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**U.S. Senate Appropriations Energy and Water Subcommittee
Testimony of Rear Admiral Christine Bruzek-Kohler
Director of the Navy Nurse Corps
Chief of Staff, Bureau of Medicine and Surgery**

WASHINGTON, D.C. . The U.S. Senate Appropriations Defense Subcommittee on Wednesday held a hearing to examine the health care provided to U.S. military servicemembers and their families, including the situation at Walter Reed Army Medical Center. As part of that hearing, the subcommittee heard testimony from Rear Admiral Christine Bruzek-Kohler, the 21st Director of the Navy Nurse Corps and the Chief of Staff, Bureau of Medicine and Surgery. The Admiral's prepared testimony is below.

I am Rear Admiral Christine Bruzek-Kohler, the 21st Director of the Navy Nurse Corps and the Chief of Staff, Bureau of Medicine and Surgery. It is an honor and privilege to speak to you again about our outstanding 4,100 Active and Reserve Navy Nurses and their contributions in operational, humanitarian, and traditional missions on the home front and abroad. Over the last year, we faced numerous challenges from the continuing War in Iraq, and the Global War on Terrorism, to conducting overseas humanitarian missions in Southeast Asia. The performance of all Navy Nurses, in particular our wartime nursing specialties of mental health, nurse anesthesia, critical care, family nurse practitioner, emergency medicine, perioperative, and medical/surgical, has been exemplary in all theaters of operations and healthcare settings. Navy Nurses, with the support of our outstanding Civil Service and contract nurses, answered the call of duty with outstanding dedication and provided hope and comfort to all those in need.

The primary component of success in the Navy Nurse Corps has been our ability to clearly articulate and demonstrate our military relevance. To accomplish this, our nurse leaders recently met to review our 2006 strategic goals and objectives and determine our way ahead for 2007 and beyond. The outcome of this meeting resulted in the establishment of six priorities for Navy Nursing that are specifically aligned with the vision and goals of the Chief of Naval Operations and the Surgeon General. To chart our course and navigate our achievements into the future, these six priorities include: clinical proficiency to sustain our readiness; alignment of educational programs to meet future mission requirements; shaping the Nurse Corps to meet missions of the future; development of an executive leadership model for future Nurse Corps leaders; joint partnership to create a nursing productivity model; and implementation of a robust

Nurse Corps communication program. Addressing each category, I will highlight our achievements and issues of concern.

Readiness and Clinical Proficiency

Throughout the career continuum, Navy Nurses are responsive, capable, and continually ready to provide the finest care, %Anytime, Anywhere.+ Our clinical sustainment policy ensures our nurses are ready to deploy at a moment's notice and provide superior clinical care from operational deployments in Iraq, to humanitarian missions in Southeast Asia. At military treatment facilities, in the operational theater, on humanitarian missions, and working in a joint environment, Navy Nurses are clinically agile and trained to mission requirements. Working with our sister services, we continue to define scopes of nursing practice and competencies to ease integration and cross-utilization within the military healthcare system.

At our military treatment facilities at home and abroad, Navy Nurses are at the forefront of providing comprehensive mental and physical care to our returning heroes. To fully address their needs, thirteen Deployment Health Clinics have been established across the country. Here, a specialized team of nurses, medical providers and allied health professionals ensure all personnel returning from operational deployments receive timely and thorough medical screenings and follow-up care. For those wounded warriors returning from overseas, Naval Medical Center (NMC) San Diego offers a multidisciplinary program of care via the Comprehensive Combat Casualty Care Center. This service offers a wide range of medical, surgical, behavioral health and rehabilitative care to those wounded in the service of our country.

Nurses in a variety of settings within the Navy are at the forefront of providing behavioral health, case management, and community health nursing. Our mental health nurses and practitioners are working with deployed personnel pre- and post-deployment in a variety of settings to ensure their behavioral needs are fully addressed. We are in the process of recognizing the advanced skills of the mental health nurse practitioners and anticipate utilizing their expertise as advance practice nurses in the near future. As healthcare systems experts, our Nurse Corps case managers liaise between civilian, Department of Veterans Affairs, and our military treatment facilities to ensure our wounded warriors have complete and rapid access to all their physical and behavioral health needs. Additional rehabilitative support comes from the Navy-Marine Corps Relief Society, whose visiting nurses partner with our Navy Nurses in order to provide greater stateside services through the newly formed Visiting Nurse Combat Casualty Assistance Program.

