

UNCLASSIFIED

STATEMENT BY

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Chairman Inouye, Vice Chairman Cochran and distinguished members of the committee, it is an honor and a great privilege to speak before you today on behalf of the nearly 40,000 Active component, Reserve component and National Guard officers, non-commissioned officers, enlisted and civilians that represent Army Nursing. It has been your continued tremendous support that has enabled Army Nursing, in support of Army Medicine, to provide exceptional care to those who bravely defend and protect our nation.

Nurses have a proud history of more than 236 years of standing shoulder-to-shoulder with, and caring for this Nations warriors. We have done so in every conflict from the dawning days of the American Revolution to our current operations in Afghanistan.

### **Globally Ready Nursing Supporting the Force**

The Army Nurse Corps remains dedicated to America's sons and daughters who selflessly place themselves in harm's way to defend this Nation. They remain our priority, and Army Nurses are an invaluable presence, with 483 active duty and reserve component nurses engaged in military operations in support of Operation Enduring Freedom (OEF) and other missions worldwide in 2011.

I would like to share a story from CPT Bujak, one of our nurses who deployed to Iraq, on a patient she cared for in theater and later met back in the United States.

"During my deployment to Iraq, I have taken care of numerous patients, from our Service Members, contractors to local nationals. Each patient was unique and my fellow nurses, medics and I provided them with the best care we could deliver. Two months

into my deployment, our ICU received a critically injured Soldier from an RPG attack. Upon arrival to the ER, he was quickly taken to the Operating Room and after couple hours of surgery, he was transferred to the ICU for recovery and stabilization. From the moment he arrived in the ICU, all of the nurses, physicians and medics on duty came together and worked as a team. Everyone was calm and focused, yet you could sense the concern, whether we can make a difference and get this Soldier home. He was fighting for his life and we were fighting with him. [The patient was stabilized and evacuated back to the United States].”

“For the next couple of months, we would get updates from Walter Reed Army Medical Center on the status of ‘our Soldier’, but once I redeployed back, I lost the ability to follow up. From time to time, I would reflect on that day, my teammates, the hard work and of course ‘our Soldier’. Two and a half years later, after the MEDCOM Change of Command ceremony, I saw a familiar face; a face I have never forgotten. It was ‘our Soldier’ from Baghdad, wearing ACUs and walking up the stairs on his prosthetics. He looked as healthy and strong as any other Soldier in the room. I was overcome with peace and joy. I was honored to be able to introduce myself to him and speak with him about those two days in Baghdad. Speaking with a man whom I remember fighting for his life and was now preparing to lead other Soldiers assigned to the Warrior Transition Command is an amazing experience. I wanted to call the rest of my deployment ICU team and let them know ‘We did make a difference’. I don’t have to wonder anymore about that Soldier from two years ago. Now I know, I completed my mission.”

The Army Nurse Corps is dedicated to the care of our warriors and continues to incorporate lessons learned from supporting over a decade of war. We are structuring our capabilities and skill sets to meet the latest strategic imperatives of Army Medicine. Let me share with you several examples of how we are meeting the needs of the Army.

As a globally ready medical force, we go with the Soldier, Airman, Sailor, and Marine to save lives, support healing, and provide comfort. This is demonstrated by our medical management of the movement of critically injured patients in theater. The Enroute Critical Care Nurse Program (ECCN) is the direct result of ten years of caring for wounded warriors. Its legacy is in the over seventy years of aero-medical evacuation. Enroute Care is the transport of critical patients via helicopter in theater. It is based on a research identified capabilities gap for the safe transportation of critically injured patients from point of injury (POI) to forward surgical resuscitation (Level II); from post-operative care Level II facilities to more definitive care at our Combat Support Hospitals (Level III); and from Level III facilities to the Strategic Evacuation platforms for transport to more definitive care in Europe and Continental United States (CONUS). It encompasses strategically placed critical care nursing transport assets across the Combined Joint Operational Area—Afghanistan (CJOA-A).

The Army Nurses providing this battlefield capability face many challenges. They must first meet the rigorous physical challenges required for the training and mission support. They must hold the 66H (8A) critical care nursing career field identifier and complete flight nurse training at the Joint En-route Care Course (JECC). The challenges to be overcome in training are minimal to the practice adaptations that must be made to provide in-flight care to critically wounded patient on life-support in the

confined cabin of a rotary wing aircraft at altitude in hostile airspace, connected to an aircraft communication systems at night. Yet these nurses overcome these challenges, provide quality care under sub-optimal conditions and execute precision patient hand-offs between levels of care on the battlefield.

