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Naval Hospital Jacksonville receives recognition

By Yan Kennon
Naval Hospital Jacksonville

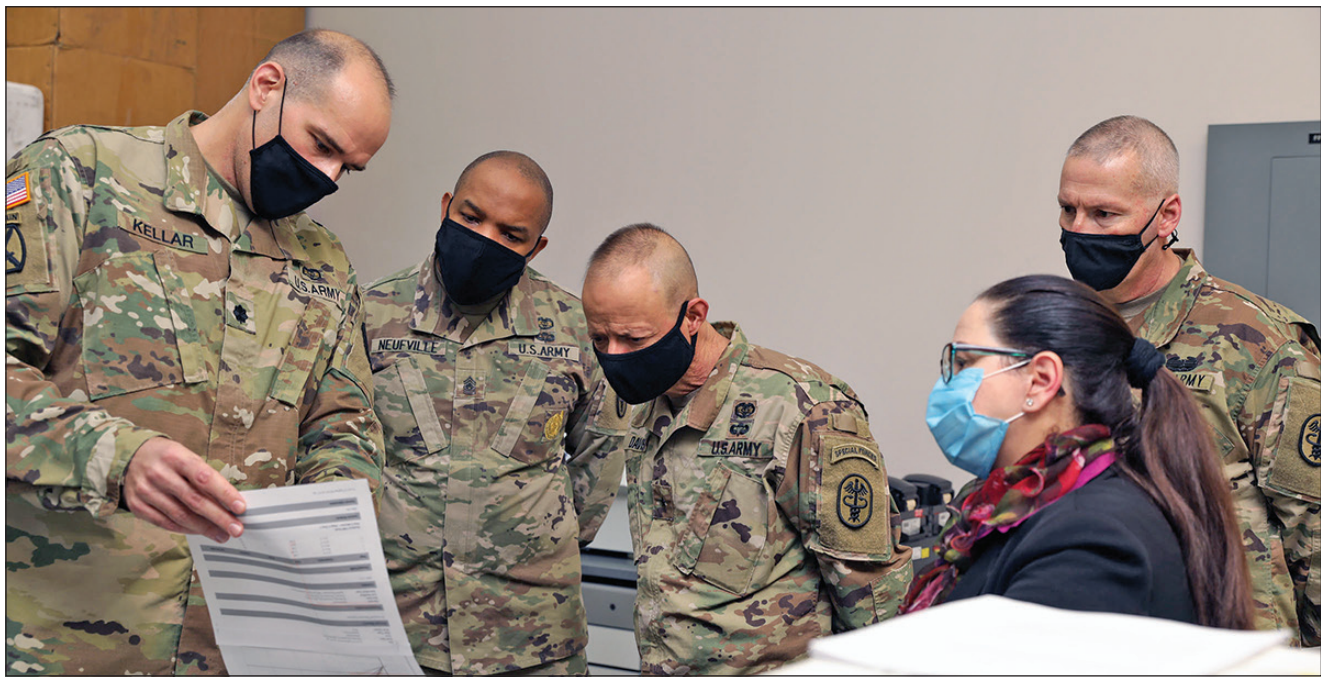
The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) has recognized Naval Hospital Jacksonville as one of 89 ACS NSQIP participating hospitals that have achieved meritorious outcomes for surgical patient care in 2019. As a participant in ACS NSQIP, Naval Hospital Jacksonville is required to track the outcomes of inpatient and outpatient surgical procedures and collect data that assesses patient safety and can be used to direct improvement in the quality of surgical care.

The ACS NSQIP recognition program commends a select group of hospitals for achieving a meritorious composite score in either an "All Cases" category or a category which includes only "High Risk" cases. Risk-adjusted data from the July 2020 ACS NSQIP Semiannual Report, which presents data from the 2019 calendar year, were used to determine which hospitals demonstrated meritorious outcomes. Naval Hospital Jacksonville has been recognized on the "All Cases" Meritorious list.