For our Sailors, Marines and all our beneficiaries, Navy Nursing is proud to provide the best family-centered care. Throughout our medical treatment facilities, nurse led Mother-Baby initiatives continue to improve quality of life and bring deployed family members closer together. Naval Hospital Camp Lejeune, North Carolina opened a newly renovated Mother-Baby Unit serving both Marine Corps Air Station Cherry Point and Marine Corps Base, Camp Lejeune. The 18 new labor and delivery suites greatly

expand access to care and provide special features such as a Level II nursery for newborns who require close monitoring and lactation consultation for maternal support. Innovative family-centered nursing practice at the Mother-Infant Care Center at the National Naval Medical Center (NNMC) resulted in this unit being named the "Best Nursing Team" by Advance for Nurses Magazine. At the NNMC and Naval Hospital Camp Pendleton, deployed family members are afforded the opportunity to participate in the labor and delivery of their newborns via video and telephone conferencing. Whether at home or abroad, our family-centered care is the foundation of support to all our service members.

Beyond our medical treatment facilities, Navy Nurses continue to serve with pride in a variety of operational and humanitarian theaters. During the past year, Navy Nurses from both active and reserve components were deployed throughout the world as members of joint military, humanitarian and multi-national missions. Our nurses served with pride in Navy and Marine Corps operational units around the globe: Kuwait, Iraq, Djibouti, Afghanistan, Bahrain, Qatar, Canada, Germany, Honduras, Peru, Indonesia, Philippines, Pakistan, Thailand, South Korea, East and West Timor, Vietnam, Bangladesh, Republic of Georgia and Guantanamo Bay, Cuba. Nursing care services for both operational and humanitarian missions were delivered by Surgical Teams, U.S. Marine Corps Surgical Companies, Shock Trauma Platoons, the Forward Resuscitative Surgical Systems, and the Enroute Care System Teams for casualty evacuation. In addition, care was provided in expeditionary medical facilities, on Navy hospital ships, aircraft carriers, amphibious ships, and at our military treatment facilities. At Landstuhl Regional Medical Center, almost one hundred Nurse Corps reserve officers are working side-by-side with their Army and Air Force colleagues giving direct care to our returning casualties.

Providing care to the citizens of the world, our humanitarian missions reflect America's generosity and compassion. These efforts greatly enhance America's image as an ambassador of goodwill. In 2006, Navy Nurses on board the hospital ship USNS MERCY, concluded a five month Southeast Asia humanitarian mission. In conjunction with the Navy Medicine team, our medical personnel partnered with the U.S. Air Force, U.S. Army, the nations of Canada, India, Malaysia, and Australia and with Non-Governmental Organizations. Together, the agencies and partnering countries delivered emergency/trauma, critical care, post-anesthesia care, pediatric and medical surgical services in a mutually supportive environment.

The mental and physical stress of day to day nursing care provided to our critically wounded uniformed personnel necessitates that we acknowledge the demands of our profession and the importance of balance and care for the caregiver. To address these demands, efforts involving mental health support out-reach teams, psychological injury first aid training, and collaborative healthcare peer support services are made available to all of our nurses. In addition, our nurses are encouraged to take advantage of all family support services and command sponsored morale, welfare and relief opportunities.

Education Programs and Policies

Our education programs and policies support nursing operational readiness, the warfighter, and provide opportunities for graduate level advance practice to improve quality of care at home and abroad. At our medical treatment facilities, our nurses are provided the very best clinical training environments to sustain and improve their clinical skills. To hone these clinical skills for operational deployment, we have numerous initiatives and programs to ensure their clinical abilities in the field are of the highest level. To guarantee continued growth in clinical knowledge and expertise, our graduate education program provides Masters and Doctoral level training for our Navy Nurses. Our advance practice nurses from these programs are actively conducting research and implementing healthcare programs that directly benefit the warfighter and all our beneficiaries.

