



# Public Health Service Nursing All-Hands Meeting

---

**Kerry Paige Nessler, M.S., R.N.**  
**Assistant Surgeon General**  
**Chief Nurse Officer, USPHS**  
**Director, Office of Global Health Affairs**  
**Health Resources and Services Administration**  
**Department of Health and Human Services**

**25 July 2011**  
**Fort Worth, TX**



# Outline

---

1. Proposed USPHS Commissioned Corps New Accountability Structure
2. Federal Public Health Nurse Leadership Network
3. Public Health Service Nursing Strategic Plan
4. Commissioned Corps Nurse Officers Demographics
5. Commissioned Corps Nurse Officers Basic Readiness
6. Commissioned Corps Nurse Officers New Billet Collection System

# USPHS Commissioned Corps New Accountability Structure

---

## BACKGROUND:

FY 2011 OMB passback language requested a comprehensive management review of the Commissioned Corps with specific reference to the accountability structure of the Corps.

The review determined that the current decentralized and complex organizational structure led to fragmented and inconsistent enforcement of policies resulting in reports of suboptimal customer satisfaction.

The management review recommended that:

- ❑ The Corps streamline the administrative structure from 20 component offices to 10.
- ❑ Unify policy implementation and operations under the Surgeon General with clear points of accountability.
- ❑ Establish a Commissioned Corps Advisory Board under the leadership of the ASH.

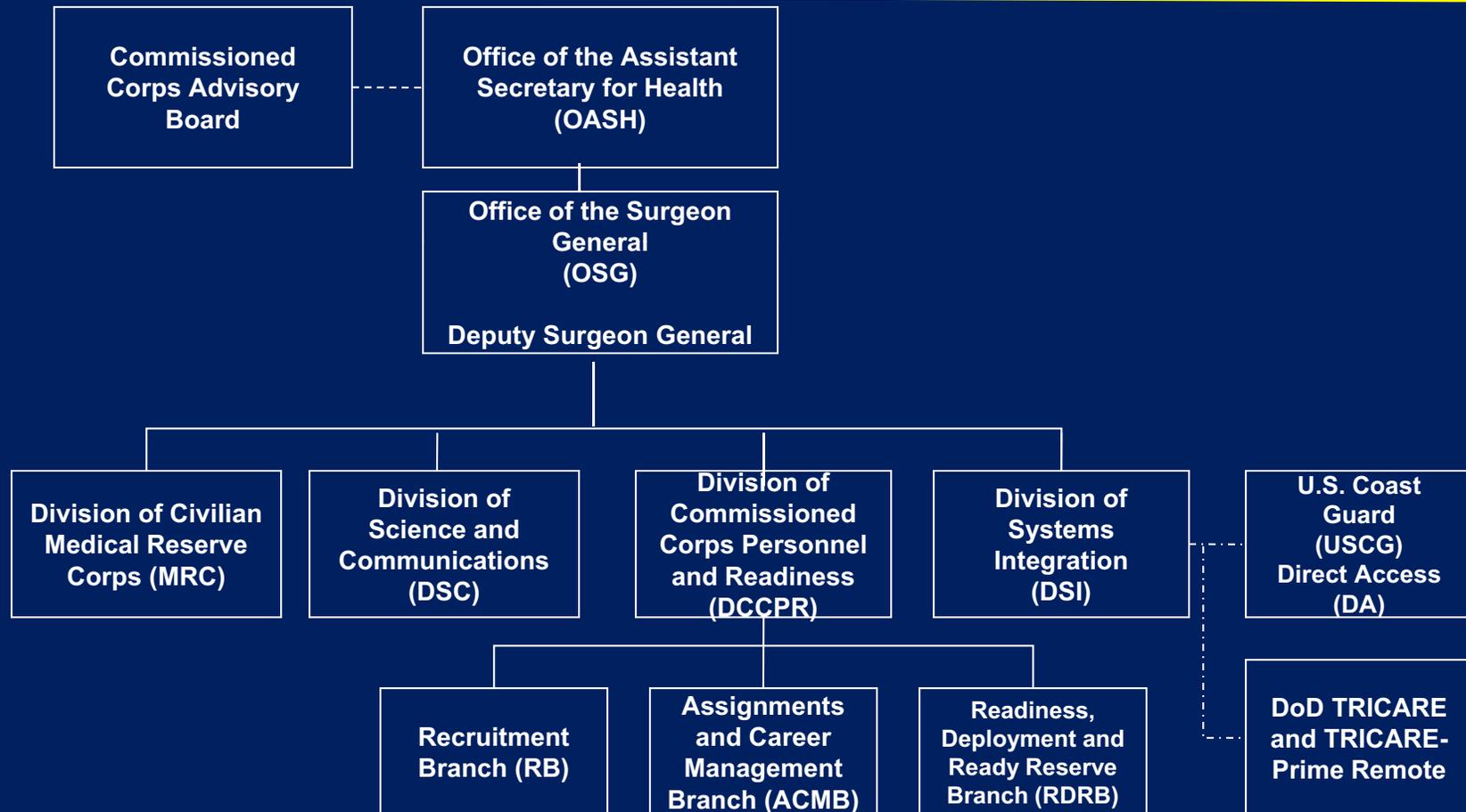
# USPHS Commissioned Corps New Accountability Structure (cont.)