The ECCN program is a joint Army, Navy, and Air Force endeavor providing critical care transport capabilities on both fixed and rotary wing evacuation platforms. The Army ECCN personnel requirements are mission dependent. However, there are currently nine Army Nurses and an Air Force Team of one Physician and two Certified Registered Nurse Anesthetists (CRNA) assigned to the mission. They are attached to aviations assets across the CJOA-A supporting the movement of critically ill and injured across the battle space. In the last calendar year, these flight nurses transported 1192 patients between levels of care within the Afghan theater. Two hundred eighty two (27.5%) of these transfers were US service personnel; 303 (29.5%) were Afghan Security Forces; 41 (4.1%) were coalition partners; 336 (32.7%) were Afghan civilians; and 37 (3.1%) were detained personnel.

ECCN personnel do more than transport the critically ill or injured while in theater; they also ensure that they remain relevant and ready not only for themselves, but insure their team is ready as well. CPT Ritter and 1LT Bester are shining examples of this within their Aviation Companies, as they ensure sustained competence of the enlisted flight medics . They are truly integrated members of the MEDEVAC team with a vested interest in the team's collective mission success.

We have continued to develop full spectrum capability to manage critical trauma patients in all environments responding to the Army's needs, broadening our scope across the battlefield, and consistently meeting unprecedented challenges while providing care to America's injured and ill sons and daughters. The first Trauma Nurse Course (Pilot course) was completed in February 2012, and 15 students completed an 18 week program at San Antonio Military Medical Center (SAMMC). The Trauma Nurse is a multi-functional Army Nurse with critical care theory, knowledge, and highly developed nursing expertise capable of optimizing patient outcomes. This nurse will have the foundation to care for patients across the continuum of care both in the emergency and intensive settings, and during patient movement regardless of the environment. This pilot is critical to determine the skill sets required to continue to be an agile and flexible medical force for our Warriors.

In addition to the trauma skill set, the Army Nurse Corps is developing other clinical skills to meet the Army's current and future needs. One of our new initiatives is the development and utilization of Psychiatric Nurse Practitioners which will be adopted as an Area of Concentration (AOC) for the Army. The Army Psychiatric Nurse Practitioner provides the assessment and diagnosis of mental illness and any medical problem that may account for or exacerbate a mental illness. They treat mental illness through medication management and psychotherapy. Treatment also includes the appropriate ordering of diagnostic tests and medical consultation/referral when indicated.

Army Psychiatric Nurse Practitioners serve in as direct provider in the outpatient and inpatient behavioral health arena. Additional roles in a fixed facility include officer-

in- charge of outpatient behavioral health clinics or the Chief of Department of Behavioral Health at a medical activity (MEDDAC) or medical center (MEDCEN). The senior Army Psychiatric Nurse Practitioner currently serves as the Psychiatric Nurse Practitioner Consultant to The Surgeon General (TSG). This senior Psychiatric Nurse Practitioner works with the other Behavioral Health Consultants to address behavioral health policy and procedures.

Army Psychiatric Nurse Practitioners have deployed since the beginning of the Global War on Terrorism primarily to Combat Operational Stress Control (COSC) units, but also to Combat Support Hospital (CSH) in support of detainee care missions. Psychiatric Nurse Practitioners provided care to detainees and the Soldiers, Sailors, Airman, and Marines assigned to this mission. Army Psychiatric Nurse Practitioners have served as Commander(s) of COSC unit(s) in Iraq and Afghanistan.

One provider, Colonel (COL) Yarber, served as the Chief of Behavioral Health for a detainee care mission in Iraq for over 20,000 detainees and military/civilian support. Upon redeployment, he provided full-time direct outpatient care and served as the Officer-In-Charge (OIC) for a 3-week intensive outpatient Post Traumatic Stress Disorder (PTSD) treatment program (Fort Hood). Consequently, he was selected to serve as the OIC for the Outpatient Behavioral Health Clinic at Fort Hood while serving as the Behavioral Health Care manager for over 1000 Soldiers and civilians identified as “high risk” after the 5 November 2009 SRP shooting incident at Fort Hood. He managed the ongoing assessment and coordinated care as required for both Soldiers and civilians. Later he was selected to serve as the Chief, Department of Behavioral Health and subsequently deployed in support of Operation Enduring Freedom (OEF).

COL Yarber is the Consultant to the Surgeon General for Psychiatric Nurse Practitioners, and is a shining example of our specialty addressing behavioral health needs of our Warriors.

