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# ARMY NURSE CORPS NEWSLETTER

*“Ready, Caring, and Proud”*

Volume 03 Issue 03

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## Message from the Chief



As we move toward the end of the year 2002, COL Gustke and I wish to take this opportunity on behalf of all of us in the Corps Chief's office to wish each of you a most joyous, safe and happy holiday season. We extend this wish to all members of the Army Nurse Corps family – our enlisted soldiers, NCO's, officers, and civilians, both active and reserve component.

In FY 02, the average number of U.S. Army soldiers deployed in support of worldwide military operations and training missions was 51,669 throughout 66 countries worldwide. During FY 02, a total of 1018 Army Nurses deployed in response to all the missions we have been asked to support and we have done so with the same professionalism and compassion that we have always been recognized for. During the holiday season, it is especially important that we remember those service members serving in CONUS and OCONUS who will not be spending the holidays with their loved ones and friends. It is especially important during this time of the year that we pray for our comrades serving in places like Bosnia, Kosovo, Honduras, Korea, Africa, and throughout the Middle East. Additionally, we should

remember those in need, stricken by illness, troubled, and also those who are less fortunate than we.

The holiday season is also an opportunity to renew our hope, rejoice in the many blessings that we have, and celebrate our faith in our own personal way. Perhaps, this holiday season you may wish to reach out to our Army Nurse Corps family. Consider extending an invitation to a service member who is spending the holidays away from home, lend a hand to someone in need, contribute to the community by

offering your time and expertise, or simply do what we do best --- care about others.

We in the Army Nurse Corps will continue to play vital roles as our Nation continues to face threats to our national security. There is no higher calling than to ensure the security, health and safety of our people. We as nurses answer this calling every day. It is the foundation of who we are and what we do. Yet, terrorism directly threatens these foundations, our Nation, our people, and our democratic way of life. Today, as a nation, we are fighting a war on terrorism and we, as nurses, are on its frontline as we defend the health and the safety of the people we serve.

We all prepare for the holiday season each in our own unique way. Please take a moment to reflect on the many positive contributions you have made over the past year while serving this great country and caring for our soldiers, their families and our retired community. Each of you is an invaluable asset to this great family we call the Army Nurse Corps. Thank you for all that you do, everyday, and best wishes for a safe and happy holiday season.

**Army Nurses are Ready, Caring, and Proud!**

Bill Bester  
BG, AN  
Chief, Army Nurse Corps



**HAPPY HOLIDAYS  
FROM THE  
CHIEF, ARMY NURSE CORPS**

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ANC Branch PERSCOM:

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### ANC Newsletter Article Submissions

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to MAJ Laura Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication after their nursing chain of command reviews the article.

**A SALUTE TO ONE OF OUR OWN**  
**BG (Retired) Madelyn N. Parks: 15th Chief, Army**  
**Nurse Corps**  
**25 August 1923 to 24 November 2002**  
**MAJ Jennifer Petersen**

“The future evolves out of the present and past. To determine what the future developments and goals in nursing should be, I would have to look at where we are now and how we got there.” BG (Retired) Madelyn N. Parks

“The nurse has served in every war since 1775. Nurses have always been in combat theaters.... As a nurse, you have to be where the action is.... where the patients are.” BG (Retired) Madelyn N. Parks



Born in Jordan, Oklahoma on 25 August 1923, but raised in Texas, BG (Retired) Madelyn N. Parks, 15<sup>th</sup> Army Nurse Corps Chief, served over 29 years in the United States Army Nurse Corps. Parks career began in 1943 when she received her registered nurse's diploma from Corpus Christi School of Nursing. Spurred by patriotism, Parks and her twin sister, Margaret, joined the Army in 1944. Commissioned as a second lieutenant in the Nurse Corps, she completed Basic Training at Fort Meade, Maryland and an initial tour as a staff nurse on the Eye Ward at Valley Forge General Hospital in Pennsylvania. Her twin sister followed her footsteps in June of 1944, completing her first assignment in psychiatry. By August of the same year, the sisters were overseas. Parks assignment as an operating room nurse in a frontline evacuation hospital in the Po Valley front in Italy provided her with extensive experience. While overseas during WWII, Parks also served in India, Iran and Italy.

Returning to the United States in 1946, after her tour during WWII, Parks left the military and returned to civilian life and nursing. During this break in service, she worked with an ophthalmologist whom she had trained with during her nursing program. In 1951, motivated by the outbreak of the Korean War, Parks applied to reenter the Army Nurse Corps. She applied for and received a Regular Army commission. Once again, Parks' twin sister accompanied her and they

served together as staff nurses at Fort Polk, Louisiana. While expecting to receive orders to Korea, the sisters were surprised to find themselves assigned to Hawaii. From November 1951 until November 1954, Park had duty as an eye clinic staff nurse at Tripler Army Medical Center, Hawaii. At the conclusion of this tour, Parks' sister Margaret left the service and married. Park was reassigned as a staff nurse on the Ears, Eyes, Nose and Throat Ward at Brooke Army Medical Center in San Antonio, Texas, where she served from December 1954 until February 1957.

At this juncture in her career, Parks completed the Ward Administrator Course. This administrative course was designed to prepare nurses for advanced supervisory positions. In May 1958, Parks was promoted to Captain. She served as Educational Coordinator at Fort Dix, New Jersey. Exhibiting continuing success, Parks was reassigned to Fort Sam Houston where she became an instructor and later the supervisor of Enlisted Medical Training at the United States Army Medical Training Center, Fort Sam Houston, Texas. While at Fort Sam Houston, Parks completed her Bachelor of Science in Nursing at Incarnate Word College. She was promoted to the rank of Major in October 1960.

In 1961, Parks returned overseas with an assignment as the Chief Nurse of the 32<sup>nd</sup> Surgical Field Hospital in Wuerzburg, Germany. After a year in this position, Parks interviewed and was selected to become the Chief Nurse of the 62<sup>nd</sup> Medical Group. In this position, Parks coordinated nursing care for five hospitals and a large collection of clearing companies. The 62<sup>nd</sup> was the largest medical group in Europe. During an interview conducted in July 1992, Parks recalls setting up an Evacuation Hospital in the caves under Luxembourg City. The hospital set-up was part of an exercise with the French and Germans, one of the initial international medical exercises after WWII. Parks returned to the states in June of 1963.

