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Statement of

Rear Admiral Elizabeth S. Niemyer, NC, USN

Director, Navy Nurse Corps

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Introduction

Good Morning. Chairman Inouye, Vice Chairman Cochran, and distinguished members of the subcommittee, I am extremely pleased to be here again and thank you for the opportunity to speak on behalf of the Navy Nurse Corps.

The Navy Nurse Corps is comprised of 4,059 active and reserve component and 1,783 federal civilian registered nurses. Together, they are a unified and highly respected team of health care professionals known for their unwavering focus on delivering outstanding patient and family-centered care for our active duty forces, their families, and our retired community. The clinical expertise and leadership of Navy nurses ensures a fit and ready fighting force vital to the success of Navy and Marine Corps operational missions at sea and on the ground. Navy nurses also play a key role in medical stability operations, deployment of hospital ships and large-deck amphibious vessels and Humanitarian Assistance/Disaster Relief (HA/DR) efforts around the globe. Nurses are central to the provision of outstanding care and optimal patient outcomes for beneficiaries and wounded warriors here at home serving in various clinical and leadership roles within our military treatment facilities (MTFs) and ambulatory care clinics.

I would like to share some of the remarkable accomplishments of Navy nurses over this past year, as well as, discuss opportunities and challenges before us in 2012. First, I will talk about the contributions of Navy nurses serving in unique roles and environments supporting operational, humanitarian, and disaster relief missions. Secondly, I will highlight the significant work and resulting successes our Corps has achieved in the past year in my five key strategic focus areas of: Workforce, Nursing Knowledge/Clinical Excellence, Research, Strategic Partnerships, and Information Management/Communication. Lastly, I will discuss our future

challenges and opportunities as we remain steadfast in our commitment to ensure the provision of the highest quality of care to those entrusted to us.

Operational, Humanitarian and Disaster Relief Support

Our commitment to operational forces remains a top priority. Over the past year, Navy nurses continued to be an invaluable presence with 223 active and 119 reserve component nurses actively engaged in military operations throughout the Central Command Area of Responsibility for Operation ENDURING FREEDOM (OEF). Navy nurses are ready to deploy anytime, anywhere, and they continue to set the standard for excellence as clinicians, patient advocates, mentors and leaders providing compassionate and holistic care even in the most austere conditions.

Navy nurses are an integral part of diverse units and teams throughout the Helmand and Nimroz Provinces in Afghanistan. They are key members of Shock Trauma Platoons (STPs) and Forward Resuscitative Surgical Systems (FRSSs) assigned to Marine Corps Medical Battalions, Expeditionary Forces and Logistics Groups supporting the immediate pre- intra- and post-operative phases of care for traumatically injured patients. They are also trained and qualified to provide en-route care and medical support in rotary wing airframes during the transport of injured U.S. service members, Coalition Forces, Afghan military and civilian security personnel, and local nationals to higher levels of care.

A Nurse Corps officer assigned to the Alpha Surgical Shock Trauma Platoon at a Role 2 Emergency Medical Care unit located on a remote Forward Operating Base (FOB) in Afghanistan served as the senior critical care nurse. Her expertise in critical care nursing was crucial to ensuring the 100% survival rate of personnel receiving immediate after injury care in

this unit. Additionally, she provided exceptional leadership and was an experienced clinical resource for 22 nurses across six FOBs in the Helmand and Nimroz Provinces.

Following initial life-saving stabilization at the point of injury on the battlefield, critically injured patients are transported to comprehensive medical facilities such as the Role 3 Multinational Medical Units in Kandahar and Bastion, Afghanistan. In Kandahar's Role 3 facility, Navy nurses provide unparalleled clinical leadership and world-class care to critically injured NATO, coalition and Afghan combat casualties. Focused on providing the best possible care for combat wounded, they developed a comprehensive cross-training program for nurses and corpsmen serving in clinical areas outside the emergency/trauma specialty. This training gave them the clinical expertise and technical skills to competently work as members of the multidisciplinary trauma teams vital to this operational emergency/trauma environment. The ready availability of additional personnel trained in emergency/trauma significantly increased the Role 3's capability to effectively respond and provide life-saving trauma care for several casualties simultaneously. This innovation was put to the test and proved invaluable during a real mass casualty situation when Role 3 personnel were able to immediately establish seven highly functional trauma teams to successfully treat eight severely injured service members transported directly from the battlefield. This training has also been credited with providing adequate numbers of trained personnel to establish additional forward surgical capability while still meeting the Role 3 mission.

