

MEETING MINUTES: General Meeting

MINUTES	DECEMBER 20, 2013	TIME: 13:00	PLACE: CDC NIOSH OFFICE, 395 E STREET, S.W., SUITE 9200, PATRIOTS PLAZA BUILDING, WASHINGTON, D.C., 20201 TELECONFERENCE: 1-888-455-7451, PASS CODE: 6860067#
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MEETING CALLED BY	CDR Marilyn Ridenour, FY2014 Nurse Professional Advisory Committee (N-PAC) Chair
TYPE OF MEETING	N-PAC General Meeting (GM-2)
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 – 13:07

TOPIC: I. ROLL CALL

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

DISCUSSION	N-PAC Voting Membership Roll-Call – PDF Copy Attached to meeting minutes as Appendix I	
	Absent Voting Membership: CDR Shawn Armes (Alternate Present), CDR Amy Valderrama (Alternate – CDR Fleetwood Loustalot Present), CDR Deanna Gephart, CDR Mary Brooks, CAPT Cathy Miller (Excused), CDR Serina Hunter-Thomas (Alternate Present), CDR heather Skelton, LCDR Jennifer Sarchet, Ms. Patrice Williams, CAPT Maryann Robinson (Excused).	
CONCLUSIONS	CNO RADM Sylvia Trent-Adams present	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Notification of presence after roll-call by sending an email to	Voting Membership	12-20-2013
LCDR Sherri A. Wheeler, S1Wheeler@bop.gov .		

TIME: 13:07 – 13:08

TOPIC: II. MEETING MINUTES APPROVAL – GENEAL MEETING: OCTOBER 25, 2013

PRESENTER: LCDR SHERRI A. WHEELER, RN; BS, BSN, N-PAC EXECUTIVE SECRETARY

DISCUSSION	Approval of the minutes, lines open (operated assisted); The October 25, 2013 General meeting minutes were sent to your email address, prior to today's meeting. Hopefully, you had a chance to review those minutes. The floor is now open for an approval of the October 25, 2013 N-PAC General Meeting Minutes. Please state your name if you are approving the minutes or have any questions to the minutes.
	CDR Scott Lamberson (Voting Member): I will forward that the minutes be approved.
	CAPT Michelle Dunwoody (Former N-PAC Chair): I second the approval of the minutes.
	Lines are now returned to listening only mode at this time.

CONCLUSIONS	Minutes are approved	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Minutes Approved	CDR Scott Lamberson CAPT Michelle Dunwoody	12-20-2013

TIME: 13:08 – 13:09

TOPIC: III. N-PAC CHAIR WELCOME

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

DISCUSSION	Next item is the N-PAC Chair Welcome, I am excited about being the N-PAC Chair and want to welcome everyone to the December 20, 2013 N-PAC General Meeting. We will continue on to item V . This is the N-PAC Updates.	
CONCLUSIONS	CNO has not entered the room, Item IV . Chief Nurse Office (CNO) Report will be tabled until CNO arrives.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Table Agenda item IV until the CNO arrives	CDR Marilyn Ridenour, N-PAC Chair	None

TIME: 13:09 – 13:12

TOPIC: V. N-PAC UPDATES

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

DISCUSSION	We will cover the N-PAC Updates while we are awaiting our Chief Nurse Officer to arrive.	
<p>1. I just wanted to update everyone on the <i>Institute of Medicine: The Future of Nursing Leading Change, Advancing Health</i> has recommended that 80% of the nursing workforce holds a Bachelor of Science degree in nursing, but a survey of 447 nurse executives reported in the <i>Journal of Healthcare Management</i> found that only 25% of employers required nurse to earn the degree within a set amount of time. Another integral part of IOM's nursing initiative was the implementation of nurse residency programs. In a study published in the <i>Journal of Nursing Administration</i>, researchers found that nearly 37% of hospitals in 2011 had a nurse residency program in place.</p> <p>Attention on Deck: RADM Sylvia Trent-Adams has arrived.</p> <p>RADM Sylvia Trent-Adams: As you were.</p> <p>CDR Marilyn Ridenour: Thank you. We are going to hold for a moment, for we are going to ask Dr. Howard to come in and meet RADM Sylvia Trent-Adams. Dr. Howard is the NIOSH Director. If we can just hold for a moment and then we can begin the CNO's report, or would you rather I finish?</p> <p>RADM Trent-Adams: No, please continue.</p> <p>CDR Ridenour: I will continue until Dr. Howard comes in, for I wanted him to meet everyone in the room.</p>		
<p>2. The next time is regarding Basic Readiness: It is imperative that you review your current and projected readiness status in Direct Access. This can be found by checking the self-service window and clicking on "readiness status". We are encouraging officers not to wait till the last minute regarding basic readiness which is a condition of service. Also, be patient with Medical Affairs Branch (MAB) getting the immunization records updated in Direct Access. Also, note the potential delay in documents being processed and uploaded into your eOPF. If you have concerns about your documents being process and uploaded into your eOPF it is best to utilize the readiness assistance form or email</p>		

