

MEETING MINUTES: General Meeting

MINUTES

APRIL 25, 2014

TIME: 13:00 – 14:45

TELECONFERENCE: 1-888-455-7451,
PASS CODE: 4605705#

MEETING CALLED BY	CDR Marilyn Ridenour, FY2014 Nurse Professional Advisory Committee (N-PAC) Chair
TYPE OF MEETING	N-PAC General Meeting
FACILITATOR	CDR Marilyn Ridenour, RN FY2014 N-PAC Chair
NOTE TAKER	LCDR Sherri A. Wheeler, FY2014 N-PAC Executive Secretary
TIMEKEEPER	LCDR Sherri A. Wheeler, N-PAC Executive Secretary
ATTENDEES	Roll Call – Appendix I (Attached)

Agenda topics

TIME: 13:00 – 13:05

TOPIC: I. ROLL CALL

PRESENTER: LCDR SHERRI A. WHEELER,
RN; BS, BSN, NPAC EXECUTIVE
SECRETARY

DISCUSSION	N-PAC Voting Membership Roll-Call – PDF Copy Attached to meeting minutes as Appendix I	
	Absent Voting Membership: CDR Deanna Gephart, CAPT Sophia Russell, CDR Serina Hunter-Thomas, CAPT Brenda Cook, CDR Veronica Beatrice Pollock, CDR Casey Hadsall, Ms. Patrice Williams	
CONCLUSIONS	7-Voting Members Absent, no alternate provided	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Notification of presence after roll-call by sending an email to	Voting Membership	4-25-2014
LCDR Sherri A. Wheeler, S1Wheeler@bop.gov .		

TIME: 13:05 – 13:05

**TOPIC: II. MEETING MINUTES APPROVAL
– GENEAL MEETING: JANUARY 24, 2014**

PRESENTER: CDR MARILYN RIDENOUR,
RN, BSN, MBA, MPH, CPH – N-PAC CHAIR

DISCUSSION	The next item on the agenda is the General Meeting minutes for March 21, 2014. LCDR Sherri A. Wheeler has asked that these be tabled. The March 21, 2014 General Meeting Minutes will be sent out via email to N-PAC Voting Members only for approval at a later date. When received a vote will be taken via email to approve the meeting minutes.	
CONCLUSIONS	Tabled	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Tabled	CDR Marilyn Ridenour	N/A
Minutes will be sent out via email	LCDR Sherri A. Wheeler	Open

TIME: 13:05 – 13:07

TOPIC: III. N-PAC CHAIR WELCOME

PRESENTER: CDR MARILYN RIDENOUR, RN; BSN, MBA, MPH, CPH, N-PAC CHAIR

DISCUSSION	Hello Everyone. Welcome to the April 25, N-PAC General Meeting. The theme for my term is Celebrating Nurses, highlighting nurse’s contribution in many diverse settings. The topic for today’s general meeting is Tobacco Free Living. Our monthly presentations are designed to better inform Federal and PHS nurses about strategies aligned to our Federal Public Health Service Nursing Strategic Plan and the National Prevention Strategy.	
CONCLUSIONS	The N-PAC General Meetings are designed to be informative.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

TIME: 13:07 – 13:12

TOPIC: IV. PRESENTATION: UNIVERSITY SYSTEM OF GEORGIA – NURSE FACULTY RECRUITING EFFORT; UNIFORMED SERVICE NURSE VETERANS TO EDUCATORS FELLOWS PROGRAM

PRESENTER: Dr. Margaret C. Wilmoth, Ph.D., MSS, RN, FAAN; Dr. Rebecca Wheeler, Ph.D.

DISCUSSION	Greetings I am Peggy Wilmoth, I am the Dean of the Byrdine F. Lewis School of Nursing and Health Professions – Georgia State University in Atlanta, GA. What I am talking to you today is about a statewide, Georgia, to recruit veteran nurses to teach in any one of our schools of nursing in the state of Georgia. Georgia is facing a severe faculty shortage, in addition to some constraints on clinical placements. We are trying to be innovative and creative in thinking how can we recruit individuals who might not have a degree in academia to join the academic ranks and become faculty. We are trying to recruit nurses leaving any of the Uniformed Services (PHS, Army, Navy or Air Force) who hold a Masters in Nursing who might be interested in staying in Georgia or moving to Georgia and teaching in any one of the 32 public programs of nursing in the State of Georgia. Reason we need a Masters in Nursing as a minimum entry requirement has to do with state board of nursing requirements that a faculty must hold a graduate degree in nursing.	
	Concept: The University System of Georgia (USG) recognizes the pressing need to recruit and retain strong nursing faculty to teach the next generation of nurses. The uniformed services are excellent sources of highly educated and flexible nurses with advanced degrees. Many experienced nurses are separating from active duty in the uniformed services through retirement, reduction in force, or otherwise and seeking a civilian career. Teaching nursing in the USG is a viable career move for nurse Veterans, many of whom hold a Master of Science in Nursing, advanced practice certification, and/or a doctoral degree. While they have been teaching throughout their careers, they may lack exposure and experience in civilian academic settings, institution-specific technology, and pedagogical knowledge and skills.	
	Selected Deans and Directors of the USG Academic Advisory Committee on Nursing (AACON) will prepare a marketing plan to promote Georgia and the USG Schools of Nursing as a “Preferred Destination for Nurse Veterans” to the Uniformed Services Chief Nurses, military medical centers and via social media, targeted journals, and on-site recruitment at gatherings for uniformed nurses.	
	The USG is implementing a Veteran Nurse to Educator Fellowship (VN-EF) (pronounced “VEE-NEF”) program that any USG nursing program can access to help in the transitioning of new faculty member recruited from any of the	

uniformed services (PHS, Army, Navy, Air Force). These individuals will be referred to as VNE Fellows and will receive extra support in the form of additional training and individualized mentoring during their first year of teaching.

