



# Nurse Corps News

Volume 11, Issue 2

March/April 2017

## Nurse Corps, Director, Arriving!



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**NCNEWS-REQUEST**

### Nurse Corps News Staff

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**Nurse Corps**, I am honored and humbled to be selected as your 25<sup>th</sup> Director.

I first have to thank **Rear Admiral Rebecca McCormick-Boyle** for the mentorship, guidance, and support she has so graciously shared with me and for her leadership, passion, and advocacy of the NC during her tenure. RADM McCormick-Boyle's advocacy for, and development of, our NC Professional Practice Model is our true north, a remarkable accomplishment that I plan on continuing. I hope you and your staffs have had a chance to view the [video on the Professional Practice Model](#) and will work to incorporate it into your daily practice.

As I begin this journey as your Director, I looked through the roster of those who have served in this position prior to me. It is no surprise that Navy Nurses have been blazing the path for many years. It was as recently as 1972 when the Navy had its first female Admiral. That Admiral was **Alene Duerk**, a Navy Nurse who served as the Director of the Navy Nurse Corps from 1970-1975. This year Admiral Duerk turned 97 years old and is still going strong!

The Navy Nurse Corps has excelled in challenging times at peace and at war, and in a multitude of environments. As we look to the next few years, there are many opportunities ahead of us. Navy Medicine is adjusting to meet the numerous demands, as well as the challenges of how we care for our patients over land and sea in a distributed operational environment. Your talents and expertise will contribute greatly to our continued success and will shape the NC of the future.

The National Defense Appropriations Act (NDAA) of 2017 is an opportunity for



**Tina Davidson, RDML, NC, USN**  
**Director, Navy Nurse Corps**

us to relook at how we man, train, and equip for our mission, and how we partner to gain efficiencies and cost effectiveness. New technologies and patient expectations will challenge us to refocus how we deliver care and when we deliver care.

Those who have gone before us have left us with a strong foundation upon which we can continue to build the Navy Nurse Corps. I cannot do that myself but have no doubt that together we will take the Nurse Corps into the future and continue to forge those paths. Your innovation, dedication, and commitment to those we serve, and each other, are a hallmark of excellence.

As your Director, I look forward to sharing our successes, innovating solutions, and contributing to Navy Medicine's combined success. Again, I am so honored and privileged to be your Director and I look forward to working with you. ~



For an opportunity to "Ask the Admiral," email your question to our NC team!



## Reserve Corner: Embracing Innovation



**Mary Riggs, RDML, NC, USN**

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

Healthcare delivery is changing from what we have known over the last five decades. Healthcare reform is moving patient care from an acute care-centric delivery system to one that focuses on preventive care in communities. As Navy Nurses, we are cognizant of other care delivery systems as well as being members of a diverse interdisciplinary healthcare team providing trauma care to the warfighter, humanitarian care to those needing basic healthcare, peacetime care to families and retirees, and preventive health to our Sailors and Marines who need to be always ready. These unique settings create rich opportunities for innovative strategies to be considered and implemented.

Nurses are leaders in guiding healthcare into the next evolution of healthcare delivery. As we

move into the future, we need to continue embracing innovative nursing care models that are not only hospital-based but community-based and focused on preventive care. To create an innovative environment, the Nurse Corps leaders serve as mentors and role models who sustain the desired innovative thinking behaviors as well as provide recognition for innovative thinking. Embracing innovation is reflected in our Professional Practice Model and in our FY 17 Strategic Goals. One of the RC strategic goals is to establish an interdisciplinary **Innovation Board**.

The mission of the Innovation Board is to create a platform by which Reserve medical staff (Nurse, Medical, Medical Service, and Dental Corps) provide innovative, evidence-based practice suggestions for improving current care practices and ensuring high quality, safe, and

effective care of those we serve. The charge of this working group is providing a shortened avenue for ideas and proposals focused on improving Navy Medicine to be presented to senior leadership for review and action.

The Innovation Board will consist of a diverse, multi-disciplinary, motivated group of clinicians from the Nurse Corps, Medical Corps, Medical Service Corps, and Dental Corps who demonstrate interest in process improvement and evidence-based practice. This innovative leadership includes an interdisciplinary and inclusive approach.

Wherever you practice, nurses need to continue to be a part of the innovations to provide excellent delivery of healthcare no matter the venue. Are you, as Navy Nurse Corps Officers, up for the challenge to be a part of innovative changes within our ever-changing healthcare system?



# Nurse Corps News

Volume 11, Issue 2 ~ March/April 2017

## Communication Updates from our Nurse Corps Fellow



**Melissa Troncoso, LCDR, NC**  
**Administrative Fellow**

Greetings, Navy Nurses, it is always an honor to share a few thoughts with you on our communication efforts. The Navy Nurse Corps continues to set the standard for milSuite utilization. LCDR Jessica Pipkin and LTJG Julia Camp, the Navy NC MilSuite Manager and Assistant MilSuite Manager, have done an incredible job with taking our NC group page to the next level and assisting our specialty groups in

developing collaborative pages.

A few improvements include highlighting the [Navy Nursing Professional Practice Model](#) with an accompanying page link, a Newsletter section with easy access to the [Navy Nurse Corps](#), Medical Corps, and Medical Service Corps Newsletters, a section on “Answered Questions,” and links to external sites such as BUPERS Online. If you have never visited milSuite or the last time you visited was when you created an account, I implore you to check out the [Navy NC milSuite group](#) today. I understand that many of us do not have time to visit the site regularly; however, you can stay current on the latest posts by changing your settings to receive an email every time a new post is generated. The most frequently received feedback regarding milSuite challenges is that the site is **NOT** intuitive. Our milSuite managers would like to know exactly what features are not intuitive. Receiving pointed feedback from our end-users ensures that we make the site

useful and relevant for YOU.