Despite our efforts in theater, working with our coalition partners, the journey of our Wounded Warriors does not end in theater. Army Nurse case managers have been engaged in warrior care efforts since June 2003, when as a result of the wars in Iraq and Afghanistan, the demand for support and assistance for wounded ill and injured Service members began increasing exponentially. The Warrior Care and Transition Program has continued to make improvements to Warrior Care and nurse case managers have been at the forefront of those improvements. In December 2011, the Warrior Transition Command published the *Comprehensive Transition Plan Policy and Execution Guidance*. The comprehensive transition plan provides a tool that supports a Soldier's goals to heal and successfully transition back to the force or to separate from the Army as a Veteran.

The primary role of the nurse case manager is to assist each wounded, ill or injured Soldier in the development of personal goals, and then to oversee the coordination of his clinical care to ensure achievement of these goals. Nurse case managers are at the forefront of care managed by Triad of Care teams (which are comprised of a nurse case manager, primary care manager, and a squad leader or platoon sergeant), planned with the input of an interdisciplinary team, and outcomes focused on return to duty and the creation of informed and prepared Veterans who are armed and confident as they begin a new life out of uniform. Today, the Army has over 500 nurse case managers assisting a Warrior Transition Unit population of nearly



10,000 wounded, ill and injured Soldiers. Case management efforts have facilitated the transition of 51% of this population back to the force

While our Warrior Transition Units focus on our most severely wounded, ill and injured Soldiers, the number of Soldiers requiring care for conditions that result in a medically non-deployable condition continues to grow. We recognized that there is a value add to provide this group of Soldiers with nurse case managers in order to maintain a force that is ready to fight. The result has been the development of Medical Management Centers to facilitate a rapid return to the force of these Soldiers. We have aligned Nurse Case Managers with our combat units in garrison to work with teams of Licensed Practical Nurse (LPN) Care Coordinators to quickly identify and coordinate care for our 'Medically Not Ready' Soldiers. These are Soldiers who have temporary profiles for ongoing medical conditions that will take 30 days or greater to resolve. The Nurse Case Managers and LPN Care Coordinators partner with the Soldier, the Soldier's unit and the Patient Centered Medical Home (PCMH) team to develop and execute a Soldier-centered plan of care. This plan of care focuses treatment to return the Soldier to full medical readiness as soon as the Soldier is able. When a full return to duty is not possible, the nurse case manager facilitates the Soldier's care and transition through the Integrated Disability Evaluation System (IDES).

Our effort toward ensuring a globally ready medical force was further realized with the assignment of a senior nurse at US Army Africa. As the first Chief Nurse for U.S. Army Africa, Colonel (COL) Armstrong is responsible for establishing nursing's role in support of the DoD's newest command. This includes researching the "State of Nursing" in 55 African nations, ascertaining the medical activities of governmental/non-

governmental agencies to eliminate any overlap of Army programs, and serving as a medical “strategist” to identify opportunities for future engagements. Other activities include serving as a clinical expert and facilitator for military to military medical exchanges, surveying host nation medical facilities, and ensuring that personnel have the appropriate credentials for all Army-led medical missions on the continent.

COL Armstrong also served as the Surgeon for Joint Task Force ODYSSEY GUARD in support of Libya during its “Arab Spring” uprising. As the senior medical advisor to the JTF Commander, COL Armstrong and her staff played a key role in the joint planning and oversight of ground, sea, and air medical assets, coordinated the medical evacuation of 26 Libyan war wounded to facilities in the US and Europe, and supported the re-establishment of the US Embassy in Tripoli.

### **Enhancing the Care Experience**

In February 2011, Army Nursing began implementing a patient-centered, outcomes focused care delivery system encompassing all care delivery environments; inpatient, outpatient, and deployed. The Patient Caring Touch System (PCTS) was designed to reduce clinical quality variance by adopting a set of internally and externally validated best practices. PCTS swept across Army Medicine, and the last facility completed implementation in January 2012. PCTS is a key enabler of Army Medicine’s Culture of Trust and nests in all of Army Medicine’s initiatives. PCTS is enhancing the quality of care delivery for America’s Sons and Daughters.

PCTS has improved communication and multi-disciplinary collaboration and has created an increased demand and expanded use of multi-disciplinary rounds (Patient Advocacy – Care Teams). In one large MEDDAC, a provider was concerned with gaps

that he saw in the discharge planning process that he had on a one of his wards. He said “I think that all would agree that the PCTS has been a huge success in improving physician/nurse communication. Personally, I LOVE being able to round with the nurse taking care of my patients and have already seen improvements with accountability and performance..... Mr. F. approached me this morning with a fantastic way to extend this same system of communication to discharge planning.” This provider facilitated the necessary changes, partnering with nurses to ensure that the patient remained the focus of the change. Several facilities have reported that bedside report, hourly rounding, and multi-disciplinary rounding are so much a part of the routine that they cannot recall a time when it was not part of their communication process. During one facility site visit, when the team walked into the patient room, the patient was overheard to say “Hello Care Team! It is so good to see your familiar faces – time to update my white board and for me to tell you what kind of day I had and what my priorities are tonight!”