Ensuring our nurses' clinical skills are of the highest caliber, we continue to utilize, reassess and seek out the best clinical training programs. Our robust Nurse Internship Programs at NNMC, in Bethesda, Maryland; and NMC Portsmouth, Virginia; and NMC San Diego, California, continue to provide professional guidance and mentorship to our new Navy and civilian nurses. We have initiated a pilot perinatal training program to ensure continued quality care and patient safety for our nurses going to overseas facilities. This program will provide our junior nurses the skills they need to work in the labor and delivery environment. We have implemented a new component for nurses developing critical care skills through the use of web-based training. This program is based on the American Association of Critical Care Nurses Essentials for Critical Care and coupled with bedside training, provides the most up-to-date clinical training for our critical care nurses. Certification in wound care provides our nurses with the state-of-the-art skills to care for our trauma patients returning from combat.

In addition to training within our facilities, our nurses are actively collaborating with our sister services to promote continuously improved quality clinical care. To maintain clinical proficiency, our nurses at U.S. Naval Hospitals in Naples and Rota have a collaborative staff sharing agreement with the Landstuhl Regional Medical Center. At Landstuhl, our nurses are able to enhance and maintain their clinical skills in emergency room, neonatal, mother/baby and critical care. Supporting joint training opportunities, NMC Portsmouth, in collaboration with Langley Air Force Base created a 10-week Neonatal Intensive Care Course that provides training to staff in anticipation of opening a new level II nursery at Langley. This joint project will expand the ability to care for pre-term infants in the Tidewater, Virginia area. In addition, the Navy and Air Force formed a partnership involving the critical care course at the NNMC. This training accompanied by follow on clinical rotations enabled the Air Force Nurses to attain critical care skills while simultaneously supporting the medical mission.

Advance practice nurses at our facilities continue to improve quality of care through implementation of national healthcare protocols as well as sound nursing research findings. Several quality and patient safety protocols from the Institute of Healthcare Improvements were adopted for use in our military treatment facilities. A sampling of

current Nurse Corps clinical research underway includes: Affects of Total Parenteral Fluid on the Nutritional Status of Premature Neonates, Efficacy of a Nurse Run Outpatient Behavioral Therapy Program, Extra-Amniotic Balloon Insertion Comparison Study, and Affects of Healthcare Industry Representatives in the Operating Room.

Beyond the military treatment facility, our nurses receive specialized clinical training to enhance their critical wartime nursing skills to provide immediate care in any operational setting. Navy Nurses have maximized available training opportunities through the Navy Trauma Training Course at the Los Angeles County/University of Southern California Medical Center; Joint Combat Casualty Care Course in San Antonio, Texas; and Military Contingency Medicine/Bushmaster Course at the Uniformed Services University Graduate School of Nursing in Bethesda, Maryland. Operational training has been integrated into the Navy Nurse Corps Anesthesia Program and every nurse is deployment ready on the day of graduation. Other operational medical training programs Navy Nurses take part in include the: Enroute Care Course, at Fort Rucker, Alabama, Field Medical Service Officer Course, at Camp Lejeune, North Carolina, and Advance Burn Life Support course provided by the Defense Medical Readiness Institute. Collaborating with our civilian medical communities, our nurses at NMC San Diego, California, maintain an agreement with Scripps Medical Center for trauma training in their emergency room.

Navy Nurses continue to support joint training opportunities in a variety of environments that provide the foundation for combined operational medicine. In Operation Northern Lights, Navy Nurses helped support the Army's field exercise at Ft. McCoy, Wisconsin, by jointly operating a 30-bed field hospital under simulated wartime conditions. In preparation for future operational and humanitarian missions, Navy Nurses on board the hospital ship USNS COMFORT, participated in an international medical mass casualty drill in Halifax, Nova Scotia, involving Canadian forces and the British Royal Navy. Supporting the concept of interoperability, Navy Nurses in the reserve component have worked seamlessly with the Defense Medical Readiness Training Institute, sponsoring and teaching three major professional trauma programs. The programs conducted on-site at San Antonio, Texas included: Advanced Burn Life Support, Joint Combat Casualty Care Course, and Pre-Hospital Trauma Life Support. Furthermore, these were exported to several regional training sites to maximize participation. Working with our civilian and military counterparts provides Navy Nurses important clinical training and mutual operational support opportunities.

