
ARMY NURSE CORPS

NEWSLETTER

“Ready, Caring, and Proud”

Volume 04 Issue 11

September 2004



Corps Chief's Message

I remain delighted with the enthusiasm and dedication I see in our officers. Knowing that you are so committed to the care of our Nation's military provides me incredible strength and credibility when we submit our issues to the AMEDD and Army leadership. I had wonderful opportunities to meet some of our nurses during a recent trip to Madigan and Fort Lewis for the Nurse Educators Conference. COL McNabb and her staff insured I got through the hospital on both day and night shifts to meet our nurses. We had an excellent question and answer session as well. The Nurse Educators Conference is an annual gathering for those educators involved with ROTC and the variety of experiences they had in that week, clearly demonstrated the need for nursing leadership. I want to thank the nurses who developed both of these events!

We are actively addressing acute shortages (8A, 66E and 66F) in our specialties and their deployment requirements. A recent discussion with MG(P) Kiley about these concerns went very well, as that discussion evolves, we will keep you informed.

During those recent discussions, I have learned that MODS and ARTS are essential systems for the AMEDD and must have accurate data input about your individual deployments and taskings from the MEDCOM. I do not want nurses doing this data input, that is not our responsibility—however, we individually must take control of this data just as we take control of our careers and make sure our ORBs are correct and current. Take the time to walk to the office where the staff inputs that data (sometimes it is in HR sometimes it is in OPS) and make sure your data is correct.

I intend to broaden the opportunities for you to provide us information and concerns. I need you to engage with your respective consultants. We have established a quarterly VTC with the nurse consultants in order to learn what the issues are for each specialty. With that information, we can build the plan for increasing professional satisfaction and developing flexibility within the AMEDD. The consultants know of my interest in their concerns and we are all looking forward to those updates.

I hope that all of you are already aware of the changes to the OER system that occur as we finish this calendar year. After 1 October, Lieutenants and Captains will not receive a “box” on their OER's. This makes the comments by the Senior Raters critical. What is the potential for this officer? How are they demonstrating their contributions—are they involved in professional nursing and/or civic organizations? Are they creating solutions for our challenges? Are they focused on continual learning? Are they involved in research or writing articles for their professional specialties? I want the Senior Raters to clearly articulate to their subordinates what is required for a strong evaluation. We must actively counsel and develop our officers—regardless of their rank. There is nothing more important than the development of future Army leaders.

The intensity of our mission is not a secret to anyone, but I hope that the gratitude of the military members we are caring for is an energizer and motivator to everyone in the ANC. I was concerned about the fact that we had deployed Second Lieutenants into the theater of operations--some not even through their preceptorship. However, these junior officers were excited about what they had done and how their skills had increased exponentially. Once they saw the need and opportunities in that environment, they were less anxious about the deployment. In fact, their colleagues who did not deploy were quite disappointed that they were not in the mix with their colleagues. However, I expect most of us will have that opportunity in the next few rotations, I do not see the OPTEMPO changing very much in the near future.

I look forward to serving with all of you as we move the ANC through very challenging times and sustain the wonderful legacy of Army nursing.

Gale S. Pollock
MG, AN
Chief, Army Nurse Corps

Kudos and Publications

Kudos to **MG Gale Pollock** on her recent publication in the AANA Journal, Aug 2004, VOL 72 No.4, titled, "Eliminating Surgical Fires: A Team Approach."

Congratulations to **COL Anita Schmidt** on her new position as the FORSCOM Chief Nurse. She will report in early November and is replacing COL Barbara Scherb who will be retiring this fall.

Kudos to **MAJ Andrew Baxter** who recently published "Posttraumatic Stress Disorder and the Intensive Care Unit Patient: Implications for Staff and Advance Practice Critical Care Nurses" in the July/August 2004 edition of Dimensions of Critical Care Nursing, 23(4), pp.145 - 152.

Kudos to **MAJ(P) Bonnita Wilson** and **MAJ(P) Patrick Shannon** who presented at the 14th Annual Summer Institute in Nursing Informatics, at the University of Maryland in Baltimore, Maryland on July 23, 2004. The presentation, titled "There is no such thing as plug and play! The challenges of integrating IT solutions in the AMEDD" focused on the AMEDD's implementation of a commercial-off-the-shelf information system for the operating room setting.

Congratulations to the following Nurse Corps officers on their selection as Consultant to The Surgeon General:

- **COL Karen Seipp**; Executive Nursing Consultant.
- **LTC Ramona Decker**; Ambulatory Nursing Consultant.
- **COL Christopher Krupp**; Anesthesia Nursing Consultant.
- **COL Joann Hollandsworth**; Community Health Nursing Consultant.
- **LTC Paul Kondrat**; Critical Care Consultant.
- **LTC(P) Patricia Patrician**; Education/Enlisted Training and Development Consultant.
- **LTC Richard Caldwell**; Emergency/Trauma Nursing Consultant.
- **LTC Lorraine Carney**; Family Nurse Practitioner Consultant.
- **LTC(P) Teresa Parsons**; Maternal Child Health Nursing Consultant.
- **LTC Barbara Gilbert**; Medical/Surgical Nursing Consultant.
- **COL Katherine Babb**; Nurse Methods Analyst Consultant.
- **COL Stacy Young-McCaughan**; Nursing Research Consultant.
- **LTC Cathy Chess**; Pediatric Nursing Consultant.
- **LTC Karen Grace**; Quality Management Consultant.
- **LTC Nancy Hughes**; Women's Health Advanced Practice Nursing Consultant.

*A letter from Iraq by LTC (P) Karen Gausman
OIC, 67th Combat Support Hospital (FOB Speicher)*

Dear Friends,

I want to write about the events we encounter daily, how we are perceived, and how we see our role.

