



Nurse Corps News

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Nurse Corps News Staff

Design/Layout: LT Nicholas Perez LT Eric Banker

Editor: LT Edward Spiezio-Runyon

Director's Corner: MHS Review and Follow-On



The Military Health System Review... what is it and what does it matter to Navy Nursing? On 28 May 2014, the Secretary of Defense (SecDef) directed a 90-day comprehensive review of the Military Health System's (MHS) access to care, quality of care, and patient safety. Several noteworthy events prompted his directive, including MHS governance changes, negative reports regarding the Veterans' Administration health system, a New York Times article, and other media related to quality, patient safety and whistleblowing reprisal allegations within the MHS. The review concluded the MHS provides safe, quality care in a timely fashion and that available performance outcomes are comparable to many civilian organizations. The report described significant performance variability, however, between and within Military Treatment Facilities (MTF) across all services.

The SecDef recognized the excellence described in the report, but he also acknowledged room for improvement by stating emphatically, "We can do better." I agree and fully support his mandate for the MHS to pursue High Reliability Organization (HRO) status. HRO is a construct used in complex, high risk industries such as nuclear power and aviation to markedly improve safety and quality.

The MHS HRO initiative has three goals: 1) to eliminate preventable patient harm and errors, 2) to establish a "Just Culture" environment with an atmosphere of trust and accountability that values improvement and honesty instead of blame, and 3) to improve access to care and patient satisfaction with care.

The plan focuses on three domains for change: 1) leadership commitment to the concept of zero harm, 2) a culture of safety, 3) robust process and performance improvement. This tri-service initiative has launched and is gaining steam. Navy Medicine's activities are being coordinated by BUMED's Health Care Operations (M3) and the regions, Navy Medicine West and Navy Medicine East, have begun dialogue with their MTFs and Clinics on HRO principles and concepts.

The Nurse Corps is integral to Navy Medicine's HRO journey. As leaders and clinicians, we are positioned perfectly to positively impact the safety and quality of care our patients receive. Nurses are intimately involved in our patient care mission by providing direct care at both the bedside and in the ambulatory care setting, working in academia training our officers and Hospital Corpsmen, serving in director and executive medicine positions, leading clinical improvement and research efforts, and in many



Rebecca McCormick-Boyle RADM, NC, USN Director, Navy Nurse Corps

other roles across our organization. All of these efforts align with the concepts of an HRO. In the weeks and months ahead, we will transition from being a healthcare organization with aspects of an HRO in place to being a mindful, quality and patient safety driven HRO. We can do this and we owe it to our patients who truly are entrusted to us. Our patients and their families should know the trust they have in us is well placed.

As your individual commands discuss High Reliability Organizations and develop implementation action plans, I ask Navy Nurses to engage fully and energetically in these efforts. This is an exciting and transformational time for the Military Health System and Navy Medicine and I firmly believe that the individual and collective engagement of Navy Nurses can and will accelerate the effort forward.



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Reserve Corner: Celebrating the Navy Reserve's 100th Anniversary



Tina Alvarado
RDML, NC, USN
Deputy Director,
Reserve Component

The U.S. Navy Reserve will celebrate its 100th anniversary on 03 March 2015. This historic milestone will commemorate the rich heritage of the Navy Reserve and all the families who support their Sailor's service to our country. There is no doubt that the Navy Reserve has contributed greatly to ensuring that the American Navy is the strongest in the world. Commemorative events are being scheduled throughout the Nation and I encourage every Reservist to participate. The key theme outlined in the Navy Reserve Centennial Commemoration (NRCC) Communication Plan is "Ready Then, Ready Now, Ready Always." Let's look at some of the general facts of history and heritage that support this theme.

- Ready Then: More than 250,000 Reserve Sailors were on active duty in WWI, including 12,000 pioneering wom-

en. In WWII, the number of people serving on active duty grew from 383,150 to 3,405,525 at its peak. Eighty-four percent of those sailors were in the Navy Reserve, including 100,000 women, many of whom were Navy nurses.