A unique challenge at the Kandahar Role 3 Multinational Medical Unit is that about 25 % of the complex trauma cases are infants and children. This necessitates a unique clinical knowledge base in which Navy nurses have shown their exceptional adaptability and flexibility. In addition to nurses with surgical, emergency/trauma, critical care, and medical-surgical

backgrounds - specialties considered to be wartime critical - nurses with experience in maternal-infant, neonatal intensive care, and pediatrics are now playing a pivotal role in ensuring the provision of outstanding hands-on care, staff development, and patient and family education for this precious population. These nurses are also volunteering off-duty time serving as health educators at the Kandahar Regional Military Hospital, providing health promotion and disease education to Afghan soldiers, women and children.

Although our mission supporting the British Role 3 Multinational Medical Unit in Bastion, Afghanistan was completed near the end of 2011, Navy nurses from all clinical backgrounds demonstrated a remarkable ability to integrate into the British medical team. They not only gained the advanced clinical skills needed to treat critical and complex polytrauma casualties, but they also provided this advanced care utilizing British trauma and treatment protocols. Among this stellar group are emergency/trauma nurses who rapidly progressed in mastering the advanced knowledge and skill required to serve as Trauma Nursing Team Leaders in the British hospital. In this role, they demonstrated exceptional leadership and nursing skills in the management of the most severely injured trauma patients. In accordance with nationally recognized trauma scales, patients treated at the Role 3 in Bastion typically have injury severities scoring twice as high as the average patient seen in a Level 1 trauma center in the United States. There is no doubt nurses are making a tremendous contribution to the unprecedented 95% and 98% survival rate of casualties treated at the British Role 3 in Bastion and Kandahar Role 3 Multinational Medical Unit, respectively.

In addition to providing cutting edge care to the wounded, Navy nurses are uniquely trained and qualified in illness prevention and health promotion. A Navy nurse assigned as a medical/surgical nurse put her graduate education in Public Health to use as the Infection Control

Officer for the Kandahar Role 3. In her off-duty time, she also served as the Role 3 liaison to the Army Preventive Medicine personnel at the Kandahar Air Field. In this capacity, she developed infection control policies and collaborated in the development of a clinical investigation on multiple drug resistant organisms (MDROs) infecting the wounds of our injured service members. This clinical investigation is being continued by replacement personnel and will provide meaningful data to identify, treat, and alleviate this serious health threat facing our troops.

Throughout Afghanistan, Navy nurses are primary members of medical stability operations serving with NATO forces and teams led by the other Services as members of Embedded Training and Provincial Reconstruction Teams. They provide medical support and serve as healthcare system consultants for NATO forces, non-medical U.S. and Afghan forces, tribal leaders, and local nationals to assist in the establishment of a healthcare infrastructure in Afghanistan. They also serve as mentors and teachers for Afghan military and civilian medical personnel in the Afghanistan National Army Hospital. Their contributions in exchange of knowledge will enhance the quality of medical care for Afghan military and police forces and the people of Afghanistan for generations to come.

Last year, I spoke of Navy nurses serving as teachers and mentors for members of the Afghan National Army Nurse Corps through a Health Service Engagement Program project called Shana baShana (Shoulder-to-Shoulder) at the Kandahar Regional Military Hospital. Their efforts were to support Afghan nurses' professional development and produce long-term improvements in nursing practice in the Afghan healthcare system. Mr. Chairman, I am extremely proud to report that this partnership has significantly increased the clinical knowledge and skill level of the Afghan Army nurses. The Kandahar Regional Medical Hospital is now

receiving and providing medical care and treatment to nearly all Afghan Security Forces battlefield injuries with the exception of severe head and/or eye injuries, as well as, conducting a weekly outpatient clinic for Afghanistan civilians.

Navy nurses also play a key role in civil-military operations and health-related activities such as those conducted by the Combined Joint Task Force Team-Horn of Africa (CJTTF-HOA) whose members are involved in the local communities building and renovating clinics and hospitals and providing medical care to local populations. In support of the personnel conducting this operation in Africa, a Navy nurse assigned to the Expeditionary Medical Facility (EMF) in Camp Lemonier, Djibouti, Africa, led junior nurses in the provision of care for medical/surgical, critical care, and primary care patients. As the sole experienced perioperative nurse on the medical team, he managed clinical operations and provided perioperative care for all surgical procedures performed at the only U.S. operating suite within theater. His outstanding efforts ensured the delivery of the highest quality care and force health protection for return to duty or transfer to higher levels of care for critical, mission essential U.S. Africa Command (AFRICOM) personnel.

