# Nurse Corps News

Volume 10, Issue 7 Summer Edition 2016

## Inside this issue:



**Submit your articles, photos, and BZs through your chain of command to**


**Nurse Corps News Staff**

**Design/Layout:**
LT Eric Banker
LT Nikki Pritchard

**Editor:**
LCDR Melani Harding


## Director's Corner: High Reliability, a New Focus

**Rebecca McCormick-Boyle RADM, NC, USN**

**Director, Navy Nurse Corps**

Nurses have long been advocates for our patients and have ensured quality care from our earliest beginnings as a profession. Florence Nightingale recognized the importance of fresh air and clean wounds, implementing changes that improved survival rates.

The "Future of Nursing Campaign" emphasizes the important role of nursing in every aspect of healthcare, all of which significantly impact quality and how our systems and processes work. Through fostering inter-professional collaboration, leadership roles, and education among other initiatives, nurses are a key driver of healthcare quality and overall wellness of our populations.

Navy Medicine has been on the quality journey for some time, and we have seen improvement in our care, processes, and outcomes. As you have heard through multiple mechanisms, Navy Medicine is seeking to be a High Reliability Organization (HRO) and has been implementing process changes to enhance how we innovate, communicate and implement best practices across the organization. As nursing leaders, you should be aware of this initiative and take an active part in our HRO journey.

You are making quality contributions every day through TeamSTEPPS Huddles, discharge planning efforts, evidence-based practice initiatives, nursing research activities, Policy and Practice committees, patient centered care initiatives, skills sustainment efforts and much, much more. You make a difference, and your continued contributions are needed for Navy Medicine to be a HRO!

CDR Trevor Carlson leads a TeamSTEPPS huddle at Camp Geiger Branch Medical Clinic

Follow the Admiral on Twitter
**Get the link on MilSuite.mil**

# Reserve Corner: Mentorship Network

**Tina Alvarado**
**RADM, NC, USN**

**Deputy Director,**
**Reserve Component**

During the FY16 Senior Nurse Executive (SNE) Leadership meeting, one of the Junior Officers challenged the Senior Officers to develop a SNE mentorship program to "plant an early seed for developing future NC leaders." As a community we have worked to achieve this goal by reaching down to the deck plates to provide a multitude of training opportunities that are clinically, operationally and leadership focused.

In addition, the Navy Reserve Mentorship Network (NRMN) is here to enhance your career. This initiative is all about you, the individual Navy Reservist, and helping you achieve your goals. This is a completely voluntary initiative that gives you access to a diverse group of experienced mentors through a searchable database.

**Do you:**

-Want to know more about making a fast start in the Navy Reserve?

-Want to make yourself more competitive for command?

-Want to talk with someone who is in your same circumstance about how to balance Navy Reserve, family, civilian careers, etc.?

Then, here's what you can do to participate:

- **Be a mentor. Volunteer.** E-6 through E-9 and O-4 and above will be able to sign up to be a mentor starting 01 June.

- **Have a mentor. Search.** All Navy Reservists will be able to search the Mentorship Portal on The Navy Reserve Homeport starting 01 July.

There are plenty of resources, programs and courses to help you succeed in the Navy Reserve. Spread the word!

## 2nd Annual National Capitol Region CNS Summit

***CNS Leaders in Building a Culture of Safety***

Guest Speaker: Melina Mercer, NACNS Executive Director

When and Where: 23 September 2016- Fort Belvoir Community Hospital (VTC options available)

Tentative Topics:

- NACNS Summit summary including CNS direction at the national level
- Tri Service CNS update including credential status
- Current status of Veterans Administration legislative request to grant full authority to Advance Practice Nurses
- CNS Transition Program
- Walter Reed National Medical Center's CNS Service-Year One Later

CEUs: In development

Details/Updates: https://www.milsuite.mil/book/events/27579
POC: Angela M. Dougherty LCDR, NC

# Deputy Director: Navy Medicine In Support Of Marine Corps– An Update

**CAPT Deborah Roy**

**Deputy Director, Active Component**

Greetings nursing leaders, I wanted to take the opportunity to update you on the Navy Medicine In Support of Marine Corps (NMISOMC) initiative, formally known as Blue in Support of Green (BISOG).

To refresh your memories, the Marine Corps "purchased" Medical Corps, Nurse Corps, Medical Service Corps and Hospital Corpsman billets to be added to 1st, 2nd and 3rd Medical Battalions. These billets will be phased in over the next five years. The FY 17 billets have been funded and a total of 15 Critical Care (1960), 20 Emergency Room (1945) and 19 Medical Surgical (1910) billets will be detailed starting in October of 2016. I am happy to report that all but one of the FY17 billets have officers identified for fill. This is a wonderful opportunity for the NC to help shape and support the medical capabilities for our Marines.

Currently, the POM process, which delineates Navy-wide funding, for FY 18 is underway and we anticipate funding for an additional 15 billets. Exact specialty distribution is still pending approvals. As operational billets, these will be a priority fill for detailing.

There have been many ongoing questions about what these nurses will be doing once they check in and how they will sustain their skills. The Marine Corps will use their annual training plan to schedule periods of time where these nurses will be in garrison training, drilling and managing Marine Corps responsibilities in conjunction with the deployment cycles. In between the garrison activities, each nurse will be assigned at a selected MTF to sustain clinical skills. Each Medical Battalion will have agreements with these MTFs regarding scheduling and coordination of this time. Due to the unique nature of each of the Medical Battalions and where they are located these agreements will vary.

The Bureau of Medicine and Surgery (BUMED) team is actively engaged with our Marine Corps counterparts in ensuring this is a successful venture and the right balance of skills sustainment and operational readiness tasks is achieved.

I thank those of you who have accepted these orders now and in the future, and I look forward to hearing about your contributions.