- Ready Now: There are 59,000 Sailors in the Navy Reserve serving in 123 Navy Operational Support Centers (NOSC's) in all 50 states, Guam, and Puerto Rico. In addition, 70,000 Navy Reservists have completed more than 70,000 mobilizations worldwide since 11 September 2001. Navy Reserve Sailors balance the demands of family life, civilian careers, community service, and the United States Navy, bringing a diverse background from all walks of life.

- Ready Always: The Navy Reserve's vision from 2015-2025 is dedicated to a ready and agile Force. The military and civilian skills of Navy Reservists are deliberately leveraged to support mission accomplishment creating a well-rounded and mature war fighter or staff support personnel.

The Reserve Component Nurse Corps initiatives are in alignment with the Office of the Chief of Navy Reserve's Five Strategic Imperatives.

1) Keep pace with Navy's future capabilities by the integration with the

Navy's newest platforms, capabilities and missions.

In Navy Reserve Medicine, nurses have been at the forefront of new and emerging care capabilities. Navy Reserve nurses were critical to the successful standup of the first Expeditionary Medical Facilities (EMF) at Dallas and Great Lakes, both of which were commanded by Nurse Corps officers at the time. CAPT Kathy Harrison was the Commanding Officer who presided over the standup of the 3rd EMF at Bethesda and we have just stood up our 4th EMF at Camp Pendleton, under the Command of CAPT Elaine Walker. All four EMFs were stood up by Navy nurses. That is one heck of a tribute to the leadership abilities of today's Navy Reserve nurse! Today in addition to EMF Camp Pendleton, EMF Great Lakes is commanded by yet another Nurse Corps leader, CAPT Ane-Marie Carlin, while the XO's at both EMF Dallas and EMF Great Lakes are also nurses.

2) Maintain a ready Force for tomorrow by aligning and employing the Sailor's military and civilian skills with future requirements.

The Reserve Nurse Corps continues to recruit the most clinically current and competent nurses in those identified undermanned subspecialties. With a current manning of 99%, we are able to

choose the brightest and most capable nurses in order to support the multiple mission requirements that we currently have. Navy Reserve nurses and all Reserve medical personnel are busy preparing to support backfill to the active component in response to the upcoming humanitarian missions aboard USNS Mercy and USNS Comfort. Today's Navy Reserve nurses are the pinnacle of agile, adaptable, and responsive. We are ready to serve in any environment.

3) Actively employ each Sailor's unique capabilities by having them remain operationally proficient, ensuring a ready, highly trained, and surge capable Force.

In the Reserve Nurse Corps our goal is to align clinical billets to specialty requirements while developing leadership skills to ensure that the most qualified are given the opportunity to lead on multiple fronts, particularly in roles such as Senior Nurse Executive, Specialty Leader, or Active Duty recalls. Our focus on creating an adaptable and resilient Nurse Corps and creating opportunities to train across a variety of platforms ensures a surge capable Corps. Today, we are augmenting many active component missions and have Reserve nurses in leadership and staff positions from Afghanistan to Guantanamo

(continued next page)



Reserve Corner: Celebrating the Navy Reserve's 100th Anniversary (cont.)



Bay.

4) Deliver technologically advanced solutions by consolidating and modernizing the systems used to enable and manage Sailor readiness, while improving Sailor access to the those systems.

The RC Nurse Corps Strategic Goal teams are taking on multiple initiatives that will enhance training readiness tracking, along with identification of training shortfalls throughout the country. Understanding these shortfalls will provide our exportable training teams to target those areas in need. The modernization of our communication methods is also being reviewed and new solutions are being evaluated to im-

prove communication to the deck plates.

5) Develop transformational leaders by training and retaining the best of our nation to include inspirational leaders of all pay grades, diverse skill-sets, that are capable of delivering tomorrow's Navy Reserve.