---

## Proposed Changes:

- The Office of Force Readiness and Deployment, Office of Reserve Affairs, Office of Military Liaison and Veteran Affairs, Office of Commissioned Corps Force Management, and Office of Commissioned Corps Operations will be merged into the **newly created Division of Commissioned Corps Personnel and Readiness**.
- The **Division of Commissioned Corps Personnel and Readiness** will include three branches:
  - Recruitment Branch.
  - Assignments and Career Management Branch.
  - Readiness, Deployment, and Ready Reserve Branch.
- The **Division of Systems Integration** will be established in the OSG.
- The Office of **Civilian Medical Reserve Corps** and the **Office of Science and Communication** will be designated as **Divisions** within the OSG to maintain parallel organizational structure.

# Proposed New Commissioned Corps Accountability Structure



# Federal Public Health Nurse Leadership Network



# Federal Public Health Nurse Leadership Network (cont.)

---

## **Draft Mission:**

Provide a unified federal public health nursing forum that facilitates shared communication focused on innovative and collaborative approaches to improve the health and safety of the Nation.

## **Draft Vision:**

A collective and unified federal public health nursing voice that is recognized and sought-after for consultation and contributes to current issues and policies that advance the health, health care workforce, and health care delivery systems of the Nation.

# Federal Public Health Nurse Leadership Network (cont.)

---

## Draft Goals:

### Nursing Workforce

- Discuss the key findings of HRSA's 2008 National Sample Survey of Registered Nurses and their impact on public health nursing
- Identify existing federal nursing workforce data and discuss strategies to analyze, utilize and improve the data collected
- Review the Office of Personnel Management (OPM) processes for recruiting, hiring, and retaining federal nurses and discuss strategies with OPM to meet future federal nursing needs and health needs of the Nation
- Discuss potential federal nursing involvement and responsibilities in implementing the recommendations of the Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*

### Networking

- Explore cross agency partnerships and areas for program collaborations
- Promote leadership development among federal nurses
- Explore opportunities for continuing professional education and training for federal nurses
- Promote a mentoring culture among federal nurses by identifying opportunities for exchange of expertise and knowledge
- Coordinate with the Federal Nurses Association (FedNA) to explore partnership possibilities with current nursing organizations

# Public Health Service Nursing Strategic Plan

RADM Kerry Nesseler - Chair  
CAPT Susan Orsega - Vice-Chair  
CAPT Amy Anderson  
CAPT Cheryl Borden  
CAPT Mary Lambert  
CAPT Lynn Slepiski  
CDR Lori Austin-Hansberry  
CDR Nancy Bartolini  
CDR Wendy Blocker  
CDR Philantha Bowen  
CDR Kimberly Crocker  
CDR Veronica Gordon  
CDR Timothy Gruber  
CDR Lysa Hieber  
CDR Kyong Hyon  
CDR Carmen Maher  
CDR Dale Mishler  
CDR Thomas Pryor  
CDR Sophia Russell  
CDR Amy Webb

LCDR Sara Anderson  
LCDR Wanza Bacon  
LCDR Felecia Bailey  
LCDR Tara Daugereau  
LCDR Linda Egwim  
LCDR Amanda Heard  
LCDR Aisha Mix  
LCDR Tiffany Moore  
LCDR James Patterson  
LCDR Michelle Ruslavage  
LCDR Laura Wall  
LT Colleen Kerr  
LT Amy Kolwaite  
LT Pattama Ulrich  
LT Belinda Rooney  
Dr. Irene Sandvold  
Mr. Joseph Bertulfo  
Mr. Kirk Koyama

# Public Health Service Nursing Strategic Plan (cont.)

---

## **Draft Vision:**

*“Health outcomes are optimal and health disparities are eliminated for all people through the promotion of wellness and disease prevention efforts”*

## **Draft Mission:**

*“To enhance and improve health and safety outcomes through leadership, education and research by providing exceptional culturally competent holistic nursing services to all people”*

# Public Health Service Nursing Strategic Plan (cont.)

---

## Draft Values:

**COMMITMENT**  
**EDUCATION**  
**RESEARCH**  
**LEADERSHIP**  
**COMPASSION**  
**EXCELLENCE**  
**INTEGRITY**

**NURSING**

# Public Health Service Nursing Strategic Plan (cont.)

**COMMITMENT** - Fostering a professionally prepared and diverse workforce, capable and ready to respond to existing health priorities, national health initiatives, and emerging and unexpected health threats;

**EDUCATION** - Empowering communities; engaging individuals in health promotion programs, encouraging healthy lifestyle choices to enhance the quality of living throughout the life span;

**RESEARCH** - Advancing nursing practice through innovative strategies and cutting –edge technologies by means of transferring new knowledge and applying evidence based practices

