Agenda

- Air Force Medical Service/Nurse Corps Mission and Vision
- Health of the Force
- Develop Nursing Leaders
- Advance Nursing Practice
- Promote Global Health
- Current Initiatives
AFMS MISSION
Enable medically fit forces, provide expeditionary medics, and improve the health of all we serve to meet our nation’s needs.

AFMS VISION
Our supported population is the healthiest and highest performing segment of the U.S by 2025.
**TNF VISION**
We Lead, We Partner, We Care
Every Time, Any Where

**TNF MISSION**
To Advance Nursing Practice,
Develop Nursing Leaders
and Promote Health for All We Serve

<table>
<thead>
<tr>
<th>TNF STRATEGIC GOALS</th>
<th><strong>Readiness</strong></th>
<th><strong>Better Care</strong></th>
<th><strong>Better Health</strong></th>
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<tbody>
<tr>
<td>Deliberately developed TNF</td>
<td>Advance TNF practice across the spectrum of health</td>
<td>TNF positioned to lead and support global health on the ground and in the air</td>
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<tr>
<td>Champion: HAF</td>
<td>Champion: AFMOA</td>
<td>Champion: ACC</td>
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**BEST VALUE**

*Integrity - Service - Excellence*
Health of the Force
# Health of the Corps - Officers

<table>
<thead>
<tr>
<th>46X-NURSE CORPS</th>
<th>PERM PARTY AUTH</th>
<th>PERM PARTY ASGN</th>
<th>%</th>
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<tr>
<td>46A - Nursing Administrator</td>
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<td>46S - Surgical Nurse</td>
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<tr>
<td>46Y - Nurse Practitioner</td>
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<tr>
<td>TOTALS</td>
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Data is current as of July 2015

**Legend**
- >95%
- 85-95%
- <85%
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<tr>
<th>46Y-NURSE PRACTITIONERS</th>
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Data is current as of July 2015
## Accessions

### AF Nurse Corps New Accessions from All Sources

<table>
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<tr>
<th>Program</th>
<th>FY16 (projected)</th>
<th>FY15 (in execution)</th>
<th>FY14 (completed)</th>
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<td>Competitive Category Transfer (CCT)</td>
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## Health of the Corps - Officers

### AFRC

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<th>46X-NURSE CORPS</th>
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Current as of 10 Aug 15
### Health of the Corps - Officers

#### ANG

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<td><strong>TOTALS</strong></td>
<td>801</td>
<td>912</td>
<td>114</td>
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#### Legend

- **>95%**
- **85-95%**
- **<85%**

Current as of Jul 15  
Transformation authorizations effective 1 Sep 15
NC Force Development
Opportunities on the Rise!

- Priority: Identify qualified & capable individuals and invest early!
- Total Nursing Force….really!
  - Nursing Practice Oversight Course
    - Not just for TNF “blue suits”…civilians too!
  - Combined Senior Leadership Course and Intermediate Executive Skills
    - Increased seats for Reserve and Guard
- Joint Medical Executive Skills Institute Healthcare Management Course
  - Increased from 6 to 15 seats per year
- 100% Squadron Officer School in-residence
Fellowships

- Clinical
  - Critical Care & Trauma
  - NICU
  - OR

- Developmental
  - Acquisitions & Research
  - Patient Safety
  - IM/IT
  - Education & Training
  - CNE
  - AE
  - AFPC
  - Readiness
  - Strategic Planning/Resourcing
  - Executive HAF
  - OR Leadership (New)
  - Magnet Facility
  - The Joint Commission
Career Broadening

- International Health Specialist
- Defense Institute for Medical Operations
- White House
- Executive Officer
- Hyperbaric
- Flight Nursing
- Instructor
  - Nursing Service Mgt
  - Nurse Transition Pgm
  - SMART
  - Health Care Integrator
  - Disease Manager
Advance Nursing Practice
PhD Nurse Scientists

60th MDG/Travis AFB
88th MDG/W-P AFB
59th Med Wing/ JBSA-Lackland
779 MDG/JB Andrews
Fort Detrick
USUHS/Bethesda

1 student to graduate 2016
2 students to graduate 2017
1 student to graduate 2018 (Capt selected)
Develop Nursing Leaders
Doctoral Nursing Programs

Nurse Practitioners (DNP)
- PhD - Nursing Science
- Family Nurse Practitioner
- Pediatric Nurse Practitioner
- Psychiatric/Mental Health Nurse Practitioner
- Women’s Health Nurse Practitioner
- Nurse Anesthetists
- Nurse Midwifery
- Acute Care

In 2004, the American Association of Colleges of Nursing (AACN) voted to endorse moving the level of educational preparation necessary for advanced nursing practice from Masters level to the Doctorate level by 2015
The AF Nurse Residency Program is a two-part program comprised of a Nurse Transition Program coupled with a follow-on Nursing Residency Program.