The Nurse Corps is revolutionary in the types of leadership and clinical training that is available to our Junior and Senior Officers. The combined Active and Reserve Component Senior Nurse Executive Meeting, scheduled for March 2015, leads the way in providing a highly innovative agenda on topics outlined by the American Organization of Nurse Executives. The emphasis is on executive skill development.

Extraordinary leaders today help create extraordinary leaders of tomorrow.

Take time during the many Centennial celebrations scheduled across the Nation to showcase the unique role the Navy Reserve has played in the defense of great country. The Navy Reservist has stood ready and has stepped forward to answer the Nation's call to serve during times of war and peace throughout the past 100 years. Many have served with distinction and some have paid the ultimate price of freedom. On 03 March, the Nation will pause and offer its respect for the Navy Reserve and all who have served.

I encourage all of you to get involved and ac-

tively participate at one of the many events planned throughout the year. This is a great time to share history and heritage. You can find a listing on the Centennial website at navyreserve-centennial.com. Also check out a very informative history page along with a gallery of photos from the past 100 years and videos to share with your families, friends and employers. Be proud! Spread the word!

Nurses:
Do you have a question for the Admiral?

Post your question to
NCNewsletter
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for an opportunity to
"Ask the Admiral"

2015 Commanding Officer and Executive Officer Selections

Congratulations to the following selectees for 2015 command positions!

Commanding Officers

Naval Hospital Rota

Naval Hospital Pensacola

Naval Hospital Lemoore

Naval Health Clinic Cherry Point

Naval Medical Research Center

CAPT Lavencion Starks

CAPT Sarah Martin

CAPT Mary Brantley-Mahony

CAPT Angela Nimmo

CAPT Jacqueline Rychnovsky

Commanding Officer – One Year Extension

Naval Hospital Beaufort

CAPT Anne Lear

Executive Officers

Naval Hospital Camp Lejeune

Naval Hospital Yokosuka

Naval Medical Center San Diego

Federal Health Care Center Great Lakes

CAPT Amy Branstetter

CAPT Kristen Atterbury

CAPT Cynthia Kuehner

CAPT Cynthia Judy

DNS/SNEs:

Would you like to see your command featured in a Command Spotlight article?

Contact us to find out how!

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Two Navy Nurses: Introduction to the Defense Health Agency



CDR Theresa Dunbar-Reid

and

LCDR Karen Ortolani

CPMB – Clinical Portfolio Management Board

SAP – Scientific Advisory Panel

SMMAC – Senior Military Medical Action Council

PAC – Policy Advisory Committee

MMAB – Medical Management Advisory Board

If you know these acronyms, you are familiar with the Defense Health Agency (DHA). If not, please continue. After six months on board we wanted to take the opportunity to share our Navy Nursing experiences in this unique duty assignment. From the first day of parking to finding our cubicles, the

DHA has been a true experience in exposure to strong leadership and organizational learning. We work on Arlington Blvd, Falls Church, Virginia, in a large commercial office building centrally located between Walter Reed National Military Medical Center and Fort Belvoir Community Hospital. The DHA stood up in October 2013, replacing the Tri-care Management Activity (TMA). Just walking down the halls will provide you with one history lesson after another in great leadership and famous milestones of our Military Health Systems (MHS).

The DHA team consists of Active Duty Military from all service branches, the Public Health Service, Veterans Administration, international liaisons, government employees, and contractors, all working to support the Service members, family members, and retirees within the MHS. The organization's scope includes working to support military services shared with the Surgeons General of the Army, Navy, and the Air Force. The integrated system includes 9.5 million beneficiaries, 699 military treat-

ment facilities, 380,000 participating TRICARE network providers, an education and training system including our own medical university, and a multi-tiered group of comprehensive, cutting-edge medical research and development programs.