I will reiterate that we are a combat support hospital. Our primary mission is to take care of US Soldiers, but we also take care of local Iraqis, security internees (detainees), and contract employees supporting Kellogg Brown and Root. The Soldiers I work with are committed to providing the best care in a field setting given our resources. Recognizing that we are in the field, know that we have relatively good living conditions - air conditioned tents and / or trailers, hot meals three times a day, and a temperature controlled hospital.

Fortunately patient flow is usually low (I can not report numbers). On several occasions we have had surges in patient activity related to IED/VBIED - vehicle born improvised explosive devices. Vehicles exploded upon entering the front gates of a forward operating bases (FOB).

Our site remains one of the safest in theater, with minimal rounds and mortar attacks. An added bonus we sit on a FOB with a lot of open area.... flat lands. Thus I get to run daily (when I want to that is....). As I mentioned before, sunrises and sunsets are beautiful, so we tend to walk at dusk and enjoy the peace of nightfall.

You might question our presence here - as a hospital... we are providing essential life saving care. We need to be here to support our forces. Are we making a difference in Iraq - if you ask the local nationals who are our patients ... they will say YES! They are very appreciative of the services/care we provide.

Over the last several months, we have met with nurses and physicians from the local hospitals. Several nursing lectures have been presented, and we have a series of 16 projected to be conducted weekly until we leave. If you are not aware, nursing is not a respected profession, it is considered a menial job, garnering respect commensurate with the cleaning staff. The female nurse is respected even less than a male nurse. The intent of our lecture series is to broaden the perception of nursing and provide basic information to complement their educational and clinical experience.

There is a degree of frustration with traveling the roads as IEDs are being placed throughout the day. However, Soldiers are committed to performing assigned tasks, and are vigilant in assessing the threat and moving along the routes. I have traveled the roads several times by convoy... we move with weapons loaded and sectors of fire. Personal awareness at all times is of utmost importance.

Many of our injured patients ask if they will be able to return to their units as they do not want to be separated from fellow Soldiers. I am impressed by their bravery, commitment, and dedication. Some return to the unit, others are medevaced back to Germany or the US. Many Soldiers, Marines, Airman, and Sailors have made the ultimate sacrifice. It is hard on the caregivers, to recognize that our actions are not enough. Frequently the severity of the wounds preclude sufficient stabilization to get to our facility. It is heart wrenching to think of the mother, father, sister/brother, spouse, child that will receive notification. I did not imagine the psychological impact on myself until we had a female Soldier / casualty - she had a teenage daughter. Reality strikes in unusual circumstances. Even more disconcerting are the severity of injuries... traumatic wounds leading to amputations, decreased cognition, etc.

I'm contemplating the next question. Maybe, it should address life for the people of Iraq. On our first convoy ride, I envisioned life in Iraq as equivalent to Tijuana Mexico... austere, adobe huts, animals - sheep, goats, cattle, camels roaming around the houses; limited greenery, minimal water sources, and waif like figures along the roadside. Having been in country for several months now, we know that not everyone lives in such stark conditions. There are palaces galore.... ostentatious structures for a select few (some of our military forces are using these buildings for housing and office space). It is apparent, there were "the haves and the have nots".

How do we respond, cope, continue? Daily, we hope by our actions to influence one Iraqi at a time - respect and human dignity are key. Our love of fellow man, country, the ideals of democracy inspire and allow us to stay the course.

Fortunately, I am able to sit and compile this message with a sense of wellbeing. As I have said before, I am blessed! I'm on site with a group - medics, maintenance, supply, clinicians that come together to support day-to-day operations irregardless of the number of patients, few to many. The field commanders stay the course, agonizing over the wounds of war, committed to taking care of and recognizing Soldiers.

We find strength in our "Battle Buddies", colleagues, friends and family. Prayer is an essential element of coping. Prayer to lead with integrity, to serve honorably; prayers of support for our patients, their families; and prayers for courage, strength.

Keep us in your prayers. You are making a difference in our lives.

Update from the 31st CSH sent in by COL Lenore Enzel

23 July 2004

Well, just a quick update from the 31st CSH-Balad. Almost seven months are over, and we are in the midst of summer. We have been doing well despite the hot weather. Our average daily temperature has been about 123 degrees, with one day over 130! Unfortunately, it's not always a "dry" heat! Anyway, since the hand over to the Interim Iraqi Government (IIG), the number of casualties and incidents involving American soldiers and Marines is way down. That makes us less busy than before, but nobody is complaining! There are still occasional mortar and rocket attacks, but less than previously. We have been steadily improving our force protection posture (translation: sandbags around our hospital) and after several mornings of "sandbag PT" we basically have the hospital completely surrounded. We estimate that it has taken around 200,000 sandbags to accomplish the mission. As usual, the soldiers of the 31st CSH-Balad have worked without complaint to accomplish the task. You have also probably heard by now that there is a plan afoot to replace the 31st CSH-Balad with a similar sized Air Force hospital. So far, this appears to be likely to happen, although we have no official orders at this time. The time line is not completely worked out, however it looks like the Air Force will arrive some time in September, with us likely transferring authority to the new group near the end of September. That leaves two possibilities for the soldiers of the 31st CSH-Balad. We could be assigned an additional mission, or if no other missions appropriate for our unit are found, we could be released to return home. Frankly, most of us have our fingers crossed for the last possibility, but knowing the Army, we probably won't know for sure until September. I will keep you informed as I receive reliable information. Keep up the packages and letters and support from home. It means everything to us.