For the first time in the history of Army Nursing, we have outcome data obtained through the systematic tracking and reporting of ten priority metrics, benchmarked against national standards. (Evidence-Based Practices – Optimized Performance). This has served to increase individual and collective accountability, and the use of evidence based practices. In three of our largest military treatment facilities we were having challenges in pain reassessment – we knew that it was being done but it was not being documented. Pain reassessment (in the inpatient) and pain assessment (in the outpatient) environment is one of the 10 priority metrics of PCTS. It is also a focus area for the Pain Management Task Force, the Joint Commission etc. We found that just by

tracking this metric, there has been a significant improvement (on average 50% to 90% compliance within the first 60 days) to 98% compliance within 90 days. Staff in these facilities were very excited, and instituted simple, cost neutral interventions such as using a medication administration buddy system, door signs in the shape of a clock, use of hourly rounds, and pager systems to support pain reassessment processes. In the outpatient areas, visual cues regarding the “fifth vital sign,” referring to perceived pain, were created, and a modified buddy system was used to support pain assessment processes. These interventions have supported pain reassessment rates and assessment rates of 98-100% which have a positive outcome impact for patients. We are seeing decreased rates of falls with injury, medication errors and medication errors with injury since implementation of PCTS, and are continuing to monitor these data monthly.

PCTS increases the continuity of care by decreasing staff absenteeism and reducing staff churn. We have been tracking facility absentee rates monthly since PCTS was implemented, and have noted a decrease in many facilities. As part of PCTS, we conduct Practice Environment Scale-Nursing Work Index (PES-NWI) surveys, completing one in January 2011 and one in July 2011. When we compared the data for intent to leave, there saw improvements in the data post- implementation. . These data are very promising and warrant close evaluation. We will continue to monitor absentee rates, and we will conduct the survey again in April 2012. We expect this trend continue and to be able to link these data to PCTS.

PCTS increases nurse engagement which positively impacts patient outcomes. (Healthy Work Environments – Shared Accountability) At a recent site visit to a military

treatment facility a registered nurse when asked why she was actively engaged in PCTS said “for the first time in a long time I feel that what I have to say matters, and that nurses are seen as an equal part of the health care team - that feels good.” One nurse said “PCTS has given the practice of nursing back to nurses – others used to tell us what we could and could not do and we let them – we have to know what our scope of practice is and PCTS has made us have to be much smarter about it.”

Facilities across Army Medicine have implemented shared accountability in the development of unit practice councils and facility nurse practice councils. This has allowed each to create real time examination of practice, to ensure that it is standards based, innovative and current, and aligns with the ANA Standards of Practice and Professional Performance and Code of Ethics. Several of the products from these councils are being prepared for review by the Army Nurse Corps Practice Council (ANPC) for consideration as an Army Nurse Corps wide best practice. The ANPC has fielded two Army Nursing wide clinical practice guidelines since PCTS implementation; patient falls prevention and nursing hourly rounding. Both directly support one of the 10 priority outcome based metrics and illustrate another first for Army Nursing.

Patient CaringTouch System (PCTS) supports licensed personnel to perform at their fullest scope of their licensure, and for non-licensed personnel to perform at their fullest scope of competence. In a recent site visit, a 68D Non-commissioned Officer shared that he is the Core Component Leader for Shared Accountability, and is the leader for the Unit Practice Councils. He said that before PCTS, he would never have been able to have this role. He now has a better understanding of licensed practice, and the scope of competence of unlicensed personnel. He believes that this has

increased the understanding of exactly what the 68D (operating room technician) can do and what the 68W (medic can do). This has really helped all across the facility – medics are doing more than just taking vital signs. This makes the medics feel valued in their role in the clinics.

PCTS ensures that our patients know that their best interests drive all of our care decisions, and that they are part of those decisions. As PCTS moves into sustainment, we expect that we will continue to have positive impacts in each of the 10 priority metrics and that these results will enable similar changes in Army Medicine.

Another health care initiative is the Patient Centered Medical Home. Nursing engagement and commitment to in the Patient Centered Medical Home (PCMH) transformation process have been impressive. The PCMH transformation process has been a grassroots and top driven endeavor from the regional medical command level down to each individual MTF to provide comprehensive and continuous health care to our beneficiaries.

