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PRESENTATION TO THE COMMITTEE ON APPROPRIATIONS

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SUBJECT: FY03 Nursing Programs

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Mister Chairman and distinguished members of the committee, I am Brigadier General Barbara Brannon, Assistant Surgeon General, Air Force (AF) Nursing Services and Commander of Malcolm Grow Medical Center at Andrews Air Force Base. It is my honor and privilege to represent the 19,000 dedicated members of the active and reserve components of AF Nursing Services. This is my third testimony before this esteemed committee and that reminds me how quickly time passes and how rapidly the world can change from one year to the next. Today we are a nation at war and fully engaged in defeating our enemy, the vast network of terrorists who would deprive us of our freedom and rob us of our security. I am so proud to be an American and equally proud to be serving in our Armed Forces. As a people, we have shown great resolve, tenacity and a remarkable degree of solidarity. We have demonstrated again the strength of character and the morale fiber that is the foundation of our great nation. Those who do not understand our core values seriously underestimate our might. More than ever, I am proud to be an Air Force Nurse. We have provided the critical support and care upon which our war fighters depend when they are in harm's way--lifesaving care…and a lifetime of caring.

Readiness

Air Force Nursing Services is committed to responding anytime, anywhere to our nation's call and we are prepared to support the full spectrum of readiness missions from war-winning operations to

humanitarian, civic assistance, and disaster response. Our nurses and medical technicians "were in the trenches" when American Airlines Flight 77 hit the Pentagon on September 11. Major Bridget Larew is an Air Force nurse practitioner at the Pentagon's DiLorenzo TriService Clinic. When she reported for duty that day, she never imagined she would be caring for patients on the lawn of the Pentagon but she was trained and ready to respond. Major Larew took charge as the initial on-scene clinic commander and quickly organized a triage team with over 100 volunteers. She also provided direct care for burn patients and other casualties. Major Larew's outstanding clinical skills and leadership saved lives that day.

Since that horrific event, Air Force nurses and medical technicians have provided vital support during our war on terrorism, Operation ENDURING FREEDOM. The unusual characteristics of this enemy and the dynamics of this campaign have resulted in unprecedented requirements for our independent duty medical technicians to provide medical support to special operations units. Additional training is required to prepare our medics for the special operations environment and they are proving to be vital members of these units. Lieutenant Colonel Paul Beisser, a certified registered nurse anesthetist (CRNA) leading a Mobile Forward Surgical Team (MFST), recently commended the seamless interoperability he witnessed during treatment of trauma victims in a Special Forces mass casualty incident.

Due to the shortage of anesthesiologists, our CRNAs have had increased opportunity to demonstrate their tremendous clinical skills and leadership. Lieutenant Colonel Sheryl Claybough, a senior CRNA assigned to Wright-Patterson Air Force Base, deployed to Prince Sultan Air Base, Saudi Arabia, as Medical Operations Squadron Commander and Surgical Team Chief from August through December 2001. She excelled in interaction with all Joint Forces in the area, significantly impacting the continued success of Operation SOUTHERN WATCH.

In addition to CRNAs and independent duty medical technicians, we have deployed critical care and emergency nurses, perioperative and medical-surgical nurses, and medical technicians. These personnel are members of smaller, more capable medical teams than we have assembled in the past, and these modules are "additive" to provide the right level of support and services to meet the needs of the population served. Some examples of these modules include the Mobile Forward Surgical Team (MFST), Critical Care Air Transportable Team (CCATT), and the Small Portable Expeditionary Aeromedical Rapid Response (SPEARR). Our more capable, but still relatively modest in size, Expeditionary Medical Support System (EMEDS) is deployed incrementally and has 25-85 personnel assigned depending on services available. EMEDS can support a population of up to 5,000 personnel with emergency and operating room services and an inpatient capability between 10 and 25 beds. Forty-five percent of the

EMEDS are deployed far forward in the battlespace of Operation ENDURING FREEDOM.

In 2001, Air Force nurses and technicians provided care in the air to over 20,000 patients in our aeromedical evacuation (AE) system. In support of Operation ENDURING FREEDOM, Active Duty, Reserve and Guard AE teams have transported 366 patients from the Central Command (CENTCOM) Theater of Operations to medical treatment facilities in Europe and the United States. These missions carried 154 urgent/priority and 212 routine patients. In addition, our nursing AE teams provided medical care during the transport of detainees from Afghanistan to Guantanamo Bay.

