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**Statement of**

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**Director, Navy Nurse Corps**

**Before the**

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**of the**

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## **Introduction**

Good Morning. Chairman Inouye, Senator Cochran and distinguished members of the subcommittee, I am Rear Admiral Karen Flaherty, the 22nd Director of the Navy Nurse Corps. Thank you for the opportunity to speak to you today. I also want to express my sincere thanks and appreciation for the hard work and dedication of Rear Admiral Christine Bruzek-Kohler, the 21<sup>st</sup> Director of the Navy Nurse Corps during this past year.

In his 2009-2010 Chairman, Joint Chiefs of Staff Guidance, Admiral Mullen declared the “Health of the Force” as one of his three strategic initiatives, stating,

“Our core responsibility is to win wars while caring for our people and their families. They are the heart and soul of our formations, our fleets, and our air expeditionary wings, and our incredible fighting spirit. As a Nation, we have a solemn obligation to fully support, across the spectrum of need, our service men and women, standing and fallen, and their families.”

Today, I will highlight the accomplishments and opportunities facing the Navy Nurse Corps in 2010 as we care for the Health of the Force. The total Navy Nurse Corps, comprised of Active, Reserve and Federal Civilian nurses, number more than 5,500 strong. Working together, we are clinicians and advocates for our patients, we are mentors and leaders for our colleagues, and we are the face of caring and compassion to those affected by armed conflict and natural disasters. My strategy as Director has been focused in three areas: People, Practice and Leadership. It is within these three areas that I would like to highlight our successes and address our current and future efforts.

## **Our People**

### **Recruitment**

Today's Navy Nurse Corps Active Component (AC) is manned at 91.2% with 2,837 nurses currently serving around the world. We have already achieved Navy Nursing's Active Component recruiting goal for 2010, for the fourth consecutive year. Reserve Component (RC) recruiting is currently at 16.4% of the FY10 mission and requires our continued focus. I attribute our recruiting successes to the continued funding support for our accession programs, the local recruiting activities of Navy Recruiters and Navy Nurses, and the continued positive public perception of Service to our Country.

The top three direct accession programs that are favorably impacting our recruiting efforts include the Nurse Accession Bonus (NAB), the Health Professions Loan Repayment Program (HPLRP), and the Nurse Candidate Program (NCP). The NAB continues to offer a \$20,000 sign-on bonus for a three-year commitment and \$30,000 for a four-year commitment; the HPLRP repays student loans up to \$40,000 for a two-year consecutive obligated service, and NCP, tailored for students who need financial assistance while attending school, provides a \$10,000 sign-on bonus and \$1,000 monthly stipend.

In 2008, Navy Medicine created a recruiting team aimed at increasing the visibility and focus on Navy Nursing recruiting initiatives. This effort provides a Navy Nursing presence at local and national professional nursing conferences and collegiate recruiting events. In collaboration with the Navy Medicine Office of Diversity, our Nurse Corps Recruitment Liaison Officer coordinates with local Military Treatment Facilities (MTFs) to have diverse Navy personnel attend national conferences and recruiting, increasing Navy's visibility among minority populations. This has allowed us to broaden our reach, and participate in and recruit

across a broad range of national nursing conferences. Further, recognizing that America's youth contemplate career choices at a young age, Navy Nurses travel to local community schools and serve as guest speakers and ambassadors for our Corps, the Navy and the nursing profession.

Leveraging current technology, the Nurse Corps Recruitment Liaison Officer uses a combination of social networking media tools, including Facebook and Twitter, and online discussion forums (e.g., BLOGs), to reach students at colleges and high schools, encouraging them to consider a career in Navy nursing.. Through these media tools, students ask candid questions and can obtain instant feedback in a mode of communication with which they are comfortable. Additionally, students provide feedback of what is and is not working in the recruiting process. Using this information, we have implemented process improvement strategies to correct any gaps in the recruiting process. One improvement we are implementing in 2010 is an early mentorship program for those entering the Navy Nurse Corps through one of our accession programs. Junior nurses will serve as mentors to guide new accessions from school to their first duty station, providing information on pay, travel, duty stations and transition to "Navy Life." We know that the first impression of the Navy and the Navy Nurse Corps are an important part of subsequent career decisions.