Our mission statement reads: "The Defense Health Agency (DHA) is a Combat Support Agency supporting the Military Services. The DHA supports the delivery of integrated, affordable, and high quality health services to beneficiaries of the Military Health System (MHS), and executes responsibility for shared services, functions, and activities of the MHS and other common clinical and business processes in support of the Military Services. The DHA serves as the program manager for the TRICARE health plan, medical resources, and the market manager for the National Capital Region (NCR) enhanced Multi-Service Market. The DHA manages the execution of policy as issued by the Assistant Secretary of Defense for Health Affairs and exercises authority, direction, and control over the inpa-

tient facilities and their subordinate clinics assigned to the DHA in the NCR Directorate."

Our positions here at the DHA are Navy supported billets. We serve as the Medical Management Nurse Consultant and Case Management Consultant working in the Clinical Support Division, under Health Promotions and Medical Management Branch. As these two positions are new for us, we are still finding our way while learning the ropes. As part of the Medical Management Team, our initiatives are Tri-Service in scope and have international applications. Our technical expertise has been and will continue to be challenged as we are afforded the opportunity to take part in the advancement of military medicine. Thank you for letting us share our story with you. As we learn and continue to make lists of acronyms, we wanted to say thank you to all of our supervisors, co-workers, and military colleagues (active duty and retired) who continue to support and guide us on this journey to policy and healthcare standardization. Go Joint!



No Voice Too Small: Navy Nursing Staff Embraces Shared Governance at Fort Belvoir Community Hospital

LTJG Valerie Vick

In July, 2010, the Government Accountability Office (GAO) reported that the Military Health System (MHS) would benefit from enhanced collaboration among the military medical services, to include the sharing of resources, use of common operating processes, and reduction in duplicative functions and organizations. In August, 2011, Fort Belvoir Community Hospital (FBCH) followed suit and opened its doors as a unified medical command staffed by Army, Navy, Air Force, and civilian personnel.

The Nursing Directorate adopted the concept of shared accountability, also known as shared governance. Shared governance, a hallmark of magnet hospitals, provides a framework for implementing practice innovations and encouraging professional accountability. One component of shared governance is the Unit Practice Council (UPC). The UPC listens closely to the voices of patients and staff and is instrumental in

recommending ideas that enhance quality and safe patient care. The data that is collected by the UPC identifies opportunities for improvements and practice innovations, which ultimately helps to shape the unit's nursing practice. It is a way to effectively enhance change by improving the work environment, quality of patient care, and communication throughout the healthcare continuum.

Each year the MHS recognizes efforts designed to decrease harm and improve the delivery of care by awarding the Department of Defense Quality and Patient Safety Award.

The project submitted by the post-surgical ward nursing and clinical staff at FBCH was one of seven award winners at the 2014 Association of Military Surgeons of the United States (AMSUS) Conference. The UPC, spearheaded by LTJG Valerie Vick and CPT Artinsia Shakir, recognized that the bathroom doors in patients' rooms created a potential safety concern. The doors did not open to an appropriate width to accommodate fall precau-

tions, patients with numerous lines, or bathroom code response.

Their UPC was able to facilitate change and all ward bathroom doors were modified to an increased angle of opening. The increased space eliminated the doorway from becoming an obstacle by blocking traffic flow and allowed more room for the patient and caregiver(s) to easily enter and exit the bathroom. The increased angle of the bathroom door also ensured a more rapid response to patient needs while inside the bathroom and aided the staff's ability to properly and expeditiously

care for the patient without increased concern of injury.

Shared governance empowers the front lines of care to have true ownership of professional decisions in change implementation. It can truly lead the way in making a positive difference in the delivery of healthcare to our patients and create a higher level of professional autonomy to those who care for them.

Bravo Zulu, team!



CPT Artinsia Shakir, AN, USA; LTJG Valerie Vick, NC, USN; and SPC Lee Calmes, USA, pose with Major General Jimmie Keenan, Chief of the Army Nurse Corps, at the AMSUS Award Dinner.

They are part of a Unit Practice Council from Fort Belvoir Community Hospital that won the Military Health System's Patient Safety Award.