Stephen P. Hetz, COL MC
Commander, 31st CSH-Balad

OPERATION BULWARK 04 by CPT Benjamin Eli Seeley

Just over 1,300 soldiers from various units recently completed Operation BULWARK 04. Novo Selo Training area, 15 Kilometers to the North of Sliven, Bulgaria was the sight for the exercise. The training event was designed to accomplish several objectives, to include 1) Conducting Live Fire Training 2) Deploying modern Army training systems with 7th Army Training Command, and most importantly 3) Enhancing relations with our new NATO ally, the Democratic Republic of Bulgaria. A military medical task force was assembled to provide echelon 2+ combat health support. Members of the 212th MASH, 160th FST, 236th MED CO (AA), and the 71st MED DET (PM) comprised a 50 person task force that deployed to Bulgaria in support of BULWARK.

Task Force Med Bulwark took the reigns of forward deployed health care on the 21st of July. The preparation for an operation of this magnitude was underway as early as July of 2003. With an exhaustive operational tempo several members of the task force were re-deploying from Southwest Asia only 120 days before the start of the exercise.

While the planning for this operation was conducted for the purpose of BULWARK, the template that was created will very likely be used as an example for expeditionary medicine in the near term. The exercise provided the opportunity for members of the military medical community to integrate host nation healthcare assessments into practice, establish viable links between the Bulgarian and American military, and coordinate medical command and control at the helm of Brigade task force.

While establishing a battle rhythm that met the needs of the medical task force as well as that of the BDE C2, Task Force Med was put in the driver's seat of several worthwhile endeavors. Some of those endeavors were designed to protect the force, for example proactive approaches to combat stress control, preventive medicine, field sanitation and hygiene, and training and equipping combat life savers. Maintaining a vigorous clinical training plan was a priority from our first day on the ground in Bulgaria. Some of the numbers of personnel are staggering, considering the time frame in which they were executed. In total, 1,134 personnel were trained by task force medical in various topics. There were also education vignettes delivered that accumulated to 33 hours of continuing education for over 400 professional personnel. Some of the topics that were discussed include 1) Battlefield Resuscitative Surgical Support 2) Battlefield Wounding Mechanisms 3) Medical Topics of Interest (Toxicity, Women's Healthcare in the Deployed Environment).

On the 9th of August, the medical task force hosted a "Bulgarian – American Military Medical Conference". The event welcomed 25 physicians, nurses, and allied healthcare professionals onto the Novo Selo training area. The conference agenda provided for two presentations given by U.S. Army physicians, a chance for the Bulgarian contingent to walk through and interact with Task Force Med equipment and personnel, and the day ended with a panel discussion that promoted a two way dialogue between participants. The conference was well received by the Bulgarian Military Medical community, and was attended by several high ranking members of their organization. The benefits of the day long conference were many, and of particular interest the members of the Bulgarian medical staff have opened talks about hosting a conference in the future.

The exercise provided the opportunity for several members of the Army Nurse Corps to expand their experience base by placing them in non-traditional roles at the forefront of Army healthcare. Some of the additional responsibilities that were entertained by ANC personnel included expeditionary medical planning, host nation healthcare assessments, task force medical command and control (including the provision for the medical battlefield operating systems – specifically evacuation ground and air control), task force medical education, providing for combat life saving equipment and training, and several other areas of concern. The overriding tone for the entire event was that the planning and execution that accompanied this exercise is the norm in current operations, rather than the exception. As with all major commands in the Army, the Medical Command is no different. We continue to make strides forward on several fronts, while providing world class combat health support in the Global War on Terrorism.

New Competency Resource launched for the AMEDD

The new Tri-Service Healthcare Competency Assessment Website was created to 1) standardize the template (not the content) for initial and ongoing competency assessment tools across the AMEDD and to 2) share examples from Brooke Army Medical Center's custom designed library of over 350 unit and/or job specific clinical and administrative competency tools. The tools incorporate Balanced Scorecard goals, soldier readiness, scope of practice, age, language, and cultural-specific competencies in a format that targets technical, critical thinking, and interpersonal skills.

The posted tools, accessed at <https://akm.amedd.army.mil/competency> have had all formatting removed so that they can be downloaded and edited to meet the needs of your unit or facility. This information is not prescriptive in nature but only shared to help other facilities as they tackle the issue of competency assessment and JCAHO compliance. More tools and materials are being added everyday as they are being converted from the BAMC format. LTC Kimberly Armstrong at the AMEDD Center and School is spearheading this project and may be contacted at (210) 221-6073, DSN 471-6073, or at Kimberly.Armstrong@amedd.army.mil for any questions.

Critical Care Website now live

The new **Critical Care Website** will be a one-stop shop for military critical care nurses to obtain vital information regarding patient care and professional development. This site will include important links to professional organizations and will contain research-based SOPs for peers to review and modify for their own facility. Click on the Enterprise Consultancy Website at <http://ec.amedd.army.mil/> and select the nursing button on the left menu. MAJ Lisa Snyder is working in conjunction with COL Juanita Winfree, on this project. You may contact MAJ Snyder at lisa.snyder@us.army.mil.

Attention Mobilized Reservists: HRC-St. Louis will fund Continuing Health Education Training

HRC-St Louis is now funding one continuing health education (CHE) training of up to 5-days for US Army Reserve Soldiers per FY while mobilized. This does not include TTAD Soldiers. HRC-St Louis will need a worksheet, "Request for PDE Orders on Mobilized Reservists," a memorandum from the unit commander authorizing absence from duty station in a TDY status, and a copy of mobilization orders. The orders will not cover a rental car or the registration fees. Airline reservations must be made through Carlson Travel or it will not be reimbursed. Professional Development Education (PDE) is funded only if required for promotion.