MilSuite aside, we would like to hear your ideas, comments, and suggestions on what is working and what can be improved upon regarding NC communication. For example, do you find the NC News content relevant, timely, and engaging? Do you think our newsletter needs a new name? Should we have more VTCs or abandon the idea entirely? Would video clips and podcasts be of interest? What topics do you want to hear more or less of? As always, I am listening to know and understand.

In closing, I want to address the fact that we are living in a world of information overload. The amount of information that we have access to and are bombarded with on a daily basis can be a bit overwhelming. While information is great, it does not equate to knowledge. I invite you to reflect on how you can use the information at your disposal to be a better Navy Nurse Corps Officer and improve the lives of those you serve and lead. ~



JACKSONVILLE, Fla. (April 13, 2017) – Lt. Jamie Thomas, a registered nurse at Naval Hospital Jacksonville’s intensive care unit, conducts an ultrasound-guided intravenous (IV) placement on a patient (left).

Lt. Wing Chan, a registered nurse at Naval Branch Health Clinic Jacksonville, prepares a patient for an injection (right). Since 1908, the women and men of the Navy Nurse Corps have honorably served in hospitals and clinics, aboard hospital ships, and have flown with wounded from battle-torn areas. On May 13, the U.S. Navy Nurse Corps celebrates its 109th birthday. In addition, May 6-12 is recognized as National Nurses Week. (U.S. Navy photo by Jacob Sippel, Naval Hospital Jacksonville/Released).  
*Editor’s Note: Check out [dvidshub.net](#) for great images of our brothers and sisters serving!*

*It’s almost Nurses Week!  
Stay tuned for a special May/June issue — and send us your Nurse Corps Birthday celebration photos!*



## Navy Medicine East (NME) Regional Update



**Jamie Wise, CAPT, NC**

### NME Senior Nurse Executive

The New Year started out on a very positive note for Navy Medicine East. In February 2017, our team received notification that 21 clinics successfully achieved NCQA level III recertification. In line with the theme of this month's newsletter, this achievement serves as testimony to a multi-disciplinary commitment to quality care and an enterprise focus on preventative health. It is my honor to extend a heartfelt congratulations to our civilian and active duty nursing staff who served as an integral part of this effort. I would additionally like to thank **LCDR Self** at BUMED who invested a tremendous amount of time conducting training, reviewing packages, and providing ESSENTIAL feedback to our commands which proved pivotal to their success.

The New Year also brought forth significant change with a new President and a signed NDAA 2017. While some may experience trepidation and uncertainty with the provisions in this document, it also presents an opportunity to better align our peacetime mission with multiple, evolving operational requirements. With the roll out of our Nurse Corps Professional Practice Model, we are better defining who we are as a Corps and, through the refinement of our Strategic Objectives, continuing on a trajectory that aligns with the Surgeon General's priorities as well as the guidance outlined in the NDAA.

Two exceptional initiatives demonstrating a commitment to operational readiness were brought to light during a recent regional SNE meeting. **CAPT Deb Kumaroo**, SNE at Captain James A. Lovell FHCC, presented on the command's partnership with Cook County Health Services (CCHS) Trauma and Burn Unit. Acknowledging the challenge of sustaining critical trauma skills, FHCC developed a partnership with CCHS to augment trauma exposure capabilities for Navy Medicine. CCHS is located in downtown Chicago and is the first comprehensive trauma and burn unit in the U.S. The facility

serves as a Level I trauma center for Cook and surrounding counties and treats over 6,000 patients annually. Since January 2014, 17 Corpsmen, six nurses, and three surgeons have participated in the program. While the future of this partnership and how it will evolve has yet to be determined, opportunities exist that span from the creation of a pro-  
*(cont. on page 5)*



CORPUS CHRISTI, Texas (November 18, 2016) - LT Angela Healy, a Navy nurse from Naval Health Clinic Corpus Christi (NHCCC), simulates patient care in the Transitions Lab during a senior year capstone course at Texas A&M Corpus Christi (TAMU-CC), College of Nursing and Health Sciences. Healy's involvement is part of an inter-professional teamwork arrangement between NHCCC and TAMU-CC intended to provide a unique avenue for clinical skills sustainment for medical-surgical active duty nurses. (Photo courtesy of TAMU-CC)



## NME Regional Update (cont.)

gram similar to NTTC in Los Angeles to joint ventures with the Army, Air Force, and Reserve counterparts.

Recognizing not all our MTFs have the benefit of being within close proximity of a Level I trauma facility, **CAPT Kim Taylor** and her team at NHC Corpus Christi (NHCCC) found an innovative way to partner with nearby Texas A&M to enhance their skill sustainment efforts. Serving alongside senior nursing students, AD nurses at NHCCC entered into a four day, multi-patient

simulation lab where they were challenged with evolving scenarios (i.e. GI bleed, Bowel Obstruction, rule-out MI). Patients in the scenarios had co-morbidities/confounding factors (i.e. mental health issues, non-compliance, family dynamics) and if the student and/or AD member failed to recognize key signs/symptoms, the patient's condition would deteriorate appropriate to the scenario. This partnership has been a wonderful opportunity for our AD nurses to exercise their critical thinking skills, mentor senior

nursing students, refresh core competencies, and build relationships with the local community.

