

2011 Military Health System Conference

Exercise CAPITAL SHIELD

Towards Medical Response Integration in the National Capital Region

The Quadruple Aim: Working Together, Achieving Success

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24 January 2011



Joint Task Force National Capital Region Medical

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Purpose



- Provide an informational brief about the FY11 Exercise CAPITAL SHIELD
- This brief will provide:
 - Understanding of the exercise objectives
 - Overview of the exercise concept and execution
 - Lessons Learned
 - Way Ahead



Background (1/2)



- Since 2005, MD-DC-Northern VA evolving towards a unified, real-time medical common operating picture
- 2007: DEPSECDEF memo provided JTF the authority to develop Interagency partnerships
- CY09/10: JTF CapMed executed (12) DSCA missions with Fed/State/Local partners
- Before FY11: numerous hospital and health system MASCAL exercises but no NCR-level exercise

Background (2/2)



- JFHQ-NCR has sponsored an annual DSCA exercise:
 - exercise 4-5 days in length
 - training focused on Technical Rescue, First Responders, Point of Injury care
 - one incident site at Lorton Youth Detention Center, VA
 - admin medical support 4-5 days
- FY10, JTF CapMed inserted two-day MASCAL training (onsite only)

Commander's Intent (1/2)



- Improve provision of joint HSS to JFHQ-NCR
- Improve interoperability with Interagency entities
- Use exercise as test-bed for structure/tools:
 - Joint Critical Care ATLS Team: Modification of ATLS Team w/ attached triage and evac sections
 - Patient Evac Vehicle: Used as a mobile trauma stabilization/ treatment platform in the field
 - HC Standard®: Integration w/State and Local entities for real-time situational awareness and patient tracking

Commander's Intent (2/2)



FY11 Exercise Objectives



- FY11, JTF CapMed expanded trng objectives:
 - expand to two separate MASCAL sites
 - transport patients to CIV and MIL MTFs
 - employ air, ground, and water-borne patient transport
 - share regional patient tracking in real-time
 - evaluate common operating picture



FY11 Exercise Scenario



- Multi-faceted terrorist strikes with a “coincidental” airliner crash
 - strike at “Capital Ritz” during POTUS-sponsored dinner for foreign dignitaries (Radiological release detection)
 - strike at “Dallas Center” during a music concert
 - multiple small-scale explosions at National Mall
 - airliner crash at Pentagon parking lot
- Several collapsed structures, overwhelming casualties, confusion and chaos

Exercise Participant Growth



■ FY10

- (8) DoD medical organizations
- (197) DoD role-playing casualties



■ FY11

- (8) DoD medical organizations
- (3) CIV hospital associations or alliances
- (30) CIV hospitals (MD-VA-DC)
- (2) County Health Depts
- (5) County/ District EMS
- (105) DoD role-playing casualties
- (403) CIV role-playing casualties
- American Red Cross
- Maryland Institute of Emergency Medical Support System

FY11 Exercise Participants



Maryland UASI Expansion Grant Hospitals – NCR

Suburban Hospital
Doctors Community Hospital
Prince George's Regional Hospital
Shady Grove Adventist Hospital

Holy Cross Hospital
Laurel Regional Hospital
Montgomery General Hospital

Fort Washington Medical Center
Washington Adventist Hospital
Southern Maryland Hospital Center

Northern Virginia Hospital Alliance

Fauquier Hospital
Inova Alexandria Hospital
Inova Fair Oaks Hospital
Inova Loudoun Hospital

Virginia Hospital Center
Stafford Hospital Center
Reston Hospital Center
Inova Fairfax Hospital

Mary Washington Hospital
Sentara Potomac Hospital
Prince William Hospital
Inova Mount Vernon Hospital

District of Columbia Hospital Association

Georgetown University Hospital
Children's National Medical Center
George Washington University Hospital