When the Houston, Texas community called for help during their disastrous flood in June 2001, Air Force nurses and technicians responded as part of a 25-bed EMEDS that deployed from Wilford Hall Medical Center. Air Force medics provided care to 1000 people during the 13-day deployment and they also got valuable field training during the experience.

The Air Force Surgeon General's Readiness Skills Verification Program has paved the way in identifying clinical skills needed for deployment thereby ensuring personnel are current in their practice and ready to deploy. We developed readiness skills checklists for each of our 14 nursing specialties and identified training gaps. Air Force Nursing is now closing those gaps by assisting with the development of training platforms at civilian trauma centers. Known as Centers for Sustainment of Trauma and Readiness Skills (C-STARS), these sites are offering outstanding

sustainment training for our critical care, perioperative, and emergency nurses and technicians.

Captain Kristine Pinckney from Elmendorf AFB, Alaska, was one of the first Air Force nurses to train at our premiere C-STARS, R. Adams Cowley Shock Trauma Center in Baltimore, Maryland. She sharpened her trauma skills with the assistance of four Air Force nurse instructors who are appointed to the University of Maryland School of Medicine clinical faculty, and work and teach in the trauma resuscitation units and surgical suites. Captain Pinckney's impression: "Excellent course! I provided hands-on care to critically ill trauma patients using a team approach. Now I feel more prepared and confident to care for patients during deployment." The state-of-the-art shock trauma center will be accommodating 40 Air Force nurses and 100 medical technicians throughout 2002. In addition, we are beginning to explore ways to partner with the Department of Veterans Affairs to coordinate joint clinical skills enhancement training.

Recruiting

The nationwide shortage of nurses continues and has the potential to impede the ability of healthcare institutions to provide the best quality patient care. Last year, the Air Force Nurse Corps experienced our third consecutive year of failing to meet our nurse recruiting goals. We have recruited approximately 30 percent less than the recruiting goal each year and we ended FY01 at just over 200 nurses under our authorization of 4005.

Our FY02 accession requirement is 383 nurses and as of April 2002, 252 nurses have been selected for a direct commission and we expect to end the recruiting year with 275 new accessions. In light of these continued recruiting shortfalls, we have worked hard to balance our vacancies across our facilities and minimize the impact on the mission. Where possible, facilities have contracted with civilian nurses to fill critical needs.

We have identified new strategies to boost recruiting and have made several policy changes to enable more nurses to qualify for a Nurse Corps commission. In the summer of FY01, Recruiting Services asked for a review of the nurse accession educational requirement because of their difficulty in recruiting nurses with a Bachelor's of Science in Nursing (BSN) degree. We have had a "BSN only" accession standard since 1997; however, we acknowledged that an adjustment was prudent and necessary in light of the nursing shortage. We returned to our earlier policy of allowing accession of nurses with an Associate Degree in Nursing (ADN) and a baccalaureate degree in a health-related specialty, and one year of nursing experience. To date, only three nurses have taken advantage of this new policy since its implementation in September 2001.

Another policy change in FY01 expanded the pool of potential nurse recruits with clinical skills critical to support our wartime response; this pool includes nurse anesthetists, medical-surgical nurses, mental health and critical care nurses. In August 2001, we began commissioning nurses in these critical wartime specialties up to age 47, as opposed to the

previous age limit of 40, and we also granted them one-year constructive service credit. The maximum age to serve on active duty remains 62 years for nurses, so those over age 42 continue to be ineligible for retirement unless they have had prior military service. We have had 21 nurses above the age of 40 enter under this policy. In addition, our nursing specialties that are manned below 90 percent receive the one-year constructive credit as well. These specialties include Obstetrics, Neonatal Intensive Care, Midwifery, Women's Health and Pediatric Nurse Practitioners.

Recruiting Services has also indicated that their biggest hurdle in nurse recruiting has been the requirement for one year of clinical experience. In the past, we capped our new graduates or novice nurses at 25 percent of our accession goal due to limited clinical training opportunities in our hospitals. In FY02, we increased the recruiting goal for new graduates to 33 percent of our total recruiting requirement by expanding our training capacity at larger facilities. Furthermore, I authorized that the 12-month experience requirement for "fully qualified" nurses be waiverable to 6 months, depending on the quality of the individuals' clinical experience. There have been 10 waivers, 100 percent-approved in FY02.