In a time of significant change and uncertainty, the Navy Nurse Corps is at its best pursuing innovative strategies to keep clinical skills sharp and confidently serve on existing and emerging platforms. We are indebted to **RADM McCormack-Boyle** for her truly transformational leadership and vision and we welcome a new and exciting perspective as **RDML Davidson** takes the helm! ~

## Your Public Health Community



**Carolyn Currie, CDR, NC**

### Public Health Specialty Leader

Wow...what a year the Public Health community has had! Since my last newsletter update, Public Health Nurses have continued to soar in their leadership, innovation, and professionalism.

**Readiness, Health and Partnerships** Navy Public Health Nurses are an integral part of public health teams in large and small MTFs, are located CONUS and OCONUS, deployed in operational settings, and supporting humanitarian missions. They are partnering with external agencies for disease surveillance, disaster management planning, vector control, and shared health promotion and prevention strategy development. They support security cooperation efforts through participation with strategic and operational planning and execution of humanitarian missions and contingency operations worldwide.

**Leadership** The NC Public Health community is demonstrating superior leadership in Public Health roles throughout the

enterprise by serving as Directors and Deputy Directors of Public Health at the MTF level, Navy & Marine Corps Public Health Center, and BUMED.

**Innovation** The OPTEMPO of global health activities continues throughout Navy Medicine. In summer 2016, **LCDR Tracy Krauss** became the first Navy Nurse Corps officer to complete the Tropical Medicine Course. She will have an opportunity to apply knowledge and skills gained from the course during her deployment to El Salvador in support of Continuing Promise 2017 (CP17). **LCDR Amy Zaycek** has just returned from a deployment to Honduras where she provided mission assessments for CP17. She was featured in a recent DoD news article which you can find [here](#). **CAPT Denise Gechas, SNE**

(cont. on page 6)



## Your Public Health Community (cont.)

at Naval Hospital Sigonella, is piloting a new e-PHA program designed to streamline processes for the Periodic Health Assessment. **LCDR Tim Whiting** led the development and implementation of the Ambulatory Intensive Care Program at NMCP. He recently passed the torch to **LT Stephanie Nochisaki** to carry into full operational capacity

**Professionalism** The community has done an incredible job of demonstrating their professionalism over the past year. Certification by the National Board of Public Health Examiners (NBPHE)

increased two-fold. There were an unprecedented four DUINS selection this year and two redesignations to the 1940 sub-specialty. DUINS continues to be an opportunity for Public Health Nursing in FY19. If you are interested in DUINS or redesignation, please contact myself or LCDR Tim Whiting at your earliest convenience. We would be delighted to assist you through the process.

In June 2016, we welcomed **LCDR Julie Schaub** and **LT Stefanie Nochisaki** as our newest MPH-prepared DUINS graduates. Both graduates have obtained

certification by NBPHE. LCDR Schaub also received a certification in Health Education. Additionally, I am very pleased to announce that LCDR Tim Whiting, Naval Hospital Okinawa, was selected as Assistant Specialty Leader for our community. He brings a wealth of public health expertise to the table that will contribute greatly to our pursuit of excellence in the community.

The Public Health community is charging ahead across the enterprise. It has been a banner year for us with no expectation of letting up in the coming year. ~

## Achievements in Nursing Research



**Lisa Braun, CAPT, NC**

**Nurse Research  
Specialty Leader**



**Virginia Blackman, CDR, NC**

**Nurse Research  
Assistant Specialty Leader**



**Deirdre Smith, CDR, NC**

**Nurse Research  
Specialty Leader, Reserve**

The research community continues to grow the breadth and reach of research activities! Working in varied settings from the animal or genomic analysis laboratory, in-

and out-patient clinical settings, promoting health and wellness, or working with the ill or injured, Navy Nurse scientists are creating the evidence nurses need to guide

their practice.

**CDR Carl Goforth** joined **CAPT Jacqueline Rychnovsky, NC**, Commanding Officer, at the Naval Medical Research Center  
*(cont. on page 7)*



## Achievements in Nursing Research (cont.)

(NMRC) in Silver Springs, MD. The NMRC enterprise runs numerous joint service and multi-disciplinary initiatives exploring such operationally relevant topics as the effects of hypobaric on the traumatically injured brain, musculoskeletal injury related to military equipment, and potential uses for the resuscitative endovascular balloon occlusion of the aorta. In addition to intra-mural funding, NMRC scientists, like all Navy Nurse scientists, compete for funding from many sources.

Navy Nurse scientists are defining the scope of military family research, determinants of HPV vaccine uptake in the US military, and US military members' reasons for deciding to participate in health research. Navy Nurse scientists build collaborative, multi-disciplinary teams to evaluate current training paradigms and team composition for enroute care, while research to understand Global Health Engagement mission experiences will help guide future training. Navy Nurse scientists have successfully obtained grant funding to study interventions to improve enhance

resilience and psychological health of military family members, evaluate the effectiveness of team training to reduce morbidity and mortality related to postpartum hemorrhage, and evaluate post-anesthesia complications more common in combat veterans with PTSD. Navy Nurse scientists also serve as resources for multi-disciplinary staff who are developing Evidence-Based Practice projects, and provide mentorship to many nurses who are continuing their education.

Spearheaded by Navy Nurse Scientists, five AQDs previously awarded only to Medical Corps Officers (2100) were expanded to qualified Nurse, Dental, and Medical Service Corps (2XXX) officers. The 6Z AQD series expansion included Educational Instructor, Assistant Professor, Associate Professor, Full Professor, and Researcher. This AQD expansion enables qualified Navy Nurses to compete for critical research and academic faculty positions which support Navy Medicine's mission.