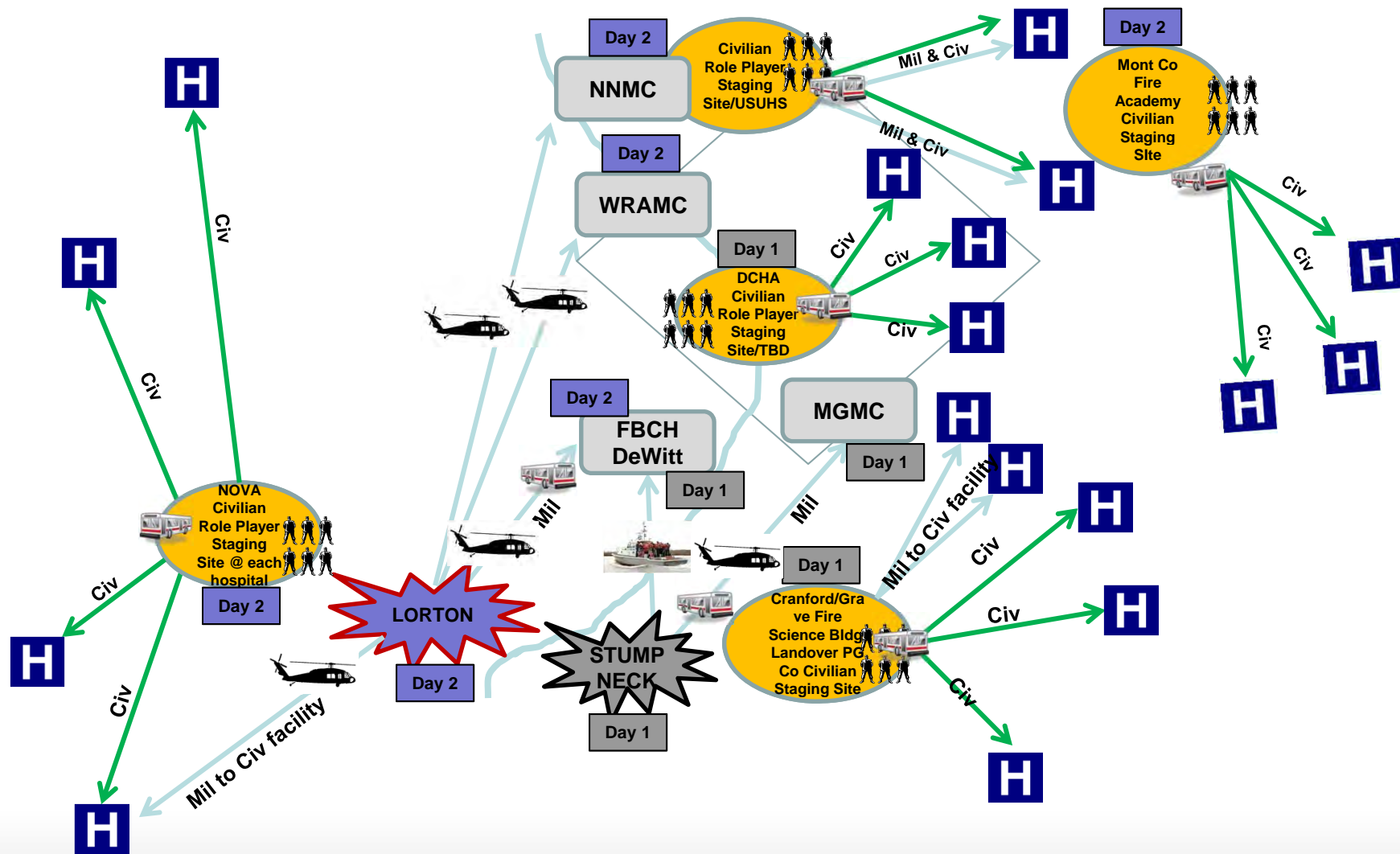
Providence Hospital
Howard University Hospital
Sibley Memorial Hospital

