FINAL VERSION

STATEMENT BY

MAJOR GENERAL PATRICIA D. HOROHO
CHIEF, ARMY NURSE CORPS OF THE UNITED STATES ARMY

COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON DEFENSE
UNITED STATES SENATE

18 MARCH 2009

NOT FOR PUBLICATION
UNTIL RELEASED BY THE
COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON DEFENSE

Mr. Chairman and distinguished members of the committee, it is an honor and great privilege to speak before you today on behalf of the nearly 10,000 officers, enlisted, and civilians of the Army Nurse Corps. It has been your continued unwavering support that has enabled Army Nurses, as part of the larger Army Medical Department (AMEDD) team, to provide the highest quality care for our service members, families and all those entrusted to our care.

As I assumed the responsibility of this great Corps, I realized that four years as Corps Chief is not much time. Although we cannot eliminate or predict the uncertainty of the future, we are developing a framework to harness every opportunity and manage ambiguity. To this end we have embarked on a campaign plan that will transform the Army Nurse Corps over the next four years and prioritize a fifteen year blueprint for a vibrant, relevant, and flexible Army Nurse Corps.

The Army Nurse Corps Campaign Plan, which was developed at the first ever Army Nurse Corps Strategic Planning Conference in October, is built around four strategic objectives: Leader Development and Sustainment, Warrior Nursing Care Delivery, Evidence-Based Management and Clinical Practice, and Optimization of Human Capital. It reflects our mission and is aligned with the Department of Defense's, Army's and Army Medical Department's goals and objectives. At the heart of the Campaign Plan is what I call, "the triad of nursing." This triad consists of the active and reserve component officers, Non-commissioned Officers (NCOs), and civilians that make up our great Corps and are vital for ensuring that those who wear and have worn the cloth of our Nation and the families that support them, receive timely, compassionate and high quality care.

Execution of the Campaign Plan will be driven by courage to do the right thing, ingenuity to meet the rapidly evolving battle and medical demands of the 21st century, and constant compassion for those we serve and those with whom we serve.

Leader Development and Sustainment

The success and sustainability of our campaign plan rests squarely on the shoulders of Army nurse leaders. Accordingly, my first priority is to develop full-spectrum Army nurse leaders through a leader succession plan.

We are creating the next generation of inspiring leaders who are agile in responding to the Army's evolving needs and who have the capabilities and capacities that are required for current and future missions. These leaders will be adaptive to any conditions-based mission, able to provide a persuasive voice at key echelons of influence in the AMEDD, and provide innovative doctrine to blueprint the future of the Army Nurse Corps.

Over half of our Corps has deployed in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). We are leveraging the experience of these returning Army nurse combat veterans to incorporate and codify their lessons learned into our leader training programs and nurse care delivery systems.

Army nurse leaders adapted readily to the intra-theater flight nursing mission in Iraq. Their lessons learned on over 300 missions transporting approximately 500 critically injured patients have been codified into a flight nursing program that includes standardized clinical practice guidelines and patient outcome metrics. On-board flight nurses decreased the incidence of patient hypothermia during transports from 20 percent to less than 5 percent. One of our Army nurses transported a Soldier who sustained severe burns over 70 percent of his body from a forward surgical team to the 86th Combat Support Hospital (CSH). Last month we heard from the Soldier's wife and three children that he is undergoing full rehabilitation and has made a remarkable recovery. Thanks to our adaptive Army nurse leaders, we are working to develop the role of the intra-theater flight nurse and codify it with the additional skill identifier of N5.

Army Nurse Leaders are currently commanding two Combat Stress Control (CSC) units in Baghdad and Mosul. In Mosul, the 528th Medical Detachment (Combat Stress Control) is commanded by MAJ Chris Weidlich, a psychiatric nurse practitioner, leading a 46-member team with an area support mission to

mentally sustain coalition forces at nine Forward Operating Bases (FOBs) and surrounding areas within the Multi-National Division North (MND-N). Since their deployment from Ft. Bragg, North Carolina in March 2008, MAJ Weidlich and his team have led the way in improving far forward mental health assessment and treatment, evaluating approximately 10,000 Soldiers to date. Additionally, they are bringing far forward the latest on mental health resiliency training and assessment of mild Traumatic Brain Injury to over 50 Joint Security Stations (JSS), Military Transition Teams (MiTTs) and Combat Outposts (COP); all while maintaining a 99.4% return to duty rate.