Nurses preparing to leave uniformed service will be recruited to Georgia to teach nursing in one of the USG schools that has a current faculty vacancy that matches that individual's credentials and interest. He/she may be recruited through the VNEF marketing process, which will then assist in linking the individual to the institution corresponding to his/her interests, or the individual will be referred to the VNEF by the recruiting institution upon learning that he/she is leaving uniformed service. The faculty candidate will proceed through the institution's usual hiring process. Once hired, the individual will become a VNE Fellow.

The *VN-EF* summer intensive will consist of two online courses:

Course 1: Instructional competency-focused on lecture, on line teaching, clinical supervision, simulated learning supervision and course coordination.

Course 2: Student learning outcomes—focused on measurement and evaluation, including test item writing, psychometrics, and test administration competencies.

After these two courses, the VNE Fellows will maintain contact on-line as a cohort and will interact with local expert faculty mentors to support their learning throughout the first year. VNE Fellows will be invited to all USG faculty development programs.

VNEF participants will simultaneously be teaching in a USG department or school of nursing during this year long fellowship and will have agreed to teach at minimum one academic year as their commitment to the fellowship.

Proposed Package for Veteran Nurse to Educator Fellowship

The VN-EF program will reimburse the employing institution for half of the summer salary and the local institution will pay the other half salary for the VNE Fellow. The VN-EF summer intensive will include participation in both VN-EF courses and other employing institution summer orientations deemed useful in preparation of the VNE Fellow for a Teaching role. Also, VN-EF will pay all tuition and fees for 2 courses for each VNE Fellow. The employing institution will pay the VNE Fellow's full salary for the academic year following the summer intensive.

Additional benefits to VNE Fellows following their first year of employment in the USG system include:

- Doctoral education through the STEPS Initiative after 6 months employment, with payback of 2 years after degree completion, and
- Post gad specialty certificate in area needed by hiring school, with payback of 1 year to employing institution after program completion.

Georgia Institutions with Nursing Programs (BSN and Higher):

Atlantic Armstrong State University-Savannah, GA

Clayton State University-Morrow, GA

College of Coastal Georgia- Brunswick, GA

Columbus State University- Columbus, GA

Darton College- Albany, GA		
Georgia College and State University-Milledgeville, GA		
Georgia Regents University-Augusta, GA		
Georgia Gwinnet College- Lawrenceville, GA		
Georgia Highlands College- Dallas, GA		
Georgia Southern University-Statesboro, GA		
Georgia Southwestern University- Americus, GA		
Georgia State University-Atlanta, GA		
Gordon College- Barnesville, GA		
Kennesaw State University- Kennesaw, GA		
Macon State College- Warner Robins, GA		
Middle Georgia College- Warner Robins, GA		
South Georgia State College – Douglas, GA		
University of North Georgia- Cumming, GA; Dahlonega, GA; Oakwood, GA; Watkinsville, GA		
University of West Georgia-Carrollton, GA		
Valdosta State University-Valdosta, GA		
Questions:		
Mr. Noe: Is it limited to those who are currently in uniform, or does it apply to prior service members.		
Dr. Wilmoth: Yes, it applies to both. If you've been out it is ok. There are no restrictions. You would have to be hired.		
Please reach out to me and we can talk one-on-one. mwilmoth@gsu.edu		
CDR Marilyn Ridenour: We will be having our United States Scientific & Training Symposium in Raleigh, NC June 10-12.		
This is a conference that you may want to attend. Any other suggestion or questions?		
Dr. Wilmoth: We can link you to universities around the state where you might want to live.		
CAPT Maryann Robinson: Are any of the programs on-line based?		
Dr. Wilmoth: Yes, some are. Many of the programs are hybrid – Students come to campus once or twice a semester.		
At Georgia State we are beginning an online RN to BS or RN to MS program, so it is all online. Our Ph.D. program at		
Georgia State, for the most part is online. All of us have differing levels of online platforms.		
Dr. Wilmoth: Thank you for including us on your agenda today.		
CONCLUSIONS You have to be hired by the school before you can be a fellow in the program.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Contact Dr. Margaret Wilmoth, mwilmoth@gsu.edu or Rebecca Wheeler	Handout provided	Open
Hand out to be placed on the Nursing Website, POC listed	CDR Marilyn Ridenour	Open

TIME: 13:12 – 13:13

TOPIC: V. CHIEF NURSE OFFICER REPORT

PRESENTERS: RADM Sylvia Trent-Adams, RN, Ph.D.