Washington Hospital Center
United Medical Center

American Red Cross
Montgomery County Police Department
Montgomery County Department of Health
Prince George's County EMS
JTF CapMed
79th Medical Wing
779th Medical Group
579th Medical Group
Malcolm Grow Medical Center
DeWitt Army Community Hospital
DC F/EMS
1st Helicopter Squadron, 316th Wing
2011 MHS Conference

Maryland Institute of Emergency Medical Support System
Montgomery County Office of Emergency Management
Montgomery County EMS
Prince George's County Department of Health
Walter Reed Army Medical Center
National Naval Medical Center
National Institutes of Health Clinical Center
National Library of Medicine
Uniformed Services University of the Health Sciences
DC VA Medical Center / Medical Emergency Radiological Response Team
USCG Auxiliary / DC Flotilla
Headquarters & Service Battalion, MCB Quantico

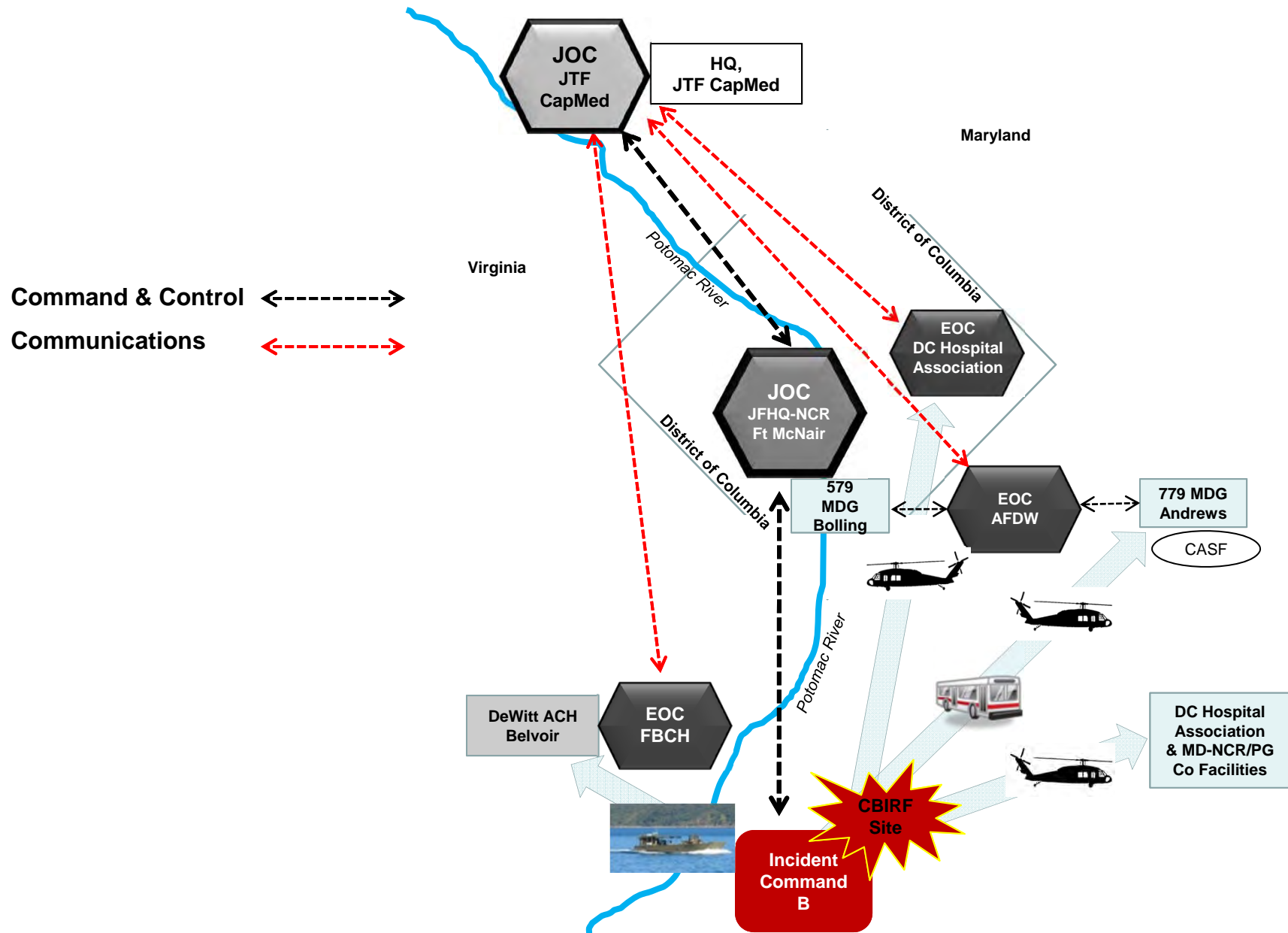
Staging & Patient Transport Modes



