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STATEMENT BY

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

### **Patient CareTouch System**

I am pleased to provide you with an update on Army Nursing and to share with you my strategic priority, the Patient CareTouch System. The Patient CareTouch System implementation began on February 7, 2011 at three medical treatment facilities: Madigan Army Medical Center, Brooke Army Medical Center, and Womack Army Medical Center. Seven facilities will begin their roll out this month: Walter Reed Army Medical Center, DeWitt Army Community Hospital, Tripler Army Medical Center, Landstuhl Regional Medical Center, William Beaumont Army Medical Center, Carl Darnall Army Medical Center, and Blanchfield Army Community Hospital. The remaining facilities will join the process in three implementation phases beginning in mid-May. Army-wide implementation at every patient touch point will be completed by December 2011. The Patient CareTouch System spans all care environments where nurses touch patients by ensuring quality care is delivered carefully, compassionately and in accordance with standards for best practice. The Patient CareTouch System is comprised of five elements, which we believe guide, gauge, and ground patient centered care. These elements include: Patient Advocacy, Enhanced Care Team

Communication, Clinical Capability Building, Evidence-Based Practices, and Healthy Work Environments. The elements are supported by ten components that include core values for patient care, care teams, peer feedback, standardized documentation, skill building, talent management, clinical leader development, optimized clinical performance, Centers for Nursing Science and Clinical Inquiry (CNSCI), and shared accountability for quality of patient care delivery.

The Patient CareTouch System provides a sustainable framework for our transition from a healthcare system to a system for health. It cultivates trust by providing a standard by which care can be measured across Army Medicine, and it allows us to look critically at what we do, how we do it, and how we can improve. The Patient CareTouch System ensures that our patients know that we have their best interest at the forefront of all care decisions and it promotes standards, not standardization, for nursing care Army-wide. We found, when we piloted the Patient CareTouch System at Fort Campbell, Kentucky, that we had a positive impact on patient outcomes, patient satisfaction, clinical communication, provider-nursing staff collaboration, and provider satisfaction. We believe these results will be reproducible across Army Medicine and we are using evidence based metrics to benchmark nurse sensitive indicators against national standards. This will validate our firm belief that our patients are receiving world class, high quality nursing care.

### **Optimizing Patient Care Delivery**

Evidence based practice is a key element in the Patient CareTouch System and nursing researchers, embedded within newly formed CNSCIs are translating research into practice to optimize the quality of care provided to our patients. The CNSCIs are

promoting enhanced nursing decision support, evidence-based practice and research. Nurse scientists, Clinical Nurse Specialists, and Nurse Methods Analysts comprise the CNSCI. These experts working together are affecting the transition from a “question-to-answer model” to the more valuable “question-to-translation-to-evaluation model.” Consolidating nursing support assets who are working on a common sense research priority agenda increases the capacity for evidence-based management and evidence-based practice Army Nursing wide.

Research and evidence-based practice are overarching and core constructs in the Army Nursing Campaign Plan. Army Nursing is transforming from an expert-based practice model to a systems-based care model in order to leverage nursing assets and realize the benefits of knowledge management and research translation. This is critical to improve patient outcomes, safety, healthcare value, and quality. Tenets of a systems-based care model includes system resourcing, health care economics, teamwork, cost-benefit considerations, and practice management. Key to success is uniting various types of nursing support experts to better meet the needs of bedside nurses and the nurse leaders who provide and direct the delivery of patient care.

Army Nurse scientists are collaborating in joint, multinational and academic settings to infuse nursing practice with evidence based science. The premier Army Nursing Practice Council (ANPC), established in the Fall 2010, is providing the critical connection between nursing science and nursing practice. The ANPC meets monthly to review evidence, data, and science to develop evidence-based nursing tactics, techniques and procedures (TTP) that then become the standards across Army Medicine. Recently published standards include an innovative falls prevention program,

structured nursing hourly rounding, and bedside shift reporting. TriService Nurse Research Program (TSNRP) funded studies support several evidence-based nursing TTPs. For example, in the Emergency Room at Bayne Jones Army Community Hospital, Ft. Polk, Louisiana, white boards in the patient rooms facilitate real time status updates on medications, procedures, and tests completed to enhance communication between emergency room staff and the patient and family members.