From June of 1963 until graduation in May 1965, Parks attended the Health Care Administration Program at US Army-Baylor University, Waco, Texas. Armed with her Masters in Health Care Administration, Parks became the Director of the Clinical Specialist Course at Letterman Army Hospital in San Francisco. Parks stated that many dramatic changes occurred with the 91C program which she had intricate involvement. This assignment was considered her residency and she related fond memories of this year of her career. Parks was promoted in April 1967 to Lieutenant Colonel.

Upon completion of her residency, with a nation once again at war, Parks returned overseas. In June 1967, Parks began her tour in Vietnam. She was assigned as the Chief Nurse of the 85<sup>th</sup> Evacuation Hospital in Qui Nhon, Vietnam. Parks was told that the hospital needed a great deal of work and she was the nurse to do the job. During her year in Vietnam, Parks was instrumental in the success of the 85<sup>th</sup> Evacuation Hospital. In her oral history interview, she recalled the disarray of the POW Ward and her actions to make it a functioning hospital unit. Parks stated, “We stripped that ward from top to bottom. I got one of my best ward masters and

brought him over there and I got a young captain that was very good and put her in charge. So it turned out that much good came out of it.” Although it was a year filled with anxiety and sometimes tears, Parks recalled her year in Vietnam as a tremendous experience.

At the completion of her tour in Vietnam, Parks was assigned to the Medical Field Service School at Fort Sam Houston, Texas as an instructor with a follow-on assignment as the Assistant Chief, Nursing Science Division and Assistant Professor, United States Army-Baylor University Program in Health Care Administration. Parks transferred to Fort Monroe, Virginia in March 1972 to become the Chief Nurse, Surgeons Office at Headquarters, Continental Army Command, United States Army (CONARC). In May 1973, Parks was promoted to Colonel.

With this promotion, Parks became the Chief, Department of Nursing, Walter Reed Army Medical Center. She served in this position until her selection as the 15<sup>th</sup> Chief of the Army Nurse Corps in September of 1975 at which time she was promoted to Brigadier General (BG). During her tenure as Corps Chief, BG Parks was intricately involved in the evolution of the Army nurse midwife program and ultimately the advanced practice programs that followed. She also was an advocate for equal opportunity for nurses within the military and supported nurses in forward combat positions. BG Parks’ greatest job satisfaction was seeing other nurses develop in their careers and reach their full potential. She once stated, “Some do, some don’t. But if I’ve touched anybody’s life, inspired them in their career, I’ve done my job.”

BG Parks retired from the Army Nurse Corps in 1979. Upon her retirement, she resided in San Antonio, Texas. A longstanding supporter of the AMEDD Museum, BG Parks was a strong supporter for the preservation of military medical heritage. On 24 November 2002, at the age of 79, BG Parks passed away at her home in San Antonio. The Army Nurse Corps salutes the dedication, accomplishments, and self-less service of our 15<sup>th</sup> Corps Chief, BG (Retired) Madelyn N. Parks.

**BG Parks will be buried at Arlington National Cemetery on 3 JAN 03 at 1100 with a reception to follow at the WIMSA Memorial, hosted by ANCA.**

**PERSCOM UPDATE**

**Army Nurse Corps Branch Web Page**

The direct address for our web page is: [www.perscomonline.army.mil/ophsdan/default.htm](http://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.

**Upcoming Boards**

DEC 2002	LTC Command Board
JAN 2003	COL Command Board
FEB 2003	CPT/VI AMEDD
FEB 2003	LTC AMEDD and MAJ Selcon

See PERSCOM Online [www.perscomonline.army.mil](http://www.perscomonline.army.mil) for MILPER messages and more board information. To access the messages, go to PERSCOM Online, double click “Hot Topics” and then select MILPER Messages.

**LTHET**

Major Lang is generating RFOs for officers selected to attend the Baylor Health Care Administration Program; USUHS Family Nurse Practitioner and Perioperative Nursing Programs; and the USUHS and UTHHSC Anesthesia Nursing Programs, if the officer has an LTHET agreement on file at AN Branch (See the October ANC Newsletter on instructions on how to obtain an agreement). Your RFO will include Officer Advanced Course instructions if required to attend enroute to school. Please note: If you are scheduled to attend the January or March OAC and will remain at Ft Sam Houston for the Baylor Program or critical care training with follow-on to the Anesthesia Nursing Program, you are not eligible for TDY Pier Diem, while in the courses, since this is a PCS move. Contact your local PSB for orders.

**Important Dates:**

Course	Report Date	School Start Date	End date
OAC	23 MAR 03	24 MAR 03	23 MAY 03
OAC**	12 MAR 03**	24 MAR 03	23 MAY 03
Baylor	5 JUN 03	16 JUN 03	30 JUN 05
USUHS FNP/CNS			
	22 MAY 03	3 JUN 03	30 JUN 05
USUHS CRNA			
	22 MAY 03	3 JUN 03	15 DEC 05
UTHHSC CRNA			
	5 JUN 03	16 JUN 03	15 DEC 05

\*\*Officers are scheduled to remain at Ft Sam Houston for Baylor and CRNA programs.

You will report to school 10 days prior to the first day of classes, however, early reporting is authorized. You should use the 10 days to get settled into the new area. The 10 days are NOT considered leave or TDY; its free time. If you need additional time and want TDY and/or leave, you must request the additional time through your Deputy Commander for Nursing, who has the approving authority. If approved, the extra days are NOT annotated in the orders and do not change your report date.

Officers who submitted waiver requests and were approved must satisfy those obligations before attending school (i.e. must attend Officer Advanced Course, accept Regular Army or Voluntary Indefinite status etc.). Failure to comply with the guidelines will result in the officer being ineligible for LTHET.

Officers selected for graduate education at civilian schools should be researching schools and programs. The selected school must have an Education Service Agreement on file with Central Training Branch (CTB), Ft Sam Houston, TX. Most well known public schools have the agreement on file, but not all. Major Lang has an updated list of schools that have an agreement with CTB.