DISCUSSION	LT Jolley, There is no report from the Chief Nurse Office at this time.		
CONCLUSION	No report today		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	
None			

TIME: 13:13 – 13:19

TOPIC: VI. N-PAC CHAIR UPDATES

PRESENTERS: CDR MARILYN RIDENOUR, RN, BSN, MBA, MPH, CPH – N-PAC CHAIR

DISCUSSION	CDR Ridenour: I have several updates.		
<p>A. I regret to inform you that DCCPR has lost a dear colleague and friend, and the Commissioned Corps has lost an exemplary officer. Lieutenant Sonia Louise Pak passed away at her home in Crofton, Maryland on April 16, 2014. LT Pak served with honor and distinction as the Clinical Nurse Specialist Officer within Medical Affairs for the past 6 years. She is survived by her husband John and two young children, Aidan and Ella. The memorial service for Sonia Pak will be held on Saturday, April 26, 2014 at 11:00 am @ Faith Community Church (1306 Riedel Rd, Gambrills, MD 21054). Sonia's wishes were to have donations made to her preferred charities instead of sending flowers: Samaritan's Purse (www.samaritanspurse.org) and Bridge of Hope (bridgeofhopeinc.org). Further information; please check the USPHS Nursing website under announcements.</p>			
<p>B. Commissioned Corp Women's Issues Advisory Board (CCWIAB) LCDR Amanda Hill was selected to be the nurse category representative for the CCWIAB.</p>			
<p>C. BCOAG Community Outreach Committee and Health Disparity Committee Kidney Awareness Event 2014 National Capital Area Kidney Walk on May 17, 2014. Check the N-PAC Facebook page for further information.</p>			
<p>D. On Thursday, April 17, the President announced that more than 8 million people have signed up for health insurance under the ACA. This number includes what the White House is reporting as a sufficient number of young, healthy adults, a critical demographic that will help control premium costs in the insurance marketplaces. Those who waited until the last minute to sign up for health insurance coverage were significantly younger than those first in line. About 35% of Americans who signed up for insurance coverage were in the young adult age group, representing a 4 percentage point rise since March 1. The <i>Los Angeles Times</i> noted that "the total exceeded the initial forecast by 1 million and marked a notable comeback following technical issues last fall which gave rise to predictions the law would fail in its first year. Instead, the ACA brought about the largest increase in insurance coverage in the United States since Medicare and Medicaid were created. "</p>			
CDR Marilyn Ridenour: Any comments or questions, the floor is open.			
LCDR Sherri A. Wheeler: Regarding the COA/COF USPHS Scientific & Training Symposium, there was an email that was sent out via JOAG regarding room share. Those of you, who are Junior Officers, please see email regarding room share.			

CDR Marilyn Ridenour: The room share is on the Nurse PAC website as well.

CONCLUSION	LT PAK Memorial will be Saturday, April 16, 2014.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

TIME: 13:19 – 13:50

**TOPIC: VII. PRESENTATION:
PROSPECTIVE STUDY OF THE FEDERAL
BUREAU OF PRISONS' 2004 TOBACCO BAN**

PRESENTER: DR. STEPHEN MARTIN, M.D.;
MS. KAREN SCHILLING, RN, BSN; LCDR
ELAINE KRAUSS, RN, BSN

DISCUSSION	Dr. Stephen Martin is an Assistant Professor of Family Medicine and Community Health at the University of Massachusetts Medical School. A former federal prison medical officer, Steve is the principal investigator of a group examining the health effects of the Federal Bureau of Prisons tobacco ban. This translational investigation of the natural history of smoking abstinence includes subjective, clinical, addiction, pulmonary, and serum biomarker testing, as well as utilization of health care services. Dr. Martin was unable to join us on the call today.
	Ms. Karen Schilling began as a Registered Nurse in 1994. She is currently the Assistant Director of Nursing at FMC Devens. Karen has been at FMC Devens since 1999. In 2010 she began working with Dr. Martin on the Federal Bureau of Prisons Tobacco Ban Study doing the initial screening and enrolling of subjects.
	LCDR Elaine Krauss is the Quality Improvement Specialist at FMC Devens. She began her career as a Registered Nurse in 1993 and has been with the BOP since 2005. LCDR Krauss has been the lead logistics coordinator for the Federal Bureau of Prisons Tobacco Ban Study since 2010.
	Presentation: Prospective Study of the Federal Bureau of Prisons' 2004 Tobacco Ban
	Slide 2: Why the Bureau of Prisons? Per Program Statement 1640.04 (March 2004) all Wardens were assigned the task of reducing the amount of second hand smoke in the Bureau of Prisons. In response to that, FMC Devens added a local institution supplement (DEV 1640.03) which stated the following: "To reduce the risk to non-smoking staff and inmates, the Warden has designated that FMC Devens (to include the Federal Prison Camp) is a non-smoking institution effective December 1, 2004."
	Slide 3: Prevalence of Smoking
	Slide 4: One out of two lifelong adult smokers will die from a smoking related disease, CDC MMWR 1996, 45(44):971-974.
	Slide 5: Tobacco Ban Study; Principal Investigator – Dr. Stephen Martin, M.D.
	Slide 6: FMC Devens began study in February 2011. FMC Carswell was added in April 2012 to gather data regarding Females who stopped smoking as a result of the tobacco ban.
	Slide 7: FMC Devens Staff – LCDR Elaine Krauss, Ms. Karen Schilling, CAPT Matt Taylor, Ms. Louise Sapienza, Mr. Kevin Farley; MLPs and MD.
	Slide 8: FMC Carswell Staff – Ms. Karen Schilling, Ms. Shana Grimes, Ms. Jahanara Jones, Ms. Adriane Backus, Ms. SuzAnne Hilton, and Dr. Sergio Mercado, M.D.