Cold Nose Patient Screening – The Incredible and Furry CDR Joe

In 2012, LCDR Tracy Krauss arrived at Navy Branch Health Clinic NAF Washington. As the clinic nurse manager, the high suicide rates on base and in her patient population caught her attention. Her research into creative means to address this issue brought her to Southeastern Guide Dogs and CDR Joe.

CDR Joe is a four year old black and tan lab, trained specifically to identify individuals experiencing significant stress. At the direction of LCDR Krauss, CDR Joe makes his rounds through the clinic's waiting room every 30 minutes, carrying his leash in his mouth. When he senses a significantly stressed patient, he drops he leash and lies at their feet. Clinic staff is then able

to approach the identified patient, explain CDR Joe's unique training, and inquire privately and safely about stressful situations the patient may be experiencing.

January marked two years that CDR Joe and LCDR Krauss have been working together at NBHC NAF Washington. During that time, he has identified a remarkable 43 people showing signs of significant emotional distress – none of whom presented to the clinic for stress-related complaints. Without fail, after learning about his abilities, these patients have opened up to the clinic staff about their issues. Incredibly, through this process the clinic staff found that six of the 43 patients already had a suicide plan. This program has been invaluable to the Naval Branch Health Clinic NAF Washington team and CDR Joe is loved by patients and staff alike.

LCDR Krauss and CDR Joe have traveled to local bases, the Department of Homeland Security, and as far away as Alaska, to get the word out about stress, suicide preven-



tion, and pet therapy. In April they will travel to Seattle, where they will meet with the staff at a trauma center. Besides the obvious benefit of CDR Joe's identifying potentially suicidal, emotionally distraught service men and women, his presence has a calming effect that helps to relieve anxiety and has been noted to reduce dependence on medi-

cal narcotics in patients.

The amazing work being done by CDR Joe, LCDR Krauss, and the clinic staff has had a real world impact through the recognition of hidden stresses in patients most in need and, most importantly, they're helping to intervene and save lives. Outstanding work, team!



Specialty Leader Update: Ambulatory Care (AQD 690)

Good day, Colleagues. It is my pleasure to write my first newsletter article since my selection as the Specialty Leader. I want to thank CDR Faria Belmares, our first appointed leader, for setting the foundation and guiding this community over the last three years. We owe our recognition as a specialty largely to her driving influence. I look forward to expounding on some of the wonderful projects she initiated during her tenure.

Although new to this position, I received it at a time of great transition. Namely, the 690 Additional Qualification Designator (AQD) was recently redefined to reflect the completion of two years of documented clinical experience in Ambulatory Care Nursing within a designated Patient Centered Medical Home *and* board certification through the American Nurses Credentialing Center in Ambulatory Care Nursing. This is a significant change but an extremely positive one that will ensure our Navy Medical Home Ports are staffed with the expert nurses to provide the highest level of am-

bulatory care to our beneficiaries.

Prior to the change, the group of 373 nurses who were assigned the AQD varied in their level of experience and credentials in ambulatory care. Once the new guidelines were applied, only a handful of Navy nurses met both criteria – the clinical time required within a patient centered medical home as well as the board certification. As the country shifts its mindset from volume to value, medical home ports are charged with playing a significant role in providing quality care and enhancing the patient's experience in the most cost effective manner. Navy nursing's efforts are in line with nationwide trends to prevent patients from requiring high-cost inpatient services, when clinically appropriate, through population health management, embedded specialist care, telehealth technologies, education materials, and resource coordination. The update to our AQD essentially validated a growth opportunity within Navy Medicine. Since health care is focusing on outpatient health maintenance, we need to "grow" a cadre

of nursing experts who are skilled at providing care that is coordinated, convenient, collaborative, and value-based. I am excited to work with all of our nursing leadership to make Ambulatory Care a clinical setting that positively shapes care and a career track that is professionally rewarding.