POC is Mr. Dave McClory, 800-325-4629 x 0466 or 314-592-0466 or e-mail david.mcclory@arpstl.army.mil

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Greetings from Oakbrook Terrace, IL,

LTC Melton and MAJ Durkee are the two new Army Nurse Corps Fellows to the Joint Commission on Accreditation of Healthcare Organizations. If after reading this article you believe Training With Industry (TWI) at the Joint Commission might be for you, visit the following web address:
https://www.perscomonline.army.mil/OPhsdan/anc_fellowships.htm

Both LTC Melton and MAJ Durkee arrived at the Joint Commission in mid-June of this year and have found the Fellowship to be an incredible learning experience. In the short time they have been at the Joint Commission, they have been able to participate in the first analysis of data coming in from the new "Shared Visions, New Pathways" accreditation process. They have also been involved in the Division of Standards and Survey Methods Renewal Project. As part of Renewal, all chapters will be reviewed on a rotating basis. The first chapters scheduled for review are Medication Management and Information Management. Through the use of data from multiple sources specific standards in these chapters have been identified for review. During the review process, questions are asked about the clarity, measurability and relevance of the standard and rationale and Elements of Performance (EP's). JCAHO staff will then use this information to refine and improve the identified standards. One of the goals of this activity is to make it easier for organization's to interpret standards and thus reduce reliance on using Joint Commission "Frequently Asked Questions" for standard clarification.

The process the Joint Commission utilizes to gain input from healthcare professionals during standard development and/or revision is one of inclusion and consensus building, a truly impressive process—for more information on that process be sure to stay tuned to future editions of the AN Newsletter!

The Joint Commission frequently publishes draft standards for field review via their website (www.jcaho.org) where anyone can provide feedback or recommendations. Your input is strongly encouraged. Each response from the field is reviewed and taken seriously. Just think, YOU could help shape future standard development and/or revision!

As part of the ORYX core measure initiative, the Joint Commission has been working for the past two years on the identification, development and testing of a set of standardized core measures for intensive care units. There are 6 measures currently undergoing the second and final phase of testing. The primary objectives of this last test relate to reliability of the measures and their associated data elements, and refinement of the measure technical

specifications. The reliability test will be accomplished through collaboration with the Johns Hopkins School of Medicine and the Michigan Hospital Association on a project funded by the Agency for Healthcare Research and Quality (AHRQ) to study the impact of processes of care on the ICU patient outcomes such as mortality, length of stay, and ventilator associated pneumonia. Working on this project will be a wonderful opportunity for LTC Melton and MAJ Durkee to experience how the Joint Commission develops and fine tunes ORYX core measure set specifications for national implementation of standardized measures designed to enhance quality of care and patient safety.

LTC Melton and MAJ Durkee are also involved in the Leadership Accountability Task Force that is looking at the relationship of leadership components within organizations along with another work group looking at staffing effectiveness; the relationship between human resource and patient clinical outcome indicators. As you can see, both of these Nurse Corps officers are fully engaged in the most current issues in healthcare quality!

LTC Melton and MAJ Durkee would like to extend their sincere “thank you” to LTC Ritza Reese and LTC Karen Grace for their outstanding support and orientation to their new role. They made the transition very smooth and easy, allowing the new Fellows to immediately focus on their new job. Best wishes to both in their new positions supporting Army Medical Department quality management and JCAHO preparation initiatives. They are great role models and consummate professionals. Again, a heartfelt thanks goes out to both for their assistance.

New items of interest on the JCAHO website include:

Sentinel Event Alert #30, *Preventing infant death and injury during delivery*:
http://www.jcaho.org/about+us/news+letters/sentinel+event+alert/sea_30.htm

JCAHO’s 2005 National Patient Safety Goals:
<http://www.jcaho.org/accredited+organizations/patient+safety/npsg.htm>

Quality Reports on Quality Check—individual facility survey “report cards” are now online! See them at:
<http://www.qualitycheck.org>

Organ Donation Field Review (open for review through Tuesday, September 10, 2004):
<http://www.jcaho.org/accredited+organizations/hospitals/standards/field+reviews/index.htm>

Tissue Storage and Issuance—field review to be posted soon. Look for the latest field reviews under the heading “Latest From JCAHO” on the front page of their website: www.jcaho.org

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Psychiatric Nursing

There is a correction from last months article about the MAMC Behavioral Health Intensive Outpatient Program (BHIOP). It should have been noted that MAJ Scott MacHaffie, ARNP is the creator and director of that program.

Ob/Gyn Nursing Information sent in by LTC Ramona Fiorey, BACH, Ft. Campbell, KY

There is a Family Centered OB Care VTC with the OB physician consultant OTSG on 1 November at 0900 hours Pacific Standard Time. The focus of discussion will be on how obstetric departments in Army MTFs should respond to the JCAHO recommendations. I recommend OB nurse leaders attend these VTCs with your OB physicians/midwives to remain abreast of current obstetric issues in Army facilities and have an opportunity for input. The coordinator for the VTCs is Ms. Grayson J. Gold at Grayson.gold@us.army.mil. Another recommended read is the ACOG Practice Bulletin on Dystocia and Augmentation of Labor (No. 49). It gives clear definitions of

applicable obstetrical terms, discusses clinical considerations and gives recommendations. Of interest in this publication is ACOG's philosophy regarding active management of labor, in comparison to current practices. It can be found in the December 2003 Issue of Obstetrics and Gynecology (Vol. 102, No 6).

An excellent resource available for military families is Army One Source. This is a 24/7 website information and referral service that is available to all active, reserve, national and their families. The array of information and services offered is fairly substantial and free to beneficiaries. Qualified counselors are available for as many as 6 individual counseling sessions by a local qualified counselor. This counseling can be used for perinatal bereavement, a great resource for Army hospitals, which often have difficulty providing this assistance for families who experience loss of a pregnancy or infant. The website offers a wealth of information pamphlets/booklets on a large number of topics prepared by highly qualified experts. There is an entire section on parenting and childcare with articles and tips in an audio format or by phone. One of the new offerings on this site is a 48-minute audio program entitled **Becoming a Parent**, which can also be ordered in a CD. I ordered several of the advertised publications (**Questions Parents of Infants Ask, Becoming a Parent** (*excellent for distribution at about 28 weeks gestation in the clinic*), and **Safety for Children From Birth to Age Three**) on the site and received them within 5 days. I was pleased with the professional presentation and content caliber. In the future Army hospitals will be able to order these publications in quantity to make available to patients at prenatal visits and in the obstetric units. More information to follow as this resource availability develops. The site is at www.militaryonesource.com. User ID is "military". Password is "onesource".