U.S. Navy Lt. Jessica Meyer, a nurse with Special Purpose Marine Air-Ground Task Force-Crisis Response-Africa, takes manual blood pressure of a simulated patient in holding during a patient assessment drill, July 30, 2016. (U.S. Marine Corps Photo by Sgt. Kassie McDole.)

# Nurse Corps Fellow: Communication

**LCDR Melissa R. Troncoso**

Dictionary.com defines communication as "the imparting or interchange of thoughts, opinions or information by speech, writing, or signs." One of the key ingredients identified in a successful organization is clear and effective communication. My one-year mark as NC Fellow has prompted me to reflect on our communication efforts. Are we delivering relevant and timely information in formats that provide understanding, and does this understanding generate action? Is there an interchange of thoughts, opinions, and ideas that move us forward as caring, competent, and compassionate professional nurses and naval officers?

Looking through the lens of accomplishments and productivity, we have covered a lot of ground in our journey toward improving the timeliness and flow of information, sharing best practices, fostering a culture of transparency, and improving our global connection within our Corps. The Navy Nurse Corps milSuite page is probably the biggest testament to our accomplishments. In just 12 months, we have gone from 120 to over 1200 followers, and adopted the resonating tag line, "I found it on milSuite." We held a highly-attended and well-received VTC in May, which was recorded and posted on milSuite. Our colleagues who were unable to attend or simply enjoy watching reruns were able to view it later. Lastly, we increased the Nurse Corps footprint in Navy Medicine communication efforts like Navy Medicine Live: I AM Navy Medicine, an opportunity to showcase the outstanding contributions of Navy Nurses.

Accomplishments and milestones aside, the question remains "Are we delivering impactful information and engaging in interchanges that move us forward?" If so, what's working well? If not, what can we do better? We would love to hear from YOU. I encourage you to generate meaningful conversations at the lowest level and push them forward. Post your questions, best practices, and comments on milSuite. Send your success stories to your Senior Nurse Executive and Command PAO to highlight in the Nurse Corps News and Navy Medicine Live. And of course, you can always email or call me. I'm listening.

Finally, I would like to leave you with some pearls I recently discovered regarding conversations, "the informal exchange of ideas by spoken word." Celeste Headlee gives a wonderful TED Talk entitled "10 Ways to Have a Better Conversation," in which she highlights the art and science of conversation in the most simplistic way. Consider incorporating her tips in your conversations with patients, peers, subordinates, leaders, and colleagues. I look forward to hearing about the impact these small changes have in your life.

**1. DON'T MULTI-TASK.**
Be present and in the moment.

**2. DON'T PONTIFICATE.**
Assume that you have something to learn.

**3. USE OPEN-ENDED QUESTIONS.** Keep it simple, you'll get a better response.

**4. GO WITH THE FLOW.**
Let go of the thoughts that enter your mind.

**5. IF YOU DON'T KNOW, SAY THAT YOU DON'T KNOW.**
Talk should not be cheap.

**6. DON'T EQUATE YOUR EXPERIENCE WITH THEIRS.** It's not about you. Conversations are not a promotion opportunity.

**7. TRY NOT TO REPEAT YOURSELF.**
It's annoying.

**8. STAY OUT OF THE WEEDS.**
People care about you, not the details.

**9. LISTEN.** If your mouth is open, you're not learning. No man ever listened his way out of job. Listen with the intent to understand, not reply.

**10. BE BRIEF.**

# Specialty Leader Update: Emergency/Trauma Nursing (1945)


**LCDR Danilo Garcia-Duenas**

Greetings to all our 1945 colleagues around the Navy. Over the past six months we have continued to provide excellent emergency care to our extremely diverse population around the globe. With PCS season among us, many MTFs are working extremely hard in order to maintain the high standard of care our patients expect from us; for this, I thank you.

I would like to take this opportunity to recognize and congratulate our newly selected Commanders who hold a primary 1945 subspecialty code; **LCDR Mary Mortimer, LCDR Heather Schattuck, LCDR John Sinclair, LCDR Tony Torrez,** and **LCDR Tracy Vincent**. Throughout their career, these Naval Officers have paved the way in our community and have set the example for many junior Officers and Corpsmen. Their selection to the next paygrade is a testament to their dedication to Navy Nurse Corps. Congratulations!!

**Earn a certification or a non-DUINS degree? Selected for an award or honor? For mention in our BZ section, submit your announcements through your chain of command to:**

Recently, the BUMED Instruction 6320.80A for Emergency Medicine Care was updated and signed. Its purpose is to provide MTFs with an Emergency Department (ED) guidance for the organization, staffing, qualifications, training requirements, and triage procedures required to operate an ED safely and efficiently. It also provides up-to-date guidelines on the utilization, practice, and credentialing of non-physician providers including Nurse Practitioners, Physician Assistants, and Independent Duty Corpsmen. Please take the time to review it in its entirety as it is a complete re-write from the old instruction; it will be posted on our MILSUITE page.

Are you board certified? I've had the pleasure of having discussions with the Board of Certification for Emergency Nursing (BCEN), Pearson Vue. They are extremely excited to partner with military emergency nurses in order to promote certification and recognize our overall expertise and commitment to Emergency Nursing. BCEN offers a variety of exams including Certified Emergency Nurse (CEN), Certified Flight Registered Nurse (CFRN), Certified Pediatric Emergency Nurse, and their newest certification, Trauma Certified Registered Nurse. After discussion, many members of our community are eligible to take these certifications with the understanding that the CEN is currently the only certification recognized to affect your suffix qualification (i.e. 1945K). I have posted some information flyers on our page.

The deadline for FY 17-18 DUINS application is quickly approaching. Our community has four CNS slots open this year. This is a great time to apply as the opportunity to obtain your ACNP has been re-instated. Please be advised you will be detailed as a CNS after completion of school, and it's up to the gaining command if they will allow you to practice. If you intend to apply this year and haven't done so, please submit a letter of intent to CDR Meyerhuber and myself. I look forward to reviewing all the applications for this year, and good luck to all those applying.