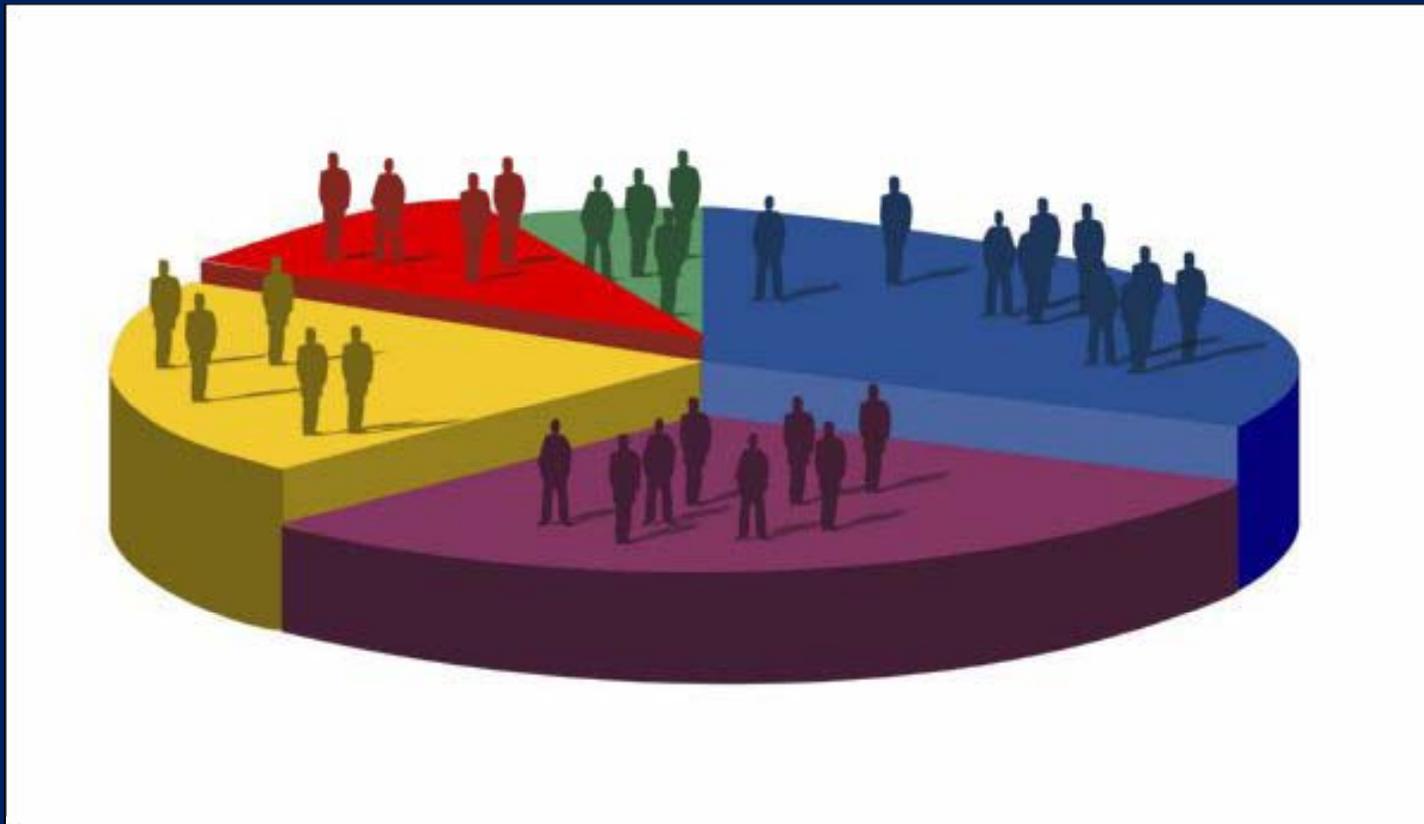
**LEADERSHIP** - Advocating for change, developing policies that are transforming the national healthcare system in advancing the health of our nation;

**COMPASSION** - Providing culturally competent care through the application of holistic nursing approaches to vulnerable populations focusing on eliminating healthcare disparities among the populace;

**EXCELLENCE** - Supporting initiatives in biomedical research and regulatory science ensuring excellence in safety, quality and performance in regulated products that impact the delivery of care and wellness of the American people;