Army Nurse Corps leaders are also furthering medical diplomacy aims by continuing to expand Iraqi nurse training partnerships. Nurses with the 345th CSH are helping to re-build Iraq's medical infra-structure by instituting a train-the-trainer emergency nursing program. The first iteration of the "Emergency Nursing Train-the-Trainer Program" concluded its first "Partnership in Patient Care," program with thirteen Iraqi nursing students –four females and nine males. This six-week course is building sustainability into the Iraqi nurse education program. In the future, these nurses will teach other Iraqi nurses of Salah ad Din Province thereby expanding the expertise of the Iraqi nursing professionals.

345th CSH nurses worked with the local Provisional Reconstruction Team (PRT) to develop, build, and furnish the Iraqi Nursing Skills Learning Lab in the International Business Iraqi Zone (IBIZ). This skills learning lab is known as the "*Salah Ad Din Victory Health Care Training Center*" and provides classroom space and a separate skills training lab for the Iraqi nursing program and other Iraqi healthcare programs. The training center also facilitates a safe training and collaboration site for both Iraqi medical and nursing professionals and allows our combat support hospital nurses to share knowledge as consultants. This sharing provides the Iraqis with the most up to date nursing education processes that are positively impacting the state of healthcare in Iraq.

While the experiences of deployment produce exceptional nurse leaders, I am concerned about the resiliency and ability of our returning nurses to reintegrate with their families and return to hospital positions where they continue to provide

care to wounded warriors—in some cases, the same warriors they helped to resuscitate in theater. Their compassion fatigue is evident when I talk with them, many of whom are on their third and fourth deployments. We are developing retention strategies that allow these caregivers to “take a knee” so they can re-charge their mental, physical, and emotional energies in order to re-engage as Army Nurses.

With respect to leadership training, we currently have 255 new Army Nurse Officers at nine of our Regional Medical Centers receiving individual training and mentoring that emphasizes development and acquisition of clinical deployment skill sets and competencies to bridge the gap between academic preparation and the clinical practice environment. We are leveraging courses such as the Emergency Pediatric Nurse Course and the Trauma Nurse Competency Course (TNCC) to ensure every one of our nurse officers has the right capabilities to deploy in support of any condition-based mission.

Trauma nursing is our core competency. Subsequently we are focusing on emergency and critical care skills required in a disaster or deployed setting to increase the quality of care we provide. To accomplish this, I have directed a top-to-bottom review of all Army Nurse Leader development training programs. This strategic objective emphasizes development of clinical, leader, and deployment skill sets and competencies for Army Nurse Corps personnel as they progress in rank and clinical experience.

Last, we are looking at redesigning the entire leadership lifecycle, from staff nurse through Deputy Commander for Nursing. Our goal is to create a robust program that ensures nurses have the required skill sets and experiences at each step in their careers. This means ensuring that there are appropriate training opportunities phased throughout the lifecycle and a clearly defined job description and associated competencies for each role. In addition, we are looking at a set of potential structural changes to the lifecycle aimed at increasing flexibility and creating new career pathways for our diverse set of nurses.

Warrior Nursing Care Delivery

My second strategic objective is to get back to the basics of delivering high-touch, supported by high tech, nursing care. We are designing nursing care delivery systems that wrap nursing capability around The Surgeon General's goals and mission. I'd like to talk about five special initiatives we are pursuing in support of providing model nursing care.

In our first initiative, we completed a comprehensive evaluation of best practice civilian and federal nurse care delivery systems in order to distill elements into standardized Army Nurse in-patient and ambulatory care delivery systems. For example, nurses at Walter Reed Army Medical Center (WRAMC) are using several patient discharge management tools that are decreasing length of stay, re-admission rates, and improving patient satisfaction. Nurses at Tripler Army Medical Center (TAMC) implemented Relationship Based Care (RBC), a nursing care delivery model, in 2007. This model emphasizes patient and family centered care, a primary-within-team nursing model, as well as well-defined scopes of practice for all nurses. Since implementation of RBC, nursing at TAMC has experienced an increase in both nursing and patient satisfaction, as well as a decrease in civilian nursing staff turnover.