In *A Cooperative Strategy for 21st Century Seapower*, the U.S. lists HA/DR as one of the core components of our maritime power and an activity that helps prevent war and build partnerships. Integral to the Navy's expanding maritime strategy as a "Global Force for Good" are Navy nurses who serve in a very different role than on the battlefield, but an equally important and vital role in the Navy's HA/DR mission. In this role, Navy nurses provide outstanding care and education that ensures long-term improvements in the health and quality of life by enhancing the partner nation's capacity to provide care after the Navy departs. The trusting and collaborative relationships they forge with our host nation partners strengthens U.S.

maritime security and facilitates the on-going training for disaster relief scenarios, ultimately improving capability to work together with partner nations in the event of a disaster in the future.

From April to September 2011, 93 active and reserve component Nurse Corps officers, as well as, nurses from non-governmental organizations and partner nations embarked aboard the USNS COMFORT (T-AH 20) for CONTINUING PROMISE providing humanitarian civic assistance to nine countries in Central and South America and the Caribbean. Navy nurses were also key members of the healthcare teams aboard the USS CLEVELAND (LPD 7) for PACIFIC PARTNERSHIP 2011 supporting humanitarian efforts in Tonga, Vanuatu, Papua New Guinea, East Timor and Micronesia. Nurses served in a variety of roles as direct patient care providers, case managers, discharge planners, Medical Civic Action Program (MEDCAP) site leaders, patient educators, trainers for partner nation healthcare providers, and mentors.

On March 11, 2011, mainland Japan experienced a 9.1 magnitude earthquake. In its aftermath, a catastrophic tsunami and subsequent Fukushima nuclear meltdown devastated the Pacific coastline of Japan's northern islands. Navy nurses were once again at the ready providing reassurance, advocacy, education, and compassionate care for local nationals, active duty and retirees and their family members during Operation TOMODACHI. In theater, nurses at sea aboard the USS RONALD REAGAN (CVN 76), one of the first ships to arrive on station following the tsunami, and nurses assigned to Fleet Surgical Team SEVEN aboard the USS BLUERIDGE (LCC 19) rapidly prepared for the possibility of a mass influx of casualties and provided care for the Sailors conducting air search and rescue/recovery operations.

Navy nurses were also actively supporting our military personnel and families on the ground. A Navy Certified Nurse Midwife at U.S. Naval Hospital, Yokosuka, Japan, led the early identification and recall of expectant mothers providing timely and appropriate outreach

assessment and education for this high-risk, vulnerable patient population and coordinated the medical evacuation of 19 families transferred to Okinawa, Japan. When low levels of radiation were detected, a Navy Family Nurse Practitioner led one of the five potassium iodide distribution sites with fellow nurses providing educational counseling for the remaining 200 expectant mothers and over 2,800 parents with children under the age of five. Labor and delivery nurses were medical attendants for expectant mothers and family members during their transport flight to Okinawa, Japan and provided assistance to U.S. Naval Hospital, Okinawa during this influx of obstetric patients.

Nurses stationed at U.S. Naval Hospital, Okinawa provided medical and emotional support for 27 expectant mothers medically unable to return to the U.S. and family members arriving from Yokosuka, Iwakuni, Misawa and Camp Zama. The first birth occurred just two days after arriving on Okinawa with the rest of the births following over the course of the next four weeks. Nursing support of these families did not stop following delivery and discharge from the hospital. Over the course of their three-month stay, the nurses ensured the delivery and coordination of the highest quality care until their safe return home.

Fleet nurses continue to be a significant part of Navy Medicine's medical support and training to our Sailors and Marines at sea. On aircraft carriers, well-rounded nurses, specialized in critical care, emergency/trauma and anesthesia provide care and safeguard the health and well-being of 4,000-5,000 crew members and embarked personnel, as well as, train and prepare the ship's crew to effectively manage a disastrous event resulting in mass casualties. Their actions significantly contribute to overall mission success by ensuring total force readiness while underway.