As always, I am available by phone or email, so please don't hesitate to contact me at any time. Continue to provide great care to our patients and thank you for all you do.

# Specialty Leader Update: Nurse Anesthesia (1972)

**CDR John E. Volk**

Representing the culmination of several years of preparation by our outstanding CRNA faculty and the staff at Uniformed Services University of the Health Sciences (USUHS) Graduate School of Nursing, I am pleased to announce that our inaugural class of Doctor of Nursing Practice (DNP) prepared CRNAs have graduated. The graduating class was hooded in May during the commencement ceremony for USUHS at the Daughters of the American Revolution Constitution Hall in Washington, DC. Please join me in congratulating the graduates from our first DNP cohort at USUHS who have recently passed their national board certification: **LT Jonathan Aukman, LT Kenneth Barber, LT Todd Batteau, LCDR Daniel Cuevas, LT Justin Hefley, LT Douglas Johnson, LT Joseph Melchi, LT Otis Osei, LT Julian Panolli, LT Quinn Richards** and **LT Michael Rucker**. I would like to extend a personal welcome to each one of the newest members to the Navy Nurse Anesthesia team; you are members of a community with incredible compassion, unparalleled leadership and storied tradition.

I am very excited to announce that this year we have several nurses from around the fleet who have expressed an interest in nurse anesthesia DUINS, and I look forward to interviewing each of you following review of your application. I would like to thank the CRNAs at each of our MTFs and operational activities as your professionalism and passion for your craft has spawned an unprecedented interest in our profession. Our fourth class of DNP RNA students has arrived at USUHS and have embarked on their three-year journey to continue the legacy of the finest prepared nurse anesthetists in the country. As a requirement for admission to a program in nurse anesthesia, each of these nurses must have critical care experience. As such, I am also thankful for the continued support of the critical care nursing community and that of our Senior Nurse Executives, without which our mission would not be possible.

Many of our accomplishments through research and capstone projects have been showcased throughout the year at DoD sponsored events and meetings of national organizations. These demonstrate the continued commitment of Navy Nurses to advancing nursing practice as well as the practice of nurse anesthesia. I am hopeful to see a great turn out of colleagues, faculty and students at this year's annual congress for the American Association of Nurse Anesthetists, held this year in Washington, DC from September 10-13.

Navy nurse anesthetists provide valuable support at our MTFs and in operational settings around the globe, many times as the sole provider. Currently, we have navy nurse anesthetists deployed in support of Pacific Partnership 2016 on board USNS Mercy (TAH-19), afloat in support of aircraft carriers and amphibious assault ships and in austere settings in Afghanistan and in support of Joint Special Operations Forces. Navy CRNAs are a highly skilled and able force, ready to provide support where needed, often times with little notice. If you believe that becoming a nurse anesthetist appeals to you, please seek out one of the friendly and enthusiastic members of our dynamic community to help you determine if a career in nurse anesthesia is the right fit for you.

# Specialty Leader Update: Operational Nursing

**CDR Carl W. Goforth**

Greetings to the operational nursing community! It has been a busy past six months with many new operational opportunities coming on-line. In addition to our Fleet Surgical Teams and the Aircraft Carriers, the Marine Corps has been busy preparing for an additional 40+ new Nurse Corps Officers, who will report to their respective Medical Battalions (MedBn) after October 1st. This is a recent partnership between Navy Medicine and the United States Marine Corps, who "purchased" Medical Corps, Medical Service Corps, Nurse Corps, and Hospital Corpsman billets to be added to 1st, 2nd, and 3rd MedBn. In short, this will allow the Marine Corps to quickly respond to worldwide contingencies with a "Ready Medical Force." With this update, I will answer one of my most frequently asked questions: "how can I be competitive for selection to an operational billet?"

**Operational Billet Board Preparation**

First, I want to describe the Operational Billet Board process. During March-April the operational detailer, LCDR Maldarelli-Drey, drafts the following calendar year (January through December) operational billet needs. Once the operational detailer and operational specialty leader review the next year's open billets, the Operational Billets are posted on milSUITE and we begin socializing / advertising the available operational billets. The general operational billets (i.e., other than CRNA and perioperative), require either a 1945 or 1960 sub-specialty code). In addition to milSUITE, I have multiple conversations with the Emergency Nursing and Critical Care specialty leaders to identify opportunities to maximize the strengths of those communities. From here, individual officers begin compiling their operational billet applications.

The requirements for an operational billet application consist of the following: current curriculum vitae (CV), a personal statement describing why you think you should be selected and your clinical background, and several letters of recommendation by your current command. The letters of recommendation should include, at a minimum, submissions by your Department Head, Division Officer, and the Senior Nurse Executive. You are asked to pick the "top three" choices based on the operational billet openings.

Your application should include a few details to allow the operational billet board to make the most informed decision. We need current contact information, your subspecialty codes (SSCs), any additional qualification codes (AQDs) you may have already earned, and a detailed description of all of the units you have worked on. In addition to these basics, there is specific guidance I provide to all NC officers I talk to who are interested in getting selected for an operational billet.

**If You Don't Currently Work In A Desired Clinical Area...**

If you have never worked in an emergency department, critical care department, or perioperative department (e.g., PACU), then it is never too soon to begin socializing your request for these clinical experiences with your Division Officers and Department Heads. Good communication goes a long way towards meeting Navy Medicine's needs while complimenting your own professional goals (i.e., advancing clinically to areas you have not worked in yet). When you communicate effectively and often with your immediate leadership, you will have a much better understanding of their particular challenges and needs, too. In other words, every single division and department at a Medical Treatment Facility (MTF) or Naval Clinic is a critical part of the overall Navy Medicine mission, and your leaders are charged with ensuring their clinical areas are maintained to the highest standards. In addition to excellent communication with your immediate leaders, ensure you continue to grow clinically where you are currently working. Whether you are in pediatrics,

*(continued on page 8)*

## Specialty Leader Update: Operational Nursing *(cont.)*

medical-surgical, mental health, or elsewhere, this might be the only time in your Navy career that you have an opportunity to become proficient in these areas. I speak from experience when I say "all of these clinical experiences will pay off sooner rather than later" as I have found that I relied on the experience gain through all of my career rotations (medical-surgical, orthopedics, etc.). Simply put, it ALL counts and will make you a much stronger Nurse Corps officer!