INFECTION CONTROL
2004 Society of Healthcare Epidemiology and APIC Conference Review
by Jane Pool RN, MS, CIC

I attended the 14th Annual Meeting of The Society for Healthcare Epidemiology of America (SHEA) in Philadelphia, Pennsylvania and the 31st annual Association for Professionals in Infection Control and Epidemiology (APIC) Educational conference held in Phoenix along with several Army Infection Control colleagues.

These conferences deliver the latest and greatest scientific studies and research and provide updates for new practices in the field. Both organizations embrace the development and application of the science of health care epidemiology. Healthcare epidemiology includes any activity designed to study and/or improve patient care outcomes in the healthcare setting.

There were several main themes prevalent throughout the meetings – the Patient Safety Movement, MRSA acquired in the community (as well as the hospital), isolation practices, and the reporting of Healthcare associated infections.

Healthcare epidemiologists were encouraged to become local leaders in preparing for the myriad of changes in the field. As two states have now begun to require hospitals to begin reporting health care associated infections, other states are expected to initiate similar requirements in the near future. Julie Gerberding, Director, CDC, urged attendees to be flexible as new data present themselves.

Another point that rang clear at this conference was the apparent trend of many SHEA members to begin focusing their efforts on the evaluation of non-infectious outcomes of healthcare - adapting the same epidemiological principles and prevention strategies which have proven so successful in nosocomial infection control to applications for a wider range of quality-of-patient care issues.

Non-traditional malaria transmission occurred at Johns Hopkins University Hospital when a nurse caring for a young boy infected with malaria, used part of a 5cc saline syringe to irrigate the IV. Attempting to save money by not discarding the remainder of fluid in the single use item, it was placed on the table and was subsequently used to administer a flush to the patient in the next bed. The new illness remained a mystery until the patient's blood cultures were found to be positive for parasites.

The 3rd case of VRSA – (a MRSA resistant to EVERYTHING) has been reported in New York and additional details are published in the June MMWR.

Serratia marscens was transmitted from the artificial fingernails of a dialysis nurse to 5 out of 12 patients in one day at the DC VA Medical Center. Cultures from her nails and her hand lotion matched that of the each of the five patient's blood cultures.

In Phoenix, the Army hosted a joint meeting and social networking session for Army, Navy, and Air Force ICPs to discuss ways in which the services can work together on military Infection Control issues. A new web site, exclusive to military APIC members was introduced. We will be able to email one another, share policies or other documents and PowerPoint presentations. Access is restricted to all others. Membership in APIC is encouraged and their new policy of year long membership no matter when you join, makes this a more cost-effective option for all military ICPs.

I was proud to be a military representative at these international professional meetings; the AMEDD is in step with our civilian counter parts, and leading the way in many practice initiatives.

Human Resources Command (HRC) Update by COL Roy Harris

Incredible to believe that Labor Day is upon us and we are moving swiftly into the fall. Our new staff is not so new anymore and they are quickly getting settled into the business of taking care of Commanders, Chief Nurses and officer's careers which ultimately influence our Corps and patients. The Officer Distribution Plan (ODP) process is kicking off with the release of the PMAD in late September. That will be the basis of the ODP process that distributes nursing resources throughout the TOE/ TDA environment. We appreciate the input from the Chief Nurses on the recent station count which gives us a clearer picture of distribution as of now. We continue to work to resource the needs of the AMEDD and ultimately the Army in the high optempo of GWOT.

9A Designator Nominations: We are accepting nominations for the coveted 9A TSG Designator up until 23 September 2004. MAJ (P) Suzie Richardson has just republished the information, criteria and application format in a message to all Chief Nurses. This is a prestigious selection meant to recognize the top 1% of our Corps that has professionally excelled and impacted our profession both in terms of the AMEDD and the clinical specialty of expertise. Please do not hesitate to let us know if you have additional questions or issues about the 9A Designator board.

OER Enhancements: By now, most of you have heard of the recent changes to the OER called "OER Enhancements." I've shared the MILPER Message (04-236) with Chief Nurses and other senior Corps Leadership. I've also distributed the Frequently Asked Questions (FAQs) electronically with Chief Nurses and senior Corps Leadership. The overall focus of this enhancement is the growth and development of our company grade officers. The Chief of Staff of the Army, GEN Peter J. Schoomaker wants to create the environment where Warrior Ethos flourishes as well as reduce the competitive environment amongst company grade officers so that they can clearly focus on development as military officers and leaders. Our hallmark will be mentorship, coaching and education. To that end, the Army will no longer require Senior Raters to force distribute their company grade populations. Additionally, the Junior Officer Support Development Form (JOSDF, 67-9-1a) will be utilized for all company grade officers. These enhancements will become effective 1 October 2004 and the details of implementation are included within the MILPER Message and FAQs. These two actions in concert will validate the Army's commitment to not tolerate a "Zero Defects" environment and thus demonstrate our commitment to "developing Warriors who operate with a more joint and expeditionary mindset." A second order effect will be that the narratives now become critical in terms of their ability to accurately describe the performance strengths and potential to achieve increasing roles of responsibility within the Army, the AMEDD and the Army Nurse Corps. A responsibility will fall upon the senior leadership of our Corps, and particularly our Chief Nurses to ensure OERS leaving their review and counsel are written clearly and

with particular attention to identifying officer's strengths and potentials. If you have further questions, please do not hesitate to give myself or our staff a call or email.