Extremely versatile, Navy nurses also provide tremendous support to the amphibious fleet as members of Fleet Surgical Teams (FSTs) bringing medical and surgical support, inpatient care and training capability to Navy vessels for a variety of missions. For example, a FST nurse anesthetist worked alongside medical officers of the Royal Singapore Navy providing clinical training and leadership during the three-day medical training portion of *Cooperation Afloat Readiness and Training (CARAT)*, an annual exercise between the U.S. Navy, its sister Services and the maritime forces of eight Southeast Asian countries. His sharing of medical knowledge strengthened regional cooperation, interoperability and relationships between partner nations increasing regional maritime security and stability.

FST nurses aboard the USS WASP (LDH 1) provided the around-the-clock medical and surgical support required to conduct flight deck operations during the 18 days of initial sea trials of the F35B Lightning II Joint Strike Fighter. They supported the 22nd Marine Expeditionary Unit aboard the USS BATAAN (LDH 5) during JOINT TASK FORCE ODYSSEY DAWN, a limited military action to protect Libyan citizens during a period of unrest. FST nurses aboard the USS ESSEX (LDH 2) were integral members of the medical contingency supporting President Obama's attendance at the 19th Association of Southeast Asian Nations (ASEAN) Summit in Bali, Indonesia, providing a readily available medical platform in the event of an unforeseen crisis.

Navy nurses continue to serve side-by-side the Marines in vital clinical and leadership roles providing invaluable medical support and training. For the first time, a Family Nurse Practitioner is filling the role as the First Marine Expeditionary Force Headquarters Group Surgeon at Camp Leatherneck, Afghanistan. Nurses are now also serving in unique roles as clinical advisors at Headquarters Marine Corps (HQMC), Marine Corps Combat Development

Command and the Marine Corps Warfighting Lab giving clinical input and recommendations to the Marine Corps Dismounted Complex Blast Injury (DCBI) Team to prevent and treat blast injuries. Their clinical expertise, battlefield experience and knowledge of recent theater requirements contributed invaluable input for improvements in the equipment carried by Marines and Sailors and implementation of Tactical Combat Casualty Care (TCCC) recommendations for pre-hospital care that markedly increased the chance of survival for casualties. These nurses also collaborated with Coalition Forces through American, British, Canadian, and Australian/New Zealand Armies to implement TCCC and DCBI guidelines throughout the pre-hospital phase standardizing care across the nations.

The recently released National Defense Strategy *Sustaining Global Leadership: Priorities for the 21st Century* states, “We will of necessity rebalance toward the Asia-Pacific region” and we will “emphasize our existing alliances, which provide a vital foundation for Asia-Pacific security”. Navy nurses assigned to the 3D Medical Battalion, 3D Logistics Group are essential leaders and subject matter experts in Pacific Medical Stability Operations. These nurses trained the corpsmen responding to Operation TOMODACHI and provided direct medical support and training to FRSS, STP, and en-route care nurses. They also trained coalition medics and lay health providers embedded with the military medical assets involved in joint training exercises for international nation building in the Philippines, Thailand, Korea and Cambodia. Overall, these nurses function as key leaders and planners in the development and execution of operational field training exercises that encompass Mission Essential Task List requirements for global operational readiness. The care, healthcare education, medical training and leadership they provide while serving side by side with our Marines is unparalleled.

Through these diverse examples, it is clear that Navy nurses personify the Navy's slogan, "Whatever it takes. Wherever it takes us." Navy nurses are central to the delivery of safe, comprehensive and high quality care often in the most demanding, challenging and austere missions supported by Navy Medicine. Our Corps continues to make a significant impact on the long-term health and quality of life of our Sailors and Marines, as well as, citizens of our international partner nations. Mr. Chairman, the remainder of my testimony will highlight Navy nursing's achievements in my five strategic focus areas; Workforce, Nursing Knowledge/Clinical Expertise, Research, Strategic Partnerships, and Information Management/Communication.

Our Workforce

The Navy Nurse Corps recognizes its people as our most vital asset and we are committed to maintaining a force of highly-skilled and adaptable nurses ready to meet the diverse challenges of Naval service. The Navy Nurse Corps active component (AC) was 94% manned at the end of FY2011. The Navy Nurse Corps remains an employer of choice as evidenced by our projected successful attainment of our FY2012 AC recruiting goal. Although more challenging, our reserve component (RC) is working very hard to attain similar recruiting success and was 88% manned at the end of FY2011. These recruiting achievements are attributed to continued funding support for our accession and incentive programs, recruiting activities of local Navy Recruiters, active participation of Navy nurses in local recruiting efforts, and the public's positive perception of service to our country.