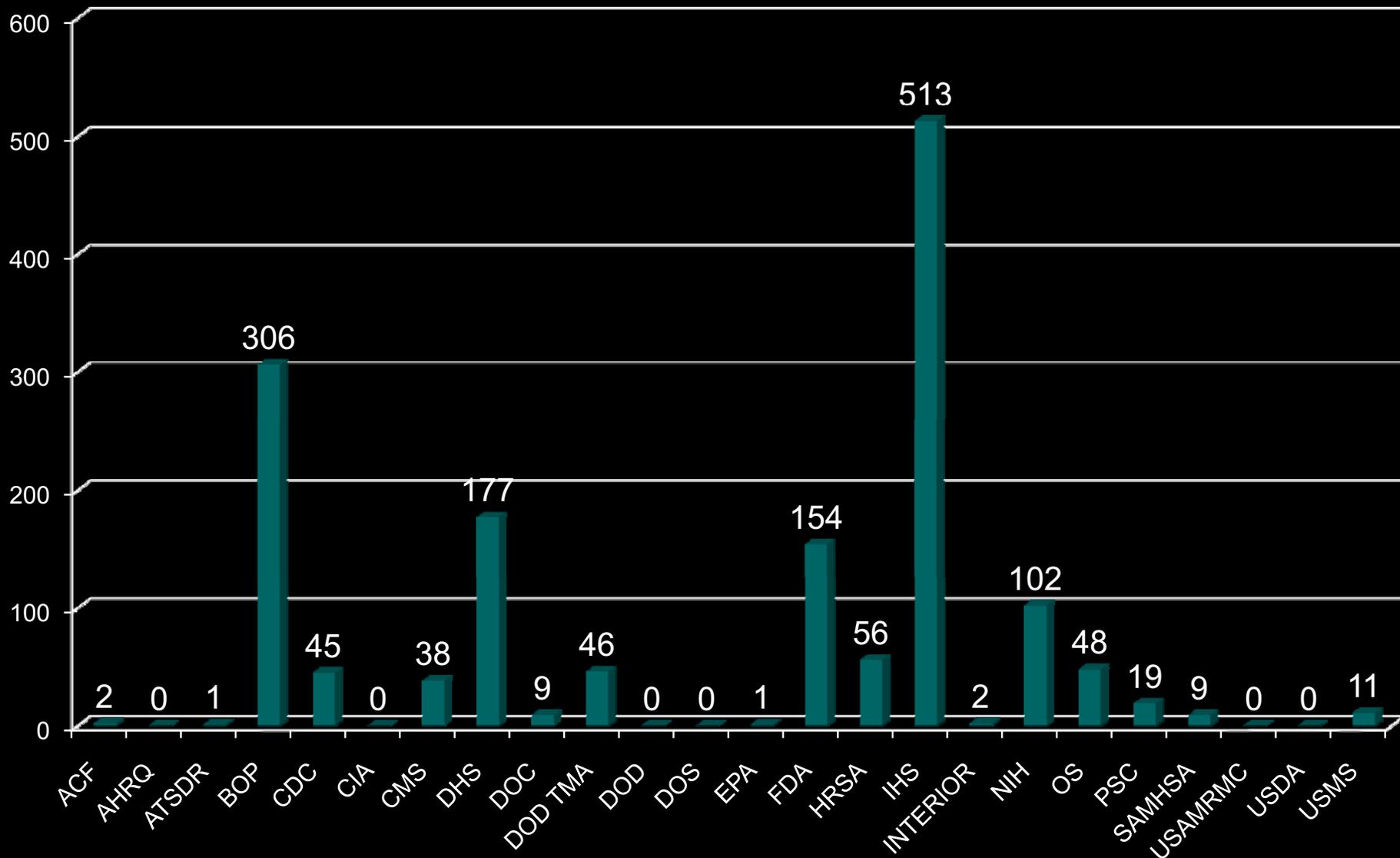
**INTEGRITY** - Acting with conviction and courage in adherence to the highest standards of ethical and moral principles in the promotion of wellness and disease prevention.

# Commissioned Corps Nurse Officers Demographics



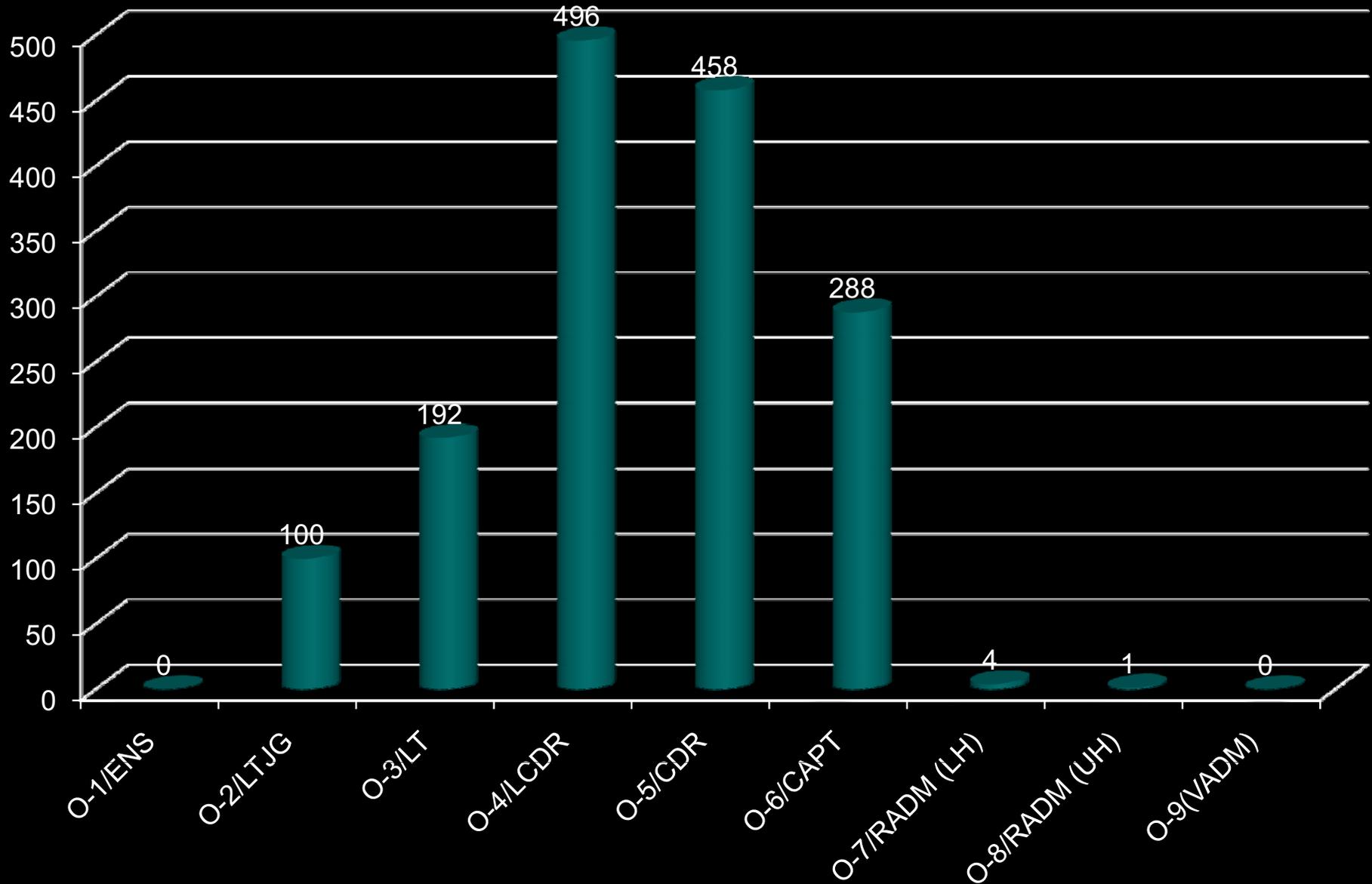
# Commissioned Corps Nurses by Agency (Current as of 7/19/11)