In addition to the AQD update, we submitted a conference approval package for the 40th Annual Conference in Orlando, Florida, 15-18 April 2015. For various reasons including fiscal tightening, the Navy Nurse Corps' presence has dwindled significantly over the last three years. The American Academy of Ambulatory Care Nursing and the Tri-Service Military Special Interest Group have been working diligently to restore Navy nursing participation to its former robust attendance. My sincere gratitude to each command that was able to support ambulatory nursing by submitting nominations. Rest assured, you will be pleased by the awesome education and innovation ambulatory nurses will be able to integrate upon their re-



CDR David Thomas

turn.

I am humbled to have been selected for this position and look forward to your continued support for our community of experts. If there is anything I can answer or assist with, please do not hesitate to contact me directly at da-vid.thomas2@med.navy.mil.

Have an idea for an article or photos of you and your colleagues doing what you do best?

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

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Special Leader Update: Psychiatric-Mental Health Nursing (1930/1973)



CDR Pamela H. Wall

As I transition into the role of the Psychiatric Mental Health Nursing Specialty Leader, I would like to take a moment to introduce myself to you.

I have been working in mental health since 1996, was selected for the DUINS psychiatric CNS program in 2000 at University of Pennsylvania (UPENN), and completed my CNS utilization tour at Bethesda. My psychiatric nurse practitioner post-masters certificate was completed through Rush University in 2007 and my PhD through UPENN was defended this past September. My most recent tours have been at USUHS, II Marine Division, and at Cherry Point. Some of the goals that I have set for myself as the specialty leader are to continue what CDR Fisak and retired CDR Sean Convoy started by advocating for expanded privileges for the nurse practitioners, to continue to advocate for standardization of restraint prac-

tices across MTFs, and to support the new role of the doctoral prepared advance practice nursing community.

I would like to introduce a few members of the team and highlight some of their achievements and initiatives in their roles as psychiatric mental health nurses:

CDR Bill Byers is currently serving in a new role as the Deployability Assessment Program, Assistant Branch Head, in PERS-454. He brings experienced leadership in the mental health specialty to the program which is charged with evaluation, assessment, trending and tracking of Navy Deployability. CDR Byers is also serving as the co-lead of the Navy Preparedness Alliance Mental Health Working Group hosted by US Fleet Forces. This working group of mental health experts, LIMDU process managers, administrative care personnel, and fleet units is tasked to conduct a thorough examination of the military medical process for Navy personnel with mental health conditions. They will collect data not currently available via current tracking systems and make recommendations for improvement in the categories of policy, process, standardization, education/training, resources, and IT systems. The group's rec-

ommendations will provide Sailors with mental health conditions a better environment for treatment and recovery and define clear guidance to commands responsible for oversight and administrative care of those Sailors.

CDR Chris Reddin, one of our PhD prepared Psychiatric Nurse Practitioners, is currently working on several mental health related research activities. Among them is a Patient Centered Outcomes Research Institute funded, post-rehabilitation Traumatic Brain Injury (TBI) outcomes study, as well as manuscripts on predictors of agitation in TBI, and the associations between pain and post-traumatic amnesia during rehabilitation for TBI. He recently partnered with the Naval Health Research Center on a \$1.5 million CDMRP grant submission to develop a protocol to identify sexual assault treatment best practice.

LCDR Jackie Lopez has spearheaded an effort to streamline behavioral restraint practice across all of Navy Medicine Hospitals with inpatient mental health units. The Navy has partnered with the Army and VA to train commands with inpatient mental health units on the Prevention and Management of Disruptive Behaviors (PMDB) restraint model. Three Navy commands

(Naval Hospital Okinawa, Japan; Naval Hospital Camp Lejeune; and Naval Medical Center San Diego) have adopted this new evidence based restraint model and plans are in place to include more commands over the next year.

These exceptional Nurse Corps leaders in the Psychiatric/Mental Health nursing community are setting standards and breaking ground on new initiatives to ensure the highest quality of care is provided to our patients.