Each composite score was determined through a different weighted formula combining eight outcomes. The outcome performances related to patient management were in the following eight clinical areas: mortality, unplanned intubation, ventilator > 48 hours, renal failure, cardiac incidents (cardiac arrest and myocardial infarction); respiratory (pneumonia); SSI (surgical site infections-superficial and deep incisional and organ-space SSIs); or urinary tract infection.

The 89 commended hospitals achieved the distinction based on their outstanding composite quality score across the eight areas listed above. Seventy-two hospitals were initially recognized on the "All Cases" list and 72 hospitals were initially recognized on the "High Risk" list; the 72 hospitals represent 10 percent of the 719 calendar-year 2019 ACS NSQIP hospitals. Fifty hospitals are recognized on both the "All Cases" and "High Risk" lists, 20 other hospitals are on just the "All Cases" list, and 19 other hospitals are on the "High Risk" list only — yielding 89 hospitals in total. Three hospitals did not consent to having their name released, resulting in 89 of the 92 initial hospitals appearing on the final list.

See RECOGNITION, Back Page



(U.S. Army photo by Christopher Larsen, RHC-P Public Affairs)

From left, Lt. Col. Gerald Kellar; Command Sgt. Maj. Abuoh Neufville, command sergeant major, Regional Health Command-Pacific; Brig. Gen. Jack M. Davis, commanding general, RHC-P; Milagros Sola, a microbiologist with PHC-P; and Lt. Col. Darren Harrison, commander of Public Health Activity-Fort Lewis, examine pooled testing results at PHC-P's new COVID-19 Surveillance Testing Laboratory at Joint Base Lewis-McChord, Washington, Dec. 3, 2020.

PHC-P opens new COVID-19 Surveillance Testing Laboratory in Indo-Pacific

Courtesy Story
Public Health Command - Pacific

Public Health Command-Pacific opened the first of four COVID-19 Surveillance Testing Laboratories in the Indo-Pacific this week.

Located at Joint Base Lewis-McChord, Washington, the new surveillance laboratory will allow U.S. Army leaders to quickly assess the health of the force and increase mission readiness.

"Surveillance testing will initially be for large troop movements that are going to training or on a deployment rotation," explained Lt. Col. Gerald Kellar, acting chief of the PHC-P Testing Surveillance Program. "The goal is to detect Soldiers that may be asymptomatic who are carrying the virus and reduce the spread of the virus at training centers and downrange."

Unlike diagnostic COVID-19 testing that focuses on individual Soldiers, and which is usually conducted because of a doctor's recommendation or identified through contact tracing, surveillance testing focuses on groups of Soldiers regardless of symptoms or possible exposure using a pooled testing approach.

Pooled testing combines respiratory samples from several people and conducts a single laboratory

See LABORATORY, Page 4

INDEX

Combat Medic Specialist Training Program awarded.....page 2
Navy dentistry confronts COVID-19.....page 5
Career opportunities.....pages 6-8

Combat Medic Specialist Training Program awarded

Courtesy Story
U.S. Army Medical Command

JOINT BASE SAN ANTONIO, Texas (Nov. 9, 2020) – The Combat Medic Specialist Training Program (CMSTP) and the Medical Center of Excellence (MEDCoE) Learning Systems Branch staff were presented with the Army Medicine Wolf Pack Award by Lt. Gen. R. Scott Dingle, U.S. Army Surgeon General and Commanding General, U.S. Army Medical Command, on Nov. 9.

The team was recognized for exceptional dedication and teamwork during the COVID-19 pandemic. This group of Army civilians and military instructors dedicated many hours to develop a dynamic blended learning environment and National Registry of Emergency Medical Technicians (NREMT) refresher course significantly reducing academic attrition.

In spite of the COVID-19 pandemic, the team continued to produce world class Combat Medic Specialists who are ready to deploy and perform their critical tasks upon graduation and their flexibility, teamwork, and safety precautions during the pandemic paved the way to the future of Army Medicine and its tradition of excellence.

Their efforts increased the NREMT pass rate up to 100% producing 1,871 combat medics and saving the Army over 1 million dollars.

At the start of the pandemic, it was immediately recognized that the CMSTP program needed to evolve rapidly in order to continue training medics and providing essential healthcare support to the fight.