If there is no immediate or near-term opportunity to move to a desired department, there are still many options available to you. First, make sure you introduce yourself to the other Division Officers and Department Heads at your current command. After introductions, ask if you could shadow a nurse from one of the units you would like to work on. This is especially important if you have not participated in one of the large MTF Nurse Intern programs. With permission from the Division Officer and/or Department Head, shadowing a nurse from a unit you are interested in, during your off-time, is common and can be helpful in making informed choices. This is especially relevant if you have never "floated" or had experience in that particular unit. Even if you shadow for a few hours at a time during off-shift hours, you can make those experience hours count by taking good notes and researching clinical concepts you are unfamiliar with.

**Operational Billet Board Process**

Once the application deadline, generally around May 1st, has passed we begin compiling all of the applications. The applications are checked for completeness, and we carefully review and consider the recommendation letters submitted by the applicant. Any application extension requests are reviewed on a case-by-case basis. Next, we begin converting all of the operational billet applications into a spreadsheet. The spreadsheet is used to quickly tabulate the applicants' SSCs, AQDs, past and current assignments, billet requests, and PRD date (month/year). This is generally a two week process, as it takes time to (1) develop the database; and (2) begin to sort/match operational billet openings to participants' clinical experience, PRD, and their requests. Finally, an Operational Billet Board is scheduled. Below are just a few of the items we need to consider when choosing operational billet candidates:

-Do your top choices (1, 2, and 3) match your current clinical expertise, and do they demonstrate a willingness to accept flexible assignment choices?

-Does your PRD approximately match the billet choices you listed on your application?

-Does your application reflect an individual who is seeking a wide variety of clinical experiences in order to continue developing into a well-rounded officer?

-Do you have strong reference letters from your leadership, especially your Senior Nurse Executive?

-Have you already filled an operational billet in the past (this is not a pre-requisite)?

-Are you only requesting a Fleet Surgical Team position, when multiple Carrier and/or MedBn positions are also open?

To conclude the Operational Billet Board, the Operational Detailer and Operational Specialty Leader have carefully reviewed all of the billet openings, all of the requests, and attempted to match strengths, PRDs, and requests to the available operational billets. As you could imagine, this is a highly dynamic process, and matching an operational billet to an applicant's top choice might not be possible. When all of the operational billets have been identified by the best candidate, the board concludes and the results are submitted to the Senior Detailer. The Senior Detailer validates the selections, and we begin to contact individual officers with the good news!

In conclusion, the operational billet selection process is an important component of providing health services capabilities to the operating forces. Additionally, this process ensures that only the most qualified and highly motivated Nurse Corps officers move into Fleet and/or Marine Corps positions. These are high visibility billets, requiring the utmost display of professionalism and clinical expertise. By expanding the number of Nurse Corps officers who have operational experience in these demanding and rewarding environments, as a community we will continue to lead Navy Medicine from the front! For additional questions, contact the Operational Specialty Leader.

# Specialty Leader Update: Healthcare/Business Analytics (3130)

**CDR Heather B. Ray**

**LCDR James A. Ketzler**

It is our pleasure to serve as your newly appointed Healthcare and Business Analytics Specialty Leader, CDR Heather Ray, and your first ever Healthcare and Business Analytics Assistant Specialty Leader, LCDR James Ketzler. As a matter of introduction, CDR Ray is a Manpower Analyst with a Master of Science in Management from the Naval Postgraduate School (NPS) and LCDR Ketzler is an Army-Baylor MHA/MBA Program graduate with a Master of Health Administration from Baylor University. We look forward to providing exceptional support to Navy Medicine through data-driven decisions, excellence in business and public policy, analysis, and engagement.

As the Healthcare and Business Analytics community is still relatively new as a Nurse Corps Specialty, many may not know that it is actually comprised of several different disciplines. One domain is Manpower, comprised of Naval Postgraduate School Manpower Systems Analysis Graduates identified with Subspecialty Code 3130. Another is Healthcare Management which is well-represented by the Army-Baylor MHA/MBA Program graduates readily identified by the 68I Additional Qualification Designation (AQD). But wait, there's more! This specialty also includes Clinical Informatics (68L AQD), Process Improvement (AQD 2C1 and AQD 2C2), and Joint Commission Fellows. You can find out more about the requirements for each of the disciplines and the ABC's of our AQDs by visiting the Navy Nursing Healthcare and Business Analytics Specialty Group page on milSuite.

We will continue to post discipline specific updates on our milBook page. If you don't see what you're looking for, please start a discussion, blog, or reach out to us by email with your questions. If you are thinking about applying for Duty Under Instruction (DUINS) for Manpower, Healthcare Administration, Joint Commission Fellow, or Informatics, it is never too early to speak with your Specialty Leaders. We always look forward to speaking with our constituents.

Now it's time to BRAG. Yes, that's BRAG in all shouty caps! We would like to congratulate the most recent NPS Graduate, **LCDR Robert Johns**. He graduated in March of 2016 with a thesis on resiliency in High Reliability Organizations (HRO). LCDR Johns is stationed at the Bureau of Medicine and Surgery as a Manpower Analyst. Last but by no means least, **CDR John Eckenrode**, Nurse Corps Personnel Planner, and **CDR Scott Messmer**, Executive Officer of DHA OPS Fusion Cell, have been selected for Captain.