The experiences gained in the operational environment have enabled Navy Nurses to be at the forefront of implementing the latest operational medicine training programs. At Navy Medicine Manpower, Personnel, Training, and Education Command, our nurses are part of a team working on the Expeditionary Medicine Web-Based Training Project. This web-based training will support clinical operational training and include combat-related medical skill and knowledge. To provide realistic casualty training to our forces at sea and land, Expeditionary Strike Group Five home-based in San Diego introduced a medical simulation mannequin called %SimMan.+ Critical care nurses with the Strike Group have used this device to train key personnel on essential life-saving medical

techniques and assessments. Navy Nurses have been instrumental in the development of the Combat Lifesaver Trainers course at the Field Medical Service School. This program teaches select corpsmen how to train Marines in life-saving skills that bridge the gap between basic first aid and the corpsmen.

In addition, nursing research is actively being carried out to support warfighter readiness. A sampling of these studies include: Affects of Redeployment on Military Medical Personnel, Smokeless Tobacco Use Among Female Marines and Sailors Returning from Deployment, Coping Intervention for Children of Deployed Parents, Describing Chronic Disease Conditions in the Crews of Small Ships, Assessment of the Navy Shipshape Weight Management Program, Developing a Care for the Caregiver Mental Health Promotion Model, and Perceived Barriers Toward Emergency Contraception in Female Soldiers Deployed in Support of Operation Iraqi Freedom.

Working with the civilian community, Navy Nurses have provided integral disaster, readiness training and nursing education support. At Naval Health Care Clinics New England, our nurses participate and provide essential emergency response training with the local community. In the National Capital Area, NNMC nurses played an essential role in coordinating and collaborating with the community in the area-wide mass casualty drill. Given the current shortage of Nursing School faculty across our country, we continue to provide clinical nursing experiences at our military treatment facilities while functioning as clinical nurse preceptors, educators and adjunct professors in support of schools of nursing throughout the country.

Our Navy Nurse Corps graduate education programs continue to enable Navy Medicine to improve the quality of care for our Sailors, Marines, and their families. On an annual basis, we shape our graduate education training plan based on our health care and operational support requirements. We select our most talented nurse leaders to attend accredited universities around the country to attain their masters and doctorate degrees, which has also proven to be an invaluable retention tool. In addition, a plethora of continuing education courses and specialized training opportunities are available to further enhance solid clinical skills.

The Tri-Service Nursing Research Program (TSNRP) has played an integral role in contributing to successful patient outcomes, quality care, and support for the warfighter. Since its inception in 1992, TSNRP has supported over 300 research studies in basic and applied science and involved more than 700 military nurses as principal and associate investigators. A sample of Navy Nurse Corps studies includes: Clinical Knowledge Development of Nurses in an Operational Environment; Factors Associated with the Onset of Depression in Navy Recruits; Interventions to Maximize Nursing Competencies for Combat Casualty Care; and Research to Practice in the Military Health Care System. Overall, approximately one quarter of the TSNRP studies have been conducted by Navy Nurse researchers.

There have been numerous publications attesting to the expertise of our Navy Nurses, noted in the American Journal of Nursing, Archives of Psychiatric Nursing, American

Journal of Public Health, Military Medicine, Association of Operating Room Nurses Journal, Dimensions of Critical Care Nursing, Critical Care Nursing Clinics of North America, American Association of Nurse Anesthesia, and American Journal of Critical Care. In addition, Navy Nurses have been invited to present innovative practice and research findings at the: Sigma Theta Tau Nursing Honor Society's regional conferences, Annual Meeting of the Association of Military Surgeons of the United States, American Association of Nurse Anesthetists, American Academy of Ambulatory Care Nursing Convention, American Academy of Nurse Practitioners Conference, and Naval Reserve Association.

It is this personal dedication to the highest clinical proficiency and continuing education that makes us proud members of the military healthcare system. Our advance practice nurses are an integral part of the Navy Medicine Team. Continued professional development focused on operational medicine and evidence-based health care are key to our support of the warfighter as we provide the finest care to our uniformed service members and beneficiaries.