Slide 9: Study Procedures
Slide 10: Enrollment
Slide 11: Clinical Visits
Slide 12: Current Subjects (FMC Devens – 62; FMC Carswell – 34)
Slide 13: What have we learned? Logistics
<ul style="list-style-type: none"> Implementing and conducting a high-quality study is possible while maintaining institutional priorities of safety and security. Teamwork and clear roles and responsibilities are key to success. Support from institutional leadership is essential. Especially important is a staff member who oversees logistics. The study generally dovetails with existing clinical work. Participants generally appreciate being part of a study that may benefit others.
Slide 14: What have we learned? Participants
Slide 15: Age at study entry: Plot
Lowest values: 27, 27, 28, 28, 29
Highest values: 68, 69, 69, 70, 71
Slide 16: Ethnic Background: Total (N) = 93; White, not Hispanic origin, 56; Black, not of Hispanic origin, 17; Hispanic/Latino, 12; Asian, 0; American Indian, 2; Other, 6.
Slide 17: How many years have you smoked cigarettes regularly?
Lowest values: 6, 7, 9, 9, 10
Highest values: 45, 45, 48, 55, 58
Slide 18: Before incarceration, among your close friends, what percentage would you say smoked? Total (N) = 91; Almost none, 8; About 25%, 11; About 50%, 21; About 75% 21, Almost all, 30
Slide 19: How many times in your life have you seriously tried to quit smoking and not smoked for at least 24-hours?
Lowest values: 0, 0, 0, 0, 0
Highest values: 20, 25, 100, 100, 100
Slide 20: How likely are you to smoke once you leave prison? Total (N) = 91; Does not apply, no release, 0; Likely not to smoke 1, 25; Likely not to smoke 2, 11; Likely not to smoke 3, 11; Likely not to smoke 4, 12; 5, 6; 6, 7; Likely to smoke 7, 19.
Slide 21: If the prison allowed smoking would you continue to smoke? Total (N) = 91; Definitely not, 13; Probably not, 16; Probably yes, 34; Definitely yes 28.
Slide 22: One a scale of 1 to 10, how important for you is it to stop smoking? Please select a number: Total (N) = 92 Not at all 1, 8; 2, 2; 3, 5; 4, 1; 5, 14; 6, 3; 7, 5; 8, 7; 9, 6; Very much 10, 41.

Slide 23: FEV1/FVC
Lowest Values: 31, 33, 37, 39, 55
Slide 24: DLCO UNC (% predicted)
Lowest values: 14, 20, 22, 23, 25
Slide 25: Total Walking Distance (m)
Lowest values: 0, 0, 40.2, 53.64, 119
Slide 26: Lab Values: CRP values (mg/dL); Hemoglobin A1C (%); White Blood Cell (1000/ μ L); Creatinine IDMS (mg/dIL)
Slide 27: What have we learned? Results
<ul style="list-style-type: none"> • The great majority of participants want to continue to stop smoking after release. • Stopping smoking is not quitting • People feel their health is improving • On the street, respiratory conditions lead to frequent hospitalizations • Participants generally appreciate being part of a student that may benefit others
Slide 28: What have we learned? Participants, BEMR – Bureau Electronic Medical Record patient Complaints/Comments
Slide 29: Questions
Handout: Smoking bans spread to prisons: by Gregg Zoroya, USA Today, posted 7/21/2004 11:14 PM.
Handout: Health effects of the Federal Bureau of Prisons tobacco ban: Martin et al. BMC Pulmonary Medicine, 2012, 12:64, http://www.biomedcentral.com/1471-2466/12/64 .
Handout: Federal Bureau of Prisons Program Statement P1640.04, 03/15/2004.
LCDR Elaine Krauss: There is only one thing that I would like to add. Some people wanted to know why we do this in a prison. Prisoners are not able to have the contraband, so they are not able to smoke while in prison. We have to maintain that the data is reliable for they are not able to have cigarettes in prison.
CDR Marilyn Ridenour: What did you do to help the inmate stop smoking?
Ms. Karen Schilling: They are in prison, so they can't smoke. In 2004 we did allow the nicotine patch, but over the last 6-7 years we no longer allow this. They come into prison and they have to quit, because there is on access to cigarettes.
CDR Marilyn Ridenour: What about the employees? Are they allowed to smoke on site, or is it a total ban for employees as well?
Ms. Karen Schilling: They are allowed to smoke in a designated area outside of the institution, away from the doors of the institution. They are not allowed to smoke inside the institution, behind the fence.
Mr. Noe: Because you are concentrating on second-hand smoke, is it ok for them to have Nicorette gum? This question is for both staff and inmates.
Ms. Karen Schilling: We've never talked about this as part of the study, but would assume that it would probably be ok.
LCDR Elaine Krauss: Inmates do not have access to this in the prison, so they can't access that. It cannot be prescribed.
CDR Marilyn Ridenour: How much contraband gets into the prison?