The Fieldcraft and EMT sections worked hand in hand with the MEDCoE video team and the MEDCoE Learning Systems Branch to digitize class material and upload them to the Blackboard Forum. This involved videotaping 41 EMT and 25 Fieldcraft class lectures, uploading quizzes and tests, study materials, and digitizing workbook documents. Videos detailing proper performance of 11 skills and 10 Individual Skill Validations were created so the course material could be accessed remotely.

The CMSTP Military and civilian instructors were also able to create and gain approval by Army EMS for a refresher course to review NREMT material for students who had failed the test, and were a potential loss to the Army. The refresher course was presented to 14 soldiers who had already failed the NREMT three times and the first refresher course resulted in a 100% pass rate instead of the previous 50% on the NREMT test. This potentially saved the Army $100,000 per student who would have otherwise been reclassified or become a loss to the Army.

The success of the NREMT refresher course has encouraged the redesign of current study halls to mirror the program, and to share best practices with the Army National Guard, Navy, and Air Force.

After the COVID-19 pandemic, the CMSTP was drastically altered in a safer and more tactically dispersed manner and instead of conducting one traditional class period per day, the instructors altered their schedules in order to accommodate two separate classes during an early morning and a late evening shift. This increased their workload and time instructing.

The Soldier Medic Training Site (SMTS) that leads the final 72-hour continuous operations section of the students' training, moved its entire operation from Camp Bullis to Fort Sam Houston to further support the training mission. When not engaged in continuous operations, SMTS staff provided support to the Fieldcraft and EMT sections as both instructors and assistant instructors to maintain the split schedule.

As training continued, the Cadre Development section provided a plan for CPR training to continue on schedule by further limiting class size, utilizing PPE, modifying the technique of using the pocket mask for ventilation, and ensuring adequate cleaning of all equipment to prevent cross contamination.

Despite numerous obstacles caused by the COVID-19 pandemic, the CMSTP has continued to produce the finest quality combat medics fully prepared to support combat and non-combat missions. Even with smaller class sizes secondary to COVID-19, CMSTP graduated 1,871 qualified combat medics. Their efforts are evident in an overall NREMT pass rate ranging from 88%-100% with the new refresher course.

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(U.S. Army photo by Wesley Elliott, MEDCOM/OTSG)

The Combat Medic Specialist Training Program (CMSTP) and the Medical Center of Excellence (MEDCoE) Learning Systems Branch staff receives the Army Medicine Wolf Pack Award from Lt. Gen. R. Scott Dingle, U.S. Army Surgeon General and Commanding General, U.S. Army Medical Command, on Nov. 9.

• Laboratory (Continued from front page)

test to detect COVID-19, according to the Centers for Disease Control and Prevention.

"Each Soldier will submit an individual specimen, and those specimens will be pooled into groups of five to 10," explained Kellar.

The CDC states that pooling allows laboratories to test more samples with fewer testing materials, which is useful during supply shortages.

"So, if we had a group of 5,000 Soldiers going to a training center, pooling would allow us to only run 500 tests instead of 5,000 individual tests," said Kellar.

Kellar explained that during spikes in COVID-19 infections, critical supplies like reagents and pipetting tips for testing machines can be hard to get. Pooling allows the military to conserve resources while also proactively preventing further spread.

In addition to conserving supplies, surveillance testing will also save time, since unit medics can swab Soldiers at their location rather than sending large groups of Soldiers to a local military treatment facility to get tested.

"Once their medics collect all of the swabs, units can either mail them to one of the new surveillance labs or just bring them over," said Kellar.

As microbiologists and laboratory technicians process the pooled samples, they can quickly determine if groups of Soldiers are healthy and ready to send to training or deployment.

According to the CDC, one of the biggest benefits to surveillance testing is if a pooled test result is negative, all the samples in that pool can be presumed negative with the single test. In other words, all of the people who provided samples can be assumed to have tested negative for COVID-19.

If the test result is positive or indeterminate, then all the specimens in the pool need to be retested individually using diagnostic testing.