The TSNRP funded an evidence-based practice project titled: "Evaluating Evidence-Based Interventions to Prevent Falls and Pressure Ulcers." This study was the basis for revising clinical practice guidelines for prevention of falls and skin breakdown within the Madigan Army Medical Center. It was also the means by which their CNSCI team introduced patient-centered rounds and monitoring of nurse-sensitive outcomes such as nurse satisfaction, patient satisfaction, and rates of falls and pressure ulcers.

### **Warrior Care**

Enroute care transport is not a new mission for Army Nursing; we have been providing this type of care for over 60 years. In 1943 the first Army nurses formally trained in air evacuation procedures were assigned to secret missions in North Africa, New Guinea, and India. Army nurses cared for patients on helicopter ambulances, transporting over 17,700 U.S. casualties of the Korean War. During the Vietnam War, Army Nurses were aboard helicopters moving almost 900,000 U.S. and allied sick and wounded Soldiers.

Army Nursing is continuing to answer the call of the combatant commander for critical care nurses who are prepared and dedicated to care delivery in the back of a

medical evacuation helicopter. In December 2007, nurses assigned to the medical task force in Iraq leveraged the capabilities of our critical care and emergency nurses and created, then codified, a premier enroute care transport program that ensured our wounded, ill and injured service members received the right care, at the right time, by the right provider. This program directly impacted and sustained the 98% survival rate for wounded service members in Iraq.

The Army Nursing Enroute Care Transport Program was so successful in Iraq in decreasing the incidence of hypothermia, accidental endotracheal tube extubation, and prevention of hypovolemic shock in our Wounded Warriors that the program is currently in place in Afghanistan. Army nurses continue to refine and improve the program, maintaining a focus on nursing TTPs for critical care patients transports. I am so proud of our Army nurses who, at the beginning of the war in Iraq, saw a gap in rotor wing critical care patient transport and identified processes to fill the gap. As a result, our enroute care transport program is unparalleled in terms of the quality of nursing care that our combat veteran critical care nurses provide to Wounded Warriors. The quality of care during the strategic evacuation care continuum does not end in the theater of operation. Landstuhl Regional Medical Center's (LRMC) unique TriService Air Evacuation mission processes all casualties through the Deployed Warrior Medical Management Center. The nursing care provided to wounded, ill and injured Warriors and coalition armed forces air evacuated from Operation Iraqi Freedom, Operation Enduring Freedom, Operation New Dawn and other Overseas Contingency Operations to LRMC significantly contributed to LRMC being awarded the Association of Military Surgeons of the United States (AMSUS) 2010 Facility-based Healthcare (Hospital) Top

Federal Hospital for fiscal year 2010. Continuing their high operational tempo, the LRMC's triservice nursing team cared for 11,185 casualties (4284 inpatient casualties and 6901 outpatients) in fiscal year 2010.

Nursing staff augmented the Contingency Aeromedical Staging Facility on Ramstein Air Base, enabling continuous casualty flow from LRMC to CONUS medical centers. Receiving casualties from over 500 Air Evacuation flights, LRMC nurses have significantly supported the aeromedical evacuation process. On any given day at LRMC, nursing staff on the medical-surgical units will discharge ten inpatients and admit eleven new patients, illustrative of the high operational tempo that is commonplace at LRMC.

Nurse researchers like Lieutenant Colonel Betty Garner, are augmenting warrior care efforts by conducting studies designed to produce evidence for new nursing care modalities. Lieutenant Colonel Garner and her team are determining the impact nursing care has on injured Soldiers and their families after a traumatic brain injury (TBI). Understanding the needs of the Wounded Warrior and their families are imperative to improve the quality of life among those affected by TBI.