The entire staff of AN Branch thanks you for your collaboration and support as we close out a challenging summer of turnover, underlaps and assignments. We will continue to strive for optimal support of your missions, respectful and effective communication with our ANC officers of all ranks as well as the growth of our ANC officers to assume future leadership positions within the Corps.
Roy A. Harris, C, AN Branch

Please visit us at <https://www.hrc.army.mil>

Army Nurse Corps Branch Web Page

The direct address for our web page is: www.perscomonline.army.mil/ophsdan/default.htm. Please visit our website to learn more about the AN Branch and for matters pertaining to your military career. You will be forwarded to the HRC Website until all links are completed.

Upcoming Boards

4 - 8 OCT 2004	LTHET
OCT 13-15 2004	CHIEF NURSE BOARD
OCT 19-29 2004	MAJ AMEDD/CPT SELCON BOARDS
30 NOV - 10 DEC 04	FY06 LIEUTENANT COLONEL AMEDD COMMAND BOARD

See HRC Online www.perscomonline.army.mil for MILPER messages and more board information. As the Board process continues to evolve, the AN Corps must upgrade its preparation process to ensure our records are seen in the best possible light. Board members view three items; the ORB, Photo and Microfiche. These items are at your fingertips via the following links using your AKO USERID and PASSWORD:

<u>Officer Record Brief</u> https://isdrad15.hoffman.army.mil/SSORB/	<u>DA Photo</u> (only if your photo was taken after 1 OCT 02. Earlier photos will be in hard copy here at branch until the board file is prepared by the DA Secretariat) https://isdrad15.hoffman.army.mil/dapmis/execute/ImageAcceptProlog	<u>Official Military Personnel File</u> (OPMF previously know as your microfiche) https://ompf.hoffman.army.mil/public/news.jsp
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Command and General Staff College/ILE	
<u>Army Reserve Component:</u> <i>Phases 1: The four-phase CGSC is no long available for new enrollment. Officers who have previously started this program will complete the four phased course. New students may enroll in ILE (see below).</i> <i>Phase 3: Contact Jennifer West at 703-325-3159.</i> Phase 4: Fax a DA 3838 to MAJ Richardson at 703-325-2392. Reserve ILE: Fax a DA 3838 to MAJ Richardson at 703-325-2392. Must request local funding for course attendance.	<u>CGSC Correspondence Course:</u> https://cgsc2.leavenworth.army.mil/nrs/cgsoc/application/application.asp . You must have an AKO password to enter the site.

Fellowships

FY 05 White House Fellowship: Packets due to AN Branch 1 Dec 04

Education

Reminder that all education requests must come through your Hospital Educator or Chief Nurse. No individual requests will be honored. Please fax a DA 3838 for course enrollment to (703) 325-2392, DSN 221-2392. This will help with better tracking.

Revised LTHET Guidelines are available on the website. LTHET Board date is: 4-8 October 2004. Packets due to AN Branch 1 Aug 2004. Remember that the schools have their own deadlines for application. Contact MAJ Richardson at 703-325-2330 with questions.

The next AMEDD Officer Advanced Course is: 20 Sep-23 Nov 04. This course is currently full. See the ANC Branch website for future available dates. Remember that you must have Phase I completed prior to requesting enrollment in Phase II.

A 1610 must accompany all TDYs. If attending a course TDY enroute to a new assignment, a 1610 must accompany the PCS orders for the TDY period.

LTC FORD:

Greetings! I am delighted to join the staff here at AN Branch, replacing MAJ(P) Agin as the PMO for the 66B (Community Health), 66C (Psych/Mental Health), 66G (OB/GYN), 66G8D (Nurse Midwives), and 66P (Family Nurse Practitioners). I am here to serve you...both you the individual officer and the organizations you work for. Please don't hesitate to contact me at kathleen.ford@hoffman.army.mil with any questions or concerns.

Generic Course Selection Program

Information on GCSP is located in our website https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.

AOC/ASI Producing Courses			
<p>Critical Care Course, Emergency Nursing Course: Applications for the 14 FEB - 20 MAY 05 Critical Care and Emergency Nursing Courses must be submitted by 3 SEP 04. Course dates for 2005 are: 14 FEB 05 - 20 MAY 05 & 13 JUN 05 - 20 SEP 05. POC is LTC Corulli at HRC, corullia@hoffman.army.mil.</p>	<p>OB-GYN Nursing Course:* 13 SEP 04- 21 JAN 05 13 FEB-7 JUN2005 26 JUN -19 OCT 2005 Contact LTC Ford at kathleen.ford@hoffman.army.mil (please check the website for application due dates)</p>	<p>Psychiatric/Mental Health Nursing Course: <i>13 FEB-14 JUN 2005 (this will be the only course offered in 2005)</i> Contact LTC Ford ASAP: mailto:kathleen.ford@hoffman.army.mil</p>	<p>Perioperative Nursing Course: The next class will be from 28 NOV 04-5 APR 2005. deadline for packet submission is 28 JUL 04. Packets after this date will be accepted on a by case basis. ***Follow-on assignments after Perioperative course must be to a major MEDCEN or large MEDDAC! For any questions, please contact LTC Neft at HRC @ neftm@hoffman.army.mil. For current assignment opportunities, visit https://www.perscomonline.army.mil/ophsdan/anc_assignments.htm</p>
<p>Interested applicants for the above courses need to seek support from their chain of command and submit a DA 3838, a recent HT/WT/APFT memo and a preference statement (for follow on assignment). Please check the AN branch web site at www.perscomonline.army.mil/ophsdan/default.htm (click on professional development) for information on application suspense dates to AN branch or contact LTC Corulli, corullia@hoffman.army.mil or LTC Ford at mailto:kathleen.ford@hoffman.army.mil</p>			