For the 68I community, we would like to congratulate **LCDR Christina Lumba** on her successful completion of the Army-Baylor MHA/MBA Program. She has been assigned to Navy Medicine East, Manpower, for her utilization tour. **LCDR Jonathan Levenson** has started his residency at University of Pittsburg Medical Center, Pittsburg, Pennsylvania, and **LT David Uhlman** has begun his Army-Baylor journey in San Antonio, Texas. We would like to thank **CDR Lonnie Hosea** for three years of service as the Specialty Leader and congratulate him on his selection to Captain. Sic'em Bears!

For the 68L community, we would like to recognize **LCDR James Tessier**. He is the belly button for Nursing Informatics. LCDR Tessier is currently stationed at BUMED as the Informatics Fellow. We look forward to the fast-paced changes ahead in Informatics.

For the Process Improvement

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## Specialty Leader Update: Healthcare/Business Analytics *(cont.)*

Community, we would like to congratulate **CDR Wendy Cook**, one of only two nurses with the 2C2 AQD for certification as a Lean Six Sigma Black Belt. In June, she met the rigorous recertification requirements for two certifications from the American Society for Quality: Certified Six Sigma Black Belt and the Department of the Navy Certified Lean Six Sigma Black Belt. CDR Cook is assigned to Naval Medical Center San Diego as a Nurse Scientist.

For The Joint Commission (TJC) Fellows, we would like to congratulate the most recent fellow, **LCDR James Reilly**, who will finish in September of 2016. LCDR Reilly will join a small cadre of nurses leading Navy Medicine to becoming a HRO—a major Military Health System Goal. **LCDR Sara Naczas** and **LCDR Dawn Mitchell** have been selected for Fellowship starting September of 2016. They will have the opportunity to observe civilian and military accreditation surveys, orient to all TJC departments, observe board meetings with top Healthcare Executives, and observe accreditation hearings.

Lastly, we are honored to have this opportunity and look forward to serving our constituents. If there is anything we can do for you, please do not hesitate to contact us directly.

## Rear Admiral Alene B. Duerk Award Recipient

### CAPT Jeffery Johnson

Commander Karen Elgin, a Family Nurse Practitioner at Naval Hospital Jacksonville, Florida was the recipient of the Rear Admiral Alene B. Duerk Award from the Navy Nurse Corps Association (NNCA) **. Highlights from her award include: CDR Elgin, was recognized for her leadership of a Medical Homeport Team of 26 staff. With an empanelment of 1300 patients she has been scored "Outstanding" by her patients and has the highest productivity quotient of all staff providers. Additionally, she serves as an Adjunct Faculty at Uniformed Services University of Health Science, and is a preceptor for locally assigned FNP and Physician Assistant students. She conducts Career Development Boards for junior officers seeking advanced practice nursing degrees and is the senior advisor to the command's Nurse Professional Practice Committee. She serves on the Florida NNCA Board of Directors and Scholarship Committee, and is the official FNNCA liaison with Naval Hospital Jacksonville's Nurse Corps officers in two state catchment areas. Bravo Zulu, CDR Elgin!


Left to Right: CAPT Johnson (NH Jax SNE), Robin McKenzie (President NNCA), CDR Elgin, Gloria and Jack Caffrey (retired Navy CAPTs).

**The Navy Nurse Corps Association was established in 1987 and is a non-profit, national organization, dedicated to bringing Navy Nurses together. They are an association for caring and sharing, where what matters most is not rank, but being, or having been, a Navy Nurse. Any Navy Nurse Corps Officer, whether Active Duty, Reserves, Retired, or Honorably Discharged, may join the NNCA. For further information visit their website.

# Personnel Planner: Subspecialty Codes Decoded

**CDR John Eckenrode**

The Navy employs subspecialty codes (SSPs) to facilitate the assignment of subspecialists to subspecialty-coded billets and generate the Navy's advanced education requirements. SSPs are the means by which the Nurse Corps categorizes positions (billets) and people (inventory) – they serve as an accounting tool, not a personal recognition tool. SSPs account for clinical and professional skills based on experience, education, certification and training. They are utilized to calculate manning by taking the inventory of Nurse Corps officers assigned a specific primary subspecialty code and dividing by the number of billets coded for that specialty to provide the percent manned. As an example, as of April 2016 the Medical-Surgical specialty had 724 personnel with a primary SSP of 1910 and there are 774 billets with a primary subspecialty code of 1910; this means that specialty is 94 percent manned. How does one decipher SSPs? The code includes a number plus a letter suffix. The number identifies the particular specialty area while the suffix denotes experience, education, certification or training. The tables below denote the various SSPs and suffixes.

Now that you know what a SSP is and the various specialties within the Nurse Corps, what does this mean for you? You should take ownership of your SSPs to ensure they are accurate. As mentioned earlier, SSPs are an accounting tool and if they are not accurate it can result in specialties appearing over or undermanned which can then impact the Nurse Corps Accession and Training Plans and opportunities for Duty Under Instruction (DUINS) quotas. So, when should you update your SSP? Here are some examples:

-After any change in job; your primary SSP needs to reflect where you currently work

-After completion of a Surgeon General approved course; SSP with V suffix

-First anniversary in a specialty are; E suffix changes to S

-Third anniversary in a specialty area; S suffix changes to R

-Earning certification in a specialty; K suffix

-Earning Master's degree in specialty; P suffix

-Earning BOTH Master's degree and certification in same specialty; Q suffix

| Nurse Corps Subspecialty Code Suffixes |
|---|
| E = Less than 1 year of experience |
| S = Between 1 and 3 cumulative years of experience |
| R = More than 3 cumulative years of experience |
| K = Certified in the specialty |
| P = Master's degree (with concentration in the specialty) |
| Q = Master's degree AND Certified |
| D = Doctoral degree |
| V = Successfully completed SG approved course |