**Short Courses**

Many of the course dates have changed. Please check the new dates to see if the changes affected a course you have an officer scheduled to attend. To find out the updated class schedule, please visit the Army Nurse Corps branch web site at [https://www.perscomonline.army.mil/ophsdan/anc\\_profdevt.htm](https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm).

To find the latest course schedules for military short courses check the following web sites:

Combat Casualty Care Course (C4) and Joint Operations Medical Management Course (C4A): [www.dmrti.army.mil](http://www.dmrti.army.mil)  
Chemical Casualty Course: <https://ccc.apgea.army.mil/>  
HNLDC and ANLDC:  
[www.dns.amedd.army.mil/ANPD/index.htm](http://www.dns.amedd.army.mil/ANPD/index.htm)

**CGSC Correspondence Course**

Fort Leavenworth has a new web address for CGSC correspondence information and course requests - <https://cgsc2.leavenworth.army.mil/nrs/cgsoc/application/application.asp>. You must have an AKO password to enter the site.

**Interested In Selecting Future Army Nurse Corps Officers?**

AN Branch is looking for volunteers to serve as USAREC Accession Board Members. This is a fantastic opportunity to learn about the Board process as well as influence the future of the Army Nurse Corps. Board members must hold the rank of Major or higher. Boards meet each month for 3-4 days and are held at USAREC Headquarters at Fort Knox, Kentucky. Upcoming start dates for the Boards are 17 Dec 02, 4 Feb 03, 5 Mar 03, 8 Apr 03, 13 May 03, 17 Jun 03, 22 Jul 03, 26 Aug 03, and 23 Sep 03. If interested in this terrific Board Member opportunity, please contact LTC Flavia Diaz-Hays at PERSCOM, [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil).

**Generic Course Guarantee**

Information on GCG is located in our website [https://www.perscomonline.army.mil/ophsdan/anc\\_profdevt.htm](https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm).

**AOC/ASI Producing Courses POCs**

Critical Care Course, Emergency Nursing Course: LTC Diaz-Hays at [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil)  
Psychiatric-Mental Health and OB-GYN Nursing Course Manager: MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil)

Please check the AN branch web site at [www.perscomonline.army.mil/ophsdan/default.htm](http://www.perscomonline.army.mil/ophsdan/default.htm) (click on professional development) for information on application suspense dates to AN branch or contact LTC Diaz-Hays at [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil) or MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

AN Branch recently concluded its board selection for the Critical Care and Emergency Nursing Courses scheduled to begin 7 April 2003. AN Branch will forward a formal letter of congratulations to each officer through the local Department of Nursing.

The next Psychiatric-Mental Health Nursing course at WRAMC is scheduled for MAR-JUL 03. We are accepting

applications for this course. If you are interested, please contact your Chief Nurse and MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

**Perioperative Nursing Course Manager:** LTC Newman at [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).

**Please Note Changes to the Next Course Dates:** Upcoming **Community Health Nurse** courses include the 6A-F6 Preventive Medicine Program Management Course, 21 JAN-1 FEB 03. This focus of this course is on leadership development of the mid-level officer. The next 6A-F5 Principles of Military Preventative Medicine (Community Health Nurse) AOC Course is scheduled for 17 FEB -18 APRIL 03. The pre-requisite for the CHN AOC Course is the 6H-F9 STD/Communicable Disease Intervention Course scheduled for 2-14 FEB 03. Interested officers should contact the **Community Health Nursing Manager:** MAJ Agin at [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil).

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY03 AOC/ASI Course dates are listed at [https://www.perscomonline.army.mil/ophsdan/anc\\_profdevt.htm](https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm).

**Assignment Opportunities for 66F and 66E**

***\*Hot Assignments\****

**66E – 212<sup>th</sup> MASH, Miesau Germany, Summer 03**  
**2<sup>nd</sup> FST , Fort Carson, CO, Summer 03**  
**801<sup>st</sup> (Airborne FST) Ft. Campbell, KY, Summer 03**  
**240<sup>th</sup> FST, Ft. Stewart, GA, Summer 03**

**66F – 212<sup>th</sup> MASH, Miesau Germany, January 03 and Summer 03**  
**67<sup>th</sup> FST, Giebelstadt Germany, December 03**  
**250<sup>th</sup> (Airborne FST) Ft. Lewis, WA, Summer 03**  
**Ft. Rucker, AL, Spring 03**  
**Ft. Leavenworth, KS, January 03**

Other assignment opportunities are available for 66Fs and 66Es in a variety of locations. Please check our website. For these and other opportunities, please inquire to LTC Newman ASAP, [newmanj@hoffman.army.mil](mailto:newmanj@hoffman.army.mil).

\*Please contact MAJ Doreen Agin, [agind@hoffman.army.mil](mailto:agind@hoffman.army.mil), for details on **66B, 66G, 66G8D, 66C, and 66C7T** openings listed below:

**Assignment Opportunities for 66B-All Grades**

There are assignment opportunities available for Winter and Summer 03 in Korea. Other Summer 03 openings are available at Ft Bragg, Fort Irwin, Ft Gordon and Ft Benning.

**Assignment Opportunities for 66G -All Grades**

Assignment opportunities available immediately and Summer 03 for 66G's include Korea; Fort Wainwright, Alaska; Landstuhl and Heidelberg, GE; Fort Irwin, California; Fort Riley, Kansas; Fort Sill, Oklahoma; Fort Polk, LA; Fort Stewart, GA and Fort Hood, TX.

**Assignment Opportunities for 66G8D-All Grades**

There is a position opening for Spring 03 for 66G8D at Fort Drum, NY. There are also positions opening for Summer 03 at Fort Belvoir and Fort Knox.

**Assignment Opportunities for 66C-All Grades**

Assignment opportunities are immediately available for 66C's at Walter Reed Army Medical Center, Landstuhl, Germany and Korea. Summer 03 assignment opportunities include Korea; Walter Reed Army Medical Center; Fort Leonardwood, MO; WBAMC, El Paso, TX; 115<sup>th</sup> Field Hospital, Fort Polk, LA; Fort Bragg, NC; DDEAMC, Fort Gordon, GA; Fort Benning, GA and Fort Jackson, SC.