Finally, I would like to take a moment to thank CDR Jean Fisak for doing such a fabulous job of community management over the past three years. She forged new pathways for the mental health nursing community by collaborating with the joint services and the Veterans Administration and with her integral role in the rollout of the Navy's Caregiver Occupational Stress Control. During her tenure as the Specialty Leader, she deployed to Afghanistan as the Officer in Charge of the Mobile Care Team 7 and was awarded the Bronze Star Medal for her efforts. She has been a strong proponent of the CNS and NP communities and left some very large "boots" for me to fill. Many thanks to you, my friend, for all you've done and will continue to do.



Specialty Leader Update: Nurse Midwives/Women's Health Nurse Practitioners (1981/1980)

I would like to focus this month's newsletter on the Tri-Service Perinatal Quality Initiative which will affect all of our L&D units in the coming months. The Military Health System (MHS) has been collecting perinatal data for well over a decade. The results are disseminated via the National Perinatal Information Center (NPIC) and show how each command or hospital compared against other military hospitals and civilian hospitals in the NPIC database. Looking at long-term trends in this database, the MHS noted that their averages for certain measures were well above comparable civilian hospitals, while other measures ranged from below to somewhat better than civilian counterparts.

Moving toward a High Reliability Organization (HRO) model, the Tri-Service Perinatal Advisory Group (PAG) and the Navy's Women's Health Continuum of Care Advisory Board (WHCCAB) were already working on ways to improve the underperforming measures. As a follow-on to the Partnership for Patients, the Tri-service PAG decided that the three areas to work on improving would be obstetric (OB)/postpartum hemorrhage (PPH), shoulder dystocia, and neonatal birth trauma. Hemorrhage was determined to be the primary area of focus.

In working to improve

the rate of OB/PPH in the MHS, the Tri-service PAG decided to use the PPH safety bundle from the Council on Patient Safety in Women's Health Care, which has been endorsed by the American Congress of Obstetricians and Gynecologists (ACOG); the Association of Women's Health, Obstetric and Neonatal Nurses; and the American College of Nurse-Midwives. The four areas to focus on in this bundle are: Readiness, Recognition, Response, and Reporting.

Readiness focuses on identifying standardized protocols. Each antepartum/postpartum area should have a "code purple" or hemorrhage cart – a place designated where PPH instruments and operative instruments such as intrauterine balloons and a hysterectomy tray are kept for easy access. There should be immediate access to PPH medications. In addition there should be an OB response team available and standardized protocols in place for emergency release of blood products in the event of a massive hemorrhage.

Recognition needs to be focused on *every* patient. It begins with assessing the patient's antepartum risk factors for hemorrhage and making a plan based on those risk factors. The plan is adjusted as the patient continues intrapartum and her risk factors change. As more risk conditions develop, the response escalates. For

example, if you have already done a type and cross for two units PRBCs and the risk factors increase, an escalated response might be to request emergency release of O-negative blood and to notify blood bank and anesthesia of a possible need for further support. Additionally, the 3rd stage of labor must be managed carefully to help prevent hemorrhage.

Response means that every unit should utilize a stage-based obstetric hemorrhage emergency management plan. The Tri-service PAG recommended using ACOG's standardized hemorrhage checklist. A hemorrhage note in Essentris is currently under review for implementation. Blood loss greater than 500 ml should trigger increased actions to reduce the likelihood of continued hemorrhage. For ongoing escalation, an OB response team should be called and emergency release blood should be activated. The ratio of transfusion response should be 6:4:1 or six units PRBCs to four units FFP to one unit platelets.

Reporting is focused on performing multi-disciplinary drills with increased use of a mobile obstetric emergencies simulator (MOES) and debriefs for all hemorrhage events to review lessons learned. There is also a component of ensuring the charting and documentation of a hem-



CDR Jason Layton

orrhage is coded correctly.

The timelines for training have already started with the goal for completion by June. This will affect areas such as the unit's supply chain (which will require the addition of graduated drapes, scales, etc.). Each unit must do a thorough job of quantifying blood loss, not just estimating. Using the new standards of 1000 ml may show an improvement for many hospitals that currently above the NPIC average for PPH.