Nurses have been on the forefront of PCMH transformation and while many had unique PCMH nursing stories the following were ones that are the most memorable. MAJ Gray, Officer-In-Charge Military Readiness Clinic and Family Nurse Practitioner (FNP) states that the continuity of care that PCMH provides has allowed her, as an FNP, to put patients back into the center of care and allowed patients to trust that the system works. One story she shared was how a Wounded Warrior was able to decrease his pain meds from four to one over the past six to nine months. She stated that continuity of care between herself and the patient allowed the patient to trust that “you will take care of me”. For the nurses that work in her clinic, “the spark has been

reignited...you can see it in their eyes” and in the nursing care that they deliver. Often the nurses remark that “this is why I got into nursing!!—this is why I went to nursing school. PCMH helps me to make a difference and helps me to improve my patient’s lives”. One of MAJ Gray’s nurse’s, Ms. Ingram, LVN, states that PCMH allows her to be considered a nursing professional. She didn’t feel as if others regarded her as a professional because she was a LVN. She stated, “Now my patients know me and the team. We have a personnel relationship. They feel like we care, and we do. When we ask them how they are doing, they tell us. They trust the system. Even when I am not at work, like the other day I was at Wal-Mart after work, my patient call out to me –Hey! You are my nurse! PCMH is not about numbers, but about our relationship with our patients.”

Nurse Case Managers play a large role in the coordination of all phases of patient care in this system. Nurse case managers are having a direct impact on savings within our patient centered medical homes. The case manager’s early identification and care coordination of high risk patients reduces hospitalizations and emergency room visits, improves medication adherence and closes care gaps that trigger or exacerbate health conditions. The return on investment of embedding Nurse Case Managers into the Primary Care Clinics and the Medical Management Centers directly supports the Army Medical Command’s initiatives.

We recognized a need to educate Army Nurse Case Managers in all practice settings. In November 2011, we launched a new nurse case management qualification course directed toward the novice case manager but open to any case manager joining the AMEDD team. Military graduates are awarded the M9 identifier. Additionally,

graduates should have the core skills to sit and pass a national certification exam once they have obtained the clinical practice hours to be eligible to take either the CCM or ANCC exam.

During the week of 6 February, 44 nurse case management students assigned to Warrior Transition Units, Community Based Warrior Transition Units and Patient Centered Medical Home practice settings worked alongside Warrior Transition Unit Squad Leaders and Platoon Sergeants at the resident course in San Antonio, TX to practice skills in communication and collaboration. The case managers watched a movie outlining the journey of four Operation Iraqi Freedom Soldiers and their families from deployment through recovery. They formed teams and developed care plans using the Comprehensive Transition Plan process for one of the four Soldiers and presented it to the group. That same week, a group of 28 nurses participated in guided discussions on effective documentation and the integrated disability evaluation system from around the country. They used Defense Connect Online technology to facilitate their discussion, share ideas and continue to develop a standard skills set as case managers.

The Army also recognized a need for ongoing professional development of our nursing case managers. To facilitate the education of Supervisor Nurse Case Managers, the Warrior Transition Command developed a 4.5 day Clinical Leader Orientation Program. This program focuses on key leader competencies and provides attendees with 13 hours of continuing education. In August of this year, MAJ Steimle will begin a course of study to obtain a Master of Science in Nursing Case Management. She is our first Army Nurse Corps officer to receive funded graduate



education support for a Masters in case management. Beginning in 2013, we have programmed funds to send two nurses to graduate case management programs annually.

Under the direction of Ms. Roberts, the Womack Army Medical Center Medical Management team developed a process to examine the essential components of appropriately sized caseloads for case managers in Military Treatment Facilities. The team developed a model that not only takes into account patient/family acuity and nurse case manager abilities but also provides for capture of quality metrics, return on investment data, utilization management data and peer review.

The result was the development of the Nurse Case Manager Workload and Acuity Tool. This process improvement initiative has had a statistically significant and measurable impact on the role of case management in patient care, individual and department goal-setting, the supervisory process, and performance expectation. The US Army Medical Command has recognized this initiative as a best practice model in caseload calculation and the resulting quality implications. As a result the Tool is being tested Army-wide.

As we expand the utilization of Nurse Case Managers, so, too, do savings generated by their efforts. The case manager's early identification and care coordination of high-risk patients reduces hospitalizations and emergency room visits of the chronically ill, improves medication adherence, return's Soldiers to Full Medical Readiness and closes care gaps that trigger or exacerbate health conditions.