**Assignment Opportunities for 66C7T CPT**

Assignment opportunity is immediately available for a 66C7T CPT with the 86<sup>th</sup> CSH at Fort Campbell, Kentucky.

**Assignment Opportunities for 66H Lieutenants**

Assignment opportunities available for 66H Lieutenants include WBAMC (El Paso, TX), Ft. Polk, LA, Ft. Irwin, CA, Ft. Jackson, SC, Wurzburg and Alaska. If interested, please contact LTC Diaz-Hays at: [diazf@hoffman.army.mil](mailto:diazf@hoffman.army.mil).

**Assignment Opportunities for Captains**

The website has been updated with all the latest openings. Contact MAJ(P) Greta Krapohl at [krapohlg@hoffman.army.mil](mailto:krapohlg@hoffman.army.mil).

**Assignment Opportunities for MAJ and CPT(P) 66H, 8A, M5 and 66P**

Assignment opportunities are available for upcoming winter and summer cycles in a variety of locations, please check our website. For those PCSing this Winter, please inquire to MAJ Ahearn, <mailto:ahearnep@hoffman.army.mil>.

**APPD UPDATE**  
***LTC(P) Barbara Bruno & Josie Poirier***

Congratulations to Ms. Jane Pool, Infection Control Consultant-OTSG, Fort Belvoir, VA for her selection to attend the Sustaining Base Leadership and Management (SBLM) Program scheduled to begin in January 2003. Jane's selection marks the first time a MEDCOM civilian nurse has been selected to attend SBLM. The SBLM Program is a 12-week experience that is held four times a year at The Army Management Staff College at Fort Belvoir. A 12-month non-resident program is also available. The SBLM Program's purpose is three-fold; first, it is intended to prepare a select group of Army civilian and military leaders for advancement to key leadership positions in the sustaining base. Second, it is intended to enhance the cohesiveness of the Army by promoting the bond between civilian and military leaders. Third, to be a sustaining base resource. The Sustaining Base Leadership and Management Program is the Army's only leadership, management, and decision-making education institution encompassing the breadth of the Army's sustaining base, geo-political interests through strategic systems to direct soldier support.

Nominees must be serving in grades GS-12 through GS-14 (GS-11 and GS-15 nominees may apply by exception for the resident course). Additional information is available at: <http://www.amsc.army.mil>. The SBLM Program is centrally funded by Army Civilian Training, Education, and Development System (ACTEDS) resources. Additional educational opportunities for civilian nurses are listed in the RN ACTEDS Plan (and in 13 associated specialty addenda) and may be accessed at: [http://www.cpol.army.mil/train/acteds/CF\\_53/](http://www.cpol.army.mil/train/acteds/CF_53/).

**DEPARTMENT OF HEALTH EDUCATION  
AND TRAINING (DHET)  
Nursing Education Branch  
"ANC-CHEP"  
*LTC Deborah Van Laar***

The Nursing Education Branch at the AMEDD Center and School falls under the Department of Health Education and Training. One of the responsibilities that fall under the Nursing Education Branch is to manage the Army Nurse Corps Continuing Health Education Program (ANC-CHEP).

The Army Nurse Corps is accredited by the American Nurses Credentialing Center (ANCC) Commission on Accreditation as an approver of continuing education in nursing. Through a peer review process, we approve continuing nursing education activities for credit (contact hours). We also approve providers. Providers are individuals and/or education departments within Army Medical Facilities that plan, implement, and award contact hours for their own continuing education programs. A provider can be an active or reserve unit. If you are not a provider, but would like to be please contact LTC Deborah Van Laar 210-295-0274 or email [Deborah.VanLaar@amedd.army.mil](mailto:Deborah.VanLaar@amedd.army.mil). For more information on ANC-CHEP see DHET's web site: <http://www.cs.amedd.army.mil/dhet/> under Army Nurse Corps.

**PATIENT SAFETY UPDATE**  
**Joint Commission on Accreditation for  
Healthcare Organizations**  
**2003 National Patient Safety Goals**  
***COL Judy Powers***

As you well know, the current national priority for all healthcare organizations (HCO) is to identify and implement effective strategies to improve patient safety with the ultimate goal of preventing patient harm. The Joint Commission (JC) has been a key leader in this critical effort through implementation of their Sentinel Event (SE) policy and by sharing lessons learned in the SE Alert publications. To date, the JC has published 27 SE Alerts, but despite their efforts to identify effective system and process prevention strategies, documented SE frequency has not significantly changed.

The JC recently published the "2003 National Patient Safety Goals" as another strategy to assist HCOs to focus their attention on improving a few critical organizational processes

to prevent SEs. There are six (6) specific goals and eleven (11) recommendations that apply to all accreditation programs (i.e. hospital, ambulatory, home care, etc). HCOs will be required to implement ALL recommendations applicable to their scope of services (i.e. if your MTF does not perform surgical or other invasive procedures, the recommendations relating to wrong-site surgery would not be applicable to your facility). If HCOs would like to implement an alternative approach to any of JC proposed recommendations, they must submit their approach to the JC for review and approval prior to implementation. Please check w/the JC website ([www.jcaho.org](http://www.jcaho.org)) for specific guidance on implementing an alternative approach to any of the PS Goals.

**The 6 specific PS Goals and 11 recommendations all MTFs must implement NLT 1 Jan 03 include:**

**GOAL 1: Improve the Accuracy of Patient Identification Recommendations:**

1 Use at least two patient identifiers (neither can be patient's room number) whenever taking blood samples or administering medications or blood products (i.e. *Ask your patient to state his/her name and compare w/ name on requisition or arm band; the patient's SSN, DOB, Phone number, address, hospital number etc. are examples of a second identifier. For unresponsive patients, the ID bracelet may be used as long as you use 2 different data elements on the bracelet.*)

2 Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct patient, procedure and site, using active (not passive) communication techniques.\*\*

**GOAL 2: Improve the Effectiveness of Communication Among Caregivers Recommendations:**

3 Implement a process for taking verbal or telephone orders that requires verification "read-back" of the complete order by the person receiving the order. (*This applies to ALL verbal or telephone orders, not just medication orders. The licensed staff member receiving the order must first write the order and then 'read back' the written order to confirm accuracy with the ordering provider.*)

4 Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use. (*The Institute of Safe Medication Practices (ISMP) published a list of dangerous abbreviations that is currently available in all MTFs in the PS Manager Resource Notebook and PS Tool Kit CD-ROM.*)

**GOAL 3: Improve the Safety of Using High-Alert Medications Recommendations:**

5 Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.