Day 1 - Stump Neck, MD Site



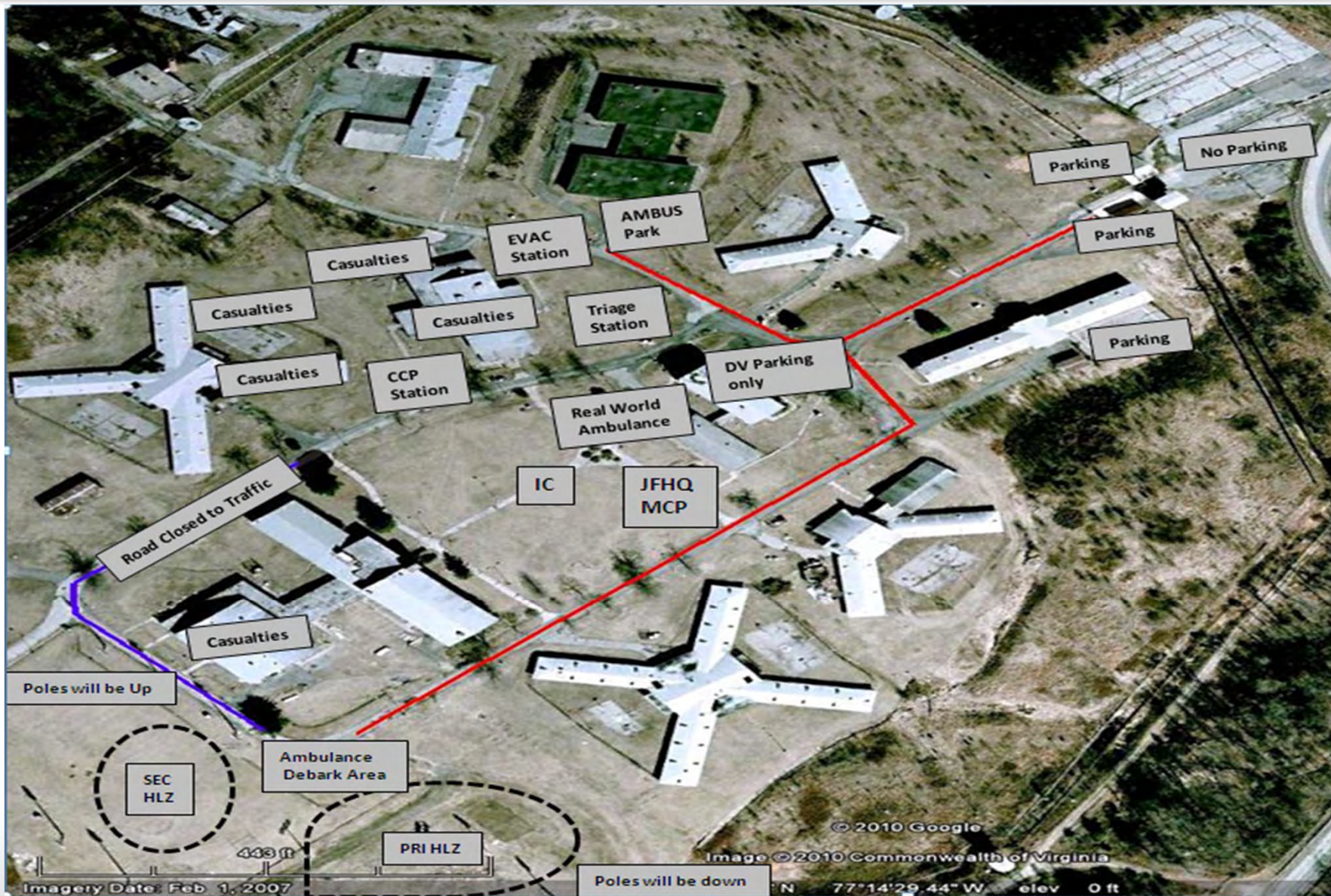
Day 1 – Medical Exercise Expansion



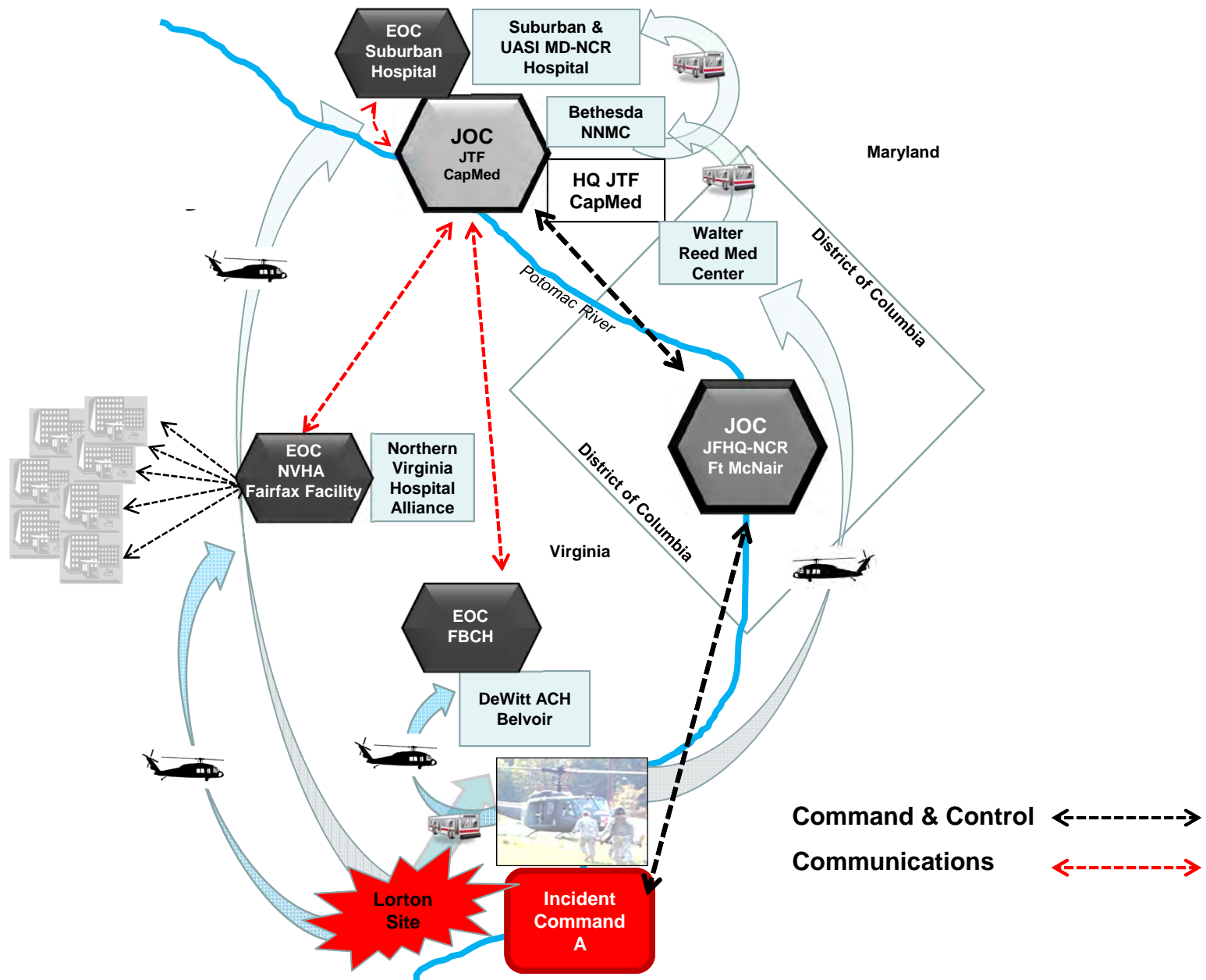
Media



Day 2 – Lorton, VA Site



Day 2 – Medical Exercise Expansion



Lessons Learned (1/4)



Lessons Learned (2/4)



- Positive Results:
 - Strong NCR civilian hospital interest/participation
 - Provided realistic venue to field-test tools and concepts:
 - JCATS
 - WRAMC Patient Evac Vehicle (PEV)
 - USCG maritime evacuation
 - HC Standard®
 - Joint agility and flexibility (49 grnd transports despite Wx effects to rotary-wing acrft)

Lessons Learned (3/4)



- Areas for Improvement:
 - Movement from ad-hoc team formation to formally organized teams and crews
 - Joint medical interoperability (e.g., equipment, training methods, communications)
 - Medical Logistics planning when operating w/civilian first responders and transport platforms
 - Understanding of NIMS, IC and C2 in DSCA