Total Number of Nurses = 1539



# Commissioned Corps Nurses by Temporary Grades (as of 7/19/2011)

Total number of Nurses = 1539



# Basic Readiness

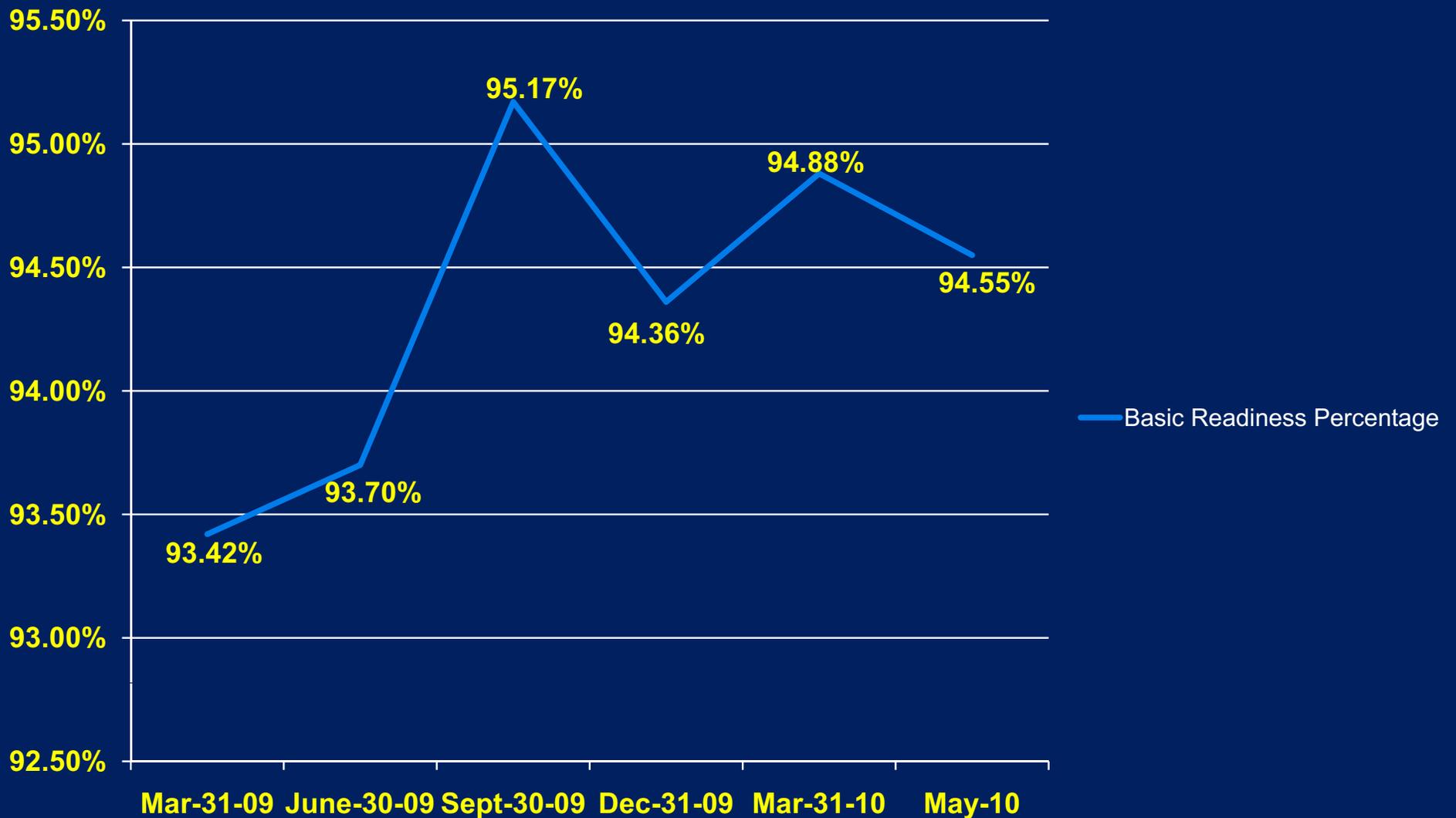


# Overview

---

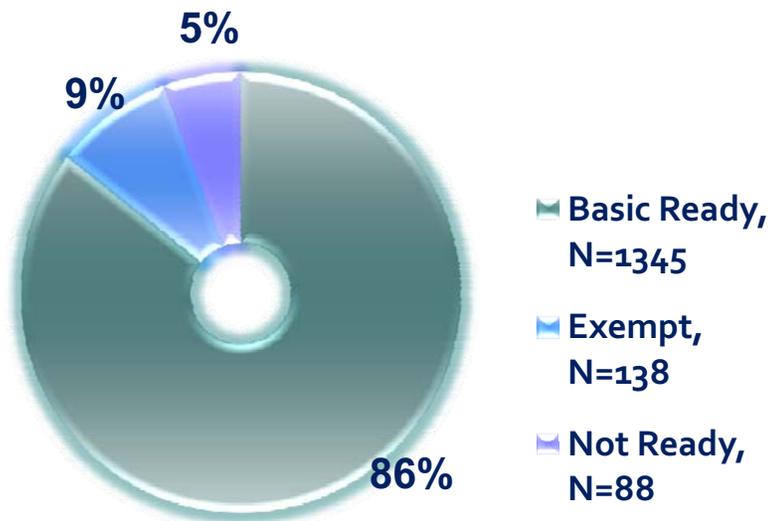
- Attaining basic readiness is a requirement for all PHS officers!
- Non-compliance may affect an officer's eligibility for promotion, special assignments, and retention in the Commissioned Corps.