Force Shaping

Maintaining the right force structure is essential to meeting Navy Medicine's overall mission by validating nursing specialty requirements, and utilizing the talent and clinical expertise of our uniformed and civilian nurses. We are focused on our operational missions, and wartime specialties: nurse anesthesia, family nurse practitioner, critical care, emergency, mental health, medical-surgical and perioperative nursing. Through force shaping, we are creating the optimum structure for the present and the future.

Navy Nurse Corps recruiting has often struggled in competing with civilian institutions and other government agencies for America's finest nurses. However, for the first time in four years we are projected to meet our direct accession goal. This can be attributed to the tireless efforts of Navy Nurse Corps recruiters, recent increases in our Nurse Accession Bonus, and the Health Professions Loan Repayment Program for recruiting. In addition, our pipeline programs continue to be immensely successful and are the primary recruitment source for future Nurse Corps officers. Our pipeline programs include the Nurse Candidate Program, Medical Enlisted Commissioning Program, Naval Reserve Officer Training Corps Program, and Seaman to Admiral Program. These pipeline programs are our lifeline to ensure a steady supply of trained and qualified Nurse Corps officers in the future and are critical in assisting us to maintain desired manning levels. To this end, the Seaman to Admiral Program has been increased in order to expand our enlisted personnel's opportunity to become Navy Nurses. Overall, I am very proud of our recruiting efforts, but our retention of Nurse Corps officers is still of great concern.

Retention poses a greater challenge with only 67 percent of active duty Nurse Corps officers deciding to remain on active duty after their first obligated decision point. At the end of calendar year 2006, our manning end strength decreased to 91 percent in the active component, with a deficit of 286 Navy Nurses. Within our wartime specialties,

shortfalls have been identified in the nurse anesthesia and family nurse practitioner communities.

To counter these deficiencies, a number of programs and initiatives have been implemented. The Health Professions Loan Repayment Program has been extremely successful and the applicants exceeded available positions for the last two years in a row for both retention and recruiting. The Certified Registered Nurse Anesthesia specialty pay was increased to assist in retaining this critical wartime specialty. Our Nurse Corps recruiters, to enhance recruitment and promote diversity, expanded their presence at a variety of national nursing conferences: Association of Operating Room Nurses, Association of Critical Care Nurses, Emergency Nursing Association, National Black Nurses Association, National Association of Hispanic Nurses, and National Student Nurses Association. Nurse Corps officers are serving as mentors of our students in the Nurse Candidate and Naval Reserve Officer Training Corps Programs to provide professional growth while enhancing retention. We have also established specific identification codes to identify our advanced practice Nurse Corps officers with expertise as adult, critical care, and emergency room nurse practitioners. This provides military treatment facilities key data to recognize the professional abilities of these Advanced Practice Nurses and to utilize their expertise in the role of Primary Care Nurse Practitioners. These identification codes further assist Navy Medicine to accurately identify and utilize nurse practitioners in expanded operational assignments. Last year, we proposed a Critical Skills Retention Bonus for officers who entered service in Fiscal Year 2004 and Fiscal Year 2005. We did not meet direct accession goals for these two fiscal years. The retention bonus is specifically targeted to improve retention of Nurse Corps officers who entered active service during these two fiscal years. In addition, I have personally written to many of the Deans of Nursing throughout the country outlining the benefits of a Navy career. Navy Nurse Corps officers are highly encouraged to utilize every opportunity to recruit new nurses and take on the career enhancing assignment as nurse recruiters. We will continue to closely monitor our end strength throughout the year, evaluate newly initiated programs, and explore other options to retain our nurses.

In the Navy Nurse Corps reserve component, recruitment and retention continues to be of great concern. We continue to have difficulties recruiting and retaining our critical wartime specialties. To address this, Fiscal Year 2007 Nurse Accession Bonuses remain focused on critical wartime specialties. The Nurse Accession Bonus for the reserves has been beneficial in recruiting the professional nurse with less than one year of experience. To attract civilian perioperative nurses, we have opened our perioperative training programs in Jacksonville, Florida, and Camp Pendleton, California, to include reserve nurses. As a pipeline program, our Hospital Corpsman to Bachelor of Science in Nursing Program continues to be successful. With our increased rate of mobilizations to Landstuhl and Kuwait, and contributory support to our medical treatment facilities, it is imperative that we meet our nursing specialty requirements and explore all options to support our recruitment and retention efforts.