### **Unity of Effort through Joint Teams and Coalition Partnerships**

As they have selflessly served in the past, Army Nurses stand today on freedom's frontiers in Afghanistan supporting the International Security Assistance Forces (ISAF), our partners in the North Atlantic Treaty Organization (NATO), and as members of United States Forces—Afghanistan. One hundred thirty-six Army Nurses from all three Army components make up the Army Nursing Care Team--Afghanistan. Ninety-nine represent the Active Component, 30 represent the US Army Reserves, and two represent the Army National Guard. These nurses are delivering world class care to our Warriors, our NATO partners, Afghan Security Forces, and the people of Afghanistan. They provide care in 39 different facility based locations, at the four distinct roles in the spectrum of battlefield care, at the five theater regional command levels, and along the entire continuum of combat care - from point of injury to evacuation from the theater of operation. This care includes reception of Afghan casualties, treatment, and responsible discharge planning to the Afghan National Care System.

Multinational partnerships are part of the shared vision for a stable, independent, sovereign Afghanistan. This includes the coordinated application of all of the available instruments of power to aid in stabilizing and legitimizing the Afghan system. Partner countries engage in activities to win the hearts and minds of the Afghans and a peaceful end to war and enhance efforts toward national stability. This includes helping the Afghan people meet their basic need for clean food and water, health and security; while simultaneously ensuring the health and welfare of the International Security Assistance Forces. In September of 2011, 87 members of the 10<sup>th</sup> Combat Support Hospital from Fort Carson Colorado joined forces with the 208<sup>th</sup> Field Hospital and a

Danish Forward Surgical Teams to provide comprehensive Role 3 combat health service support at Camp Bastion in Helmand Province, Afghanistan.

This first ever joint US Army and UK Army health service delivery partnership has been an innovation in the responsiveness, flexibility, adaptability, and battlefield capabilities supporting coalition forces, Afghan Security Forces, and providing much needed trauma support for severely injured Afghan civilians. While the partnership is largely about the enhanced health care capabilities and building reliance on the Afghan system of care, it has also transformed how we train, deploy, and sustain medical forces in a combat zone.

The 87 members of the 10<sup>th</sup> Combat Support Hospital, including 43 Army Nurses, began their road to war by joining 143 British counterparts from the 208<sup>th</sup> Field Hospital to take part in a two week Mission Support Validation (MSV) Hospital Exercise (HOSPEX) in Strensall England. The assembled team was specifically formed to provide enhanced poly-trauma surgical capabilities to care for the emerging complexities of blast injuries from improvised explosives devices encountered by coalition forces during dismounted patrols in South and South-West Afghanistan. This first ever US/ UK joint training exercise conducted in Strensall England was a model for mission specific team training for deployed operation. During this HOSPEX, the newly established team was collectively exposed to the mission expectations and facilities at Camp Bastion, including every aspect of care from casualty reception to evacuation. Forming teams with their specific practice areas the primary focus was on team development, familiarizing the team with the equipment and processes of care. This collaborative environment provided the health care teams with the opportunity to share

evidence based clinical practice guidelines, train on procedures, and rehearse trauma procedures prior to deploying to ensure that everybody on the team knew, understood, and was validated with every protocol under combat like conditions prior to deploying.

The joint US/ UK support mission at Bastion/ Camp Leatherneck is a critical one and the 43 Army Nurses assigned there play an essential role in the combat health service support to the more than 54,650 coalition Soldiers at risk within Regional Commands South-West and West. They provide compassionate nursing care in the six bed emergency/ trauma suite, the operating theater, the 16-bed intensive care unit, and the 50-bed intermediate care ward. And while they do so they are innovating nursing practice, streamlining the discharge planning process, and supporting the Afghan health care system.

### **Health Service Support**

The Army Nurse Corps is fully engaged in joint operations with our sister services. One example of the synergy we have created with dedicated effort of the Navy and the Air Force is the Joint Theater Trauma System. The Army Nurse Corps has been providing officers to function as trauma nurse coordinators in the Joint Theater Trauma System (JTTS) since 2004. These critical care nurses serve jointly with Navy, Air Force, and Canadian nurses to collect trauma data in-theater and conduct performance improvement at the three US-staffed military hospitals. In the past year, six Army nurses have filled this role in southern and eastern Afghanistan, working closely with British forces and the air medical evacuation units in those regions. In 2011, these nurses entered over 2,000 records in the military trauma registry,

documenting the medical care given to all casualties, military and host nation, cared for by Coalition forces from point of injury to hospital discharge.

In addition to deployed personnel, the Army Nurse Corps has recently positioned two field grade officers at the Joint Trauma System in San Antonio. These officers were assigned following post-graduate fellowships at the RAND Corporation. Using the analytic skills learned in their training, they have completed system-wide performance improvement and evaluation projects on a variety of urgent trauma issues, including pre-hospital medical evacuation, blood product utilization, en route critical care, clinical practice guidelines, and surgical complications. Whether it's optimizing care at the bedside in-theater, ensuring the best care at each stop on a wounded warrior's journey home, or at the enterprise level monitoring delivery of the most current evidence-based care, nurses continue to be integral parts of the trauma system of care.