The Nurse Accession Bonus and the Nurse Candidate Program remain our two most successful recruiting programs for active duty nurses entering the Navy through direct

accessions. For our reserve component, officer accession and affiliation bonuses for critical shortage or high demand specialties such as Certified Registered Nurse Anesthetist, Psychiatric/Mental Health Nurse Practitioners, critical care, medical-surgical, perioperative, and psychiatric nursing and loan repayment programs for Certified Registered Nurse Anesthetist and Psychiatric/Mental Health Nurse Practitioners remain the most successful recruiting tools.

Last year, the Navy Nurse Corps experienced a significant decrease in our loss rates. I am happy to report the 2011 loss rates remained consistent with the improvements seen the prior year, particularly in our mid-level officers. We will make every effort to sustain these gains through long-term retention of these highly trained and qualified nurses. The Registered Nurse Incentive Special Pay (RN-ISP) and Health Professions Loan Repayment Program (HPLRP) remain central to our retention success. Full-time Duty Under Instruction (DUINS) offering graduate education leading to advanced nursing degrees remains a major program for attracting new nurses, as well as, retaining those experienced Nurse Corps officers who desire advanced nursing education. I would like to thank you Mr. Chairman, Vice Chairman Cochran, and all committee members for your continued support of these vital recruiting and retention programs.

Although we have experienced great success in nurse recruitment and retention over the past several years, our efforts to attract and keep the best and brightest nurses is still a top priority. Navy nurses throughout the United States and abroad are actively involved in nurse recruitment and retention efforts to ensure the sustainment of a Corps with the most talented nurses. We are currently in the middle of our second successful tour with a Nurse Corps Fellow assigned to the Nurse Corps Office to monitor recruitment and retention efforts. Her presence at professional nursing conferences and job fairs speaking with new graduates and nurses across the

United States provides an invaluable opportunity for us to gain real time information for prioritizing, planning and implementing our recruitment and retention goals.

Last year, I spoke of our focused efforts to build our Psychiatric/Mental Health Nurse Practitioner (PMHNP) community in response to an ever-growing healthcare need. PMHNPs continue to have a significant impact on building resiliency and enhancing the mission readiness of our Sailors, Marines and families serving in diverse roles with the 1st, 2D, and 3D Marine Divisions, in stateside and overseas MTFs and clinics, and a myriad of deployments in support of our fighting forces. I am pleased to say over the past five years, we have increased our PMHNP billets from eight to 23. There are currently 17 nurses practicing in this specialty. With the anticipated graduation of seven PMHNPs in May of this year, this vital community will be 100% manned with several remaining in and selected for the training pipeline to maintain maximum manning levels in this critical specialty.

Nursing Knowledge/Clinical Excellence

Clinical excellence in the provision of holistic and compassionate patient and family centered care is the cornerstone of Navy nursing and remains one of my top strategic priorities. Navy nurses are respected healthcare professionals actively involved in all levels of professional nursing organizations, the advancement of nursing practice and sustainment of clinical excellence. The National Conference of the American Academy of Nurse Practitioners inducted two Navy nurses into the prestigious Fellows of the American Academy of Nurse Practitioners and another was honored as the recipient of the Pacific U.S. Territories State Award for Excellence.

The Navy Nurse Corps remains committed to our nurse practitioners and nurse anesthetists attaining doctoral education through our full-time Duty Under Instruction (DUINS) program. We currently have 21 nurses in the training pipeline in programs that will take them directly from Bachelor's education to doctoral study, in specialties that include Certified Registered Nurse Anesthetist, Psychiatric/Mental Health Nurse Practitioner, Family Nurse Practitioner, Pediatric Nurse Practitioner, as well as, Nursing Research. This year, we selected 12 more nurses for doctoral education.