***(66G) OB/GYN Duty Locations-** This is a list of all the MTF's that have OB/GYN services-please use this list when filling out preference statements: Korea-121 Gen Hospital; Tripler AMC, Hawaii; Heidelberg, Germany; Landstuhl, Germany; Wuerzburg, Germany; Fairbanks, Alaska; Ft Irwin, California; Madigan AMC, Washington; Ft Carson, Colorado; Ft Hood, Texas; Ft Leonard wood, Missouri; Ft Polk, Louisiana; Ft Riley, Kansas; Ft Sill, Oklahoma; William Beaumont AMC, Texas; Ft Belvoir, Virginia; Ft Bragg, North Carolina; Ft Knox, Kentucky; Ft Benning, Georgia; Ft Campbell, Kentucky; and Ft Stewart, Georgia

**** (66C) Psychiatric Mental Health Nurse Duty Locations-** This is a list of all the MTF's that have inpatient psychiatric services-please use this list when filling out preference statements: Korea-121 Gen Hospital; Tripler AMC, Hawaii; Landstuhl, Germany; Wuerzburg, Germany; Madigan AMC, Washington; Ft Hood, Texas; Ft Leonard wood, Missouri; William Beaumont AMC, Texas; Walter Reed AMC, D.C.; Ft Bragg, North Carolina; Dwight David Eisenhower AMC, Ft Gordon, Georgia; Ft Benning, Georgia; Ft Jackson, South Carolina and Ft Stewart, Georgia

Community Health Nursing Course Dates

6H-F9 STD Intervention Course (pre-requisite for the 6A-F5 Course): *
 29 Aug- 5 Sep 04; 14-18 Feb 05; 2-6 May 05; 5-9 Sept 05

6A-F5 Principles of Military Preventive Medicine:
 6 Sep- 5 Nov 04; 21 Feb-25 April 05; 8 May-12 July 05; 11 Sept-15 November 05

Contact LTC Ford at: [mailto: kathleen.ford@hoffman.army.mil](mailto:kathleen.ford@hoffman.army.mil). Also note that 6H-F9 is now two phases, with Phase One needing to be completed prior to applying to Phase Two. For information visit the website <http://www.cs.amedd.army.mil/dphs/CHP/index.html>

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY05 AOC/ASI Course dates are listed at https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.

Assignment Opportunities

66H Lieutenants:

Congratulations to all the promotable LT's! If you are on the CPT's list and are approaching 3 years time on station, please e-mail MAJ Traci Crawford, your new PMO, to update her on your future plans.

HOT! HOT! HOT!

- 66E** – DDEAMC – NOW
- WBAMC Fall-Winter, FY05
- Belvoir – Summer FY05
- Benning-Winter '05
- Stewart-Winter '05
- Bragg – Winter '05 (CSH)
- Riley – Winter '05
- Irwin-Summer '05

If you have two years time on station and are interested in moving, please call me ASAP!

- 66F** –Ft. Hood - NOW
- BAMC/WBAMC – NOW
- FST Hood- Summer '04
- Korea - chief, Summer FY '05
- Europe - summer '05
- Bragg - 2nd ACR FST – January '05

Follow on assignments can be negotiated especially after tours at Irwin or in Korea!

Other assignment opportunities are available for 66Fs and 66Es in a variety of locations. Please check our website at

https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm
 Please direct inquiries to LTC Neft, neftm@hoffman.army.mil.

Company Grade and MAJ 66H8A and 66HM5

Congratulations to all the promotable MAJORS. We are very proud of you and this selection speaks to your potential as a future leader in the Corps. Thank you in advance for all that you will continue to do to help keep the Army Nurses Corps strong and leaning forward in the future.

KOREA: We will need one M5 for Winter FY2005 PCS cycle. If you are an 8A and want to PCS to Korea summer 2005, please let AN Branch and your nursing chain know.

GERMANY: We have openings NOW in Heidelberg, and Wuerzburg for 66H8As and M5s.

FORSCOM: Openings NOW 67th CSH, 21st CSH, 31st CSH, 10th CSH, 14th FH and 115th FH.

66H8A: Openings are at Forts Carson, Leonard Wood, Hood, & Riley, and WRAMC

66HM5: Openings are at Fort Hood, Fort Benning, Fort Stewart, Fort Sill, & Fort Polk

Other Opportunities: We are taking names now for CPT 66H8As interested in one flight nurse position at Scott AF Base which is available summer 2005.

Critical Care and Emergency Nursing Course: Packets are due by 3 September 04 for the 13 February 05 to 20 May 05 courses.

Please call me or email gordonv@hoffman.army.mil.

MAJ, CPT and 1LT (P) 66H:

Winter FY 05 job openings are posted please check the website at:

https://www.perscomonline.army.mil/ophsdan/anc_assignments.htm

KOREA: We have openings NOW for 66Hs for Winter FY2005 PCS cycle.

GERMANY: We are asking for volunteers for Division positions in Germany for Winter FY 05.

FORSCOM: Due to current operation tempo all TOE positions are required to be filled at 100%. There are still a variety of critical **TOE opportunities available both in FSTs and CSHs**. I am looking for someone to fill a 66H MAJ Slot at the 115th Field Hospital at Polk. I can negotiate a follow on assignment for officers that volunteer for select locations, (Fort Irwin and Fort Polk). Openings NOW 14th FH and 115th FH

66H: Opportunities exists at WBAMC, Forts Leonard Wood, Bragg, Knox & Rucker.