Civil Service and contract nurses are integral members of the Navy Medicine team and their support and efforts are essential in ensuring we provide quality nursing to all entrusted to our care. We recruit and retain the very best of these nurses through a number of programs and initiatives. The Direct Hire Authority from the National Defense Authorization Act of 2003 gives commands the flexibility to offer nursing positions directly to interested candidates. The Superior Qualifications Bonus gives commands the option to offer a higher basic pay rate based on exceptional experience and/or education. A recruitment bonus based on a percentage of their base pay and a relocation allowance may also be utilized. Other recruitment and retention tools available include Special Salary Rates, Retention Allowance, Student Loan Repayment Program, Tuition Assistance, payment for licenses/credentials, and the Accelerated Promotion Program. For those new to the nursing profession, we have expanded the Nurse Internship Program at our major naval medical centers, to include civilian nurses. In the last two years, we have made great strides in increasing our civilian nursing workforce and continue to reassess all programs to ensure we attract and retain the very best for the Navy Medicine team.

Our success in meeting the mission in all care environments requires that we continuously reassess our measures of effectiveness, adjust personnel assignments, and revise training plans. We continue to closely monitor the national nursing market environment to ensure Navy Nursing recruiting and retention efforts remain competitive.

Leadership Development

Leadership development begins the day our nurses take the commissioning oath as Navy officers and is continuously refined throughout an individual's career with increased scope of responsibilities, upward mobility, and pivotal leadership roles within the field of nursing and healthcare in general. Our Navy Nurses are proven strategic leaders in the field of education, research, clinical performance, and health care executive management. To help prepare them for these roles, a variety of leadership courses are offered: Navy Corporate Business Course, Service War Colleges, Military Healthcare System Capstone Symposium, Interagency Institute for Federal Healthcare Executives, Wharton's Nurse Executive Fellows Program, Basic and Advanced Medical Department Officers Course, and the Joint Operations Medical Managers Course. To ensure we continue a legacy of nursing excellence, it is critical that we identify those leadership characteristics and associated knowledge, skills and abilities that are directly linked to successful executives in Navy Medicine. A Nurse Corps study (Palarca, 2007), in conjunction with Baylor University, has identified the key leadership competencies and associated knowledge, skills, and abilities specific to mid-level and senior executive Nurse Corps officers. The competencies identified for mid-level Nurse Corps officers include: management; leadership; professional and personal development; deployment readiness and interoperability; communications; and regulatory guidelines. The competencies identified for senior executive Nurse Corps officers include: business management; executive leadership; professional development; global awareness and interoperability; communications; and personnel management. This information will provide the basis for ongoing leadership

development of our mid-grade through senior executive officers as they advance in executive medicine.

To meet today's challenges, nurse leaders must be visionary, innovative and actively engaged across joint service and other agencies to maximize our medical capabilities. Nurse Corps officers continue to reach new heights of clinical and operational leadership fulfilling roles as: Regional Director, TRICARE West Region; Chief of Staff, Bureau of Medicine and Surgery; Commanding Officer, USNS COMFORT; First Surgical Company Commander, Iraq; Officer in Charge, Camp Doha, Kuwait; Commanding Officer, Coronado Battalion U.S. Naval Sea Cadet Corps; President, National Student Nurses Association; and commanding and executive officers of military treatment facilities around the world. Navy Nurse Corps officers have been recognized in a variety of media wide publications: New York Times Nurse of the Year Runner-Up, Washington Post Nurse of the Week, and Best Nursing Team of 2006 by Advance for Nurses Magazine. Within the Reserve Component, our dedicated Navy Nurses are in key leadership positions in their units, when recalled to active duty, as well as in their civilian organizations, professional associations and local communities. Examples of key leadership positions include Deputy Commander, Navy Medicine National Capitol Area; Deputy Director for Navy Personnel, Landstuhl Regional Medical Center; commanding officers of Operational Health Support Units; CEOs of healthcare companies; administrators of hospitals; directors for nursing services; and faculty positions in colleges of nursing. Navy Nursing remains committed to creating an environment which enhances leadership opportunities for tomorrow's future senior healthcare executives.