Congratulations to **CDR Virginia Blackman** for her recent selection as the Nurse Research

(1900D) Assistant Specialty Leader. CDR Blackman transferred to the Uniformed Services University (USU) to serve as an Assistant Professor in the PhD Program. Congratulations to **CAPT Lisa Braun** for her recent promotion, **CAPT Robert Hawkins** on his Executive Officer selection- Naval and Marine Corps Public Health Center, and to **LCDR Sarah Grover** for her DUINS selection. Lcdr Grover is an oncology CNS and will begin her PhD studies at USU in August 2017. Farewell to **CAPT Lisa Osborne** on her retirement in February. CAPT Osborne served as the Specialty Leader and Senior Nurse Representative at USU. Well done to everyone for these remarkable achievements.

The [1900D Nurse Researcher milSuite](#) page is a great way to connect. If you have information that you would like to post and share with the community, please send to our attention. Thank you to all of our colleagues for the tremendous work you do to advance the science and our practice. We are honored to serve as your Specialty Leaders. ~

**Your editors, Specialty Leaders, and highlighted individuals in our newsletter can be found in global outlook or at [milSuite](#). If you need help, the team at the NC newsletter is here for you. Use the envelope hyperlink to send us an email, question, comment, or suggestion, or visit us on [milSuite](#) on [our very own page!](#)**



**Thank you for your continued support and keep the information flowing.  
Semper Forte.**



## Healthcare and Business Analytics



**Heather Ray, CDR, NC**

### Specialty Leader

Greetings from CDR Heather Ray and LCDR James Ketzler, Specialty Leader and Assistant Specialty Leader for Healthcare and Business Analytics. This year is off to a great start for our specialty group and we are excited for summer! Congratulations to **CDR Laura McMullen** and **CDR(s) Katie Stewart**, the first-ever Navy Nurse Corps officers selected for the One-Year Executive Clinical Leadership Track at the Army-Baylor MHA/MBA Program. **LT Adam Eaton** will also start the two-year Army-Baylor MHA/MBA program this summer. These three DUINS selectees represent the highest number of selections for the program in a single year for the Navy Nurse Corps. Congratulations again to these future Baylor Bears! In August, NMC Portsmouth will receive the next Army-Baylor graduate, **LCDR Johnathan Levenson**. With his education and health administration residency experience, LCDR

Levenson will have the opportunity to support Navy Nursing through business management and analysis.

This summer also marks the highest number of DUINS Nursing Informatics selections in the history of the Nurse Corps. **LCDR Candice Heck**, **LT Nguyet Allbaugh**, and **LT Joshua Wymer** will be commencing their graduate studies in Nursing Informatics this summer in San Diego, CA. Both LT Allbaugh and LT Wymer have been selected for LCDR. Congratulations! The Informatics community supports nursing by translating clinical requirements. We would like to highlight Portsmouth's newest CNIO, **LT Tatiana Crosby**. LT Crosby provides invaluable support to the Senior Nurse Executive by translating end-user requirements of a Nurse Call System to the developers, ensuring the fullest functionality of the product in its environment. We would like to thank our Regional CNIOs,



**James Ketzler, LCDR, NC**

### Assistant Specialty Leader

**LCDR Leonard Trotter** and **LT Michael Howard**. LT Howard has been selected for LCDR and LCDR Trotter will continue to serve as the Navy Medicine East CNIO until April 2018. We truly appreciate the dedication of our Regional CNIOs who have been tracking the nursing Informatics resources in their region. **CDR(s) Tessier** continues to lead the way as the BUMED CNIO. It is  
*(cont. on page 9)*

**AMSUS**  
The Society of Federal Health Professionals

The 12th Annual AMSUS meeting will be held in the Washington, D.C. area **28 November - 1 December, 2017**.

The theme of this year's AMSUS continuing education meeting is "From Battlefield to Homefront" in recognition of the wide range of skills and specialties which must work synchronously to care for those who go in harm's way, as well as for their families. There will be a focus on readiness, as speakers discuss forward response, as well as the spectrum of multidisciplinary, joint medical care and rehabilitation leading to the healing of the whole family - our new normal.



The call for meeting abstracts including panel sessions, lectures and posters opened on March 27th. All types of healthcare providers are encouraged to submit an abstract to present the current and planned best practices of their clinics and departments. Areas of interest include:

**Battlefront Care**

- Combat support
- Humanitarian Missions
- Disaster response
- Global Health Operations
- Patient movement

**Homefront Care**

- Definitive treatment
- Rehabilitation
- Recovery
- Return to a new normal for both patient and family
- Traumatic Injuries
- Psychological Status/PTSD/TBI
- Disease and Population Health
- Preparedness & Operational Issues



Abstracts submission closes for lectures on 31 May and for posters on 1 September 2017. All abstracts must be submitted on line and are required to meet CME/CE accreditation standards to be accepted. Presentations should be free of commercial bias and approved through local COC and PAO.  
For more information go to the AMSUS website 2017 Call for Abstracts page at <http://www.amsusmeetings.org/call-abstracts/>



## Healthcare and Business Analytics (cont.)

recommended that anyone interested in DUINS Informatics opportunities speak with a Regional CNIO or CDR Tessier before scheduling an interview with the Specialty Leader.

Two selectees will be sent to Naval Postgraduate School this summer for Manpower; **LT Desmond Keme** and **LT Dan Rai**. Congratulations to both! The Manpower Community provides a diverse amount of support to the Nurse Corps, from billet and personnel management at headquarters to field support at the MTFs. **LCDR Robert Johns** is currently our Nurse Corps Manpower Analyst at BUMED. He is executing the establishment of the Chief Medical Officer positions across the enterprise in support of Navy Medicine's efforts to become a High Reliability Organization (HRO). He is

also the Co-Chair and Manpower Subject Matter Expert for the MHS Genesis Workforce Management Tri Service Workflow Advisory Group (TSWAG). **CDR (s) Lumba**, an Army-Baylor graduate, is currently filling the NMW Manpower billet.