Another successful example of joint operations is the Walter Reed National Military Medical Center Inpatient Traumatic Brain Initiative/Post-Traumatic Stress Disorder Unit. The TBI/PTSD unit, (7 East) is a 6-bed acute care unit with medical/surgical and behavioral health capability. Conceptually, it is a short stay unit (2-3 weeks) where functional deficits are evaluated among wounded and injured service members, while simultaneously engaging in early interventions for TBI complications. This multidisciplinary approach is a major collaborative effort among nurses, therapists, physicians, patients, and family members, and it continues to be one of the essential pillars that navigate and shape care provided to this complex population.

One of the success stories from this venture was patient J.B. who initially came to 7 East with increasing behavioral issues that prevented his ability to live unassisted in

the community after sustaining injuries from an IED blast and a subsequent automobile accident. After multiple failed hospitalizations, the family turned to WRNMMC for help. The patient's recovery improved with highly specialized collaborative treatment interventions including medication adjustments and behavioral therapy. A full article was published on this patient's case in the September 2011 Washingtonian Magazine.

We are following the Institute of Medicine's(IOM) recommendation to prepare and enable nurses to lead change and advance health through the assignment of Army Nurses to Warrior Transition Units and our focus on Public Health and Behavioral health. I believe that my assignment as Commander of USA Public Health Command shows that the Army recognizes the importance of nursing in advancing health from a healthcare system to a system of health.

In America, we in DoD spend an average of a 100 minutes each year with our health care team. The other 525,500 minutes of the year our patients are not with us - the same amount of time our environment influences the behaviors that determine our health occur. Nurses are taking a leading role in the implementation of and partnership with the delivery of services that focus on wellness outside the treatment facility. They serve in Army Wellness Centers and provide lifestyle coaching and health education that focus on the behaviors that lead to the manifestation of diseases (e.g., hypertension, diabetes, cholesterol) thus reducing dependency on treatment and empowering them to lead healthier lives.

Another initiative to support America's Sons and Daughters wellness outside the treatment facility is the Army healthy weight campaign – a comprehensive framework to

increase physical activity, redesign how we eat and the environments that support both. It is a plan to achieve a unified vision of an Army family leading the nation in achieving and maintaining a healthy weight through surveillance, clinical prevention and community prevention. This campaign supports two strategic priorities of the National Prevention Strategy, signed by President Obama on 16 June 2011. Public Health executive nurse leaders were instrumental in the development of this National Prevention Strategy, and continue to serve as national leaders in the implementation of this roadmap for our nation's health.

When prevention is insufficient to protect our Warriors from health threats across the globe, the USA Public Health Command created the structure for enhanced public health nursing capability that provides centralized oversight with decentralized health protection and wellness services world-wide. This public health nursing capability exceeded all expectations when tested in September as part of the Rabies Response Team efforts when over 9,000 Warriors, DoD civilians and contractors across the globe received medical screening and treatment services - the majority within 72 hours of notification. Initially, Army Public Health nurses reached out to these Warriors during the Labor Day holiday to provide the human touch that allayed their fears and synchronized follow-on care regardless of their remoteness to military health care facilities.

The Army Nurse Corps is also engaged with the latest initiatives in the AMEDD. Recognizing the magnitude and impact of women's health, The Surgeon General identified the need for a Women's Health Task Force (WH TF) to evaluate issues faced by female Soldiers both in theater and garrison. We have several Army Nurses assigned to the task force, the Executive Officer MAJ Perata is an

Obstetrics/Gynecology nurse. The Task Force is currently working on a number of initiatives for Women Health, to include research and development on the fit and functionality of uniform and protective gear for female body proportions, research of the psychosocial affects of combat on women, and to investigate the integration of Service policies on sexual assault prevention and response programs in theater. Given the large percentage of women in our Army, we fully support the TSG initiatives in women's health.

### **Development of Nursing Leaders**

The Nurse Corps is dedicated to the support of lifelong learning by providing numerous continuing education opportunities. We created the Nursing Leaders' Academy to provide the developmental leadership skills within our nursing officers to mold them into future healthcare leaders. We send Nurse Corps officers for advanced degrees in clinical, research, and administrative degree programs to build our profession. We also support contact hours for lectures, conferences, and seminars to maintain our officer's licensure.

We believe that providing a residency program to our novice nurses is essential to the training of new graduates. We implemented a Clinical Nurse Transition Program which last 6 months and prepares our novice nurses for clinical practice. This program, in its third year, has resulted in an increase in our novice nurses intent to stay in the Army Nurse Corps beyond their initial obligation as well as favorable comments from patient surveys. We also have developed a Clinical Nurse Leader pilot program and support clinical residency programs for a number of our graduate education programs and clinical specialty programs.