Ms. Schilling: This was at the female institution FMC Carswell, and I have no additional data on Carswell. Here at FMC Devens we have minimal contraband. Occasionally, there may be a cigarette, but this is the exception.

CAPT Beverly Dandridge: Did you screen out any of the mental health patients?

Ms. Schilling: Yes, we screened out all mental health patient, for there was a concern that they would not be able to comply with the study (visits, testing, etc.). They were excluded.

CDR Nichole Knight: I have conducted a study in the BOP, so I can understand the challenges that you have gone through. When you talk about prisons and inmates it is often avoided, for it is considered a vulnerable population. I appreciate what you have done to help increase the healthy outcomes of this patient population.

CAPT Maryann Robinson: Is there any training for the inmates to prepare them to remain smoke free once they have left the prison?

Ms. Schilling: At this time, we do not provide any additional assistance in preparing inmates to remain smoke free once they are released from the institution. We are looking down the road, and this may be a crucial addition to the release planning.

CAPT Maryann Robinson: You look to screen those individuals who remain within the prison system to have a control group, correct? (Yes). If they leave, then do they leave the study because they have left the institution?

Ms. Schilling: Yes, they are dropped from the study.

CAPT Maryann Robinson: Have you had individuals that wanted to stay in a program that was leaving the institution?

Ms. Schilling: I don't believe so.

LCDR Elaine Krauss: No

CDR Ridenour: What number are you trying to reach in the study?

Ms. Schilling: Initially we were hoping to get up to 500-inmates. We are finding that a lot of people don't smoke any more. It has become an issue. We are going to attempt to reach the number, but inmates coming into the institution don't smoke as much anymore.

CAPT Brenda Ross: Did you have to have an institutional board review to get your research approved?

Ms. Schilling: Yes, the BOP Medical Director has to approve the research project. The local Warden of the institutions were involved in the approval process.

CAPT Michelle Dunwoody: How much longer are you planning on continuing the study? Is there an endpoint date?

Ms. Schilling: Right now we do not have a date. We were hoping to go with this group for 5-years. That is our ultimate goal. Inmates can get transferred, so we are not sure if we will have a cohort that can be studied over a 5-year period. We will review at 5-years and review. We will then move forward from there.

CDR Ridenour: For the walking test, 6-minutes are a long time, are they doing something as they are walking. How do they do that?

Ms. Schilling: The Physical Therapy Department has a huge opening, so they are in an area where they can continue to walk for the 6-minute period. They generally don't have conversation, they just keep walking. They are not walking on a tread mill

they are just walking back-and-forth around the room. The distance is all marked off, and there is a timer to mark off the 6-minutes.

CDR Marilyn Ridenour: Any other questions?

CDR Wolfgang: Was there a control group in the study? Are you comparing the smokers from non-smokers? What are some of the end points that you have with this study and what would you like to do with that information once you have concluded the study?

Ms. Schilling: We do not currently have a control group. As far as the end point, the blood markers, the bio-markers are a major role of Dr. Martin and he is not here to speak on that, so I don't want to give you any misinformation. However, I will provide Dr. Martin with your question and have a response sent to the N-PAC.

CDR Adams: Are there any behavior aspects that group them together to work on this at any point during the study?

Psychology – Smoking Cessation

Ms. Schilling: No, there are not at this time.

CDR Marilyn Ridenour: Thank you for your presentation, this is a very important issue.

CONCLUSIONS	Letters of Appreciation will be sent to each of you for presenting this very important topic to the N-PAC.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
CDR Wolfgang's question regarding endpoints of the study: Will provide question to Dr. Steven Martin for the group.	Ms. Karen Schilling	Open
Letter of Appreciation for the BOP Presenters	CDR Marilyn Ridenour/RADM Sylvia Trent-Adams	Open

TIME: 13:50 – 13:55

TOPIC: VIII. FPHSN STRATEGIC PLAN IMPLEMENTATION TEAM UPDATES

PRESENTER: CAPT SUSAN ORSEGA, RN, MSN, FNP, FAANP; CDR AMY WEBB, RN, MBA, CDE

DISCUSSION CDR Amy Webb: FPHSN Strategic plan continue in its implementation phases. We are currently meeting and have prepared a NRD Poster. This survey will be focused on the tool and the actual tool kit for individuals to access on the website. We hope that you have had an opportunity to look at the website. It is now linked to the N-PAC website, so it can be found at <http://phs-nurse.org/PHSNurseStrategicPlan/>. You can now link to all of the various strategic areas and the health initiatives. Each of the health initiatives is included there. Once you are on the site you have link to others. The goal is to have a toolbox set develop and ready to go with education materials where nurses can go and pull them right from the website and use them at their worksite or communities. As public health nurses we can have immense impact, especially if we don't just limit ourselves to work based activities.