"If a pool is positive, we can isolate that group of asymptomatic Soldiers and prevent additional spread," said Kellar. "Deploying a Soldier is risky enough; there are all sorts of injury potentials.

"We don't want people who are going to be in close quarters with each other, such as in a Humvee or tank, where they can potentially give each other the virus. So this testing will reduce those risks and help us get back to more normal military operations," he continued.

One of the ways the new surveillance labs could help military operations return closer to normal is by decreasing the potential spread of COVID-19 during travel.

"A lot of people haven't been able to travel due to the threat of infecting other people or themselves becoming infected," said Kellar. "Eventually this could become something that we can do on a larger scale that could relieve some of that burden during travel."

Over the next several months, testing capabilities will continue to expand throughout the Indo-Pacific region as PHC-P opens the remaining three COVID-19 Surveillance Testing Laboratories in Hawaii, South Korea and Japan.

"The labs in Hawaii and Korea will probably be operational in early March," said Kellar. "Japan will be sooner; I would say by the first of the year."

While the pooled testing will initially be just for Army personnel, PHC-P will continuously work to protect, promote and improve the health of the force and their families throughout the Indo-Pacific.

"What I want people to know is that these surveillance labs are important," said Kellar. "Historically, the military has been known as one of the most reliable public services in our nation. We must ensure Soldiers are prepared to perform their mission. The Army has a much bigger mission than just going to war; we also support civil authorities, national disaster preparation and responsiveness, and different community endeavors … we need to have people trained and ready to respond."

(U.S. Army photos by Christopher Larsen, RHC-P Public Affairs)

Milagros Sola, a microbiologist with Pubic Health Command-Pacific, works with ribonucleic acid, or RNA, while demonstrating the command's new COVID-19 pooled testing procedures to Brig. Gen. Jack M. Davis, commanding general of Regional Health Command-Pacific, at PHC-P's new COVID-19 Surveillance Testing Laboratory, Dec. 3, 2020.

Spc. Darius Torres, of Littlefield, Texas, a medical laboratory technician assigned to Public Health Command-Pacific, demonstrates command's new COVID-19 pooled testing procedures to Brig. Gen. Jack M. Davis.

Navy dentistry confronts COVID-19

By Lt. Sarah Ermoshkin, DC, USN
Naval Health Clinic Annapolis

ANNAPOLIS, Md. – During the initial phase of the coronavirus pandemic, the Department of Defense issued guidance postponing all elective surgeries, invasive procedures, and dental procedures for 60 days.

The order to postpone all but emergent cases went into effect primarily to protect providers and patients from exposure and transmitting the virus to others and to conserve equipment and supplies. Now, nearly eight months later, the Navy has adopted a new approach to the virus.

"We did not know what we were initially dealing with other than it could be spread by water droplets," said Capt. Walter Brafford, commanding officer of Naval Health Clinic Annapolis, which is the parent command for the Brigade Medical Unit located at the Unites States Naval Academy (USNA). Bancroft Hall, the midshipmen's dormitory, has medical and dental offices located on the ground floor. Any midshipman who feels unwell can immediately self-report symptoms and quickly be placed in an isolation space until the results are received.

This is not the first time dentistry has faced an invisible enemy. In fact, universal precautions came into effect largely because of the HIV epidemic. Treating everyone as a potential carrier of disease is now known as "universal precautions," which protect healthcare workers from patients' blood and body fluids using eye protection and a new set of gloves, gown, and face masks for each patient. These precautions are universally applied because it is unknown whether someone has a contagious disease or condition.

We may not know who has an asymptomatic case of COVID-19. Along with the normal universal precautions, additional measures have been added which include COVID-19 screening questions, temperature checks, mouth rinses, N95 face masks, face shields, disposable gowns, and high-powered air-filters for each dental operatory space.

"Adding a new layer of personal protective equipment wasn't a difficult move for military dentists, and for that matter, any dentist to make," said Brafford, who is a periodontist by trade.

Cmdr. Christopher Parks, director of dental services, manages a team of eight general dentists, four specialists, four hygienists, and a support staff of nearly 30 people at the Naval Academy.