We incorporated several of these perspectives into the professional nursing pilot at Blanchfield Army Community Hospital at Fort Campbell, Kentucky. This pilot combines and capitalizes on care delivery advancements made at individual military treatment facilities (MTFs) and has three aims: develop nursing practice standards across all MTFs, improve patient satisfaction and outcomes, and increase staff satisfaction and retention. These aims will be reached through combining increased nurse autonomy and skill building with structured interdisciplinary communication and patient-centered and evidence-based care. The pilot is still underway, but after only a few weeks there has been a marked improvement in how the nursing staff communicates with their patients and physicians, as well as how they feel their input is valued by hospital leadership. We are implementing results of the pilot across all of Blanchfield's wards, and

ultimately to all MTFs, to decrease practice variance and improve inpatient nursing care delivery.

Our second initiative focused on ambulatory nurse role redefinition and developing appropriate, functional nurse staffing models. The Army Nurse Corps ambulatory workgroup developed a primary care staffing model that changes the role of the Registered Nurse (RN) from a reactive, episodic-focused role to a proactive, population-focused role. In September 2008 we initiated a year-long pilot study at Moncrief Army Hospital focusing on nurse role redefinition, staffing mix, and professional nursing care. We were able to develop a model by which patients with unmet medical requirements were targeted by a specific nurse assigned to their case ("My Nurse"), who would then work with the provider to review the patient appointment list prior to appointments and identify tests, labs, x-rays, etc. that a patient may need ahead of time. This not only provides a new role for the clinic nurses, but also expedites the ambulatory care process for both the patient and medical team. Outcome measures for the pilot include improving patient and staff satisfaction, decreased urgent care and emergency rooms visits, improved compliance with Health Effectiveness Data and Information Set (HEDIS^{R}), Clinical Practice Guidelines (CPGs) and other health metrics, increased percentage of time seeing their assigned provider and increasing access to care. Initial feedback from patients is that they love the personal attention they receive from "My Nurse" and appreciate having someone they can call with questions or having someone call them to remind them of appointments or follow-up with them with educational materials, etc. The role of "My Nurse" is a paradigm shift in outpatient nursing and will require education and training of all outpatient nurses if identified as a best practice.

Out next initiative is focused on the case management role, both in theatre and stateside. Nurse Case Managers (NCM) remain an integral member of the triad of care in Warrior Transition Units since their inception in April 2007. In addition to ensuring high patient satisfaction with care, NCMs have continued to facilitate other patient care improvements. In October 2008 the Warrior Care Transition Office, in coordination with the AMEDD Center and School conducted

the first resident Warrior Transition Unit Cadre Orientation Course. The course is two weeks in duration with a three day track focused specifically on case management standards and skills. To date, the course has been conducted three times, with over 100 NCMs completing the training. NCMs continue to assist in decreasing the average length of stay for Warriors in Transition.

In the Iraqi Theater of Operations, we established a NCM role aimed at caring for patients who have chronic, complex care requirements. The theater NCM's role includes monitoring average length of stay according to diagnosis, as well as by classification of personnel, such as US, detainee, contractor, Iraqi Army, Iraqi Police, and civilian. In addition, the NCM helps facilitate the discharge plan with the physician and the inter-disciplinary team. COL Ron Keene was instrumental in establishing the first Nurse Case Management Program for detainees in a wartime theater with huge patient successes in the management of hypertension, wound care, and even chronic diabetic care management. The dedication of the Army Nurses and physicians focusing on the total care of our chronically ill detainees can be demonstrated by the decrease in admissions for the management of chronic illness by 38%. This success has actually enabled reductions in bed requirements at the 115th CSH. Close management of chronically ill detainees follows strict adherence to the DOD/VA Clinical Practice Guidelines (CPG's) which are incorporated in daily detainee health care practices. With education and routine contacts, a growing percentage of the detainees have come into greater compliance and medication levels are either reduced or ultimately removed. Detainees are offered customer satisfaction surveys in Arabic and have reflected above average satisfaction with their care—results that rival the best customer satisfaction scores in our premiere Army hospitals. Additionally, Army NCMs insure that Iraqi Imams visit our patients weekly to provide religious support and guidance as a part of their health recovery.