**Nurse Corps Subspecialty Codes**

| | | | |
|---|---|---|---|
| 1900 | Professional Nursing | 1960 | Critical Care Nursing |
| 1900D | Nursing Research | 1964 | Neonatal Intensive Care Nursing |
| 1903 | Nursing Education | 1972 | Nurse Anesthesia |
| 1910 | Medical -Surgical | 1973 | Psychiatric/Mental Health Nurse Practitioner |
| 1920 | Maternal Infant | 1974 | Pediatric Nurse Practitioner |
| 1922 | Pediatric Nursing | 1976 | Family Nurse Practitioner |
| 1930 | Psychiatric Nursing | 1981 | Nurse Midwife |
| 1940 | Community Health Nursing | 3130 | Healthcare/Business Analytics |
| 1945 | Emergency/Trauma Nursing | 3150 | Education & Training Management Systems |
| 1950 | Perioperative Nursing | | |

# Personnel Planner: Subspecialty Codes Decoded *(cont.)*

As stated before, the SSP describes the NC officer's specialty area and related experience, education, certification or training and the SSP system is the primary personnel system to inventory nursing skills available and/or needed to support the war fighter. Nurse Corps officers also possess Additional Qualification Designation (AQD) codes which provide supplementary information regarding the qualifications, skills and knowledge a Nurse Corps officer retains or that may be required to perform the duties and/or functions of a billet beyond those implicit in the billet, designator, grade, subspecialty or naval officer billet code (NOBC).

AQD codes consist of 3 characters; the first identifies a broad occupational area and the 2nd and 3rd characters specify the qualifications. Those starting with the number "6" pertain exclusively to health care. For Nurse Corps officers the AQD may be used during assignment and selection procedures. A command representative may ask the detailers to assign an officer who carries a particular AQD; i.e., a 1910R officer who carries the 69O AQD for an ambulatory clinic billet. During selection boards the individual's AQDs are visible and provide descriptive information about the individual's skill set and experience. AQD descriptions can be found in the Manual of Navy Officer Manpower and Personnel Classifications (NOOCS Manual). The most common AQD codes validated by the Nurse Corps Personnel Planner are included in the table above.

| | |
|---|---|
| **HB3** | Officer Recruiter |
| **HG1** | Officer Recruiter, Headquarters Staff Officer |
| **LA7** | Surface Warfare Medical Department Officer |
| **6FA** | Fleet Marine Force Experience |
| **6OB** | Shipboard Assignment |
| **6OC** | Hospital Ship Assignment |
| **6OE** | En-Route Care |
| **6OU** | Fleet Hospital Experience |
| **6OW** | Trauma Trained Officer |
| **6AJ** | Flight Nurse |
| **67G** | Managed Care Coordinator |
| **67A** | Executive Medicine |
| **68H** | Health Promotion Coordinator |
| **68I** | Health Care Management |
| **68L** | Informatics Nursing |
| **69O** | Ambulatory Care Nursing |
| **69P** | Primary Care Nurse Practitioner |
| **69L** | Labor & Delivery Nurse Experienced |

For amplifying information, as well as forms for submitting SSP/AQD updates, the Nurse Corps Subspecialty Code Management Guidance can be found in the Career Development folder on the Nurse Corps milSuite site.

For questions regarding specific SSP management or AQDs, please contact the Nurse Corps Personnel Planner or the Assistant Planner.

**DNS/SNEs:**

**Would you like to see your command featured in our new Spotlight on a Command section?**
**Contact us to find out how!**

**Always keep OPSEC in mind. Your editors, specialty leaders, and highlighted individuals in our newsletter can be found in global outlook or at MilSuite.mil. If you need help, the team at the NC newsletter is here for you. Use the envelope hyperlink below to send us an email, question, comment, or suggestion. Thank you for your continued support and keep the information flowing. Semper Forte.**

**Nurses:**

**Do you have a question for the Admiral?**

**Post your question to:**

**for an opportunity to "Ask the Admiral"**

# Bravo Zulu!

## Certifications

**-LTJG Alicia Fox**, of USNH Bremerton, earned her Medical-Surgical Certification.
**-LTJG Jorge Amezaga** of USNH Guam achieved certification in Emergency Nursing (CEN).
**-LTJG David Sternbaum**, Staff Nurse at NMC San Diego ICU, became a Critical Care Registered Nurse (CCRN).
**-LTJG Julianne L. Ruiz**, of NMC San Diego, passed her Certification as a Medical Surgical Registered Nurse.
**-LT Lindsey Bane** of Naval Hospital Jacksonville, earned the Inpatient Obstetrics (RNC-OB) Certification.
**-LT Angela R. Davenport** accomplished her Operating Room Certification (CNOR) at NMC San Diego.
**-LT Willie Collins** of USNH Naples became a Certified Ambulatory Care Nurse.
**-LT Jerrie A. Echon** is now a Certified Medical-Surgical Registered Nurse (CMSRN) at NMC San Diego.
**-LT Jessica Diaz-Fuentes**, of NMC San Diego, became a Certified Emergency Nurse (CEN).
**-LT Janet Bristow** of USNH Guam achieved certification as an International Board Certified Lactation Consultant.
**-LT Andra Wilke**, from USNH Jacksonville, earned the Inpatient Obstetrics (RNC-OB) Certification.
**-LT Shannon Evans**, Staff Nurse at the Pediatric Clinic of USNH Yokosuka, received her Ambulatory Care Nursing Certification.
**-LCDR Ladonyia Graham**, USNH Guam, achieved her certification in Ambulatory Care Nursing.
**-LCDR Heather Y. Purcell Mullins** passed her Certification for Adult-Gerontology Clinical Nurse Specialists. She is also of NMC San Diego.
**-LCDR Erin Ocker-Reza** received her Ambulatory Care Nursing Certification. She is currently the Department Head of the Pediatric Clinic at USNH Yokosuka.
**-Jamie A. Gilchriest**, CIV, of NMC San Diego, earned her Certification in Inpatient Obstetrics.
**-Anne H. Vermillion**, CIV, of NMC San Diego, also earned her certification in Obstetrics.
**-Malinda D. Whitney**, CIV, of NMC San Diego, achieved her Board Certification as an Adult-Gerontology Acute Care Nurse Practitioner.