6 Standardize and limit the number of drug concentrations available in the organization.

**GOAL 4: Eliminate Wrong-Site, Wrong-Patient, Wrong-Procedure surgery Recommendations:**

7 Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.\*\*

8 Implement a process to mark the surgical site and involve the patient in the marking process.\*\*

**GOAL 5: Improve the Safety of Using Infusion Pumps Recommendations:**

9 Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.

**GOAL 6: Improve the Effectiveness of Clinical Alarm Systems Recommendations:**

10 Implement regular preventive maintenance and testing of alarm systems.

11 Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit (i.e. *This includes ventilator, cardiac, apnea, elopement/abduction alarms, infusion pumps &/or alarms associated w/ gas pressures or concentrations.*)

MTF compliance with the PS Goals and Recommendations will be evaluated in regularly scheduled and unannounced JCAHO surveys as of 1 Jan 03. Surveyors will look for evidence of consistent implementation by reviewing relevant MTF documentation and interviewing MTF leaders and direct caregivers to determine if ALL applicable recommendations are implemented and consistently performed in daily practice. If the survey team determines an MTF has not implemented ALL of the required recommendations or an acceptable JC approved alternative, the MTF will receive a score of 5 and a single Special Type I Recommendation will be included on your final survey grid score.

**So what can you do to facilitate the successful implementation and MTF compliance with the 2002 JC National Patient Safety Goals?**

No matter what position or level in the organization you are assigned, as a direct care giver you should: (1) Know your specific roles & responsibilities to successfully implement the JC PS goals & recommendations that are applicable to your MTF; (2) Foster a culture of safety by ensuring you routinely implement all applicable recommendations in your daily practice; (3) Review all MEDCOM or JC published safety or SE Alerts to increase your knowledge about potential harm related to AMEDD or nationally reported SEs, and (4) Share your success stories and effective prevention strategies both within your MTF and with the MEDCOM PS Team to ensure other facilities benefit from your great work!

**\*\*The MEDCOM – Surgical/Procedural Site Verification policy will provide standardized corporate guidance to successfully implement JC recommendations # 2, 7, 8 above. An article introducing the new MEDCOM Circular will be published in the Jan 03 ANC Newsletter!**

If you have any questions and/or suggestions please don't hesitate to contact me at DSN 471-6622; CIV 210-221-6622 or email: [judith.powers@amedd.army.mil](mailto:judith.powers@amedd.army.mil). THANKS for your commitment to patient safety as we work together to.....  
**"Make the Safest Way the Best Way!"**

**WOMEN'S HEALTH APN CONSULTANT**  
**LTC Susan Altenburg**

There is so much occurring within the scope of DoD obstetrical care that it is hard to know where to begin. In last month's newsletter LTC Ramona Fiorey presented an excellent update on what is occurring with the Defense Authorization Act of 2002, the OB challenge, the Uniform OB Product and the role nurses must take in shaping the future of military maternity care.

What I would like to focus on this month is a brief update on the Uniform OB product that is being worked on a Tri-Service level by the Integrated Project Team. I also want to discuss the Uncomplicated Pregnancy Clinical Practice Guidelines and the concerning lack of any mention of midwifery care as part of the uniform OB service package that is being developed. Our goal should be to ensure that midwifery services are available at all facilities where full scope obstetric care is offered.

Below is a listing of some of the new items not mentioned in the November Newsletter that was discussed at the last 13 November Integrated Project Team meeting. The Score Card is currently being revised in order for it to reflect the various initiatives across all service lines and will include the following items:

Evening and weekend hours: The team recommended that each MTF perform a needs assessment to quantify the demand for this service. The AF reported that while it was mandated across their system, presently it was underutilized at some of their facilities. Implementation of this initiative may be based on demand rather than Army wide.

Continuity of Care: At present, the goal is for the patient to see the same provider 75% of the time even though it remains unclear whether or not 75% is the amount of continuity the patient really wants. However, once this is implemented, it can be reevaluated to determine the appropriateness of this figure.

24/7 lactation support

Birth Plans: A sample is included in the Uncomplicated Pregnancy Clinical Practice Guidelines. All staff members who will be caring for the patient during her labor, delivery and post-partum stay, should review these birth plans.

Pain Management: for labor and postpartum period.

Meeting pediatrician prior to delivery

Admissions/ discharge paperwork at bedside

Fast track lab and pharmacy: Decided to be a facility-specific item.

Individualized patient education

Also, discussed at the November meeting was TMA's plan to identify facilities, teams or individuals who benchmark OB

customer service and family-centered care as the "Heroes of TRICARE" for the month. This will start in January 2003. Details regarding how to nominate someone are forthcoming.

As part of the Uniform Product, each facility has been directed to form a multidisciplinary steering committee to guide improvement initiatives. This is your chance to ensure that the money and effort spent will be devoted to issues and activities needed by our patients. Remember, that a majority of these initiatives have nursing involvement, so it is vital that we remain part of the planning process.

**The Uncomplicated CPGs will be televised 10 Dec at 1300-1500 EST.** The address is [www.qmo.amedd.army.mil](http://www.qmo.amedd.army.mil) for more information and on line registration. This broadcast will cover the entire Uncomplicated Pregnancy Clinical Practice Guideline to include actual patient encounters at Camp Pendleton where the Goal Oriented Visit concept has been in use for the past two years. Also included in the broadcast will be discussion of the OB Uniform Product line by the consultants from each of the service lines along with implementation and marketing strategies, and a detailed review of what interventions have been added and what has been omitted in the delivery of uncomplicated prenatal care. Strongly advise as many as possible attend this broadcast.