DIVISION NURSE: Must fill Fort Bragg/Fort Carson /Fort Gordon/Fort Riley /Fort Hood / Fort Polk/Hawaii. These are two year assignments and "critical" to ensuring our 91Ws are clinical competent to aid our Soldiers on the Battlefield.

UNIQUE POSITION REQUIRED: I am looking for a Hem/Onc trained 66H MAJ for head nurse positions at Fort Bliss and Tripler.

URGENT REQUIREMENTS:

MAJ 66H (AOC Immaterial) for Chief, Referral Management, Tricare at FT Lewis, WA

CPT(P)/MAJ 66H: Head Nurse Medical/Surgical at FT Leonardwood

MAJ Crawford: traci.crawford@hoffman.army.mil

AJN Photo Submissions – A Chance to Share Your Experiences with other Nursing Professionals

The American Journal of Nursing (AJN) has requested photos of Army Nurses from recent operations--either peacekeeping, humanitarian or related to the Global War on Terror. The AJN Editor would like to include them in a military photo spread. If you took interesting photos, while involved in one of these missions, please contact Nicole Mladic at 312.861.5274 or email Nicole.Mladic@mslpr.com.

The 18th Annual Pacific Nursing Research Conference

3-5 March, 2005

Wakiki Beach Marriott Resort, Hawaii USA

Theme: Research Across the Life Span

The Call for Abstracts is now available on the Henry Jackson Foundation website:

<http://hjf.org/events/index.html>

If you would like any additional information, please contact LTC Patricia A. Wilhelm @
<mailto:patricia.wilhelm@us.army.mil>

The annual Armed Forces District (AFD) ACOG/AWHONN Conference, “Building a Bridge to the Future: Leading the Way in Women’s Health” 17-20 October in San Diego, CA

The combination of high quality presentations, attendance of numerous vendors networking with other Army, Navy and Air Forces Nurses presents a great professional opportunity for Army OB/GYN nurses. The Advance Program and Registration information is available at www.awhonn-af.org. The AFD conference is also the venue for presentation of awards to outstanding Army nurses working in the Women’s Health arena. The three categories of the Awards of Excellence are education, research, and practice. Awards will also be presented to a junior nurse, and an advanced practice nurse, (midwife, practitioner or clinical nurse specialist). Award winners and the senior nurses at their facilities will be notified as soon as the selections are made in the hopes that recipients can attend the conference. Chief Nurse Executives of the winners are asked to please consider sending the awardees to the conference to receive their awards in person. This conference is given in conjunction with AFD ACOG. Each year a number of awards are presented to physicians and most of them attend. There are only a few awards presented to nurses and historically, awardees have not been able to attend. Hope to see you all there!

Tri-Service SIG Military

Pre-Conference

6 APRIL 2005

Call for Abstracts

The co-chairs for the American Academy of Ambulatory Nurses (AAACN) Tri-Service Special Interest Group (SIG) are pleased to announce we are planning an exciting Tri-Service Ambulatory Nursing Pre-conference for **6 APRIL 2005** at the Weston Horton, San Diego, California the day prior to the start of the American Academy of Ambulatory Nursing Annual Conference scheduled for 7-11 APRIL 2005.

The purpose of this pre-conference is to provide a forum to discuss success stories, best practices, collaborative practice as well as challenges encountered by ambulatory care nurses within the Military Health Care System. This will be accomplished through lectures, poster sessions and panel discussions

We are currently requesting abstracts for lectures and/or poster presentations with relevance and pertinence to the theme of the 06 April 2004 AAACN SIG in San Diego "Charting a Course for Ambulatory Care in the Military Health Care System"

Guidelines for Submission:

- Please submit an electronic lecture proposal and / or abstract submission using Microsoft Word and the attached template located at the end of this message. In the text of your email, please include a single point of contact, their email, the topic, and whether you submitting for a presentation, poster, or both.
- The poster session will consist of visual displays. Your presence is requested during morning registration, breaks, and lunchtime.
- Attendees are responsible for conference registration fees as well as travel and lodging costs
- Submission date: Abstracts must arrive on or before: 01 Sep 2004
- Notification of acceptance and further instructions will be sent no later than Friday 15 Oct 04.
- For questions or concerns please contact COL Secula @ 210-221-7885 or Lt Col Naughton @ DSN 382-2343 Comm: 253- 982-2343

Email Abstract submissions to one of the following:

Monica Secula, COL, ANC Monica.Secula@AMEDD.army.mil	Corinne Naughton, Lt Col, USAF, NC Corinne.Naughton@mcchord.af.mil	LCDR Harry Foster Smith,NC,USN HFSmith@nmcsd.med.navy.mil
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ABSTRACT TEMPLATE

1. Author contact information: (If more than one author is listed, indicate which one is the contact person)

- Name/Rank:
- Duty Title:
- Military Affiliation:
- Address:
- Email:
- Phone:
- Fax:

2. Abstract Submitted for : (Select all that apply)

- Lecture Presentation
- Poster Presentation

3. Purpose:

4. Rationale:

5. Significance:

6. Description:

7. Methodology of research:

8. Findings:

9. Conclusions:

Office of the Chief, Army Nurse Corps	
<p>Fort Sam Houston Office COL Barbara Bruno, Deputy Chief ANC LTC Sheri Howell, AN Staff Officer MAJ Eric Lewis, AN Fellow AMEDD Center and School ATTN: MCCA-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360</p>	<p>Washington, DC Office LTC Christine Johnson, AN Staff Officer Headquarters, DA Office of the Surgeon General 6011 5th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999 christine.johnson@belvoir.army.mil</p>
<p>sheri.howell@amedd.army.mil</p>	<p>AN Website: http://armynursecorps.amedd.army.mil/</p>
<p>eric.lewis@amedd.army.mil</p>	<p>AN Branch HRC: www.perscomonline.army.mil/ophsdan/default.htm</p>