Incentives used to persuade registered nurses to choose the Air Force as a career include Reserve Officer Training Corps (ROTC) scholarships, constructive service credit for experience in undermanned specialties and accession bonus programs. In FY01, 44 nurses entered the

Air Force after graduating from Air Force ROTC programs. We recently increased our goal to 70 graduates in light of our increase in training capacity for new graduates at our larger facilities. ROTC is an excellent "grow our own" program and these graduates bring great talent to our corps. We are closely monitoring recruiting data to determine if these incentives are successful in attracting these talented clinicians.

In previous years the $5,000 accession bonus for four years of service was successful in attracting nurses to military service. This past year we saw a decrease in the number of nurses opting to commit to a fourth year in order to receive the $5000 bonus. In FY00, 61 percent of our nurse accessions took the bonus, but in FY01 we saw a dramatic reversal; only 29 percent signed on for four years with the remaining 71 percent opting for no bonus and only a three year obligation. We will continue to explore means to be more competitive with civilian employment incentives.

Approaching the recruiting challenge from many directions, Air Force Nursing Services is currently evaluating educational scholarship programs to boost recruiting. The Navy Nurse Corps' recruiting has remained remarkably stable and their success is attributed to their collegiate scholarship and stipend programs.

As Assistant Surgeon General for Nursing Services, I am personally and energetically engaged in our officer recruiting efforts. I have written to nurses inviting them to consider nursing opportunities in the Air Force, manned recruiting booths at professional conferences and hosted a one-

day recruiting event at Malcolm Grow Medical Center for deans and students in nursing programs at northeast universities. I travel frequently and take every opportunity to highlight the exciting and rewarding opportunities Air Force Nurses enjoy. I have also assigned several nurses to work directly with recruiting groups and focus exclusively on nurse recruiting. Recruiters are using innovative strategies to champion Air Force Nursing through marketing materials, websites, conference coverage and other publicity campaigns.

Retention

Our end strength reflects both accession shortfalls and losses through attrition. At the end of FY01 there were 3790 nurses on active duty, 215 below our authorized endstrength. This deficit is projected to grow to over 400 by close of FY02 based on historical nurse retention data. We have had a decrease in retention beyond the initial active duty commitment. Given today's retention environment, 69 percent will remain in the Nurse Corps until their fourth year of service as opposed to 79 percent in 1995. Twenty-eight percent will stay until their eleventh year of service vice 46 percent in 1995. The stop-loss program was implemented for all Air Force nursing specialties following the September 11, 2001 terrorist attacks and it continues to be in effect.

Last year, I directed that every nurse who voluntarily separates be interviewed by the Chief Nurse, or a senior Nurse Corps officer in their

organization. Exit interviews were standardized to facilitate identification of factors that most influenced nurses to separate prior to completing a full military career. Nurses indicated they might have elected to remain on active duty if staffing improved, if moves were less frequent, if they had an option to work part time, or if they could better balance work and family responsibilities. Junior nurses also cited non-competitive salaries as being instrumental in their leaving. We are actively working to improve staffing through recruiting efforts and have developed standardized staffing ratios for our facilities. Studies show that higher staffing levels of all types of nurses result in a decrease in adverse patient outcomes from 2 to 25 percent and enhanced job satisfaction. The other desires cited by separating nurses cannot be accommodated within the structure of our active duty nurse corps. We continue to offer Reserve, National Guard, and Public Health Service opportunities for those who need more stability and flexibility in their service commitment.

We appreciate the critical skills retention bonus Congress authorized in the FY01 NDAA which amended US Code Title 37 to establish broad officer and enlisted retention bonus authority. It provides payments of up to $200,000 over a career for members qualified in a Secretary of Defense designated critical military skill. Currently, the Secretary of Defense is evaluating whether health professions will be designated as a critical skill. In anticipation, the TriService Health Professions Special Pay Working Group is evaluating future funding, and we have identified and rank-

ordered our critical nursing specialties. These specialties include obstetrical nurses, mental health, medical-surgical, neonatal intensive care, CRNAs and Women's Health Nurse Practitioners.