 - Communications interoperability w/ Interagency partners in the NCR

Lessons Learned (4/4)



- Areas for Improvement:
 - Expansion of available training areas w/in the NCR (e.g. Stump Neck restrictions)



The Way Ahead



- JTF CapMed committed to developing joint medical and DSCA interoperability training opportunities
- Must determine scale and scope of future exercises assuming resource challenges
- Deconflict FY12 exercise program with BRAC Transition schedule
- Implement plan to join the NCR medical common operating picture integration effort



Questions and Comments





Back-Up Slides

JTF CapMed Participation



Walter Reed Army Medical Center (-) (OPCON)

- (1) PEV (Stump Neck), 13 Oct
- (1) PEV (Lorton), 14 Oct
- Joint Critical Care ATLS Teams (JCATS) (Lorton), 14 Oct
- (1) AMBUS (Lorton), 14 Oct
- (1) BLS Ambulance (Lorton), 14 Oct
- (15) MASCAL Role Players (Lorton), 14 Oct
- Casualty Receiving Facility, 14 Oct

DeWitt Army Community Hospital (-) (OPCON)

- (2) Medical Evaluators (Lorton), 13 Oct
- Casualty Receiving Facility, 13 Oct (via USCG Aux/DC Flotilla)
- (16) MASCAL Role Players (Stump Neck), 13 Oct
- CBRNE MASCAL Receiving Facility, 14 Oct
- (10) MASCAL Role Players (Lorton), 14 Oct
- (1) BLS Ambulance (Lorton), 15 Oct

National Naval Med Center Bethesda (-) (OPCON)

- (1) BLS Ambulance (Lorton), 13 Oct
- Conduct CMAX2010 with BHEPP, 14 Oct
- Support BHEPP MASCAL casualty transfer, 14 Oct
- MASCAL Receiving Facility, 14 Oct
- (10) MASCAL Role Players (Lorton), 14 Oct
- (40) MASCAL Role Players (USUHS), 14 Oct

79th Medical Wing/Malcolm Grow Med Center (-) (TACON)

- JCATS (Stump Neck), 13 Oct
- CBRNE MASCAL Receiving Facility (Malcolm Grow), 13 Oct
- (50) MASCAL Role Players (Stump Neck), 13 Oct
- (1) BLS Ambulance (Stump Neck), 13 Oct
- (2) AMBUS (Stump Neck), 13 Oct

* To those MTFs OPCON to JTF CapMed