Nurses new to the Navy face many unique challenges from learning the intricacies of patient care and becoming competent in the application of newly acquired knowledge, skills and abilities, to integrating into the Navy culture as a commissioned officer. Developing clinical expertise begins immediately upon the Nurse Corps officer's arrival at their first duty assignment. To ensure novice nurses a smooth transition into this challenging clinical role and environment, we developed a standardized Nurse Residency Program based on the Commission on Collegiate Nursing Education's *Standards for Accreditation of Post-BSN Nurse Residency Programs* and implemented it across Navy Medicine. This program provides an avenue for new nurses to gain competence, confidence, and comfort through didactic learning. It integrates evidence-based practice concepts, a designated preceptor in each clinical rotation site and a list of expected knowledge, skills and abilities (KSAs) to be achieved for competency-based learning. Although implemented at all facilities receiving novice nurses, the largest impact of the Nurse Residency Program can be felt at our medical centers. Recognized for the diverse and complex clinical training these large tertiary care facilities provide, they receive the largest numbers of novice nurses with over 200 nurses completing the residency program at large MTFs annually.

Over the past few years, the Nurse Corps has identified nursing specialties vital to routine and operational missions, developed standardized core competencies for these specialties, and ensured the development and sustainment of clinical proficiency for nurses throughout the enterprise. This year, significant work was done to update the core competencies based on current specialty practice standards. Formal policy was also developed to provide guidance for nursing leaders to sustain the utilization of these core clinical competencies and clinical proficiency in the identified critical specialties. This work will ensure nurses sustain the necessary clinical knowledge and skills within their clinical specialties to continually meet and succeed in any mission they are asked to fulfill.

Earlier in this testimony, I gave examples of advanced nursing knowledge and clinical excellence of Navy nurses who are providing heroic care to our armed forces in theater at the point of injury for initial stabilization, during transport to higher levels of care and upon receipt to Role 3 facilities. This nursing knowledge and clinical excellence is also pivotal in every facet of care we provide our wounded warriors from the time they return stateside through their return to active duty or medical separation from active service. Navy nurses are essential to creating and implementing innovative approaches to convenient and comprehensive treatment that enhances the care experience for our wounded warriors.

Navy nurses serving at Walter Reed National Military Medical Center (WRNMMC) continue to do phenomenal inpatient work on the Traumatic Brain Injury/Post Traumatic Stress Disorder Unit. They are recognized subject matter experts and educators on the topic of nursing care for patients with Psychological Health-Traumatic Brain Injury (PH-TBI). They serve as instructors at the Uniformed Services University of the Health Sciences (USUHS) on evidence-based nursing interventions so nurses new to this specialty have knowledge of current practice

trends for PH-TBI. This past year, they also taught at Andrews Air Force Base instructing members of the Air Force Explosive Ordinance Disposal Team about the signs and symptoms of TBI to facilitate earlier identification and initiation of treatment for service members.

Inpatient nurses at the Naval Medical Centers San Diego and Portsmouth led the establishment of new inpatient units focused on the care of our returning wounded warriors. These units facilitate a smooth transition to the stateside MTF and provide comprehensive, convenient care in one centralized location. The “one-stop-shop” care concepts include direct admission to the unit providing a quiet, comfortable and private environment for initial medical evaluations and often the first-time reunions with their families. Services brought to the patient include physical and occupational therapy, Project C.A.R.E. (Comprehensive Aesthetic Restorative Effort), education and support groups for amputees and those experiencing combat operational stress, radiography, casting, evaluation by the Acute Pain Service, and complex wound care. The care provided on these patient and family centered units has a tremendous impact on the recovery of our wounded warriors and their families.

Navy nurses continually research best nursing practices and align with national healthcare initiatives in an effort to advance the outstanding care they provide to our beneficiaries. Nurses were instrumental to Naval Hospital Jacksonville’s becoming one of only 119 hospitals throughout the U.S. to have earned the “Baby Friendly” designation by *Baby Friendly USA*, a global initiative sponsored by the World Health Organization (WHO) and United Nations Children’s Fund. To achieve this designation, staff educational and facility design requirements must be met, as well as, passing a rigorous on-site survey. To maintain this designation, the staff must provide ten clinical practices that include initiating breast feeding

within the first hour of life, keeping mothers and babies in the same room, and providing support groups for women who breast feed.