We were also pleased to have two selections for The Joint Commission (TJC) Fellowship, **CDR Jervia Fickens** and **LCDR Sonya McKay**. They will join a small cadre of nurses leading Navy Medicine to becoming a HRO—a major Military Health System goal. Congratulations to the selectees! TJC Fellowship is a unique opportunity for an officer to be embedded with TJC and learn the role first-hand. They will have the opportunity to observe civilian and military accreditation surveys and hearings, orient to all TJC departments, and observe

board meetings with top Healthcare Executives.

Opportunities for [FY19 DUINS](#) have just been published. If you are thinking of putting in a package for the upcoming DUINS board we recommend that you become familiar with the DUINS instruction, [BUMEDINST 1520.27J](#). The Healthcare and Business Analytics Specialty does have some unique requirements. It is never too early to speak with the Specialty Leaders who can provide some advice to help you make your package stronger.

We will continue to post discipline specific updates on our milSuite page [here](#). If you don't see what you're looking for please start a discussion, blog, or reach out to us by email. We are honored to represent this dynamic specialty. Please do not hesitate to contact us directly. ~

## The Digital Vanguard



**Brian Wilson, LT, NC**

**BUMED Digital Health  
Office Action Officer**

A ready medical force is more than sharpening our individual skills and abilities to perform daily tasks; it is also about building a culture of innovation to ensure our organization has the agility required to respond appropriately and effectively to rapid large-scale advancements in the healthcare Information Technology environment. This environment is evolving at an ever-increasing rate, which has created a fundamental shift in the behaviors of both consumers and producers in the civilian and military healthcare environments. As the military population rapidly

adopts emerging technology into their daily lives, there is a mounting expectation that their healthcare system will also leverage these technologies in the delivery of care. In response to this evolving technological environment, Navy Medicine has improved its readiness posture by establishing the **Digital Vanguard (DV)**.

The DV is a distributed innovation cohort of Navy Medicine staff including Corpsmen, nurses, doctors, administrators, researchers, dentists and many other healthcare support

(cont. on page 10)

## The Digital Vanguard (cont.)

professionals. The DV accepted its inaugural cohort in December 2016, representing 44 Navy Medicine commands around the world and highlighting the diversity of experience and medical specialty perspectives in our workforce. The DV mission is to advise the Surgeon General of opportunities and challenges associated with the use of emerging technology in the management of health and the delivery of healthcare. The vision is to establish Navy Medicine as a thought-leading organization around the use of emerging technology in the management of health and the provision of healthcare, enabling our organization to quickly assess opportunities and threats and to respond with informed decisions as to if and how to leverage future technology.

DV members are working in small cross-functional and geographically-distributed teams focused on specific tasks to grow our collective understanding of

various aspects of emerging technology in healthcare. These teams are centered on the following objectives and activities:

-Growing their understanding of emerging technology and its use in healthcare to establish and build a knowledge base as a future Subject Matter Expert in a Digital Health domain.

-Engaging in Digital Health Challenges to spur healthcare technology and innovation discussions within Navy Medicine commands.

-Attending Site Visits and Conferences to broaden our exposure beyond Navy Medicine.

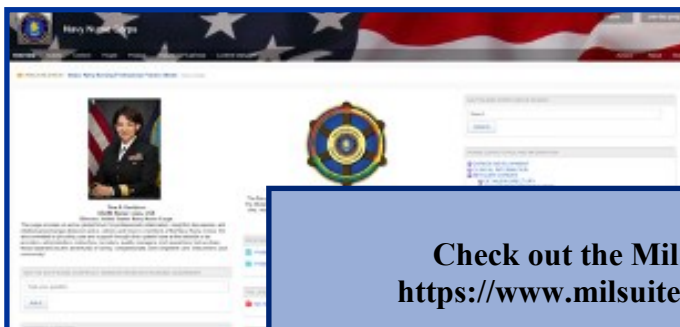
The DV serves as a catalyst for the Navy Medicine Culture of Innovation; engagement on a larger scale will be required to ensure Navy Medicine is an agile and ready medical organization. We will need each of your voices to be a part of the conversation helping to increase our understanding of opportunities these new technologies bring and to

prioritize resources toward capitalizing on these opportunities. You can become an active participant in shaping the future by taking the following actions:

1. Visit [our milSuite page](#) to increase situational awareness of the Digital Vanguard's experiences and the evolving world of Digital Health.

2. Review [the Digital Health Ideas posted on milSuite](#). Vote on these ideas to communicate which are more or less valuable. On this page, you may also share your new ideas on leveraging emerging technology to improve how we meet our mission.

The changes coming our way as a result of emerging technology will radically change the way military health and healthcare is managed in the future. It will take all of us to ensure Navy Medicine is ready for the challenge, to quickly assess opportunities and threats, and to respond with informed decisions as to if and how to leverage future technology. ~



## Lost on MilSuite?

Check out the MilSuite Desktop Guide.pptx  
<https://www.milsuite.mil/book/docs/DOC-280125>

Want to Start your Own MilBook Page or Group?  
Find a tutorial <https://www.milsuite.mil/learn/capability/milbook/>

Need help [learning](#) how to use MilSuite, Sharepoint, or DCS?  
Take a class at <https://www.milsuite.mil/book/groups/milieu>



## Journey Toward Becoming a High Reliability Organization



**Andrea Petrovanie, CAPT,**

The Directorate for Branch Clinics, Naval Medical Center San Diego, kicked off its journey toward becoming a High Reliability Organization (HRO) in December 2016.

