations
- Improves patient safety
Value of IO&T Standardization

- Decreases and streamlines staff training
- Minimizes equipment and supply variation while decreasing product consumption and inventory
- Creates opportunity for future cost avoidance and savings
- Creates potential reduction in maintenance costs
- Provides a more efficient operating platform for hospitals
- Seamless clinical support regardless of location
- Provides increased opportunity for partnering with DOD and other federal agencies
<table>
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<tr>
<th>ICU/ Critical Care</th>
<th>Emergency Departments</th>
<th>Operating Rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Smart Suite Technology</td>
<td>• Patient monitoring system</td>
<td>• Integrated OR Technology that has been designed for WRNMMC will now also be procured for FBCH</td>
</tr>
<tr>
<td>• Patient monitoring system</td>
<td>• Examination room stretchers</td>
<td></td>
</tr>
<tr>
<td>• Automated medication/supply distribution system</td>
<td>• Exam and treatment room components</td>
<td></td>
</tr>
<tr>
<td>• Key equipment components</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Radiology/Imaging</th>
<th>IT Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pharmacy robotics system</td>
<td>• Linear accelerators</td>
<td>• Smart suite technology</td>
</tr>
<tr>
<td>• Automated medical/supply distribution system</td>
<td>• Oncology simulators</td>
<td>• Data storage units</td>
</tr>
<tr>
<td>• Casework and storage units</td>
<td>• MRI</td>
<td>• Servers</td>
</tr>
<tr>
<td></td>
<td>• CT, PET CT</td>
<td>• Internet Protocol/Fiber Channel Switches</td>
</tr>
<tr>
<td></td>
<td>• Cardiac catherization units</td>
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</tbody>
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<thead>
<tr>
<th>Hospital Rooms</th>
<th>Exam/Treatment</th>
<th>Furniture</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospital Beds</td>
<td>• Room design and contents are largely common</td>
<td>• Systems furniture to include work stations, supply storage units, and other components are from the same manufacturer.</td>
</tr>
<tr>
<td>• Automated medical/supply distribution system</td>
<td>• Exam tables from common manufacturer</td>
<td>• Flexibility to adjust future office configurations.</td>
</tr>
<tr>
<td>• Many similar equipment items</td>
<td>• Examination items such as wall mounted otoscope sets, etc.</td>
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<thead>
<tr>
<th>Furniture</th>
<th></th>
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<tbody>
<tr>
<td>• Systems furniture to include work stations, supply storage units, and other components are from the same manufacturer.</td>
<td>• Flexibility to adjust future office configurations.</td>
<td></td>
</tr>
</tbody>
</table>
We had a Dream . . .

And it has become a reality
The virtual reality suites at the NICoE include a sensory suite, physiological suite (EEG, EKG, EMG), computer, Head Mounted Device (HMD) and sensory-motor platform utilizing the following software programs.

- **Virtual Iraq** is a set of virtual reality environments created to treat PTSD in OIF/OEF combat service men and women.
- **Caring Technologies** allows the NICoE to organize, analyze, and share videos and other documents, increasing health services access and quality of care.
- **In World Solutions** is a virtual environment that allows therapists a virtual world with clinical functions such as session notes, appointment calendar, clinical illustrations, a clinical manual and management of avatars.

**FIRE ARMS TRAINING SIMULATOR**

A Fire Arms Training Simulator (FATS) will be used to recreate simulations in over 200 combat scenarios.

**Benefits:**
- Training of occupationally relevant skills relating to safe and effective small fire arms use
- Increase in service member confidence
- Research to characterize the impact of PH and TBI issues
National Intrepid Center of Excellence
Caren Lab and Drive Simulation
Building A NNMC
Physical Therapy Exercise Room
Building A NNMC- Physical Therapy Running Track & Climbing Wall
Building A NNMC- Radiation Oncology
TomoTherapy Unit (used for Head/Neck Cancer Treatment)
Building A NNMC- Radiation Oncology
Linear Accelerator
Fort Belvoir Images of Site Visit
Fort Belvoir Images of Site Visit
Fort Belvoir Images of Site Visit: Construction
One Man’s Story (Video Interview)