Computer based education is ongoing through Defense Connect Online (DCO) sessions, which many of you have already attended. I will ensure that the latest set of slides from the DCO sessions, the planned timeline, and PPH checklist are sent to the maternal-child leadership at each hospital and will have them posted to the maternal-child NKO webpage.

Thank you all again for your dedicated and safe care to all of our active duty members, dependents, and new families!



Bravo Zulu!



Congratulations to Ms. Judy Graff, at Naval Health Clinic Annapolis, for her selection as the 2014-2015 Navy Medicine Case Manager of the Year!

Outstanding accomplishment, Ms. Graff!

(L to R): CAPT Robert Fry (XO); CAPT Sheherazad Hartzell (CO); Judy Graff, RN-BC, CCM; Andrita Spencer, RN-BC, MS; and HMCM Kimberly Lamb (CMC)

Certifications and Education:

- LT David Cummiskey, at Naval Medical Center San Diego, earned the Perioperative Nurse (CNOR) certification.
- CDR Fleming French, at Naval Hospital Rota, Spain, earned certification as a Clinical Nurse Specialist in Acute and Critical Care Nursing (Adult).
- LT Amanda Kuelz, at Naval Medical Center San Diego, earned the Perioperative Nurse (CNOR) certification. In addition, LT Kuelz received her Master in Business Administration from National University. BZ, LT!
- LCDR Gina Romano, from Naval Hospital Jacksonville, earned the Ambulatory Care Nurse (RN-BC) certification.
- LT Erica Waddell, at Naval Hospital Jacksonville, earned the Perioperative Nurse (CNOR) certification.
- LCDR John Waters, at Naval Hospital Jacksonville, earned the Clinical Nurse Specialist in Adult Health (RN-BC) certification.

Fair Winds and Following Seas...

- CAPT Ann Uetz
- CDR Karen Ecarus
- LCDR Margarita Farias
- LCDR Christi Marti
- LCDR Lupo Delacruz
- LT Justin Ray

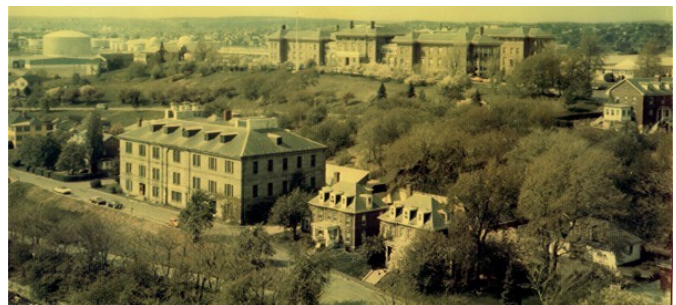
Earn a certification or a non-DUINS degree? Selected for an award or honor? For mention in our BZ section, submit your announcements through your chain of command to:

NCNewsletter@med.navy.mil

The staff of the Nurse Corps News would like to say a special farewell to LT Nick Perez.

As layout editor, Nick has been an invaluable member of the team for more than two years. His amazing attention to detail made him a key part of the redesign team that rebranded the News; updated the design and incorporated interactive, web-based elements; and moved us from a quarterly publication to a monthly one.

Nick, we're better because of you and we're going to miss having you on the team. Thank you for all of your hard work and dedication. It's been a pleasure working with you and we wish you all the best in your upcoming ventures.



Nurse Corps Legacy:

In February, 1972, BUMED established its first Pediatric NP program with the first two nurses assigned to training at the Bunker Hill Health Center in Massachusetts. Clinicals were conducted at the Chelsea Naval Hospital in Massachusetts.

Chelsea Naval Hospital, opened in 1836, was one of the first three hospitals authorized by Congress to accommodate naval personnel. It was the oldest naval hospital in service in the United States when it was decommissioned in 1974.