Nurses at Okinawa, Japan introduced evidence-based practice initiatives endorsed by the Institute of Healthcare Improvement (IHI) and the Robert Wood Johnson Foundation's program *Transforming Care at the Bedside (TCAB)*, a national effort to improve the quality and safety of care on medical surgical units and improve the effectiveness of the entire care team. They led the implementation of multidisciplinary patient rounds and change of shift nursing report at the patient's bedside. These changes provide an opportunity for the patient and family members to be fully engaged in their plan of care with all members of the healthcare team. They also started the practice of having patient safety huddles throughout the shift to communicate changes in patient status or plan of care so all members of the healthcare team are aware prior to the care hand-off at the change of shift. These nurse-led practices improved the effectiveness of the healthcare team's communication with the patient and with each other, increased the quality and efficiency of patient care hand-offs and significantly reduced medication errors. These improvements have also been major contributors to the unit's overall 93% patient satisfaction score, the highest of any department in the hospital.

Nursing Research

Advancing the science of nursing practice through research and evidence-based practice to improve the health of our patients is a vital strategic focus for the Navy Nurse Corps. Navy nurses authored over 30 nursing publications and provided more than 50 formal presentations at various professional forums. We remain committed to increasing and diversifying our footprint in the field of research. This year, a team of outstanding nurses completed significant work to

create a culture of scientific inquiry and revitalize nurses' interest in research, as well as, increase the number of submissions and selections for projects funded by the Tri-Service Nursing Research Program (TSNRP).

Fundamental to the growth and development of nurse researchers is the availability of experienced mentors to guide and teach research novices throughout the process. To address this need, a nurse researcher position was developed and filled by experienced researchers at Navy Medical Center San Diego, Naval Medical Center Portsmouth, and WRNMMC. Additionally, a nursing research network data base listing personnel with experience in research along with a list of research educational offerings was developed and placed on *Navy Knowledge Online (NKO)* providing a centralized location with easy accessibility for nurses throughout Navy Medicine. Lastly, a Nurse Corps recognition program was established to recognize and promote excellence in implementing evidence-based nursing practice.

Mr. Chairman, we are extremely grateful for your continued support of the Tri-Service Nursing Research Program (TSNRP) and I am proud to say that Navy nurses in both the active and reserve component are actively involved in leading and conducting Navy and joint research and evidence-based practice projects. In 2011, a Navy nurse took the helm as Executive Director of TSNRP and for the first time in Navy Medicine's history, a Navy nurse was selected to serve as the Deputy Director of the Joint Combat Casualty Research Team (JCCRT) overseeing medical and operational research activities in Iraq, Afghanistan, and Kuwait.

Navy nurses completed research projects funded through TSNRP that have provided meaningful information to improve the care of our beneficiaries. One such study entitled, "*Stress Gym for Combat Casualties*" explored the lived experiences of combat casualties and the military nurses who cared for them. That information was used to develop and implement a

web-based intervention called Stress Gym, which provides an anonymous and private avenue for combat wounded to learn about the effects of and methods to manage stress, anxiety, anger, Post-Traumatic Stress Disorder (PTSD), and symptoms of depression. Stress Gym is extremely valuable in assisting nurses to address the psychosocial needs of returning warriors.

Another study entitled “*Psychometric Evaluation of the Triage Decision Making Inventory*” resulted in findings that will assist us in preparing our nurses for deployment. This study validated the “Triage Decision Making Inventory” as a reliable tool for assessing nurses’ clinical competence. Nurses working in any clinical specialty can now utilize this tool to evaluate their knowledge and target additional clinical experience and training as necessary to ensure optimal clinical readiness for operational deployments.

A recently completed Tri-service study entitled, “*Factors Associated with Retention of Army, Navy and Air Force Nurses*” provided invaluable insight into why nurses stay in the military. Among the most important findings revealed in this study was that deployments, originally thought to be a significant factor in determining nurses’ job satisfaction and retention, were actually not a significant factor. Most service members are happy to deploy and saw this as their patriotic duty. Other factors influencing job satisfaction and retention in the military are based on opportunity for promotion, relocation frequency, professional leadership/autonomy and ongoing opportunity to work in their clinical specialty. These findings are vital to the development of policy and leadership practices that facilitate continued job satisfaction and retention of our highly educated, skilled, and dedicated nurses.

Numerous funded projects are currently in progress, and in 2011, Navy nurses were granted \$1.5 million in TSNRP funds as Principal Investigators (PI) for new projects proposing to study cognitive recovery from mild traumatic brain injury, new treatments for hemorrhagic

shock, elective surgery outcomes for veterans with PTSD, and the role of nurses working in Patient Centered Medical Homes in the management of patients and/or populations with high rates of utilization of healthcare services. Mr. Chairman, and distinguished members of the subcommittee, I would like to thank you again for your ongoing support of nursing research and I look forward to sharing the results of these studies in the future.