## Education

**-LT Saheed Lateef** completed a Master's of Science Management in Healthcare Administration through Southern New Hampshire University while stationed at USNH Guam.
**-LCDR Hannah A. Castillo**, from NMC San Diego, completed her Master's of Science in Nursing.
**-LCDR Todd A. Hlavac** of NMC San Diego completed his Executive Master's in Business Administration.

## Recognition

**-LCDR Heather Shattuck**, MSN, ACNP, currently a Duke University School of Nursing DNP student, was awarded a Jonas Center for Nursing Grant. The Jonas Veterans Healthcare Program supports the doctoral-level training of nurses who are focused on veteran-specific health care needs, ranging from policy and administration to education and patient care delivery, to help ensure Veterans are receiving the best possible care. She currently serves as the emergency/trauma critical care clinical nurse specialist and acute care nurse practitioner at Fort Belvoir Community Hospital.

-The following Officers were recognized in the Uniformed Services University Daniel K. Inouye Awards Ceremony:
**LCDR Danielle Cuevas** - Military Officer's Association of America, Academic Performance 4.0
**LCDR Justin Hefley** - Academic Performance 4.0
**LT Joseph Melchi** - Academic Performance 4.0
**LT Quinn Richards** - Academic Performance 4.0
**LCDR Michael Rucker** - Academic Performance 4.0
**LT Kenneth Barber** - Agatha Hodgins CRNA Memorial Award

**-LCDR Hefley, LT Melchi, LCDR Cuevas**, and **LT Richards** were also recognized as Who's Who Among Students in Colleges and Universities.

**Earn a certification or a non-DUINS degree? Selected for an award or honor? For mention in our BZ section, submit your announcements through your chain of command to:**

# Bravo Zulu!


Military Critical Care Nursing: Navy

Fresh Whole Blood Transfusion: Military and Civilian Implications

Carl W. Goforth, RN, PhD, CCRN
John W. Tranberg, BSN, CCRN
Phillip Boyer, BSN, CCRN, MA, MPA
Peter J. Silvestri, DO

Uncontrolled hemorrhage and exsanguination are the leading cause of preventable death, and resuscitative therapy is a critical component for survival. In various combinations, fresh whole blood, blood components, colloids, and crystalloids have all been staples of trauma care. The use of fresh whole blood is a well-established military practice that has saved the lives of thousands of American and coalition military personnel. Civilian use of fresh whole blood is far less established owing to the wide availability of individual blood components. However, this highly tailored blood supply is vulnerable to both natural and man-made disasters. In the event of such disruption, such as a major hurricane, it may be necessary for civilian hospitals to rapidly enact a fresh whole blood program. Therefore, the aim of this article is to review the current use of blood therapy for trauma resuscitation, the US military's approach to fresh whole blood, and how maintaining a civilian capacity for fresh whole blood collection in the event of future man-made and natural disasters is key to promoting survival from trauma. (*Critical Care Nurse*. 2016;36[3]:50-57)

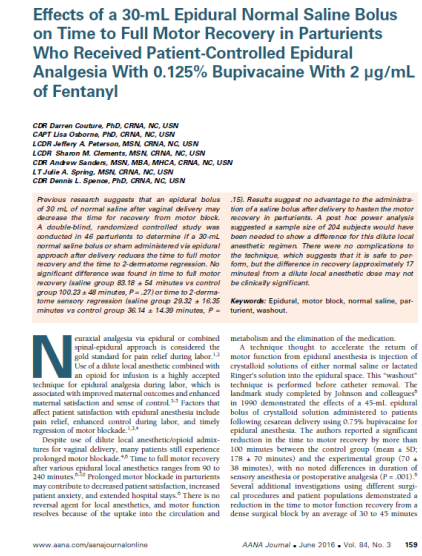
Uncontrolled hemorrhage and exsanguination are the leading cause of preventable death due to trauma.[1] Hemorrhage, in turn, quickly leads to hypoperfusion, or "shock," and coagulopathy.[2] Death due to hemorrhage occurs soon after trauma, usually within the first 6 hours of hospital admission.[3,4] US hospital data on trauma patients indicates that coagulopathy, which is associated with early mortality, occurs in 28% of hospital admissions.[5] Determining which patients are at risk of shock and coagulopathy developing and applying resuscitation strategies to prevent these processes directly improve survival.[6] In various combinations, fresh whole blood (FWB), blood component therapy (BCT), colloids, and crystalloids have all been staples of trauma care. Therefore, our aim is to review the current use of blood therapy for trauma resuscitation and the US military's approach to FWB.

The article "Fresh Whole Blood Transfusion: Military and Civilian Implications" (2016) was recently published in the *Critical Care Nurse* journal.

It was authored by **CDR Carl Goforth**, RN, PhD, CCRN, NC**; LT John Tranberg**, BSN, CCRN, NC; **LCDR Philip Boyer**, BSN, CCRN, MA, MPA, NC; and **LCDR Peter Silvestri**, DO, MC.

A collaborative effort by four Navy Medicine Officers, this publication reviews the current use of blood therapy (whole blood and component) for trauma resuscitation, the US military approach to fresh whole blood and presents a sound argument for both military and civilian healthcare systems to maintain a "walking blood bank" capability.

You can access the full article here.