# Nurse Basic Readiness Percentage by Quarter prior to 2011

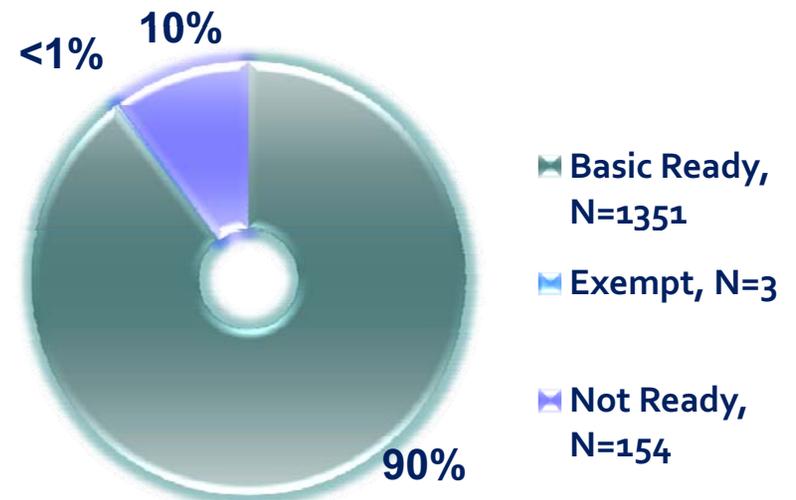


# Trends in Readiness 2010-2011

## Nurse Readiness on 31 March 2010

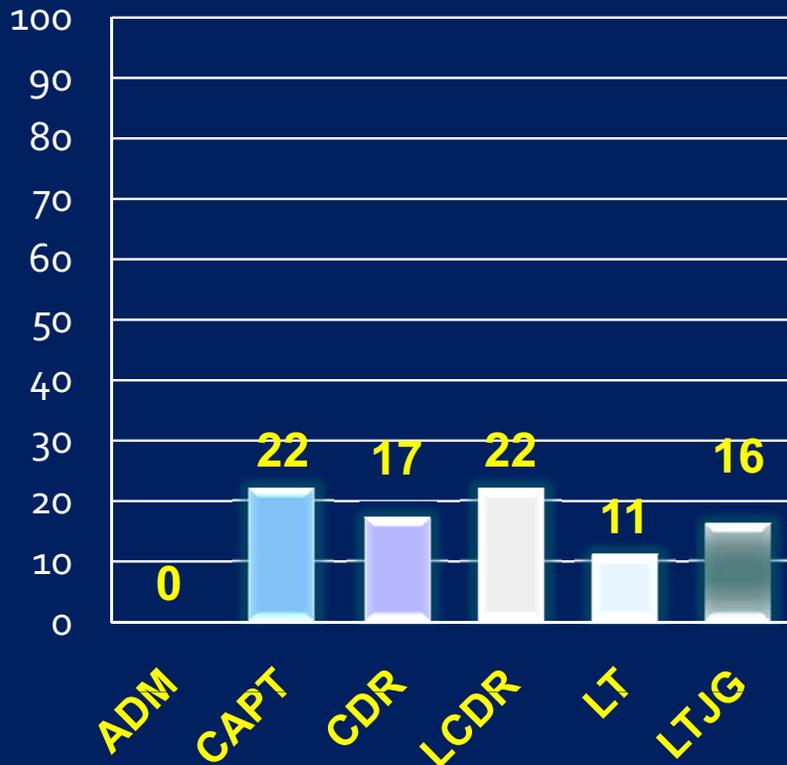