The last issue to address is the complete lack of midwifery mention in the OB initiatives. In reviewing all the initiatives, it's evident that nurse-midwives have always been strong proponents of many of the practices included such as 24/7 lactation support. However, other interventions such as the choice of low intervention pain relief are lacking. As a profession, we have failed to document our patients' demands for low intervention midwifery services and this failure is reflected in the long list of initiatives currently being developed and initiated. If anyone has data tracking NASs and the reasons cited for obtaining them, please forward to me. To continue to be part of the obstetrical team it is imperative that we track, document and voice our significant contributions. I have noticed that many CNMs have stepped up to the plate, and chosen to chair your local steering committees, and that is a great vantage point from which to ensure our continued visibility and integral involvement.

**UNCOMPLICATED PREGNANCY CLINICAL  
PRACTICE GUIDELINE COMMENCES**  
**June Sekiguchi, RN, CNS, MSN, MBA**  
**COL, USA (Ret)**

The Uncomplicated Pregnancy Clinical Practice Guideline, a joint initiative between the Veterans Affairs (VA) and the Departments of Defense (DoD) is scheduled for facility-wide implementation in December 2002. To kick-off the uncomplicated pregnancy program, a two-hour live satellite broadcast will take place on **December 10<sup>th</sup> from 1300 to 1500 hours Eastern Standard Time.** A panel of VA/DoD experts including the guideline champions will present an overview of the uncomplicated pregnancy guideline – treatment algorithms, provider reference materials, patient

assessment and other documentation forms, patient and family education materials, posters, guideline metrics, and other valuable resources. An opportunity for the audience to call in during the broadcast and ask specific questions is included.

The goal of guideline implementation is to improve the quality of care in patients who present to the primary care clinic with an uncomplicated pregnancy. Improvements in patient and provider satisfaction are also targeted. In January 2002, a group from the military services and the VA worked to craft the guidelines, with input from primary care physicians, obstetrician-gynecologists, nurse midwives, nurse practitioners and physician assistants. The resulting products were the outcome of an exhaustive search and distillation of evidence-based guideline literature.

To help busy primary care providers implement the uncomplicated pregnancy guideline, all provider resource materials and patient education materials are contained in a canvas toolkit bag. The toolkit is packaged as an uncomplicated pregnancy bundle. Providers are encouraged to place the provider reference cards in their offices and to familiarize themselves with the other various resources. The Uncomplicated Pregnancy Toolkit bag will be mailed to MTFs prior to the guideline satellite broadcast in December. Additional materials may be reordered directly from MEDCOM at no charge to the facility.

The VA/DoD program puts great emphasis on the patient's share of the guideline process. Throughout the uncomplicated pregnancy, individuals are encouraged to apply what is encouraged in a unique patient education module. This module helps her co-manage her treatment and work closely with her primary care provider. This document allows the pregnant mother to track her progress through the pregnancy, keep up with appointments, record her provider's special instructions, and record questions to be asked at the next scheduled appointment. The patient education module even alerts the patient about symptoms that should be reported immediately to her provider. The patient education module will prove equally informative to the new expectant father.

Additional information on the Uncomplicated Pregnancy Clinical Practice Guideline and other guidelines may be obtained from the MEDCOM Quality Management Web Site at: [www.cs.amedd.army.mil/qmo](http://www.cs.amedd.army.mil/qmo). Guidelines for low back pain, asthma, diabetes, tobacco cessation, post-deployment health, postoperative pain and major depressive disorders have already been implemented. Future guidelines include: a cardiovascular bundle, post-traumatic stress syndrome, psychosis and several others.

**MATERNAL CHILD HEALTH UPDATE**  
*LTC(P) Ramona Fiorey*

As those of you who have been participants in a recent JCAHO survey know, patient safety issues are a focus. Quality control (QC) in waived testing is an area that tends to be problematic for facilities. In OB/GYN units, urine dipstick and glucose testing have long been waived tests with QC

requirements. These areas also routinely use nitrozone (pH) paper for screening purposes, but QC has not been routinely done for it. JCAHO surveyors are asking to see evidence of QC for nitrozone paper. This can be a waived test, and has the same requirements for QC that other waived tests do. If your facility does not have a policy, one should be developed and implemented. Since the QC can be done on a monthly basis, negotiating an agreement for the laboratory to perform QC may be possible. This removes the requirement for nursing to maintain the logs and competency with QC testing. A good site for information regarding point of care testing in general is from the Oregon Health Sciences University at [www.ohsu.edu/som-Pathology](http://www.ohsu.edu/som-Pathology).

Pain assessment and documentation is also receiving JCAHO emphasis. Although implemented for the adult and pediatric patient populations, pain assessment for neonates has not historically received as much attention. This has changed. Neonates do have pain – from traumatic delivery, circumcision, phlebotomy – and it should be assessed, documented and responded to with the same vigilance given other patients. The DoD/VA Postoperative Pain Management Clinical Practice Guidelines recommend the N-Pass tool to assess neonatal pain. The N-Pass, as well as the other DoD/VA pain assessment reference cards is available at [www.cs.amedd.army.mil/qmo](http://www.cs.amedd.army.mil/qmo) (Go to postoperative pain management, provider materials, then standard pain scales). There are several other pain assessment scales for neonates. Some of these instruments can be found at [www.medal.org/docs\\_ch44/doc\\_ch44.05.html](http://www.medal.org/docs_ch44/doc_ch44.05.html) (Medical Algorithms Project).

Recently, I evaluated a piece of equipment that can significantly improve neonatal resuscitation in the delivery room. The Neopuff Infant Resuscitator provides controlled, consistent pressure and optimizes oxygenation that an infant receives during ventilation. This is an improvement in the over or under inflation sometimes associated with conventional bag and mask ventilations, particularly with extended resuscitation. The device allows a prolonged lung inspiratory period, which produces a more rapid establishment of functional residual capacity, important to improve oxygenation and avoidance of significant alveolar opening pressure. The amount of pressure delivered during ventilations is set with controls on the device. Lung inflation is achieved by occluding a T-piece aperture attached to the face mask with a thumb or finger, as opposed to manipulating an ambu or anesthesia bag. The device is manufactured by Fisher & Paykel. Cost of the unit is \$979, weighs about five pounds and is very portable. The disposable breathing circuits are \$6 each without a face mask, and \$14 with a mask. More information can be obtained by calling 1-800-446-3908. The fifth edition of the American Academy of Pediatrics Guidelines for Perinatal Care is now available at a cost of \$70. This is a very good reference to have access to. I suggest requesting that your facility library order this publication for reference if you don't want to buy it. Meanwhile, Happy holidays to all of you!