Another Warrior Care initiative focuses on developing a practice model that incorporates the use of our outstanding enlisted corps. At the Bucca detainee hospital, one of the senior NCO Licensed Practical Nurses (LPN's) oversees the

68W (medic) primary care screening of over 14,000 detainees. The LPN ensures that each 68W has completed the Algorithm Directed Troop Medical Care (ADTMC) screening classes and demonstrates a sound understanding of the screening process, documentation and medication administration within the guidelines of the ADTMC scope of practice.

The NCO LPN's are also integral to the new Iraqi nurse partnership. For the first time, an Operating Room and Intensive Care Unit team (includes one NCO/LPN) from one of our small hospitals at Al Kut will be going to one of the local hospitals to help train the Iraqi staff in operating room and post operative care procedures. The RN and LPN team provided hands on demonstrations to the Iraqi nurses helping them improve their clinical practice skills. At the Jamenson Combat Medical Training Center (JCMTC) in Iraqi, 1SG Eric Woodrum volunteered to work in the Air Force hospital Emergency Room to observe Point of Injury care. Those lessons learned were taken back and used at the Jamenson schoolhouse to improve Combat Lifesaver training and patient outcomes.

Last, we are working with other Federal Nursing Service Chiefs to align initiatives and develop compatible practice models. For example, through strong Congressional support, the Army Nurse Corps, along with the Federal Nursing Services Chiefs, started the Psychiatric Nurse Practitioner program at the Uniformed Services University (USU). This program, while providing traditional curriculum, adds clinical training addressing some of the military unique behavioral health challenges and leadership building. The program will pay dividends in the future as we address the behavioral health challenges faced by our Service Members in theaters of operation and after they return home.

We are also furthering cooperation through the Tri-Service Nursing Research Program (TSNRP) to improve trauma and deployment competencies for nurses in all military services. One example of that cooperation is the publication of the evidence-based *Battlefield and Disaster Nursing Pocket Guide*, This guide provides a portable, up-to-date, evidence-based source of information for nurses on the battlefield and those responding to disaster or humanitarian situations.

TSNRP has provided 7500 copies of this handbook to both deployed and non-deployed nurses throughout the services. We are also leveraging TSNRP funded research to improve Warrior care delivery. For example: Pain and Sleep Disturbance in Soldiers with Extremity Trauma; Impact of Body Armor on Physical Work Performance; A Comparison of PTSD and Mild TBI in Burned Military Service Members, and Sleep Disturbances in U.S. Army Soldiers after Deployment to Afghanistan and Iraq.

Evidence-based Management and Clinical Practice

Evidence-based management aims to merge best practices in both clinical care and business practice to produce outstanding outcomes. These goals are supported by blending data measurement and analysis and system redesign into the daily performances of all our nurses.

In support of our aims, we are working to train the next generation of nurse researchers by leveraging TSNRP and Army Nurse Corps researchers both stateside and in deployed environments. Developing the expertise of military nursing researchers is paramount to TSNRP's mission, as evidenced through its courses in grant writing, publishing, and advanced research methods. In addition, it is one of the only research programs to require its investigators to attend a post-award workshop where they are given information pertaining to the regulations of managing a grant. TSNRP provides a very high level of oversight of its awardees, ensuring the research is conducted with the highest rigor. We in the Army Nurse Corps appreciate their dedication to developing nurse researchers of the highest caliber.

Besides training top-notch researchers, we are working to focus our research on improved systems and clinical outcomes, preferably with real-world recommendations that can be easily applied at the patient's bedside. One such research project was the Military Nursing Outcomes Database (MilNOD). Facilitated and implemented as an Army Nurse Corps initiative, MilNOD is the most comprehensive and historical effort of its kind in the United States. Analysis of data from 115,000 nurse shifts established significant associations between

nurse staffing and patient outcomes, such as the occurrence of falls and medication administration errors as well as nurse needle stick injuries. Participating MilNOD MTFs decreased patient fall rates by 69%, medication administration errors rates by 50% and hospital acquired pressure ulcer prevalence by 62%, all of which were statistically significant reductions. Participating MTFs also experienced considerable cost avoidance (falls-$900,000/year; medication errors-$230,000/year; pressure ulcers-$450,000/year). As one of the most seminal studies linking nurse care practices with patient outcomes, the study results will be published in an upcoming edition of *The New England Journal of Medicine.*