## Nurse Readiness on 31 March 2011

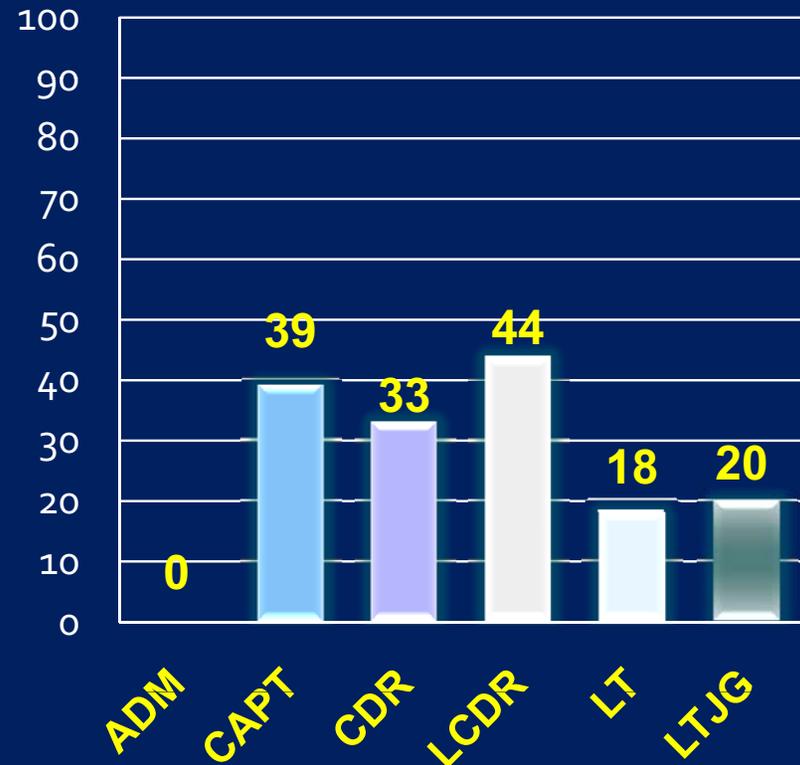


# Readiness Trends by Rank

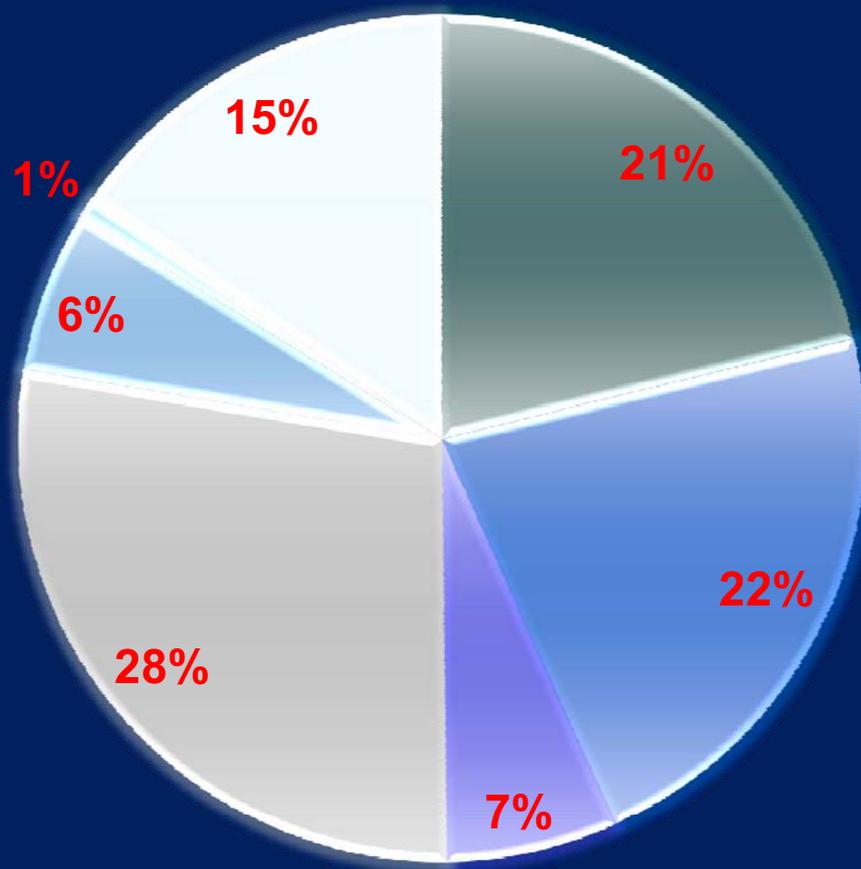
Nurse Officers not meeting readiness standards by Rank as of March 2010