Navy Medicine's HRO domains are Leadership, Culture of Safety, and Robust Process Improvement. Our focus is on Robust Process Improvement and we are excited for the opportunity to highlight Navy nurses who are leading quality and safety process improvement initiatives at the deckplate.

CDR Michael Allanson is the Lean Six Sigma Green Belt lead for his team's project titled "Depression Screening of Marine Recruits" at Marine Corps Recruit Depot, San Diego. During in-processing, recruits complete the Patient Health Questionnaire (PHQ-9) screening tool with a warm hand-off to the Integrated Behavior Health Consultant. If screened positive, a referral to Mental Health services is initiated.

In addition, resiliency training is provided to help them cope with the unique stressors of boot camp. The goal is early identification and evaluation of pre-existing pathology, reduced training costs, and recruit safety.

LCDR Jennifer Rickerson is the Green Belt lead for "Enhancing the Value of Registered Nurses in the Medical Home Port" at BHC Miramar and BHC Rancho Bernardo. She and her team implemented evidence-based tools and strategies to optimize the role of the nurse in improving access to care, population health, and disease

management metrics.

LT Keith West and his team identified gaps in the Periodic Health Assessment (PHA) process at BHC NTC. They streamlined a standardized process to include template management, electronic pre-screening of records, and a "PHA Passport Checklist," which resulted in increased access to care and medical readiness.

Our journey toward becoming an HRO is in alignment with the MHS to achieve its strategic goals of the Quadruple Aim—to provide "Increased Readiness, Better Care and Better Health while Lowering Cost." ~

### NMCS D POPULATION HEALTH PROGRAM NEWSLETTER

FEBRUARY 2017

Your Health Is Our Mission!

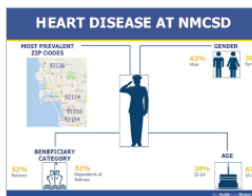
Follow Us     

#### MONTHLY HEALTH THEME

February: It's American Heart Month!

According to the CDC, Heart Disease is the leading cause of death for both men and women and most ethnicities in the United States. To prevent heart disease and increase awareness of its effects, NMCS D is proudly participating in American Heart Month. The Population Health Team created several tools and initiatives to support both providers and patients to stay informed about Heart Health.

Below is data pulled from M2 that summarizes key highlights of beneficiaries at NMCS D who've been diagnosed with heart disease. This information helps inform our continued efforts to understand the population and implement best practices for successful intervention.



As part of our continued efforts to support patients with heart-related illnesses and also, to give at-risk patients tools for prevention, we are bringing Heart Health Classes to a clinic near you! We are excited to announce that Heart Health Classes, led by Health Educators, will be offered at several clinics in the San Diego area in the coming months. This class will be ideal for patients who want to control blood pressure, lower cholesterol or are at risk of heart disease. Simply refer your patients to the Nurse Navigator to pre-enroll today. They can call her at 619-524-0113.

**CARE FOR YOUR HEART**  
Heart Health Class  
Coming Soon!  
Enroll Today!  
Call your Nurse Navigator at 619-524-0113  
Your Health Is Our Mission  
#HeartForJourney

#### NEW MEDICAL HOME PORT WEBSITE!

In an effort to improve patient navigation, education and utilization of NMCS D resources, we've launched a BRAND NEW Medical Home Port Website. Patients can easily navigate to this site from the NMCS D Home Page to learn about each provider group and departments within the Medical Home Port.

Benefits of the site:

- Patient-focused content tailored to NMCS D
- Appropriate for patient health literacy level
- Standardized branding
- Features website best practices

- Responsive design (can be used on mobile devices)
- Consolidated & streamlined information
- Greater web traffic to NMCS D website
- Increased utilization of Medical Home Port service providers
- Increased patient access to information
- Consistent messaging of clinic information for staff and providers

Click here to view the site and please share this with your patients today!

## You Want Me to Go Where? The ABC's of Detailing



**Iris Boehnke, CAPT, NC**

### Head, Nurse Corps Assignments

Ever wonder how detailing assignments are made? It all starts with the Detailing Triangle or Triad, which includes the needs of the Navy (mission), career needs of the individual, and personal desires. Ideally, we are able to balance all three elements.

Let's start with the foundation of the triangle, "Needs of the Navy." Your first choice of assignment may not be where the Navy needs you. There must be an available billet to put you in and you must be qualified to fill it. In general, we try to match the subspecialty code and can go one up or one down in rank. The priority for filling billets is GSA/Operational first (100% fill), OCONUS next, and then CONUS.

The right side of the triangle is your career needs. Your detailer will carefully review your career progression and ensure you understand the next milestone needed to have a successful Navy career.

Assignment diversity is very important and you should plan for assignments at large, medium, small, and overseas. In addition, you may have the opportunity for unique or non-traditional assignments, such as recruiting, instructor duty, BUMED/DHA, DUINS, and operational assignments. Things to pay attention to include timing and the size of your peer group; you want to follow a small or "One of One" peer group with a large peer group so you have the opportunity to demonstrate that you stand out among your peers. Of note, these non-traditional roles may not be an option if you are receiving Nurse Retention Pay or are in an undermanned community. Don't get caught up on billet titles – leadership can be demonstrated in any position. Detailers assign you to billets; commands determine how you are utilized.

The left side of the triangle is your personal needs. Factors considered include Exceptional Family Member Program (locations offered depend on the EFM category), LIMDU or PRT issues, co-location with your

active duty spouse, family needs (i.e. child completing senior year of high school), and location preferences. Although it may not always seem like it, detailers truly do consider your personal desires and want to help you have a successful career. You just need to remember that we also need to ensure we are meeting the mission and balancing the needs of all 3000 of our Nurse Corps Officers.