The Army Nurse Corps is also following IOM's recommendation to increase the number of nurses with a doctorate. Our Advanced Practice nurses will possess a Doctor of Nursing Practice (DNP) as the standard degree in our training and education programs by 2015. We currently fund five nurses a year through our robust Long Term Health Education and Training Program for PhD studies.

An example of one of our recent PhD students is MAJ Yost who earned her PhD degree in nursing from the University of Virginia. Her dissertation was titled, *Qigong as a Novel Intervention for Service Members with Mild Traumatic Brain Injury*. The purpose of the study was to determine the level of interest in and perceived benefit of a program of qigong, a Chinese health system that has been practiced for thousands of years. In addition to perceived improvements in quality of life and pain management, the active meditative movements of qigong allowed service members to enjoy benefits of meditation without experiencing troublesome flashbacks commonly seen in those with mTBI and comorbid PTSD.

The Army Nurse Corps also values the contributions of our Department of the Army civilian nurse leaders. Our consultant for Nursing Research, Dr. Loan, is one of our many valued civilian members. Dr. Loan, PhD, RNC, just completed her second year as the Consultant to the Surgeon General for Nursing Research. Her recent contributions include: AMSUS November 2011 Speaker: Army Nursing Research Evidence-Based Priorities Breakout Session; Nursing Research Advisory Board Meeting Nov 2011 to establish 2012 EBP/Research priorities. She recently was published in the AMEDD Journal related to the transformation from Nursing Research

Service to Centers for Nursing Science and Clinical Inquiry Oct-Dec 2011. Dr. Loan was inducted into the American Academy of Nursing as a Fellow (FAAN) in October 2011.

The total civilian nurse (Registered Nurse [RN], Licensed Practical Nurse [LPN], and Certified Nursing Assistant [CNA]) inventory constitutes 23% of the MEDCOM civilian workforce and 34% of the civilian medical occupations in Career Program 53 - Medical. Civilian nurses work in all nursing care settings to promote readiness, health, and wellness of Soldiers, their family members, retirees, and other eligible beneficiaries across the lifespan. It is the dedicated civilian nurse workforce that enables and complements the Army Nurse Corps (ANC) to meet full mission requirements by serving as the fibers in the network of continuity at fixed facilities. Civilian Nurse Career development has been on the forefront of the Nurse Corps agenda for the past decade in support of integrated Talent Management and Leader Development. This integration fosters development of adaptive leaders and further building of highly trained, educated, and confident leaders and followers to construct required high-performing integrated teams.

The Army Nurse Corps (ANC) has diligently worked to establish sustainable career lifecycle management strategies such as Student Loan Repayment Program, Accelerated Training and Promotion Program, standardized nurse titling, nurse competencies, and nursing position descriptions (some dating back to the 1970s), and Career Maps which have either been implemented or are in progress. For example, the student loan repayment program has supported 955 individuals with 299 of them supported for multiple years. This has resulted in 85% retention rate of these for retention purposes and improved educational status of the workforce. The Accelerated

Training Program allows for new RN placement and accelerated promotion of two grades within one year with successful completion of each phase of training. 53 personnel have successfully completed this program which has resulted in advancing academic accomplishments and career entry for nursing personnel. The DoD Civilian Healthcare Occupations Sustainment Project (CHOSP) has been a multi-phased initiative that has resulted in updated qualification standards for civilian RN and LPN nursing positions and the creation of an advanced practice registered nurse (APRN) standard to support a relevant and dynamic workforce. These, along with standardized titling and competencies, promote value by reducing unnecessary variance leveraging the full capabilities of a trained workforce, and enhancing unity of effort. The feasibility and functionality of Professional Standards Boards (PSBs) continue to be explored as a culmination of the nurse career development and progression.

I envision the Army Nurse Corps will continue compassionate care and innovative practice in health care. Through the Patient Caring Touch System and the Patient Centered Medical Home we will consistently and reliability meet the needs of our patients and their families. We will continue to grow and develop our nurses to fill the gaps in our health system while anticipating future needs. The Army Nurse Corps is positioned for the changes in our Army and in Military Medicine. We will continue to embrace our proud past, engage the present challenges, and envision a future of seamless improvement in quality care. We in Army Nursing are truly honored to care for America's Sons and Daughters. Senator Inouye, Vice Chairman Cochran and distinguished members of the subcommittee, thanks again for the opportunity to highlight Army Nursing. I am humbled and honored to represent the over 40,000 men

and women who comprise Army Nursing and serve as the 24<sup>th</sup> Chief of the Army Nurse Corps.