Nurse Officers not meeting readiness standards by Rank as of March 2011

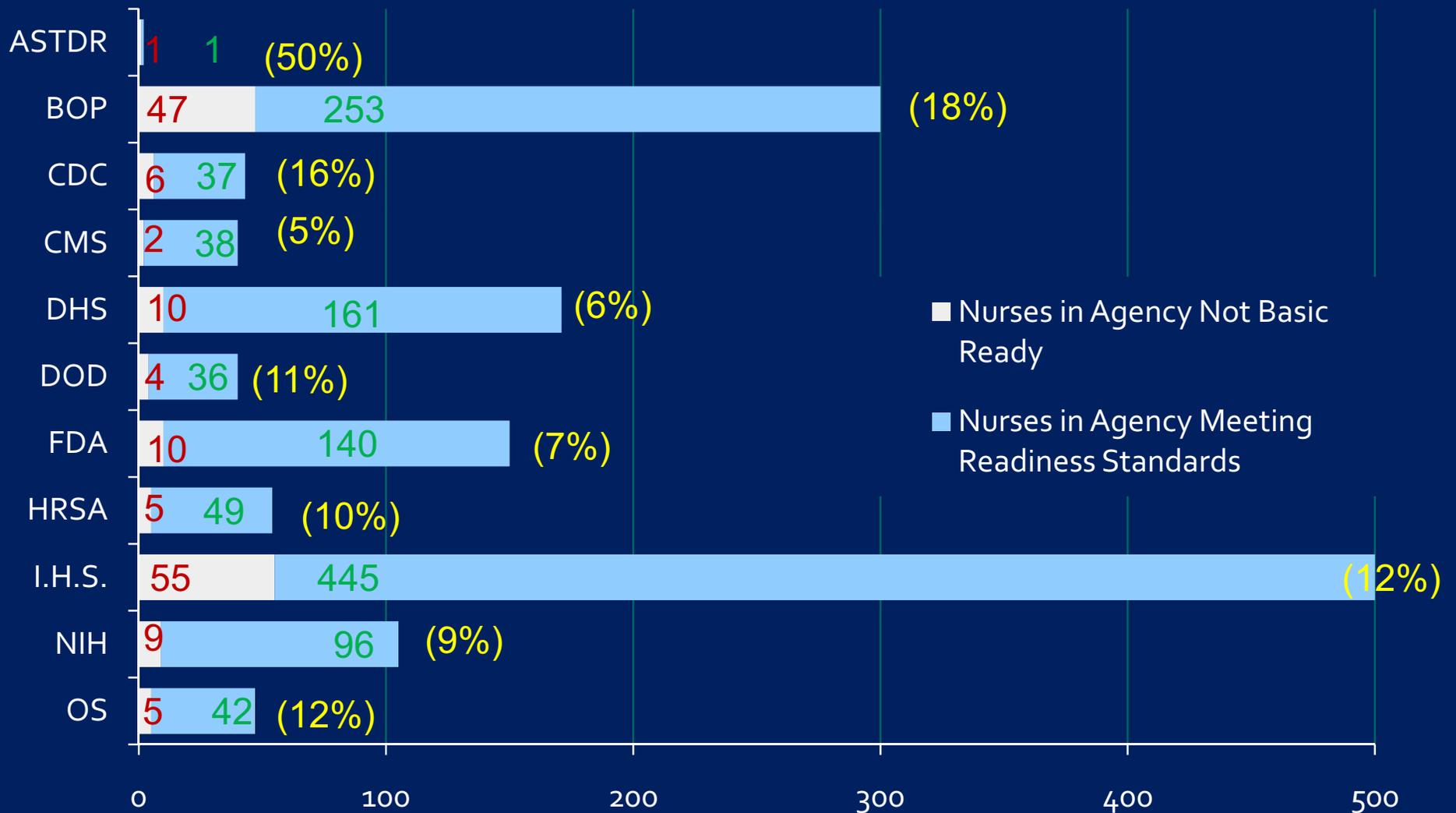


# Basic Readiness missing metrics as of March 2011



- Missing Fitness (APHT or PC)
- Missing or Expired BLS
- Missing or Expired Licensure
- Missing or Incomplete Immunizations
- Missing Courses
- Missing Deployment Role
- Missing Medical Exam/History

# Readiness Status of Nurse Officers by Agency in March 2011



# Readiness Expectations

---

- The Nursing category will be >98% ready every quarter
- Our goal is to be 100% Basic Ready
- Each nurse officer is personally accountable for being ready--It is **YOUR** personal responsibility
- The NPAC Readiness Committee is prepared to assist you.
- To learn more about readiness go to
  - [http://ccrf.hhs.gov/ccrf/Readiness/Basic\\_Readiness\\_Checklist.pdf](http://ccrf.hhs.gov/ccrf/Readiness/Basic_Readiness_Checklist.pdf)
  - [http://ccrf.hhs.gov/ccrf/Readiness\\_FAQs.pdf](http://ccrf.hhs.gov/ccrf/Readiness_FAQs.pdf)

# Commissioned Corps Nurse Officers New Billet Collection System

---

- Nurse Clinical Billets
  - Launched: 8 September 2010
- 989 Nurse Officers received emails to participate in the Billet Collection System
- Step 1 “Officer Billet Selection Sent”
  - 4 Nurse Officers have not completed this step
- Step 2 “Officer Billet Form Sent”
  - 8 Nurse Officers have not completed this step
- Multidisciplinary Billets
  - Estimated launched date: August 2011

# Questions P

# Awards Presentation

# Contact Information

---

Kerry Paige Nessler, M.S., R.N.  
Assistant Surgeon General  
Chief Nurse Officer, USPHS  
Director, Office of Global Health Affairs  
Health Resources and Services Administration  
Department of Health and Human Services

Phone: (301) 443-2741

Fax: (301) 443-2870

Email: [KNessler@hrsa.gov](mailto:KNessler@hrsa.gov)