"Since June we have had nearly 3,900 patient encounters and to date, none of my dentists, hygienists, or support staff have contracted COVID-19. That tells me that the personal protective equipment everyone is wearing and the COVID-19 screening questions, in combination with a compliant patient population, is working to protect my team from infection," said Parks.

The American Dental Association recently published conclusions that support the Navy's approach to dentistry. In their study estimating COVID-19 prevalence and infection control practices among U.S. dentists, they noted that, "As of June 2020, an estimated 0.9% (95% confidence interval, 0.5 to 1.5) of U.S. dentists have or have had COVID-19," concluding that current infection control practices in the dental setting were sufficient.

"We are now entering the second wave of COVID-19 cases, but this time we feel prepared to continue practicing dentistry," said Parks. "Before the senior class of midshipmen complete the fall semester, we will have completed their annual exams and identified who are a priority for treatment."

"Safety of our people is our number one priority," stated Capt. Brafford. "It's good to know that the additional safety protocols and protective equipment put in place is keeping our people safe."

Since 1845, NHCA has been committed to exemplifying the best of Navy Medicine though innovation, quality care, technology, talent management, and leadership. NHCA provides health support in six locations across three states. At its core is the care and commissioning readiness of the more than 4,400 members of the Brigade of Midshipmen. NHCA providers contribute to athlete development on and off the field, and support the Naval Academy as team physicians for 33 varsity sports teams and 26 club sports.

Sources:

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jada.ada.org/action/showPdf?pii=S0002-8177%2820%2930658-9

(U.S. Navy photo by Lt. Sarah Ermoshkin, DC, USN)

Lt. Cmdr. Edmond Rexha performs a dental exam on Midshipman Yun Sheng Goa at the Unites States Naval Academy (USNA) Bancroft Hall. Naval Health Clinic Annapolis is taking all necessary precautions to provide safe medical and dental treatment during the coronavirus 2019 pandemic. As the undergraduate college of our country's naval service, the Naval Academy prepares young men and women to become professional officers of competence, character, and compassion in the U.S. Navy and Marine Corps.

Laparoscopy is new standard in METC surgical tech training

By Lisa Braun
Medical Education & Training Campus

Army, Navy and Air Force Surgical Technologist (ST) students at the Medical Education and Training Campus (METC) are becoming more familiar with laparoscopic procedures thanks to a curriculum update and new laparoscopic equipment that was added to the surgical training simulators.

A laparoscopy is a low-risk, non-invasive surgical procedure used to examine organs inside the abdomen and repair or remove tissue. It requires only small incisions and utilizes an instrument called a laparoscope, a long, thin tube with a high-intensity light and a high-resolution camera at the front. The surgeon inserts the laparoscope through an incision in the abdominal wall and views the images on a video monitor while conducting the procedure.

Laparoscopic surgery was introduced to the METC ST program in May 2020 to familiarize all students with the procedures and equipment as part of the program's consolidated Phase I, or didactic, training. Sgt. 1st Class Merle Nalder, the program director, said it was time to move away from the open appendectomy surgery that had been the standard used to evaluate students for roughly 25 years.

"The open appendectomy is not the standard out in the surgical world anymore," stated Nalder. "More and more they're going to laparoscopic procedures. Even in the military field environment we're moving toward laparoscopies. The military medical services all recognized the need to change."

Nalder explained that all ST students receive blocks of instruction on the minimally invasive laparoscopic surgery. At the culmination of Phase I, students are evaluated on their ability to perform, from start to finish, an exploratory laparotomy, or open belly case, which is a low-fidelity simulated surgery.

Updates were made to convert a simulated general operating room, previously used for mock open appendectomies, into a laparoscopic simulator by adding a laparoscopic tower, which includes a camera and light source, specialized laparoscopic instruments, and reusable devices.

Also added were sophisticated mannequins which provide more realism to the mock open laparotomy and laparoscopy cases, helping to better prepare the students. The mannequins can support up to 50 different types of laparoscopic procedures and allow for life-like scenarios. "The parts are a little more realistic, the skin feels much more realistic, and they have a blood pump which causes blood to flow throughout the mannequin's system," explained Nalder. "The blood fills the cavity very quickly and the flow will then actually rupture a blood vessel or artery, depending on the scenario, lending that realism to the simulation."