Today, the Reserve Component is 83.6% manned with 1,112 nurses in inventory. Last year, the Navy Nurse Corps Reserve Component (RC) met 87% of their recruiting goal. Over 48% of the accessions were Navy Veterans (NAVETS - nurses coming to the RC from active duty) with the remainder joining the Navy Reserve as direct accessions. Success in recruiting NAVETS is related to the initiation of an affiliation bonus of \$10,000 and a policy that guarantees these individuals a two-year deferment from deployment. Additionally, the establishment of the Career Transition Office (CTO) at Navy Personnel Command has been very

successful in identifying those members desiring to move from the active component to the reserve component. The CTO, working in concert with the Reserve Affairs Officer (RAO) and Centralized Credentialing and Privileging Department (CCPD), implemented practices that facilitate a smooth transition with regards to billet assignment, pay and establishment of credentials.

Our reserve recruiting goal for FY 2010 is 165 nurses. A recruiting initiative targeting direct accessions will offer entry grade credit for advanced education and work experience among the critical wartime specialties of Certified Registered Nurse Anesthetists (CRNAs), psychiatric/mental health, emergency room, and perioperative nursing. These initiatives will be expanded to include medical-surgical nurses and critical care nurses as well.

### **Retention**

Retaining Navy Nurses is one of my top priorities. We remain committed to providing a Total Force of Navy Nurses, balanced in terms of seniority, experience, and skills, to provide the very best care to Sailors, Marines and their families. Key efforts have positively impacted retention, including the Registered Nurse Incentive Specialty Pay, a targeted bonus program for undermanned clinical nursing specialties and highly deployed Nurse Practitioners. Our nurses are enriched by being able to practice in both deployed and garrison care settings.

It is our responsibility as Nurse Corps leaders to fully understand all retention issues. We commissioned the Center for Naval Analyses (CNA) in 2009 to conduct a survey and hold focus groups to help us understand the factors that influence career satisfaction and dissatisfaction in the Nurse Corps. We have found that support for families, childcare availability, healthcare, and other benefits such as the Post 9/11 GI Bill play an important role in nurse retention.

Navy Nurses told us they wanted a clinical career ladder. Junior nurses felt they had to leave clinical nursing in order to advance in their careers. They also told us that deployments were fulfilling and had a positive affect on retention. The factors affecting retention are described more as a “pull” away from the military versus a “push” out of the military.

To increase promotion opportunities for senior level positions, we converted a portion of vacant Lieutenant billets to Captain and Ensign billets. These actions also improved the alignment of billets with the number of junior officers being accessed each year. This right-sizing is also occurring for the Reserve Component led by Rear Admiral Cindy Dullea, my Reserve Component Deputy Director. The RC is challenged with personnel gaps in the junior ranks and a larger senior officer force. These initiatives will ensure we maintain an appropriate balance of highly-skilled experienced nurses with promotion opportunities.

My goal for this year is to increase retention by 50% in the AC for those with less than ten years of service, and to retain the appropriate numbers in each officer rank in the RC. To achieve this goal, we are increasing communication and mentoring across all ranks, developing a clinical leadership model, and creating a user-friendly job-assignments process focused on clinical specialty development. Most importantly, I have asked each Nurse Corps officer to be part of this strategy; people stay in organizations because of the positive influence of their peers and immediate supervisors.

## **Our Practice**

### **Clinical Excellence**

Clinical Excellence is one of the main tenets of the Nurse Corps Clinical Leadership Model. Our strategy prepares every nurse to practice safe, competent care in any clinical setting, whether in a hospital or clinic, onboard ship or in forward deployed settings. Clinical Excellence is an expectation of the patients we care for and is an integral part of the interdisciplinary health care team of Navy Medicine. In 2009, we developed and implemented standardized orientation and nursing competencies across all of our nursing specialties. This creates portability, efficiency and consistency of care across all environments. Our goal is to deploy an electronic standardized procedure manual in 2010 for all facilities to have real time access to state-of-the-art updates to clinical care.

Over the past several years, the Nurse Corps identified eight critical wartime specialties, and developed our manning, training and bonus structures to incentivize nurses to practice within these specialties. Additionally, each Nursing Specialty has an assigned Specialty Leader, a Clinical Subject Matter Expert who understands the nursing practice within each community. These Specialty Leaders are key in the sourcing process for deployment missions, and have been empowered to implement improvement strategies for their specialty communities.

Understanding deployments and the type of care needed by our patients is essential when developing our nurses. For example, the critical care patient in Afghanistan may be required to stay on the ground longer given the environmental challenges impacting medical airlift evacuation. Our staff needs to understand this and add to their portfolio of skills in both acute and chronic critical care nursing competencies. To accomplish this goal, our Specialty Leaders worked with Senior Nurse Leaders at MTFs to create partnerships with local civilian hospitals

and military nurses cross-train in local Emergency Departments and Intensive Care Units (ICUs). All Navy Nurses deploying in a critical care role cross-train in an ICU and attend the Essentials of Critical Care Orientation Course, the industry standard for critical care orientation. We are also piloting a “closed-loop” detailing process where nurses who desire to practice in the critical care specialty for their careers, have the ability to be transferred to hospitals that provide critical care nursing. Our goal is to keep these highly-trained critical care nurses working in critical care.