Anticipating a severe shortage of CRNAs, we instituted an unprecedented loan repayment program in FY01 that grants reimbursement of education costs up to $25,000 per year of training, for a maximum of two years or $50,000. This was intended as a recruiting tool, available for civilian CRNA students willing to sign on for an additional three years. It is being marketed heavily by our Air Force nurse anesthesia consultant and there appears to be growing interest. Equally promising, we have just received funding for one-hundred $25,000 loan repayments for other nursing specialties. The $2.5 million will be used this year to offer loan repayment to nurses on active duty between six months and eight years and who are willing to accept an additional 2 year active duty obligation. Thus far, we have had an overwhelming response and received over 100 applications which meet the established criteria. This program has great potential to boost retention in critical year groups.

I am delighted to report that retention of our first term enlisted nursing personnel has improved after the implementation of a selective reenlistment bonus. Last year I reported a medical technician first term retention rate of 51 percent, the lowest in seven years and well below the goal of 55 percent. Rates rose above the goal in February 01 and, by September, reached 58.7 percent. While this is a great success story,

retention among career enlisted members, those with 10 to 14 years in service, remains at approximately 90 percent, significantly lower than their goal of 95 percent.

We appreciate your continued support of legislation focusing on improving military quality of life and benefits. Quality of life issues, including child care, housing, salary and benefits, and workload are cited in Air Force Chief of Staff surveys as major factors considered when people make career decisions.

Primary Care Optimization

Air Force nursing personnel are the "backbone" of the successful implementation of Primary Care Optimization (PCO). This endeavor remains a high priority in the Air Force Medical Service because 50 of our 74 remaining medical treatment facilities are outpatient clinics only. Key nursing initiatives that support the delivery of best-quality primary care services include the addition of Health Care Integrators (HCI) on our clinical teams and an increase in the number of nurse condition-management clinics.

The HCI is without civilian counterpart and they have proven to be invaluable since the implementation of the role three years ago. These highly experienced nurses manage the healthcare of an enrolled population by identifying their needs and ensuring they receive the right care at the right time, from the right provider. The HCI assists leadership in

determining specialty care requirements availability based upon their populations' health, and in prioritizing resources.

This past year, we evaluated the progress in the implementation of the HCI role and how well we were preparing and supporting our HCI's. Based on feedback from our facilities and working HCI's, a course was designed to better prepare these nurses to meet their responsibilities. Each MTF now has at least one nurse who has completed the course and this has enhanced job satisfaction and greater success in our population health initiatives.

Several examples illustrate the importance of the HCI. At Ellsworth AFB, the HCI readdressed a TRICARE Lead Agent's decision to disapprove funding for an insulin pump machine for a diabetic patient. The patient was on the verge of kidney dialysis and was a frequent appointment user—clearly a "high cost" patient. The good news in this case is that the proactive HCI, Major Christine Liddle, conducted a thorough cost analysis and facilitated approval of the insulin pump. This case alone saved $50K per year in renal dialysis care and preserved the quality of life for the patient. In addition, the TRICARE regions' policy on insulin pump purchases changed and better health maintenance was possible for many other patients.

At the local level, the HCI at FE Warren AFB in Wyoming noticed an alarming pattern of non-compliance with medical recommendations among the population of 200 diabetic patients. The HCI orchestrated a Diabetic

Patient Profiling Program for those needing glucose testing and also provided comprehensive diabetic education. The patients began to demonstrate an enhanced desire to "take control of their disease" as evidenced by a surge in their completion rate of critical laboratory testing ordered by their healthcare providers. A phenomenal 95 percent of the diabetic patients at FE Warren completed their lab work as compared to 53 percent the year before, a rate well above the national target of 87 percent. This is a big step in the direction of better health since it has been demonstrated that close monitoring of lab values, coupled with the adoption of a healthier lifestyle, reduces the risk of cardiac disease, blindness, kidney damage, and serious infections associated with diabetes.

In women's health, the HCIs at MacDill AFB made a positive impact in promoting mammograms for those in high risk categories for breast cancer. They launched an innovative marketing campaign during October 2001 that resulted in 151 women being screened in one month, five of whom were subsequently diagnosed with early breast cancer. This early identification and intervention increased their five-year survival rate from 85 to 95 percent. The Air Force has been focused on prevention for many years, and nurses in our primary care clinics ensure that preventive health assessments and interventions are part of every patient visit.