These education tools are supported by HHS and other federal programs. There is no risk in providing and sharing these materials.

The exciting part of our new website is the ability to submit your own link to resources, and that can be found on the front page – The home page. This is supposed to be an interactive tool. It is running and it is functional. If you are Doing some exciting things in your community and your worksite, you can submit your information there.

We would like to highlight success. RADM Nessler and RADM Trent-Adams have carried this forward and it is great and exciting to see. We will continue to evolve, but we can do this by having feedback from our N-PAC and federal nurses.

The reports to go to the Office of the Chief Nurse, so that we can get information regarding traffic and volume.

Any Questions?

CDR Ridenour: Hearing none, we would like to thank you for your presentation. If you do have something to submit to the website, please submit it, for it seems like a seamless process and it can be a great benefit to everyone.

CONCLUSIONS Now linked to the N-PAC website at <http://phs-nurse.org/PHSNurseStrategicPlan/>.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Submit any health initiatives that you are doing at your worksite or community.	All Federal & PHS Nurses	OPEN

TIME: 13:55 – 14:10

TOPIC: IX. NURSES' VOICES

PRESENTER: LCDR LEKEETA CARR, RN, MSN, MHA; LCDR GIA LAWRENCE, RN, BSN, CPUR

DISCUSSION	LCDR Lakeeta Carr: My name is LCDR Lakeeta Carr and I have been a nurse for 16 years.
My nursing career reflects experience in civilian and military sectors. After graduating from the School of Nursing	
at the University of Michigan, I worked as a nurse at the University of Michigan's Trauma/Burn Center for four years.	
Later, I worked as a clinic nurse in the Oral and Maxillofacial Surgery department at the University of Michigan.	
In 2003 I was commissioned with the United States Air Force where I served as a clinic nurse at Bolling Air Force Base	
and as a Head Nurse of the Primary Care Clinic & Minor Surgery at the DiLorenzo TRICARE Health Clinic – Pentagon.	
After separating from active duty service with the Air Force, I joined the Air Force Reserves and served at Seymour	
Johnson Air Force Base in North Carolina and at Andrews Air Force Base in Maryland. While in the Air Force Reserves,	
I worked as a Quality Improvement Coordinator for Peri-operative Services at Mary Washington Hospital in Fredericksburg,	
VA. In 2011, I obtained a Master of Science in Nursing/Master of Health Administration from the University of Phoenix.	
That same year I became a Commissioned Officer with the United States Public Health Service working at Federal	
Occupational Health (FOH) in Bethesda, Maryland. Over the last few years, I've served as Clinical Services Manager for	
the Environmental Protection Agency, the Federal Aviation Administration, and the U.S. Agency for International	
Development and was responsible for managing several interagency agreements. I currently serve as Associate Deputy	
Director of Clinical Health Services where I oversee services at approximately 100 Occupational Health Centers.	
What was/is your most challenging/difficult nursing experience?	
The trauma and burn center was the most emotionally and physically taxing nursing experience to date.	
We dealt with death, dying and excruciating pain on a daily basis. I can remember the most difficult day as if it was	
yesterday. The patient was approximately 80 years old. While placing wood in her wood burning stove, her dress	
caught on fire and she sustained 2 nd and 3 rd degree burns from her ankles to her abdomen. She was intubated by EMS	
and we had to debride her skin and release the pressure by performing fasciotomies at the bedside (in the ICU).	
Under normal circumstances, patients were intubated and heavily sedated. In this case, we couldn't heavily sedate	

her because her kidneys weren't fully functioning. The attending physician was 100% sure that the patient wouldn't survive this trauma; however, the family wanted us to do everything we could to prolong her life. Therefore, we couldn't heavily sedate her. While performing her wound care, I could see the fear, pain and agony in her eyes, but there was nothing I could do, but hold her hand and try to comfort her by touch. After several trips to the OR and excruciatingly painful dressing changes, she passed away less than a week after the incident.

What was/is your most rewarding nursing experience?

I occasionally volunteered to work at the Trauma and Burn Outpatient clinic where Patients were often on the unit for several months. In the clinic, I was able to see patients after they'd been discharged from their extensive inpatient stays. It was rewarding to see them being productive in the real world. The long hours, extensive dressing changes, turning and repositioning, splinting, PT, OT and enforcing high calorie diets paid off.

LCDR Gia Lawrence: I began my career with the United States Public Health Service (USPHS) Commissioned Corps as a Junior COSTEP (Commissioned Officer Student Training and Extern Program) at the National Institutes of Health (NIH) in 1993 and then later as a Senior COSTEP with the Federal Bureau of Prisons in 2000. After mastering a broad range of skills at Kaiser Permanente and the George Washington University Hospital, beginning in 2001 where I held various positions in Internal Medicine, Nurse Advice/Triage and also on Kaiser's 24 hour Hospital Hotline, I accepted a position with the NIH as a Clinical Research Nurse (2004). I continued my career with the USPHS in 2006 at the Division of Immigration Health (now known as the Immigration and Customs Enforcement (ICE) Health Service Corps) or IHSC as a Managed Care Coordinator. There I functioned as a Nurse Case Manager and first level reviewer for medical requests for illegal immigrants, tracked hospitalized detainees, approved inpatient admissions, coordinated with ICE on appropriate transfers, and reviewed Border Patrol cases.