Productivity

Increasing healthcare costs, coupled with balancing higher patient acuity with available nursing resources, requires accurate and efficient management of our manpower assets. To address this we are taking steps to maximize our nursing human resources. In San Diego, California, a nurse-managed Pediatric Sedation Center was established for those procedures that normally required the main operating room. This initiative reduced main operating room utilization and provided a more pleasant environment for those families requiring the service of the Pediatric Sedation Center. In Quantico, Virginia, the nurse-run Wound Clinic instituted several nurse-focused standard operating procedures to address ailments that would otherwise require physician intervention. In Camp Lejeune, North Carolina, the branch medical clinic sends nursing personnel directly to the School of Infantry to address healthcare issues on-site versus requiring medical clinic visits. In Portsmouth, Virginia, nurses from the local reserve unit have performed over 84 thousand man hours of operational and clinical support over the last 27 months. This constituted a cost savings of over \$4 million to NMC Portsmouth.

To maximize the identification of nursing productivity, a Tri-Service Patient Acuity Scheduling System Working group has been formed. The purpose of the group is to develop business strategies for inpatient and outpatient acuity assessment and

scheduling; and to develop a military healthcare system information technology to transform and standardize the methodology for capturing, reporting, and communicating patient acuity, staff scheduling, and productivity across the services. The Navy Nurse Corps, with our sister uniformed services, continues to seek out the most effective productivity models to maximize our healthcare resources.

Communication

Communicating through a comprehensive plan ensures all reserve and active Nurse Corps officers receive the most accurate, timely, and official information. A team of 24 active and reserve Nurse Corps officers coordinated and created a comprehensive set of Nurse Corps communication modalities: Nurse Corps web-page, weekly newsletter, monthly video-teleconferencing, Nurse Corps news update, Nurse Corps email database, bi-monthly senior Nurse Corps officers update, and semi-annual all Nurse Corps Admirals Call. The aggressive implementation and the coordination of these modalities resulted in a greater awareness of the many beneficial programs we have for Nurse Corps officers. For example, our successful Health Professions Loan Repayment Program had a significant increase in the number of applicants this past year because of our ability to get the message out efficiently and expeditiously. By streamlining the communication process, synchronizing the methodology of delivery, and tapping into the latest technology we have seamlessly connected the Navy Nurse Corps around the world.

Beyond the Navy Nurse Corps, we continue to actively communicate with our uniformed and civilian counterparts. At the monthly Federal Nursing Service Council meeting, the nursing leadership of the Army, Navy, Air Force, Public Health Service, Department of Veterans Affairs and the American Red Cross meet to discuss the challenges facing our respective organizations. Furthermore, the Nurse Corps Chiefs of the other uniformed services and I meet regularly to address our common military nursing issues and opportunities to partner jointly on resolutions. Joint operations, cooperation, and communication are the foundation for future success in providing the highest quality of care for all our beneficiaries.

Closing Remarks

In the last year, our active and reserve Navy Nurses have answered the call of a grateful nation and are proud members of the One Navy Medicine Team. By partnering with civilian and military health care teams, our nurses provide the finest care worldwide and make a positive and meaningful difference in the lives of our uniformed service members, their families, our retired heroes, and beneficiaries. The basis of our future requires that we align with the mission of our armed forces while adapting to the advances in professional nursing practice. The uniqueness of military nursing is our dynamic ability to seamlessly integrate the critical nursing specialties into the healthcare needs of soldiers and Marines on the field, and our Sailors at sea. We continue the exemplary tradition of Navy Nursing Excellence by focusing on interoperability and working side-by-side with our military and civilian colleagues.

I appreciate the opportunity of sharing the accomplishments and issues that face Navy Nursing. I look forward to continuing our work together during my tenure as Director of the Navy Nurse Corps.

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