With the blood pump, Nadler said, instructors can simulate different types of situations causing organ damage or distress, whereas in the past they could only simulate one type of procedure with the open appendectomy.

"Our new curriculum requires us to evaluate our students on an open laparotomy, and with these mannequins we can choose which cases we want the students to experience," stated Nalder. "This gives instructors the latitude to expose students to multiple types of surgeries in comparison to what we had before."

Nalder said that aspect has changed this portion of the training from a passive to an active type of learning where students are more involved. "I feel that the students appreciate it more and they get more out of it rather than the simple step by step open appendectomy scenario."

Not only has the standard surgical procedure been updated in the consolidated portion of the training, but the Navy has updated its service-specific training as well.

Twenty-one hours of laparoscopic surgery training was added to the Navy-specific curriculum. The training includes a mock laparoscopic surgery and a didactic test which are not part of the consolidated training.

"We updated the curriculum based on direct feedback from the fleet to ensure the training courses align with fleet requirements," stated Lt. Cmdr. Rachel Bradshaw, the program's Navy Service Lead.

Navy students may good candidates to receive the additional training because enlisted Sailors arrive with prior medical training. "Before they arrive in the Surgical Technologist program, or any enlisted medical program, Navy students have to go through the METC Hospital Corpsman Basic program where they learn basic medical knowledge consisting of pre-hospital, inpatient and outpatient medical care," Bradshaw explained.

Navy students are taught how to assemble and process complex laparoscopic instruments, recognize thoracic surgery pathologies, and safely prepare for minimal invasive clinical procedures.

According to Bradshaw, the added benefit of implementing the new curriculum is that the students are exposed to laparoscopic surgery prior to entering the clinical portion of the program. "This exposure allows for our students to enter the operating room with some familiarity to laparoscopic procedures, to include the equipment and setup.

"Additionally," she continued, "adding the laparoscopic curriculum is in line with the Navy Surgeon General's 2020 priorities of optimizing our people, platforms, performance, and power; specifically performance, because we are very much ensuring that we are meeting and exceeding military medical knowledge, skill, and ability standards in order to use data driven decisions to optimize a medically ready force and prepare a ready medical force."

Nurses / Healthcare

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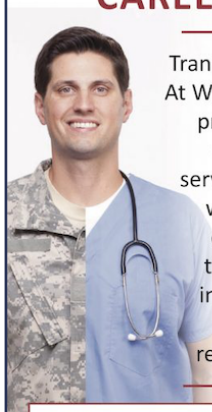

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Raymond Mendoza at (714) 834- 6755 or RaMendoza@ochca.com

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• Recognition (Continued from front page)

ACS NSQIP is the only nationally validated quality improvement program that measures and enhances the care of surgical patients. This program measures the actual surgical results 30 days postoperatively as well as risk adjusts patient characteristics to compensate for differences among patient populations and acuity levels. The goal of ACS NSQIP is to reduce surgical morbidity (infection or illness related to a surgical procedure) and surgical mortality (death related to a surgical procedure) and to provide a firm foundation for surgeons to apply what is known as the "best scientific evidence" to the practice of surgery. Furthermore, when adverse effects from surgical procedures are reduced and / or eliminated, a reduction in health care costs follows. ACS NSQIP is a major program of the American College of Surgeons and is currently used in nearly 850 adult and pediatric hospitals.

The American College of Surgeons is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and to improve the care of the surgical patient. The College is dedicated to the ethical and competent practice of surgery. Its achievements have significantly influenced the course of scientific surgery in America and have established it as an important advocate for all surgical patients. The College has more than 82,000 members and it is the largest organization of surgeons in the world.

(U.S. Navy photo by Deidre Smith, Naval Hospital Jacksonville/Released)

Hospital Corpsman 3rd Class Makia Davis, a surgical technician, prepares an operating suite at Naval Hospital Jacksonville.