Have questions? Don't hesitate to call, email, or visit the [Navy Personnel Command \(NPC\) Website](#) and [NC milSuite](#). We are standing by to assist.

**CAPT Boehnke** – 06's (except practitioners), Executive Medicine (CO, XO, OIC, DNS), DHA/BUMED, Manpower, Ed Trng, Research, War College seats

**CDR Paul Loesche** - 05's, all practitioners, perioperative community, senior operational billets

**CDR Jill Maldarelli-Drey** – 03's and 04's (except practitioners), junior operational (FST's, USMC, Carriers), White House Applicants, DUINS

**LCDR Erica Arnold** – new accessions, 01's and 02's (except practitioners) ~



## Organ Transplants at Walter Reed National Military Medical Center



**Jacqueline Gemme, LT, NC**

Hi, Navy Nurse Corps colleagues; I am LT Jacqueline Gemme, the Organ Transplant Team Leader at Walter Reed National Military Medical Center (WRNMMC). As the Transplant Team Leader, I implemented a transplant call team, which consists of 11 dedicated transplant nurses and surgical technologists. Transplants are a generous gift of life that needs to be taken seriously. Having a competently trained staff can make the difference between a smooth, successful surgery and a less-than-desired outcome.

Transplantable kidneys become available in one of three ways: living donors, cadaveric donors or kidney-paired donation. A living donor can be a relative or friend while cadaveric kidneys are typically from a stranger and are available after procurement from the deceased donor. "Kidney-paired donation is a transplant option for candidates who have a living donor who is medically able, but cannot donate a kidney

to their intended candidate because they are incompatible; this effort is to help sensitized patients, who are hard to match, receive kidney transplants. Through this initiative, service members around the country can also help some of the hardest-to-match veterans and their dependents receive transplants using kidneys from the military share program, while at the same time facilitating life-saving kidney-paired donation chains for civilian patients..." ([June 13, 2016 Article](#)).

Once a donor has been identified, there are a series of tests that need to be completed to ensure compatibility with the recipient. For living donors and recipients, all the testing is completed in the transplant clinic lab at Walter Reed. For paired kidney donations, the testing is performed by the involved facility then shared with the other facilities partnering in the donation chain. Cadaveric kidneys are handled differently; the donor information is uploaded to the United Network for Organ Sharing, an online database containing necessary information to pair recipients with donors based on blood type compatibility. Most importantly, it provides a percentage of graft survival rates, which is instrumental when selecting a recipient. The cross-match result is the final step that has to be completed before implanting the kidney.

The only Organ Transplant Program in the military was founded in 1976 at Walter Reed Army Medical Center, then transi-

tioned to WRNMMC. Although this program has been around for years, a recent revamp has allowed this program to reach heights never before imagined. As of January 2017, "Walter Reed is now considered a 5-star transplant center according to the new outcome data published today by [Scientific Registry of Transplant Recipients](#). Our transplant program is ranked in the top tier of all US transplant programs as we have had 100% patient and graft 1-year survival since July 2013. There are only 269 transplant programs in the US, as only elite academic hospitals can provide the complex surgical and medical care transplant patients require. The transplant program had a very strong year in 2016, performing 48 kidney transplants—the most in the last 30 years of the transplant program, and nearly double the historical average transplant volume at Walter Reed. In addition, the waitlist volume has doubled, ensuring future growth in the program," according to LTC Jason Hawksworth, MD, FACS, Chief Organ Transplant Service. See the [OPTN website](#) for more statistics.

If you are interested in becoming a donor or would like more information, please see the [WRNMMC Transplant Clinic page](#) or feel free to email me via global email. ~

### ***Be Published in the News!***

We are seeking Nurse Corps Nurses who would like to write about their experiences in Navy Medicine - email the News Team for more information.



## A Different Type of Service: Becoming a Living Organ Donor

### Philip Voyer, CDR, NC

Service. It is something that we as military and medical professionals do day in and day out. So why the title: "A Different Type of Service?" It's not one you hear about a lot, especially in the line of work we do serving our country. The service I am referring to is live organ donation as military members. I like to think of it as a humble, quiet service.

I am a live organ donor and an active duty service member. I have told a few people but mostly out confidence; I am sharing the process so that others serving on active duty contemplating organ donation know they can continue their military service without limitation.

My brother has end-stage renal disease; he was diagnosed with Type I Diabetes as a teenager. He did everything right as a diabetic could by using insulin pumps, managing diet and blood pressure, even dentistry. Finally, he required dialysis. Dialysis means one of two things for diabetics. The first is to prolong the quality of their life until they receive a kidney transplant. The second, to stay on dialysis until the end of their life; this could be because they are too sick to make the transplant list, or were removed from the transplant list because they became too sick.

During the fall of 2011, my brother told me he was going on dialysis and was working with his doctor to be placed on the transplant list. In Maine, where he lived, only one of five make the list, which depends on health, compatibility, and availability. Fortunately, he made the list. Nationally, someone is added to the transplant list every 10 minutes. As of July 22, 2016, more than 120,000 people were waiting for a transplant. Of those,

[\(OPTN\)](#) which develops policy for transplants, and the [United Network for Organ Sharing \(UNOS\)](#) which makes the organs available for transplant.