Strategic Partnerships

Collaboration is absolutely essential in today's environment of continued rising healthcare costs and limited financial resources. Joint and integrated work environments are now the "new order" of business. As leaders in Navy Medicine and the Military Healthcare System, Navy nurses possess the necessary skills and experience to promote, build, and strengthen strategic partnerships with our military, federal and civilian counterparts to improve the healthcare of our beneficiaries.

Currently, Navy nurses work with the Army, Air Force, the Department of Veterans Affairs (VA) and other Federal and non-governmental agencies. They serve as individual augmentees (IAs), work in federal facilities and joint commands, conduct joint research and teach at the Uniformed Services University Graduate School of Nursing. This past year, a nursing team was chartered to focus on exploring methods to further expand collaborative partnerships across federal and civilian healthcare systems. Their diligent efforts resulted in the development of a standardized Memorandum of Understanding (MOU), approved by the Bureau of Medicine and Surgery (BUMED), to assist MTFs and clinics to more easily establish strategic partnerships with civilian medical and teaching institutions. These partnerships are necessary to

increase collaboration and provide additional clinical experience and training opportunities for nurses to remain deployment ready.

A unique partnership has been established between Naval Health Clinic New England in Newport, Rhode Island, the Naval Branch Health Clinic in Groton, Connecticut and the Veterans Affairs Medical Center (VAMC) in Providence, Rhode Island. Navy nurses from these clinics work two shifts each month in the VAMC Emergency Room or Intensive Care Unit. This partnership benefits both organizations as it provides an opportunity for active duty nurses to sustain their critical wartime specialty skills while assigned in an ambulatory setting and gives the VAMC additional nurses to support the provision of outstanding care to our veterans. Nurses involved in this collaboration who have returned from deployment, believed their VAMC clinical experience enhanced their training and preparation for deployment and instilled the confidence necessary to effectively perform in their role while deployed.

Navy nurses serving at the Captain James A. Lovell Federal Health Care Center, the only VA and DoD integrated facility, work side-by-side with VA civilian nurse colleagues to provide high quality care to active duty military and their family members, military retirees and veterans. Through this partnership, Navy nurses have increased their clinical knowledge and skills in the care of medical-surgical patients with more complex and chronic conditions seen in geriatric populations.

Information Management/Communication

Strategic Communication is paramount to the successful achievement of the Navy Nurse Corps' mission. In 2008, the DoD's *The Principles of Strategic Communication* describes Strategic Communication as "the orchestration and/or synchronization of actions, images, and

words to achieve a desired effect”. One of the nine key principles listed in this document is that it must be leadership-driven and “to ensure integration of communication efforts, leaders should place communication at the core of everything they do”. I am committed to continually improving communication in the Nurse Corps to further strengthen our effectiveness.

Today’s global scope and varying degrees of technology venues are recognized variables in effective communication. This past year, I chartered a team of Nurse Corps officers to promote communication across the Nurse Corps by developing methods to sustain, advance and evaluate current communication processes. This team conducted an environmental scan to gather data regarding the most preferred and most effective communication venues and analyzed the responses from over 1,000 participants. Results obtained from the environmental scan survey have been operationalized into a Strategic Communication Playbook explaining the types of communication venues available, where these venues are located, and when the information is disseminated across the enterprise. Additionally, they completed the framework for a formalized Navy Nurse Corps Strategic Communication Plan. Our work in Strategic Communication will continue in the upcoming year and I look forward to sharing our progress.

Conclusion

Navy nurses continually embody the highest caliber of naval officers and healthcare professionals. They remain at the forefront of clinical and military leadership, pivotal to the success of every mission involving Navy Medicine. Their commitment to clinical excellence, advanced education, scientific inquiry, operational medicine and global health is unsurpassed. In every mission at home and abroad, our efforts remain focused on improving the health of

those entrusted to our care by providing a care experience that is patient and family centered, compassionate, convenient, equitable, safe and always of the highest quality.

Senator Inouye, Vice Chairman Cochran and distinguished members of the subcommittee, thank you again for this opportunity to share the remarkable accomplishments of Navy nurses and your unwavering support of the nursing profession. I am honored to be here representing the men and women of the Navy Nurse Corps and look forward to my continued service as the 23rd Director of the Navy Nurse Corps.