Our enlisted personnel are also key members of our PCO teams and integral to the success of our population health programs. They have been at the forefront of our initiative to decentralize immunizations and provide

this service in all Primary Care Clinics. By closely monitoring patients' immunization status and administering medications during their clinic visit, our medical technicians have increased the number of children protected by immunizations and have ensured that our active duty members are fully immunized in advance of deployments.

Last year I spoke of the vast untapped potential of our enlisted force, and I am happy to report that we have made exceptional progress in our initiative to increase the scope of practice for our enlisted nursing personnel and to boost the number of Licensed Practical Nurses (LPN) on our nursing team. We have partnered with a civilian college to provide LPN education and clinical training and, in 2001, we had 40 enlisted members successfully complete the program and earn their practical nurse certificate.

The continued financial support of the TriService Nursing Research Program enabled us to fund valuable studies on new technologies in the patient care environment and on military nursing practice models. Nurses at Wilford Hall Medical Center in San Antonio, Texas, conducted research on wartime nursing competencies. This initiative used a web-based computer assisted training program (STAN) and an innovative simulation laboratory to assess the readiness skills of over 200 clinical nurses. This research spawned a wartime injury sustainment-training program that boosted the readiness of over 75% (170) of the medical-surgical nurses assigned to Wilford Hall Medical Center. The clinical skills targeted as a

requirement for wartime nursing have been validated by a review of the injuries seen in the casualties from the campaign in Afghanistan, and in the survivors of the New York City and Pentagon bombings. Many of the victims suffered bomb blast injuries, hemorrhagic shock, orthopedic and spinal injuries, thermal/inhalation injuries and head trauma. The nurses who received additional training based on the findings of the study are now well prepared to provide combat casualty care.

As I forecasted during last years' testimony, we initiated the AFMS Nurse Telephone Triage Demonstration working group this past summer. Our hypothesis is that nurse telephone triage facilitates patient access to the appropriate level of healthcare in the timeframe needed. The goals of the project include improving access to care, boosting patient and staff satisfaction, and decreasing the inappropriate use of costly civilian emergency department (ED) visits. This project was initiated with a $100,000 TriService Nursing Research Program grant. This two-year study kicked off in July 01 at three sites in Florida—Patrick AFB, MacDill, and Tyndall AFB---and 14 triage nurses are assigned to the project.

The triage nurses collaborate with the patient and the primary care teams to ensure referral to the right level of care to meet the patients' needs. In September 2001, the MacDill AFB triage nurses "re-directed" 220 callers planning to go to the ED to a more appropriate level of care---saving approximately $20,000. Evaluation indicated that 50 percent of the callers did not need an acute appointment within 24 hours and they were referred

for routine visits or instructed in appropriate home care. We anticipate that this study will support nurse telephone triage as a valuable patient-focused practice that facilitates appropriate care for patients in a timely manner.

After the alarming medical mishap statistics were reported by the Institute of Medicine last year, we immediately evaluated our patient safety programs. We applied for and received a grant from the TriService Nursing Research Program that helped us develop a prototype virtual schoolhouse on "Medical Team Management" for use in training medical personnel throughout the AFMS. This program combines facilitated and web-based modules to teach the principles of teamwork, communication, stress management and other human factor interventions to prevent medical mishaps. The actual rollout of the program began last month and evaluation of training will begin soon. We believe this program has the potential to prevent accidents in the medical system and preserve patients' faith in our healthcare professionals.

Closing Remarks

Mister Chairman and distinguished members of the Committee, the past year has been a tumultuous time in our Nation that will live in our memories and be recorded in our history. As the Air Force Nurse Corps' leader during this tragedy and its aftermath, I have been proud beyond words of the skill, patriotism, and heroism displayed by Air Force nurses

and medical technicians. They serve our fighting men and women stalwartly and willingly, and possess a passion and spirit that has allowed them to persevere when faced with monumental tasks and challenges. They are prepared to go anywhere, anytime, to support our military forces and the men, women, and children of our great nation. Thank you for your tremendous support and leadership as we protect and defend the greatest nation in the world! GOD BLESS AMERICA!