When I asked my leadership, they were not aware of the possibility of me donating an organ to my brother; I didn't know about the Navy's program, either. The instruction that governs military organ donation is [BUMEDINST 6300.8B](#). It covers everything from deceased organ and tissue

donation to live donation. The Center of Excellence for the Navy's donor program is the Walter Reed National Military Medical Center. There are approximately six steps in the process with subparts to some of those steps. First and foremost was letting my

command know my intention; then, I went through the process to become an

organ donor. For me, it was pretty involved. It was not just about being a match, but I was no spring chicken at the age of 48 when I started. I had to make several trips to Maine from Illinois, where I was stationed at the time; this was at my own cost and leave time. I went through several tests: an angiogram, repeat compatibility test, glucose tests, blood pressure monitoring, and various blood

(cont. on page 15)



PORTLAND, Maine (June 12, 2012) - CDR Philip Voyer holds the hand of his brother in the pre-operative holding area of the Maine Medical Center. (Photo by Jill Voyer/Released).

22 will die each day waiting for a transplant. The average wait time on the donor list is three to five years, which makes live organ donation so important. As of July 2016, there have been 16,446 transplants performed and 7,767 came from live donors. *These statistics can be found on the websites of [The National Kidney Foundation](#), the [Organ Procurement and Transplant Network](#)*



## Becoming a Living Organ Donor (cont.)

tests. Once the transplant program deemed me a suitable candidate for live donation, I then had to go through the Navy's approval process, which starts with BUMED at M3/5. They reviewed the application, and suggested further tests. I had to remember that I was in the military, which requires my utmost dedication and service. One requirement is still being deployable once recovered.

Once I was cleared by the program at WRNMMC, I moved ahead with the date for the transplant. On June 12, 2012, a successful kidney transplant was performed for my brother. It's been four years and he is doing great. There were a few bumps along the way for him regarding medication but that has been expected. He is now a grandfather of three and continues to lead a

productive life. For myself, I have remained on active duty without issue. My recovery went well and I am looking forward to retirement in the next year. I am happy to answer any and all questions about my experience and the process.

For further information, you may visit the [Walter Reeds Transplant Program](#). ~

## Naval Hospital Jacksonville Celebrates Certified Nurses Day

**Julie Conrardy, CDR, NC**

Naval Hospital Jacksonville (NHJAX) celebrated its Second Annual Certified Nurses Day on the 20 March 2017 with a poster display highlighting its 112 certified nurses, which is 51% of the nurses at NHJAX! Certified Nurses Day is an annual day of recognition for healthcare leaders dedicated to nursing professional-

ism, excellence, recognition, and service. NHJAX's leadership believes that nurses who choose to achieve professional certification deserve public recognition and appreciation.

Certified Nurses Day honors nurses who contribute to better patient outcomes through national board certification in their specialty; it is the hallmark of clinical expertise in a specialty. A

registered nurse license allows nurses to practice, but certification affirms advanced knowledge, skill, and practice to meet the challenges of modern nursing and technological advancements. ~

[Nurse Certification Resources](#)

Find information on getting reimbursed for your Certification on [MilSuite!](#)



Front Row: CDR Isaac, RN Elgin, RN Gill, LT Anderson, CAPT Todd (Acting CO), CDR Conrardy, CAPT Johnson (SNE), LCDR Skinner, RN Olipendo, LTJG Sarazen Back Row: LCDR Epperson, RN Miles, LCDR Powellsearchey, RN Taylor, LCDR Miller, RN Wilson, CDR Liptrot, LT Kempf, CDR Croft, LCDR Salinas, LT Carrera Picture 20MAR17 by PAO, Yan Kennon.



### Certifications

**LCDR Rachel Nadolsky**, FBCH, passed her RNC-OB certification exam in December.

**LT Rebekah Kopesky**, USNH Guam, is now board certified in Emergency Nursing (CEN).

Congratulations to **LCDR Julie Schaub** for recently becoming a Certified Health Education Specialist (CHES). As a Public Health Nurse serving at the NH Naples CAPO Clinic, her impact for the community will be invaluable!

**LTJG Svetlana Atwood** of BHC Sasebo, Japan, passed the certification exam and is now officially a Certified Lactation Counselor.

**LTJG Hannah Steele** and **LTJG Valeriejenz Tunday**, both of NMC San Diego, achieved their Certified Pediatric Nurse (CPN) from the Pediatric Nursing Certification Board (PCNB).

**LT Todd Wentz**, NMC San Diego, successfully passed his Certified Operating Room Nurse (CNOR) exam in March.

**LT Jorge Amezaga**, NH Guam, achieved his Trauma Certified Registered Nurse (TCRN) Certification in December, 2016.

**RN Joan Olson**, NHC Cherry Point, passed her AAACN certification—a wonderful accomplishment from an awesome nurse!

**ENS Noah Dietsche**, of NH Camp Pendleton, successfully passed his Public Health Certification—your leadership is proud of you!

**LT Beth Wilt**, of NH Camp Pendleton, achieved her certification in Inpatient Obstetrics.

**LT Joshua A. Wymer**, a Perioperative Clinical Coordinator at NMC San Diego, was recognized by the Association of periOperative Registered Nurses as one of their Forty Under 40 Leaders for 2017 and was recognized as a role model for perioperative professionals at the 2017 AORN Conference & Expo in Boston.

### Recognition

**CDR Suzanne Maldarelli**, the Associate Director for Nursing Services at NH Pensacola, has expanded her American Academy of Family Physicians Advanced Life Support in Obstetrics (A.L.S.O) Course Instructor status to Course Director, and was accepted to ALSO Advisory Faculty – this is a fabulous opportunity for a nurse!

**LCDR Penelope Heiges** was selected as the 2016 NSTC Officer Instructor of the Year, and **LT Frank Riojas** was selected as the 2016 Newport Navy League Junior Officer of the Year. We are truly blessed to have them developing our newest Naval officers at Officer Training Command Newport!

*Editor's Note: In the January/February Issue, on page 11, the photo caption should read CAPT Erin Robertson instead of CAPT Pauline Taylor. The corrected version can be found on milSuite!*