To support the behavioral health needs of our Warriors and their families, the Nurse Corps has increased its inventory of psychiatric/mental health clinical nurse specialists and nurse practitioners. This growth will support the projected growth of the Marine Corps, Blue in Support of Green (BISOG) and the increase in the number of Operational Stress Control and Readiness (OSCAR) teams. We have successfully employed Psychiatric-Mental Health Clinical Nurse Specialists and Mental Health Nurse Practitioners to meet the operational demands of the Psychiatric-Mental health caseload. Looking ahead, we will align our core privileging with our civilian counterparts, deploy mental health nursing assets where needed, and increase the education pipeline to meet this requirement.

Senior Nurses empower their staffs to innovate in hospital, clinic and operational settings, ensuring a culture of clinical excellence is infused at all levels. An example of these innovations is a job sharing initiative in USNH Guam, where two nurses can gain leadership experience, while continuing to excel as clinicians. A Family Nurse Practitioner in Okinawa, created efficiencies, eliminated patient visit backlogs, and increased family satisfaction while maintaining family-centered care. He established a Fast-Track clinic that resulted in a 25% decrease in non-urgent care provided by the Emergency Department. Through Clinical

Excellence in Practice, our nurses gain the confidence and competencies to ensure that Navy Medicine remains a leader in health care.

### **Nursing Education**

I am a fervent supporter of graduate nursing education, research and professional growth of my officers, and am committed to the sustainment and growth of the Tri-Service Nursing Research Program (TSNRP). Each year, approximately 73 officers are selected for Duty Under Instruction, the Nurse Corps' graduate education program. Additionally, nurses are selected to participate in the Johnson and Johnson Wharton Fellow's Program in Management at the University of Pennsylvania, and several Navy-sponsored leadership courses. Clinical specialization matched with leadership experience is key to developing the clinical leader.

The American Association of Colleges of Nursing made the decision to move the current level of preparation necessary for advanced nursing practice from the master's degree to the doctorate-level by 2015 based upon shifting patient demographics, health needs, and changing health system expectations. The Navy Nurse Corps supports a phased approach toward adopting the Doctorate of Nursing Practice (DNP) as the recommended terminal degree for Advanced Practice Nurses, and will utilize a combination of short- and long-term action steps to incorporate the DNP degree option as part of its education strategy. Using existing funding, three nurses will graduate with a DNP in 2012 and the DNP degree will be incorporated into the Nurse Corps Training Plan. As we make the transition to a greater number of DNPs, we will conduct careful reviews of future education funding requirements.

To expand this clinical leadership model to Federal Civilian Registered Nurses, we launched the Navy Graduate Program for Federal Civilian Registered Nurses, the first of its kind in the Uniformed Services, and funded five competitively selected federal civilian registered

nurses to pursue their Master of Science in Nursing degrees. These selected candidates agreed to work a compressed work schedule during the time they are in graduate school and incur a two-year continued service agreement. This program has been fully funded in 2010, and we are currently receiving applications to select our next class of candidates for Fall 2010. We expect that this new program will retain our current civilian nurses, incentivize new nurses to consider entry into federal service, sustain Military Treatment Facilities with subject matter experts when military nurses are deployed, and offer new educational growth for our civilian colleagues.

Every military nurse joins the Service with a Baccalaureate degree or higher, thus our Nurse Corps education strategy is focused on Graduate Nursing Education. I thank you for your support of this critical strategy.

### **Nursing Research**

Navy Nurse Researchers assigned to Medical Centers educate nurses, physician residents, faculty, and staff about research design, implementation and evaluation. They facilitate the research process through collaboration with the Nursing Research team, Clinical Investigations and local, national and international academic institutions. More than 15 formal studies are in progress to promote the health and wellness of our Warriors and their families. Additionally, several evidence-based practice projects underway synthesize research literature to create individual evidence-based nursing practice guidelines and ensure practice effectiveness. The “Back-to-Basics Bundle of Care Project” at Naval Medical Center San Diego and the “Electronic Ticket-to-Ride, a Standardized Hand-off Program” at National Naval Medical Center are just two examples of research projects that will increase patient safety and satisfaction, increase efficiency, decrease health care costs, and promote positive health outcomes during inpatient stays.