These examples of Army Nursing's clinical initiatives illustrate an amazing flexibility and agility to ensure that we are responsive to the needs of our wounded, ill, and injured service members. I would like to provide you with an update of several programs that I introduced to you last year, and are key enablers of Army Nursing's strategic initiatives.

## **Capability Building**

### *Talent Management*

Inherent in clinical capability building is leadership, and in order to best leverage the capabilities of our nursing team, we examined the methods by which we identified, managed, and developed clinical leader talent. The Army Nurse Corps' (ANC) talent management strategy is a mission critical process that ensures the Corps has the right quantity and quality of leaders in place to meet the current and future Army Medical Department missions and priorities. Our strategy covers all aspects of the ANC life cycle, to include aligning the Corps strategic goals with capability requirements and distributing the right talent for the right position at the right time and rank.

We partnered with US Army Accessions Command and implemented precision recruiting to ensure we are recruiting the right capability in order to develop clinical leader talent. In Spring 2010, for the first time, our Human Resources Command, Army Nurse Corps Branch executed a formalized capability-based assignment process, placing senior officers in key positions based on their skills, knowledge, and behaviors instead of on availability. In addition, we defined and established a sustained succession plan for key leadership positions in the ANC. Our talent management strategy enables us to assign full spectrum leaders across all care environments in support of the Army Medicine mission.

### *Leader Academy*

Since the inception of our virtual Leader Academy, we have graduated over 500 officers, non-commissioned officers and civilians from our courses. Over the past year we analyzed ways to optimize the Leader Academy to ensure agility in meeting evolving

requirements. We have sequenced learning and redesigned a “building block” curriculum to facilitate lifelong learning at all professional development phases. The five core elements of the Patient CareTouch System serve as the foundational framework for the Leader Academy and the key components are threaded throughout the curriculum of all courses offered.

The BG(R) Anna Mae Hays Clinical Nurse Transition Program (CNTP) continues to prepare our novices with good results. Preliminary program evaluation results presented at the 2010 Phyllis J. Verhonick Nursing Research conference indicate that of the four cohorts evaluated, all participants achieved advanced beginner competency at the end of the program. In order to stabilize the program, all director positions are now being filled by competitively selected non-rotating civilians, two of which are Doctoral prepared and the remaining are Master’s prepared. A review of current studies revealed that standardized preceptorship programs (preceptor training and tracking) increases nurse transition from academia to practice. As a result of this evidence, the CNTP directors adopted a Preceptor Development Program and established guidelines now being implemented at all transition sites. The Patient CareTouch System provides a framework for the program and the evidence and science inform the standards by which nurses deliver care across the age spectrum. Patient responses have been favorable, specifically complimenting nurse transition program participants in hospital satisfaction surveys. As we interview new lieutenants in the program, we have found that many, who were planning to leave at the end of their initial service commitment, are instead continuing their careers in the ANC as a result of the enculturation process that is inherent in the CNTP. Retaining new graduate nurses preserves the knowledge,

experience and confidence gained during the first year of professional practice and has a positive impact on the quality of patient care.

There has been an array of secondary benefits resulting from the creativity of the nurses participating in the CNTP. At Madigan Army Medical Center, novice nurses developed and implemented a program to track chart audits and produced a training video on “Preventing Patient Falls.” At Womack Army Medical Center, novice nurses presented an abstract entitled “Response to Enhance the Quality and Consistency of Shift Reports” at the Karen A. Reider Federal Nursing Research poster session during the AMSUS conference.

### **Portfolio of Expertise**

We are constantly refining our clinical capabilities to meet the ever-changing complexity of providing care in challenging care environments. As a result of increasing demands for trauma nurses and the complexity of care required in both theaters of operation we made the decision to establish a separate area of concentration consolidating intensive care unit (ICU) and emergency nursing with the educational and clinical focus on combat trauma care. This new area of concentration will provide us a flexible and agile economy of force, while providing an economy of effort for training.