I joined the Centers for Medicare and Medicaid Services (CMS, Baltimore, MD) in 2008, as a Health Insurance Specialist, in the Division of Demonstrations Management for the Recovery Audit Contractor (RAC) program, now known as the Division of Recovery Audit Operations (DRAO). Here I completed "Project Officer" training and began functioning in that capacity providing oversight and guidance to contractors for the RAC program.

held multiple roles, while at CMS, including leading Corrective Action Teams responsible for analyzing recovery auditor data for Medicare improper billing/payments and tracking high dollar program vulnerabilities; leading workgroups to revise Medicare Division Standard Operating Procedure (SOP) manuals; serving as a Senior Nurse Consultant for Medicare's highly visible PACE program (Program for All Inclusive Care for the Elderly); functioning as a Project Officer and Level 2 Contracting Officer Representative (COR) on multiple government contracts; and providing professional, technical, & clinical expertise on multiple aspects of the Medicare program.

My current duty station is IHSC Headquarters in Washington DC, where I am functioning much in the same role as I was several years ago but with a more concentrated twist. I am responsible for monitoring hospitalizations for significantly ill detainees, including coordinating repatriation of detainees back to their countries of origin, adjudicating authorizations for reimbursable detainee health care services and tracking transgender detainees in Immigration

and Customs Enforcement (ICE) custody.

I have been an active member of JOAG for many years now, serving for two years as the SOP Lead for the Policy and Procedures Committee which has been instrumental in refining not only JOAG's SOP but all SOPs for the various JOAG groups. I've also worked with JOAG's Welcoming Committee, serving for 2 years as the New Officer Guide Lead, which was instrumental in refining a welcoming guide for all new calls to active duty. I have volunteered for multiple CMS sponsored health fairs, conducting blood pressure screenings and providing PHS recruitment. I have also been a JOAG COSTEP Connection mentor since 2009, and worked with various public health projects.

I have participated in multiple PHS deployments and I am currently serving as the Deputy Team Lead for CAP Team 2.

I have also served in other Leadership capacities roles throughout the years as Secretary and Vice President for the Baltimore Commissioned Officers Association (BCOA) and now as 1 of 2 Co-Leads for the NPAC's Esprit de' Corps group under the Events Sub-Committee.

I hold a Bachelor of Science Degree in Nursing, from Howard University and am ACLS certified. I am also certified as a Case Manager/Delegating Nurse for the State of Maryland and provide training to non-licensed staff in Medication Administration in the Assisted Living setting. I also possess a certification common to Nurse Case Managers which is the CPUR: Certified Professional in Utilization Review, which is being phased out this year. I'm therefore preparing for the Certified Professional in Healthcare Management (CPHM), which will replace the CPUR. I am currently enrolled in the University of Arizona's MSN program (Nurse Educator Track).

In my spare time, I consult for one of Adventist Behavioral Health's Assisted Living facilities as a Nurse Case Manager, conducting routine nursing assessments for chronically ill clients, coordinating care plans, and staff training in medication administration and safety. I also coordinate community care services and resources for a psychiatrically challenged population.

Most challenging/difficult nursing experience:

One month prior to graduating nursing school, my mother was diagnosed with end stage metastatic breast cancer.

This was, by far, my most challenging and difficult nursing experience. As you could imagine, this news presented itself at such a crucial time in my life as I was preparing to graduate from college and for my nursing Board exam. I was a SENIOR Costep recipient, had received my official call to Active Duty and would soon be moving to California. Therefore, I had a lot to think about and manage.

After I sat down and met with my mother's physician, realizing that her situation was grave, she was admitted to Hospice.

I would be her primary caregiver: managing and coordinating her care, managing her pain and comfort medications, managing her wound care, and getting her back and forth to see her holistic doctor for special herbal treatments and IV infusions.

I learned quickly that it's one thing to provide end of life care to a stranger, including emotional and spiritual support, addressing pain and other symptoms which a patient may experience as they grapple with the gradual end of life.

It's a totally different scenario, humbling experience, and often frustrating set of circumstances to provide the same