**RESERVE IMA NEWS**  
**DIMA, Assistant Chief, ANC**  
**COL Carol Swanson**

Support Contracts and leading the T-Nex governance transformation. Ms. Adams is assigned to the TRICARE Management Activity (TMA) in Aurora, Colorado.

Previously, Major General Adams (Ret.) served concurrently as: the Commander of Tripler Army Medical Center; the Commander of the Pacific Regional Medical Command; TRICARE Pacific Lead Agent; United States Army Pacific Surgeon; and the Professional Filler Commander (PROFIS) of 18th Medical Command, Korea.

**DEPARTMENT OF COMBAT MEDIC TRAINING**  
**CPT Jana Nohrenberg**

Happy 1<sup>st</sup> Anniversary to the Department of Combat Medic Training! As we close out our first year of training of the finest combat medics in the world, we look back at all that was accomplished. During the past year, over 3,100 highly qualified medics graduated and were sent out to the force. Today's medics leave the schoolhouse skilled in airway management techniques, hemorrhage control, force health protection, invasive procedures, and management of CBRNE casualties, and much more. They are assigned to division, brigades, MEDDACs, MEDCENs, and forward deployed units around the world. They provide high quality, far-forward, point-of-injury combat casualty care to our Nation's fighting forces.

To accomplish this tremendous task, DCMT instructors have vast operational and medical knowledge and stand on the platform every day emulating the qualities of the combat medic. The instructors take great pride in the success of their soldier-medics. In order to give our soldier-medics some "real world" experience, they spend time at BAMC and the TMC touching real patients. The abbreviated period spent in the clinical rotation has become one of the highlights of the course and has been very successful in forming competent, effective combat medics. In addition to this clinical rotation the Department of Combat Medic Training has taken simulation training to an unprecedented level. Human patient simulators and simulation training are incorporated throughout the entire curriculum.

There is currently one operational "bleeding lab" where the students enter a simulated Battalion Aid Station with a casualty that has sustained either a traumatic amputation to the leg or arm or a through-and-through gunshot wound to the leg or arm. The lights are dimmed and flickering, it is noisy (think of the first 5 minutes of the movie "Saving Private Ryan"), blood (a soap and water solution that is dyed red) is hemorrhaging everywhere and the casualty (a simulator) is screaming in agony. The soldier-medics must then prioritize and provide the lifesaving interventions to stabilize the casualty and prepare for evacuation to the rear. The exercise allows the medic to apply the knowledge that they received in the sterile classroom environment to a simulated combat environment.

This article will provide information for Reserve Nurses about the opportunity to attend the following Active Component AOC producing schools: Critical Care Nursing (6F-F5), Emergency Nursing (6F-F6), Perioperative Nursing (6F-66E), and Psychiatric/Mental Health Nursing (6F-66C). Course locations are listed in ATRRS in the respective course. Prerequisites include being an RC AN with a BSN degree and an interest in the specific AOC specialty. In addition to a current and unrestricted RN license, completion of AMEDD Officer Basic Course (OBC), Certification in Basic Life Support, and the officer must meet HT, WT, APFT standards IAW AR 600-9 and AR 350-15.

Submit a packet to CDR, ARPERSCOM, ATTN: ARPC-HSA, 1 Reserve Way, St. Louis, MO 63132-5200. Include in the packet a DA Form 1058-R, DA 2-1, letter from soldier addressing interest and commitment to USAR after completion of course, letter of recommendation from the unit chief nurse, DA Photo and letter of commitment from local funding source. The packet must arrive NLT 90 days prior to the start date of the course. ATRRS INPUT IS DONE SOLELY BY USARC. Any ATRRS application submitted by a unit directly will be disapproved. If the soldier is interested in a seat in a class shown on ATRRS and no authorized seats are available for USAR soldiers, request for that school date must accompany the packet.

Funding is provided locally (at the unit/RSC/RMC level) only. ARPERSCOM is not given funds to support these courses. POC for funding issues outside the chain of command is Health Services Personnel Management Directorate, Nurse Branch at 314/592-0441.

Course participants selected by the board are selected on 'Best Qualified' criteria. Selected soldiers are notified by Board Chair at ARPERSCOM 60 days prior to the course start date.

Point of contact for more information paper is HSPMD, Nurse Branch at 800/325-4729, option 2. References include ATRRS course scope and course prerequisites, AR-611-1, DA Pams 600-4 and 611-21 and the [www.2xcitizen.usar.army.mil](http://www.2xcitizen.usar.army.mil) web site.

**MG (RET.) NANCY ADAMS JOINS**  
**SENIOR EXECUTIVE SERVICE, TMA**

On Monday October 4, 2002, Dr. William Winkenwerder, ASD(HA), presided over the swearing in of Ms. Nancy R. Adams into the Senior Executive Service. Ms. Adams recently retired as a Major General in the United States Army.

Ms. Adams was appointed as the Senior Advisor to the Director of the TRICARE Management Activity (TMA) on July 22, 2002. Her duties include serving as the Source Selection Authority for the TRICARE Managed Care

Simulation training has been used for years by other disciplines, such as aviation, but there has been no formal study to evaluate the effectiveness of simulation training in preparing medics to perform on the job. We are taking the first steps to quantify the capability of simulation training to bridge the delta between the classroom and the clinical setting.

DCMT continues to adapt the curriculum in the Initial Entry Training (IET) environment to meet the healthcare challenges of today's world and to incorporate the latest research in trauma care. Lesson plans covering Smallpox are being added to the curriculum and the method of fluid resuscitation in the trauma patient has been readdressed to be in line with the latest in trauma research. The use and application of tourniquets on the battlefield is no longer being taught as a final intervention.

The successes demonstrated in the 91W program are not the result of a single person's effort. From those on the platform doing the teaching to those in the support functions of curriculum review, classroom support, and administration, all of the commissioned and non-commissioned officers and civilian personnel assigned to the Department of Combat Medic Training have played an integral role in shaping today's combat medic. We look forward to an exciting and evolving 2003 in the training of the future combat medics.