Nurses may apply for one of the two clinical tracks: Medical-Surgical (46N1) or Perinatal (46N1G). The timeline for the AFNRP begins when the nurse enters into COT.

The four Nurse Transition Program Centers of Excellence are located at:

- Scottsdale Healthcare: Scottsdale, AZ
- University of Cincinnati: Cincinnati, OH
- Tampa General: Tampa, FL
- San Antonio Military Medical Center: San Antonio, TX

The 10 NRP locations are located at:

- Eglin AFB, FL
- San Antonio Military Medical Center, TX
- Joint Base Elmendorf-Richardson, Alaska
- Keesler AFB, MS
- Travis AFB, CA
- Wright-Patterson AFB, OH
- Joint Base Langley-Eustis, VA
- Nellis AFB, NV
- Lakenheath, England
- Landstuhl Regional Medical Center, Germany
NC Leadership Opportunities

- Exciting time in the AFMS!
  - DSG
  - Two MAJCOM/SG: AETC/AFMC
  - Five MAJCOM/SG2 positions: USAFE/AFSPC/PACAF/AMC/AFDW
  - Gp/CC Corps Neutral positions
    - Nurses now eligible to command Medical Centers
Building Partnerships
Influencing Global Health
Nursing Services Challenges
Officer Grades Allocation

- AF-wide redistribution of CGO and FGO grade
  - DOPMA realignment based on force reduction
  - Save $$ by decreasing grade
  - Colonel grade excluded

<table>
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<th>Year</th>
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<th>Maj</th>
<th>Lt Col</th>
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<td>Proposed 2015 Allocation</td>
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<td>Estimated 2015 Allocation</td>
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<td>+51</td>
<td>-48</td>
<td>-3</td>
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On May 28, 2014, the SecDef ordered a comprehensive review of the Military Health System (MHS)

Assessed:
- **Access** to medical care
- **Quality** of healthcare in the MHS
- **Culture of Safety**

Outcome
- The MHS Review Group concluded the MHS generally delivers timely, safe and **good quality** healthcare
- MHS is comparable to civilian counterparts
- Areas need improvement …..we can do better!
“It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm.”

-Florence Nightingale
What is an HRO?

- An organization that succeeds in avoiding preventable harmful events in an environment where human error is possible and accidents can occur due to risk factors and complexity

Tenets

- Leadership Commitment
  - Long term process....10-15 years
  - See small changes as earliest indicators of threats to performance

- Culture of Patient Safety
  - Need to recognize errors quickly to reduce harm
  - Culture of safety “preoccupied with failure”

- Robust Process Improvements (RPI)
  - Measurement and transparency
  - Systematic approach using PI methods / change mgmt principles
Nurse Corps Initiatives
### NC Watch List – Hot Quad

<table>
<thead>
<tr>
<th>NC Exclusive</th>
<th>AFMS Coord</th>
<th>AF Coord</th>
<th>Non-AF Coord</th>
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<tbody>
<tr>
<td>#2 – Stand Alone CNEs</td>
<td>#1 – NC Grade Review/Allocations review</td>
<td>#11 – Plan authority for Civ APRNs/LPNs</td>
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<tr>
<td>#3 – CNS Pilot</td>
<td>#1a – DOPMA % records</td>
<td>#12 – Nurse Faculty/Preceptor Requirements</td>
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<tr>
<td>#4 – AFIT DL WG</td>
<td>#8 – ISP eligibility/process analysis</td>
<td>#16 – TSE-MAP</td>
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<td>#5 – DT ROEs</td>
<td>#9 – Real-time demand capacity tool</td>
<td>#20 – NC Portraits</td>
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<td>#7 – 46S Manning initiative</td>
<td>#17 – Patient safety tracking in LAF medical units</td>
<td>#22 – Pt Safety/Infection Control</td>
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<tr>
<td>#8 – ISP eligibility/process analysis</td>
<td>#18 – Transition to Practice</td>
<td>#23 – NC RSV</td>
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<td>#9 – Real-time demand capacity tool</td>
<td>#21 – Nurse Scientists</td>
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<td>#17 – Patient safety tracking in LAF medical units</td>
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<td>#18 – Transition to Practice</td>
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<tr>
<td>#21 – Nurse Scientists</td>
<td></td>
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**Level of Complexity**