care to your own mother. The same care and compassion given to her is unique and complicated by so many emotions.		
here were times when I found it increasingly difficult to fight back the tears, dealing with unbelievable and unimaginable pain and heartache:		
<ul style="list-style-type: none"> As I listened to her moan in pain, giving her dose after dose of Morphine (but still feeling helpless.) 		
<ul style="list-style-type: none"> As I re-positioned her time and time again with no obvious relief in discomfort and watching her battle between overwhelming drowsiness from the narcotics and uncontrollable pain 		
<ul style="list-style-type: none"> As I cleaned, packed, and re-dressed her sacral wounds with Iodoform 		
<ul style="list-style-type: none"> As I tried to encourage her to eat, providing her favorite foods but still watching her waste away 		
Then, towards the very end, when she had to be placed on oxygen:		
<ul style="list-style-type: none"> Trying to keep her upright and ensuring the nasal cannula fit comfortably 		
<ul style="list-style-type: none"> Listening to all the gurgling, wheezing and labored respirations 		
And all I could do was say: "Mom, I love you and I'm sorry, and I'm here!!!!!" After 9 long months her suffering ended.		
his humbling experience was also a very rewarding one. I was able to see my mother through to the end of her life and be there every step of the way, until she took her very last breath. I was her daughter, her nurse, her care-giver, her chauffeur, her chef, her pillow, her comforter, and more.		
I am so very grateful and blessed to have spent 32 years with her. I grew and matured in such a short period of time in multiple ways: but particularly as a new, inexperienced nurse.		
It strengthened me as a young woman because like many, I had relied on another strong woman to nurture me but the roles had been reversed. So I had to embrace it and govern myself accordingly.		
CONCLUSIONS	The Event Sub-Committee Members	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Send Nurses' Voices with professional photo to CDR Marilyn Ridenour for publication	LCDR Karr & LCDR Lawrence	ASAP

TIME: 14:10 – 14:32

TOPIC: X. SUB-COMMITTEE REPORT

PRESENTER: LCDR Linda Egwim, DNP, ANP-BC, GNP-BC; LT Paula Thompson, RN, BSN; CDR Anitra Johnson, RN, MSN, DHSc; CDR Leslie Wehrlen, RN, BSN, ONC

DISCUSSION	Awards: LCDR Egwim or LT Thompson – No Response at this time. Will revisit.
Events: CDR Anitra Johnson: Update on Events sub-committee. Nurse Recognition Day will be held on May 5, 2014 at NIH in Bethesda, MD. The theme is, <i>Moving Nursing Forward: Connecting the Dots for our Future.</i> This NRD will in a phenomenal global speaker as our keynote, awards presentations, the Surgeon General will be in attendance, as well as speaking. We will have panel discussion including a well versed group providing insight on practice, leadership, and education. NRD is pleased to announce that we will be recognizing the U.S. Cadet Nurses who served during WWII. These nurses are currently in their 80-90s, we have reached out to over 800-Cadet Nurses and/or their families. We have received over 300-400 responses with at least 13 U.S. Cadet Nurse who will be attending our NRD on May 5. We will have	

a speaker for the Cadet Nurse who will provide us with a history. A publisher as well will be in attendance regarding		
Cadet Nurses. Items will be on display to help inform us of the impact of the U.S. Cadet Nurses during WWII.		
In the afternoon we will have an interactive session addressing psychological first-aid training.		
June 12 – Nurse Category Day in Raleigh, NC. The theme is Prevention and Innovation: From Global Health to		
Community Health . Category Day will include global health and community health speakers. Speakers will provide		
Health and Wellness sessions. We will have two breakout sessions. The day will end with Physical and Nutritional		
interactive sessions. We hope that everyone will be able to attend either NRD or NCD.		
CDR Marilyn Ridenour: Is the registration closed for NRD, or is it still open?		
CDR Anitra Johnson: Registration is still open. We will send out another announcement.		
Mr. Noe: The website is giving a deadline of April 28, 2014.		
CDR Anitra Johnson: We just needed a head count, so we have provided this date, but you will be able to continue to		
register after this date. There are currently over 200+ registered for NRD. There are 100+ for Nurse Category Day at		
this time.		
Awards: LCDR Linda Egwim: We have finalized our awards for the 2014 winners. The winners have been notified.		
Publication awards have been published and the winners will be notified. We are currently working on the plaques for		
NRD at this time. We will be presenting the awards at NRD. Those who are not in attendance for NRD, we will mail their		
awards to them, or make alternate arrangements if they are local.		
The next award that is coming up will be the Special Recognition Awards. We are looking to open this call the first week		
in June. We have completed the special assignment awards, so those who have been acknowledge will be receiving their		
award. The rest of the awards are still pending. If you are concerned about an award that you gave for 2013, please		
give me a call or send us an email and we will be glad to provide you with the current status/update on the award.		
CONCLUSIONS If you have not done so, please register for NRD if you plan on attending.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Register for Nurse Recognition Day	All Federal & PHS Nurses	May 4, 2014

TIME: 14:32 – 14:35

TOPIC: XI. N-PAC CLOSING REMARKS

PRESENTER: CDR MARILYN RIDENOUR, RN, BSN, MBA, MPH, CPH, N-PAC CHAIR

DISCUSSION	Voting members, who joined the call after roll call, please email LCDR Wheeler (s1wheeler@bop.gov) that you were on the call. The next N-PAC General Meeting will be May 16, 2014 by conference call only and the topic is Mental and Emotional Well-Being. National Nurses Week Nurses Leading the Way from 5/6-12/2014 celebrates nurses and their role in society so enjoy activities at work or in your community.	
CONCLUSIONS	Hail to nurses!	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Contact LCDR Sherri A. Wheeler, S1Wheeler@bop.gov if you are a voting member and joined the call late.	Voting Members who entered after roll call.	April 25, 2014