Effects of a 30-mL Epidural Normal Saline Bolus on Time to Full Motor Recovery in Parturients Who Received Patient-Controlled Epidural Analgesia With 0.125% Bupivacaine With 2 µg/mL of Fentanyl

*CDR Darren Couture, PhD, CRNA, NC, USN*
*CAPT Lisa Osborne, PhD, CRNA, NC, USN*
*LCDR Jeffery A. Peterson, MSN, CRNA, NC, USN*
*LCDR Sharon M. Clements, MSN, CRNA, NC, USN*
*CDR Andrew Sanders, MSN, MBA, MHCA, CRNA, NC, USN*
*LT Julie A. Spring, MSN, CRNA, NC, USN*
*CDR Dennis L. Spence, PhD, CRNA, NC, USN*

*Previous research suggests that an epidural bolus of 30 mL of normal saline after vaginal delivery may decrease the time for recovery from motor block. A double-blind, randomized controlled study was conducted in 46 parturients to determine if a 30-mL normal saline bolus or sham administered via epidural approach after delivery reduces the time to full motor recovery and the time to 2-dermatome regression. No significant difference was found in time to full motor recovery (saline group 83.18 ± 54 minutes vs control group 100.23 ± 48 minutes, P = .27) or time to 2-dermatome sensory regression (saline group 29.32 ± 16.35 minutes vs control group 36.14 ± 14.39 minutes, P = .15). Results suggest no advantage to the administration of a saline bolus after delivery to hasten the motor recovery in parturients. A post hoc power analysis suggested a sample size of 204 subjects would have been needed to show a difference for this dilute local anesthetic regimen. There were no complications to the technique, which suggests that it is safe to perform, but the difference in recovery (approximately 17 minutes) from a dilute local anesthetic dose may not be clinically significant.*

***Keywords:*** Epidural, motor block, normal saline, parturient, washout.

Neuraxial analgesia via epidural or combined spinal-epidural approach is considered the gold standard for pain relief during labor.[1,2] Use of a dilute local anesthetic combined with an opioid for infusion is a highly accepted technique for epidural analgesia during labor, which is associated with improved maternal outcomes and enhanced maternal satisfaction and sense of control.[2,3] Factors that affect patient satisfaction with epidural anesthesia include pain relief, enhanced control during labor, and timely regression of motor blockade.[1,2,4]

Despite use of dilute local anesthetic/opioid admixtures for vaginal delivery, many patients still experience prolonged motor blockade.[4,5] Time to full motor recovery after various epidural local anesthetics ranges from 90 to 240 minutes.[4,5,6] Prolonged motor blockade in parturients may contribute to decreased patient satisfaction, increased patient anxiety, and extended hospital stays.[4] There is no reversal agent for local anesthetics, and motor function resolves because of the uptake into the circulation and metabolism and the elimination of the medication.

A technique thought to accelerate the return of motor function from epidural anesthesia is injection of crystalloid solutions of either normal saline or lactated Ringer's solution into the epidural space. This "washout" technique is performed before catheter removal. The landmark study completed by Johnson and colleagues[6] in 1990 demonstrated the effects of a 45-mL epidural bolus of crystalloid solution administered to patients following cesarean delivery using 0.75% bupivacaine for epidural anesthesia. The authors reported a significant reduction in the time to motor recovery by more than 100 minutes between the control group (mean ± SD, 178 ± 70 minutes) and the experimental group (70 ± 38 minutes), with no noted differences in duration of sensory anesthesia or postoperative analgesia (P = .001).[6] Several additional investigations using different surgical procedures and patient populations demonstrated a reduction in the time to motor function recovery from a dense surgical block by an average of 30 to 45 minutes

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The research article "Effects of a 30-mL Epidural Normal Saline Bolus on Time to Full Motor Recovery in Parturients Who Received Patient-Controlled Epidural Analgesia With 0.125% Bupivacaine With 2 µg/mL of Fentanyl" was published in this month's *American Association of Nurse Anesthetists* professional journal (AANA Journal June 2016, Vol 84, No. 3).

This article was co-authored by: **CDR Darren Couture**, PhD, CRNA, NC, USN; **CAPT Lisa Osborne**, PhD, CRNA, NC, USN; **LCDR Jeffery A. Peterson,** MSN, CRNA, NC, USN; **LCDR Sharon M. Clements**, MSN, CRNA, NC, USN; **CDR Andrew Sanders**, MSN, MBA, MHCA, CRNA, NC, USN; **LT Julie A. Spring**, MSN, CRNA, NC, USN; **CDR Dennis L. Spence**, PhD, CRNA, NC, USN. Strong Work!

You can access the full article here.

## ACKNOWLEDGEMENTS

Page 1, picture (top): Rebecca McCormick-Boyle RADM, NC, USN; Official U.S. Navy photo/Released
Page 1, picture (bottom): CAMP LEJEUNE, North Carolina (July 15, 2016)- Commander Trevor Carlson, Camp Geiger Branch Medical Clinic department head, leads a Team STEPPS huddle prior to a simulated patient arriving. (U.S. Navy photo by Danielle M. Bolton/Released)
Page 2, picture: Tina Alvarado RADM, NC, USN; Official U.S. Navy photo/Released
Page 4, picture: LCDR Melissa Troncoso; Official U.S. Navy photo/Released
Page 6, picture: (June, 2016) LCDR Justin Hefley, CDR AJ Barba (faculty), LCDR (sel) Jonathan Aukeman, and LT Julian Panolli at the graduation of the first class of DNP-prepared CRNAs to graduate from USUHS. (Photo by LT Quinn Richards/Released)
Page 7, picture: CDR Carl Goforth; Official U.S. Navy photo/Released
Page 9, picture (left): CDR Heather Ray; Official U.S. Navy photo/Released
Page 9, picture (right): LCDR James Ketzler; Official U.S. Navy photo/Released
Page 10, picture: JACKSONVILLE, Florida (June 21, 2016)- Commander Karen Elgin, a family Nurse Practitioner at Naval Hospital Jacksonville, was the 2016 recipient of the Navy Nurse Corps Association's Rear Admiral Alene B. Duerk Award. (Photo by Commander Karen Elgin/Released)
Page 11, picture: CDR John Eckenrode; Official U.S. Navy photo/Released