We are re-shaping our ICU and emergency nursing courses into one curriculum focused on acquisition of trauma nursing and critical care competencies. The Army trauma nurse area of concentration will result in assignment flexibility in both our hospitals and deployed combat support hospitals (CSH) and provide an unprecedented level of trauma nursing capability for military medicine. We are also analyzing ways to

leverage potent Army medicine force multipliers such as our psychiatric nurse practitioners and psychiatric nurses.

This year, in response to increasing requirements for trauma trained nurse, we expanded our emergency nursing course by adding a second training site at Madigan Army Medical Center and graduated our first class at this location in December 2010. This additional program doubles the number of emergency nurses trained annually and enhances our ability to provide world class care at home and abroad.

Through the efforts of our Perioperative Nurse Consultant, in collaboration with the national perioperative nursing organization, we have added additional sterilization procedures to the curriculum for both our Perioperative Nurse and Operating Room Technician programs. This proactive initiative addresses a national health concern regarding potential infectious disease transmission resulting from improper sterilization processing of surgical scopes. Currently, we are developing a pilot program for the utilization of graduate prepared Perioperative Clinical Nurse Specialists as Perioperative Nurse Case Managers responsible for the coordination of clinical care across the perioperative continuum from preoperative preparation to post-anesthesia care. We are closely examining operating room processes, with a focus on the perioperative nurse.

The operating room can be one of the busiest touch points in a facility, and as a result an area that we want to ensure quality and safe care delivery. We believe that a critical examination of an expanded role of the perioperative clinical nurse specialist is needed. This role will concentrate on quality assurance with a focus on patient safety and perioperative arena efficiency to include the operating room and the centralized

sterile processing department. This role is unique in that it cannot be replaced by a non-perioperative advanced practice nurse.

Last year I discussed our initiative related to critical care skills for our enlisted licensed practical nurses (LPN). In October, we conducted our first pre-deployment critical care course for enlisted practical nurses from one of our deploying CSH. The Soldiers received didactic instruction and clinical rotations in critical care and burn care at Brooke Army Medical Center and the Institute of Surgical Research. Three enlisted practical nurses from the deploying 115<sup>th</sup> CSH attended a “critical care skills during deployment” pilot. On average, students demonstrated a 42% increase in self-reported skills related to chest tube drainage system set up, cardiac strip interpretations, and patient report/handoff. With the success of this pilot, we are currently developing a pre-deployment LPN course that will prepare deploying LPN’s for the complex trauma missions they will support. Every Army Nurse is a trauma nurse.

During calendar year 2010, Army nurses deployed with two Medical Brigades and four CSHs in support of Operation New Dawn and Operation Enduring Freedom to provide force health protection and combat health support to United States and coalition forces. Two CSHs were commanded by Army nurses -- Colonel Barbara Holcomb, Commander of 21<sup>st</sup> CSH, Iraq and Colonel Judy Lee, Commander of 14<sup>th</sup> CSH, Iraq -- who facilitated health care delivery and medical diplomacy.

Major Pamela Atchison, an Army nurse, deployed with Task Force MED East in support of Operation Enduring Freedom, developed the Afghanistan Trauma Mentorship Program for the Afghanistan Theater of Operation. Major Atchison implemented the Afghanistan Trauma Mentorship Program at two Afghanistan civilian

hospitals and trained over 500 medical personnel (Physicians, Medics and Nurses) assigned to the Afghanistan National Security Force and Afghanistan National Army. Her contribution to Health Sector Development for Afghanistan, will have a lasting effect for both the civilian and military medical communities throughout the Afghanistan Theater of Operation.