Army nursing has made a special effort to support research at all levels, as young researchers of today will become leaders in their fields in years to come. To that end, the nurses of Tripler Army Medical Center (TAMC) started a funded Evidence Based Practice (EBP) research project in 2007 that is now a part of their nursing practice culture. This fiscal year, nurses throughout the facility initiated seven new Evidence Based Practice Projects (EBPP). These studies ranged from improving infection control in ICU settings, to patient satisfaction for pregnant patients on bedrest, to improving communication between nurses on different hospital units. The range of topics studied demonstrates an impressive effort to improve systems while bringing research back to the bedside. I thank out officers, ranging from Lieutenants to Lieutenant Colonels, for their dedication to improving nursing care at every level.

As we move forward with this strategic objective, we are making a special effort to use the power of technology to develop and disseminate best practices throughout the Corps. Integrating technology into best practices has started with ensuring patient safety through proper patient handoffs. Research has demonstrated that smooth, seamless patient handoffs are vital to safe patient care. Nurses at WRAMC in collaboration with the Department of Veterans Affairs (VA) Poly-Trauma Centers have developed a researched based nurse's note that is sent directly to the VA electronic medical record. This nurse-driven project resulted in increased nursing knowledge of patient conditions which enabled the

receiving facility to put in place safety mechanisms to improve patient care and diminish risk of patient injury or poor outcomes. This project is one of the first times we have been able to transmit patient data directly from one electronic medical record into another agency's electronic record.

Without dissemination of our collective knowledge, our advances would mean little to the Corps at large. Thus, we have developed a new ANC interactive website that allows for real time exchange of ideas and best practices, and improves communication across the Corps. We are also making a special effort to link research cells at different MTFs to promote Corps-wide collaboration.

Optimization of Human Capital

My final objective, Optimization of Human Capital, is the strategic and coherent approach to the management of our organization's most-valued assets, our people, who individually and collectively contribute to the achievement of the ANC objectives. Investing in human capital requires special attention to the recruitment and retention of our civilian and active duty nurses, while trying to influence the profession of nursing through academic partnerships.

Recognizing that the majority of our organization is our civilian work force, we are continuing to break down the barriers in recruiting and retaining stellar civilian healthcare professionals. We are committed to streamlining and reducing the gates in the personnel hiring process by setting accountability timelines compared to local averages. To maintain an influence on civilian nursing recruitment and retention, we have placed an ANC Officer in the Civilian Personnel Office in order to partner and facilitate progress on these issues.

We have also started focusing on retention efforts for our civilian workforce. We have been very successful with our civilian nurse loan repayment program which was initially implemented 2 years ago. For fiscal year 2009, 169 of 186 applicants participated in the nurse loan repayment program. As a result of this program, we will be required to expend fewer resources to recruit and train new nurses. In addition, we have consulted with VA nursing to leverage their concept of clinical ladders for our civilian workforce. We are evaluating how best to use

this program to promote clinical leadership opportunities for civilians and establish glide paths for their success in order to retain them on our team.

Turning our focus towards active duty and reserve officers, the Army Nurse Corps has been very successful in recruiting this past year. For the first time in seven years, United States Army Recruiting Command exceeded mission for both the active and reserve components. Regular Army Nurse Recruiters produced 297 nurse recruits against a mission of 205 and the Army Reserve Recruiters produced 528 nurse recruits against a mission of 362. In addition, the Reserve Officer Training Corps (ROTC) experienced great success this past year and expects the same for the next two years. In FY 2008 ROTC was responsible for producing 173 Army Nurses against a mission of 225. This was the highest number of accessions in 10 years. In FY 2009, ROTC predicts a production of 221 Army Nurses against a mission of 225. And in FY 2010, ROTC is projected to exceed their mission of 225 by over 20 nurses (for a total number of 249).