Navy Nurses are accomplished authors, presenters and leaders not only in the field of Nursing, but also in health care and medicine. Many have contributed to military, national and international forums as keynote speakers and subject matter experts. Captains Linnea Axman, NC, USN and Patricia Kelley, NC, USN were members of the planning committee for the 2009 Botswana Conference. This conference, co-sponsored by Navy Medicine and Uniformed Services University, identified opportunities for the development of collaborative international research proposals and advancement of the concepts of integrity in research. Commander Michele Kane, NC, USN was the first Nurse Corps officer to provide the keynote address at the 2009 World Congress on Military Medicine. The research conducted by these outstanding nurses is a testament to their expertise, scholarship and commitment to advancing scientific knowledge in the field of medicine.

Among the many nationally recognized award winners for Navy Nurses, Lieutenant Colleen Mahon, NC, USN was recognized as the National Association of Women's Health Obstetric and Neonatal Nursing's Navy Nurse of the Year, and Commander John Maye, NC, USN was selected as the American Academy of Nurse Anesthetists' Researcher of the Year.

### **Outreach and Partnerships**

Navy Nurses, at our MTFs in the United States and abroad, passionately support the professional development of America's future nursing workforce by serving as preceptors, teachers and mentors for local colleges and universities, as well as entire health systems. During Continuing Promise 2009, Navy Nurse Corps officers from the USNS COMFORT served as subject matter experts providing training in Advanced Cardiac Life Support, Basic Life Support, IV insertion, basic first aid, trauma care, EKG interpretation and basic nutrition to 35,000 host nation medical personnel. Although a U.S. Navy mission, Nurses worked with partners from the

Active Component, Reserve Component, Army, Air Force, U.S. Public Health Service, and over 90 nurse volunteers from Project Hope, the Church of Latter Day Saints, and Operation Smile. Additionally, over 40 military nurses from Canada, El Salvador, Netherlands, and France worked side-by-side with us in providing care to over 100,000 patients. Today, the USNS COMFORT is deployed staffed by caring colleagues providing humanitarian assistance to the people of Haiti.

Navy Nurses deployed to Afghanistan in embedded training teams are teaching culturally and linguistically appropriate public health measures. In response to news of H1N1 outbreaks throughout the world, nurses prepared emergency response plans and training for the local Forward Operating Base (FOB) and Regional Hospital in eastern Afghanistan, well in advance of cases appearing in-theater, and deployed critical counterinsurgency tactics by performing village medical outreaches to the local community members in eastern Afghanistan. These missions improved relationships, increased trust and fostered cooperation with U.S. and coalition forces among the local population.

### **Our Leadership**

I believe that leadership at all organizational levels is responsible for ensuring the personnel under their charge are healthy and productive. This is echoed by Admiral Mullen, “As leaders, we must ensure that all receive the care, counseling, training and financial support to become self-sufficient and lead productive and fulfilling lives” (CJCS Guidance, December 2009). My nursing leaders have developed and are implementing an interactive career planning guide useful for mentoring seniors and subordinates at every stage of their careers. This mentoring tool asks pointed self-assessment questions to the officer and the nurse leader to assist both in making the best professional career decisions balanced with professional and personal goals. It guides the nurse leader in assessing the strengths and needs of the officer and balancing

them with organizational goals. Blending our officers' clinical excellence, operational experience and leadership develops the highest caliber leaders for Navy Medicine today and in the future. Each nurse is a leader, whether caring for a population of patients, leading a Command, or being the Nursing voice for our Fleet or our Marines. Each day, we have an opportunity to impact the health and well-being of others.

A key role of a leader is to know their people and help them develop the resiliency to be able to handle stressors and life events. Navy Medicine's Operational Stress Control and Care for the Caregiver programs have a direct impact on the health and well-being of the force, deployment readiness and retention. By developing and providing education and training opportunities throughout the service member's career, Operational Stress Control builds resilience and increases effective responses to stress and stress-related injuries and illnesses. We know that caring for service members and their families and experiencing the trauma and stress that they experience can impact our medical staff. Strengthening the resilience of our Navy Nurses will assure they are better equipped to meet the day-to-day challenges of both naval service and their profession.

### **Closing Remarks**

Thank you for providing me this opportunity to share with you the remarkable accomplishments of the Navy's Nurse Corps and our continuing efforts to meet Navy Medicine's mission. On behalf of the outstanding men and women of the Navy Nurse Corps, and their families who faithfully support them, I want to extend my sincere appreciation for your unwavering support.