Major Michael Barton developed the United States Forces Afghanistan policies for Infectious Diseases, Needle Stick Injuries, and Surveillance. Major Barton's efforts had a significant impact on the quality of care that US Service Members and Coalition Forces received throughout the Afghanistan Theater of Operation. Major Barton also compiled monthly reports for Task Force Medical commanders throughout the theater, which consisted of information regarding epidemiological investigations and disease non-battle injuries. The report enabled the Task Force Medical commanders to focus on medical readiness issues for both US and Coalition Soldiers.

Colonel William Moran deployed with Task Force (TF) 62 MED as the Patient Safety Officer for the Afghanistan Theater of Operation. He implemented the first ever formal Patient Safety Program in that theater that positively impacted over 1,900 service members, three Level III hospitals, and twelve Level II Forward Surgical Teams/Elements. In order to decrease variance in patient safety management, Colonel Moran travelled to each TF 62 MED subordinate units to train 28 Patient Safety Officers and establish unit based patient safety programs. Colonel Moran significantly improved patient safety and the overall delivery of health care in theater by establishing an environment of trust, teamwork, and communication based on standards that improved patient safety and prevented adverse events.

Army nurses are contributing significantly to the success of multinational operations and working collaboratively with coalition and Afghan healthcare professionals. I'm very proud of the medical diplomacy efforts, displayed by the nursing leaders in command of the Forward Surgical Teams (FST) in Afghanistan.

Lieutenant Colonel Ruth Timms commanded the 160th FST in support of Operation Enduring Freedom. Her team was embedded within a German NATO Role III hospital and provided direct support to over 11,000 US and Coalition Soldiers that comprised 15 nations. Lieutenant Colonel Timms was an integral proponent for initiating mentorship programs between US, German, and Afghan providers which is enabling an Afghan Healthcare system fully capable of providing comprehensive healthcare services to the people of Afghanistan.

Captain Roger Beaulieu commanded the 934th FST in support of Operation Enduring Freedom. He and his team cared for over 460 wounded service members, performed over 160 surgeries and improved the medical capabilities of the local national hospital by training four Afghan Surgeons and nearly 100 Afghan medical support personnel.

These Army nurses are writing Army nursing history, and on February 2nd of this year, we celebrated 110 years of proud service to our country as a recognized Corps of the United States Army. We thank you, Mr. Chairman, Vice Chairman Cochran and Senator Murkowski for introducing Senate Resolution 31 to commemorate this historic occasion. Chairman Inouye, we also thank you for the very touching, heartfelt video message and for your many years of unwavering support of Army nursing. We marked this day and its meaning by laying a wreath at the Nurse Memorial located in Arlington

Cemetery to pay respect to all Army nurses who came before us. We honor them for their service, dedication, and vision.

In the National Capital Area over 500 nurses, active, retired, reserve, and civilian, family and friends of nursing gathered on February 5, 2011 to commemorate this monumental milestone in our rich history. Together, we celebrated “Touching Lives for 110 Years,” which really resonated with me and illustrated what I believe is the true essence of Army Nursing. We have been on the battlefield, serving with our fellow Soldiers, throughout our remarkable history and we continue to do so today. Our collective success has been the result of compassion, commitment, and dedication. I am inspired by the pride, enthusiasm, and openness to change that I see across the ANC in support of Army Medicine and our Nation’s missions. My number one priority is the Patient CareTouch System that will serve as the cornerstone to improving the healthcare that provides patient care to our Soldiers and the Families that support them.

I continue to envision an ANC of the future that will leave its mark on military nursing, and will be a leader of nursing practice reform at the national level. Our priority remains our patients and their families, and our common purpose is to support and maintain a system for health. In order to achieve this common purpose, we serve with the courage to care, the courage to connect, and the courage to change so that we may provide the best possible care to those who wear the cloth of our Nation. The ANC is committed to leveraging lessons learned from the past, engaging present innovations, and shaping the future of professional nursing.

On behalf of the entire Army Nurse Corps, serving both at home and abroad, I would like to thank each of you for your unwavering support, and I look forward to continuing to work with you. Thank you.