One of our most crucial retention tools is developing a track that will take our ANC officers through a lifecycle that focuses on clinical competencies even at the senior level. We are also evaluating our current force structure to ensure we have the right mix of skills and rank, and that we are assigning based upon capabilities. In addition, one of out most successful programs for retention has been the implementation of Incentive Specialty Pay (ISP) and Critical Skills Retention Bonus (CSRB). To date, 962 (44%) Army Nurse Corps officers have taken either the ISP or CSRB.

Looking forward to the recruitment and retention of all our nurses—civilian, active, and reserve—we decided to optimize one of our most important retention strategies: responsive listening to our nurses. Accordingly, I directed dissemination of a Corps-wide organizational survey that asked our nurses what's on their minds. As a result, more than 2,000 Army Nurses identified areas for improvement in Corps performance. A key opportunity area identified is to increase junior officer involvement in setting the Nurse Corps' strategic agenda. In response, we incorporated the voices of Army Nursing's future leaders at our annual "CJ Reddy Junior Leadership Conference", held this past October in

Washington, DC. This Conference brings together the most promising junior officers in the Corps for an intensive session built around learning, skill building, and networking. When asked what motivates them each day as a member of the Nurse Corps, these officers answered with five consistent themes: 1) the mission of serving their country and caring for Soldiers; 2) the diversity of opportunities the Corps provides; 3) the Corps' camaraderie and sense of family; 4) the available leadership training; and 5) the abundant rewards and benefits. We believe these five attributes create an unparalleled environment to practice nursing and, under my Human Capital imperative, plan to reinforce each of them to become an even stronger recruiting power.

Lastly, we feel that to truly optimize our human capital strategy, we must pursue academic partnerships. The professional staff at several MTF's have worked diligently to support the clinical experiences of advanced practice nursing students. In addition, in cooperation with all the Federal Corps Chiefs, we are supporting Uniformed Services University in their active engagement of academic partnerships with nursing leadership organizations and schools of nursing to maintain an active and influential role in the future of nursing in America. Additionally, we are leveraging our retired AN officers, who are professors at a variety of civilian institutions, to serve as nursing role models, mentors, subject matter experts and ambassadors for the ANC.

Conclusion

Since becoming Corps Chief last July, I see clearly how to harness the power, passion, and pride of the Army nurses to develop the Army Nurse Corps priorities in support of the national health agenda and our Nation at war. Over the next two years we will execute the Army Nurse Corps campaign plan and use it to codify best practices for sustainability. The third year we will begin campaign planning again to ensure we remain relevant and well-postured as a force multiplier for military medicine.

I envision an Army Nurse Corps in 2012 that serves as a model for the Nation, leading a culture of performance improvement across the entire

continuum of care that is without peer in the delivery of nursing care excellence – where we measure our successes in the improvement of healthcare outcomes for patients and families, retention and satisfaction of our staff, and improved stewardship of our precious resources.

I am establishing a culture that evaluates every aspect of traditional practice to ensure that we achieve the desired improvements in our patient's emotional, physical and spiritual well-being. The Army Nurse Corps will be known for the ingenuity and innovation applied to the most challenging opportunities, so characteristic of Army Nurses for the past 233 years. Constant compassion will continue to fuel us, driven by the courage to always do the right thing.

I would like to leave you with a story about one of our nurse heroes. In 2007 we tragically lost a Command Sergeant Major to an apparent heart attack at Camp Victory, Iraq. This incident sparked an NCO to develop and implement a theater-wide Automated External Defibrillator (AED) program. The magnitude of this program was so important that GEN Petraus endorsed the NCO's plan. Just several weeks after the NCO initiated this program, he was confronted with a Soldier who was in cardiac arrest. He used an AED to resuscitate the Soldier, who was treated and sent home to his family. The NCO I've been discussing is SGM Richard Brewer, the LPN I brought into my Corps Chief office to enable my concept of the Army Nurse Triad that includes our LPN colleagues.

I am so proud of our Corps and look forward to speaking with you next year about the progress we've made on our campaign plan. I'll close with our new motto that is the way ahead for the Army Nurse Corps: "Embrace the Past"- leverage our lessons learned; "Engage the Present" – achieve performance excellence; and "Envision the Future"- ensure organizational credibility and sustainability. Thank you.