- Observation Lot:
  - TNF Strategic Plan
  - NICU Manning (MAPG driven/Specialty Care Panel)
  - ED vs. UCC Manning (Med Ops Panel)

- Civilian Nurse Pay: Expanding Physician and Dentist Pay
- Convert AFRC CN to AGR FY17
- ANG/AFR Consultant Liaisons
As the AFMS drives toward integrating high reliability principles to achieve “Trusted Care”, the Nurse Corps must ensure a proper balance of novice, competent and expert nurses in the clinical arena

There is a positive correlation between advanced nursing education, expertise and clinical outcomes of the patient. (Hill, Journal of Issues in Nursing, 2011)

There are professionally endorsed nursing manpower models that define Manning standards but none that incorporate experience level in the clinical setting

In the military... Responsibility = Grade = Experience

Result: NC Grade Review
NC Grades Review - Results

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<th></th>
<th>Lt</th>
<th>Capt</th>
<th>Maj</th>
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<td>28.0%</td>
<td>10.9%</td>
<td>3.7%</td>
<td>3363</td>
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Bring back the Stand Alone SGN and 4N Functional

- Working Groups stood-up to evaluate all AFMS MTF SGN and 4N Functional billets
  - Re-look dual hatted 0-5 Sq CC/SGN and Sq Supt/4N Functional (Uncouple)
- Split focus between two leadership roles has negative impact on both leadership mission and oversight areas
  - Full-time SGN or 4N Functional can be leveraged across MTF efforts
  - Identified stand-alone SGN and 4N Functional positions
- Match “right SGN rank” to “right MTF”
  - Develop standardized rule sets
  - Review and adjust O-5/O-6 SGN required grade alignment
  - Identified MTFs appropriate for O-4 SGN; define ROEs
Advancing Clinical Capabilities

AFIT Distance Learning
- Target: MSN – DNP programs
- Literature review showed no statistical differences between traditional brick and mortar and on-line programs
- Available on the “line-side”

Clinical Nurse Specialist (CNS) Pilot Program
- 112 un-programmed positions - all “out of hide”
- Validate value and efficiency
- Align under the SGN during this time
- 3 Test Sites: Langley, Travis, Wright Patterson
A Tiered Approach to Medical Readiness

- Readiness Skills Verification PROGRAM

- Tiered Approach to Readiness:
  - Foundational Skills: Innate capabilities as an RN
    - We can all accomplish these by virtue of having a license
  - Operational Clinical Skills: In Garrison skills that translate to the operational environment
    - Self-Assessment driven, professional obligation to be current and competent before executing skills in garrison and operationally
  - UTC Specific Readiness Skills (RSVs): Skills unique to UTC taskings and the operational environment
    - Checklist driven, specific requirements for the operational mission
Strategic Communication

- Nurse Corps Huddle
- Nurse Executive Meeting
- Federal Nursing Service Council
- AFMOA SGNE tele-con
- Knowledge Exchange
Using Social Media to Enhance the Total Nursing Force

Total Nursing Force Utilizing Multiple Avenues of Communication
Margaret Chan, MD
Director-General, World Health Organization

“The nursing profession, that so-called “sleeping giant”, is actually wide awake and ready to race ahead in clearly defined strategic directions. You are waiting for the starting gun. Even more so, you are waiting for someone to let up on the reins that hold you back, the constraints that keep you from performing with the full set of competencies for which you were educated, trained, and licensed.”

Source: Federal Nursing Service Council, Susan B. Hassmiller, July 16, 2015
“I have an almost complete disregard of precedence and a faith in the possibility of something better. It irritates me to be told how things have always been done. I defy the tyrannies of precedent. I cannot afford the luxury of a closed mind. I go for anything new that might improve the past.”
QUESTIONS?