## NEWS FROM AROUND THE AMEDD NEWS FROM AROUND THE AMEDD

### ANC Website Update

The Phone Roster and Consultant List sections have been moved to the AKO secured server per OTSG compliance regulations for all Army medicine web sites, effective 1 OCT 02. **This content is now only available to users with a valid AKO username and password.**

### AMEDD Army Enlisted Commissioning Program (AECP)

Do you know an AMEDD Soldier who wants to become a registered nurse? If so, the AMEDD has a fantastic program designed to help soldiers achieve that goal. The Army Enlisted Commissioning Program (AECP) allows active duty enlisted soldiers to obtain a scholarship to attend college in a full-time student status while still receiving full pay and benefits in their current grade. Upon earning their Bachelor of Science in Nursing degree and successfully completing the National Council for Licensure Examination-RN (NCLEX-RN), these soldiers are commissioned Second Lieutenants in the Army Nurse Corps (active component). The Active Duty Service Obligation is 3 years. Application to the AECP is open to all active duty army enlisted soldiers, regardless of Military Occupational Specialty, who are able to gain acceptance as a full time student to an accredited nursing program with an academic and clinical curriculum in English;

and graduate within 24 calendar months. This program funds academic costs of up to \$3,000 per semester or \$2,250 per quarter. More information and the program application guidelines are located at [www.armymedicine.army.mil/otsg/nurse](http://www.armymedicine.army.mil/otsg/nurse) or [www.usarec.army.mil/aecp/](http://www.usarec.army.mil/aecp/).

**The USAREC AECP Program Manager is SFC Charles Bradshaw at 1-800-223-3735 extension 60381.** The FY03 AECP guidelines can be found on [www.goarmy](http://www.goarmy) or the ANC Homepage, click on professional development. There is also an AECP power point presentation you may download for NCOOP and ODP at your facility from USAREC.

### Landstuhl Regional Medical Center Celebrates 50 Years

Landstuhl Regional Medical Center, Landstuhl, Germany will celebrate its 50th anniversary in April 2003. Anyone who served on Landstuhl Post at any time since 1952 is invited to send pictures or stories regarding their experiences. Submissions will be included in the celebration displays and publications. Contact: M. Shaw, Public Affairs Officer, 0049 6371-86 8144, e-mail: [marie.shaw@lnd.amedd.army.mil](mailto:marie.shaw@lnd.amedd.army.mil).

### MAMC's Pediatric Short Course

MAMC will be holding a Pediatric Short Course **8-14 March 03**. They will be able to take 8 students. Please contact LTC Christine Pires for further information and questions at [Christine.Pires@nw.amedd.army.mil](mailto:Christine.Pires@nw.amedd.army.mil), (253) 968-1364.

### 16<sup>th</sup> Annual Pacific Nursing Research Conference

The 16th annual Pacific Nursing Research Conference is co-sponsored by the Tripler Army Medical Center and the University of Hawai'i at Manoa School of Nursing and Dental Hygiene. This conference is dedicated to sharing nursing research findings and to fostering the utilization of research findings by clinicians. The conference will be held at the Hilton Hawaiian Village in Honolulu, Hawaii, **March 7 and 8, 2003**. The POC is LTC Hyacinth Joseph at (808) 433-2753.

### AAACN Military Special Interest Group

The Tri-Service Military Special Interest Group that is part of the American Academy of Ambulatory Care Nurses (AAACN) is hosting a pre-conference **9 April 2003** in Tampa, FL in conjunction with the **AAACN Conference 10-13 April**.

### 13<sup>TH</sup> Annual Asia-Pacific Military Medical Conference

The U.S. Army Pacific (USARPAC), USARPAC Surgeon, MG Joseph G. Webb and Royal Thai Army (RTA) are sponsoring the 13<sup>th</sup> Annual Asia-Pacific Military Medicine Conference (APMMC) in Bangkok, Thailand, at the Plaza Athenee' Hotel, **11 – 16 May 03**. The theme of this

conference is “Good Health – Great Soldiers.” Other topics include the military aspects of humanitarian deployments, environmental medicine, infectious diseases, psychiatry, combat medicine, including medical strategies for low intensity battles, technological advances in telemedicine, and others military relevant medical topics. Over 30 foreign countries will be invited to present and exchange medical information.

Interested U.S. Military medical personnel are invited to attend. Category 1 continuing medical education and continuing nursing education contact hours will be awarded for attendance at this conference. The current per diem for Bangkok is 182\$ U.S. dollars, 125\$ lodging plus 55\$ MI and E.

The POC for this conference is COL Stephanie Marshall at Tripler AMC, @ [stephanie.marshall@haw.tamc.amedd.army.mil](mailto:stephanie.marshall@haw.tamc.amedd.army.mil).

**The American College of Healthcare Executives  
(ACHE)**

Interested in pursuing additional information or professional certification on health services management and healthcare policy? The American College of Healthcare Executives (ACHE) is an international professional society of nearly 30,000 healthcare executives. ACHE is known for its prestigious credentialing and educational programs. In addition, ACHE’s annual Congress on Healthcare Management draws more than 4,000 participants each year. ACHE is also known for its journal, *Journal of Healthcare Management*, and magazine, *Healthcare Executive*, as well as groundbreaking research and career development and public policy programs. ACHE’s publishing division, Health Administration Press, is a major publisher of books and journals on all aspects of health services management in addition to textbooks for use in college and university courses. Through its efforts, ACHE works toward its goal of improving the health status of society by advancing healthcare leadership and management excellence. The ACHE website, <http://www.ache.org/>, provides much more information on the college and the opportunities which are available to members. MAJ Bill Moran, AN, is a Fellow in ACHE and serves as an advocate for nursing issues on the ACHE Army Regents Advisory Council. If anyone is interested in joining or would like additional information, please contact MAJ Bill Moran, FACHE, at [william.moran@us.army.mil](mailto:william.moran@us.army.mil) or LTC Kelly Wolgast, CHE at [kelly.wolgast@belvoir.army.mil](mailto:kelly.wolgast@belvoir.army.mil).