OFRD at ofrd@hhs.gov. Readiness Questions: http://dcp.psc.gov/ccmis/ofrd/readiness_assistance_form.htm.

3. The next item is regarding the Tobacco/Smoking Cessation Committee. They will be sending out a survey to officers and they encourage everyone to complete the survey whether you are a smoker or nonsmoker, cause they want to gain some knowledge about what your smoking habits are, or if you're a nonsmoker as well. They would like everyone to complete this please.

4. The last item that I would like to update everyone on is the purpose of the JOAG Let's Move program. It is to encourage and support Commissioned Corps Officers in their pursuit of actively promoting health and wellness within their communities by leading activities that accomplish one or more of the Let's Move Campaign objectives. If you are interested you can go to the JOAG website: <http://usphs.gov/corpslinks/joag/> for further information.

CDR Marilyn Ridenour: We have RADM Joan Hunter who has just joined us. Welcome.

CONCLUSIONS	That concludes the N-PAC Chair Updates. We will now proceed to the Chief Nurse Officer's Report with RADM Sylvia Trent-Adams.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

TIME: 13:12 – 13:25

TOPIC: IV. CHIEF NURSE OFFICER REPORT

PRESENTERS: RADM SYLVIA TRENT-ADAMS, PHD

DISCUSSION	Good afternoon everyone and thank you CDR Ridenour. As the new Chief Nurse I would like to begin by thanking you for your service to America as we soon bring this year to a close and look toward an exciting new Year ahead. I am so excited to serve in this capacity and look forward to working with you over the next 4-years. During my term I hope to assist you in moving the category forward in improving the health of our nation.
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Goals:

1. Support the delivery of high quality health care to the nations' underserved populations.
2. Demonstrate leadership in public health practice and policy development.
3. Advance the science of nursing through continuous development of nursing research.
4. Enhance the presence of PHS nursing as an integral part of the uniform services.

I will share this with you in my Update for next month, and I hope that you will work with me to achieve these goals.

I tried to identify those key components that cut across all of our OPDIVs and our many nurses who are serving in the underserved and in hard to reach populations and in those service areas where it is so difficult to get information and to share your experiences. I want you to start to look at your opportunities for advance leadership and to look for opportunities to enhance your career through expanding your depth and breadth of knowledge within PHS and the strategic priorities of the Department (DHHS), the Public Health Service (PHS) and the category.

The Affordable Care Act (ACA) makes an historic investment in programs to help transform our health care delivery

system. Over the long run these efforts will reduce and eliminate preventable injuries to patients, reward quality and innovation, and spur adoption of technology that improves care. As our health care delivery system changes, PHS and nurses who service in the PHS are strategically position to respond to the new health care environment. I encourage you to get as much information as you possible can about the ACA; educate yourself about insurance; education yourself about the many opportunities for nurses that have been afforded to us through the ACA. There are many investments that have been made to support nursing as a profession and to enhance our ability to navigate the very challenging the healthcare delivery system, but I encourage you to please get up to speed with new knowledge that may not be familiar to you as it relates to health insurance, as well as how the market place will interact with the PHS.

Over the past year, we have made significant progress in improving the health of this nation and globe by providing leadership in prevention; direct primary, secondary, and tertiary care; program management; research; education; surveillance; regulatory affairs; emergency preparedness ;and the many initiatives the profession of nursing takes a leadership role in. You are to be commended as PHS Nurse and the contributions that you make to our nation in these particular areas.

Basic Readiness: Next I'd like to address Basic Readiness. I know that CDR Ridenour has already addressed this, but I want to emphasize the important of Basic Readiness for us professionally. We are indeed a uniform service. We are expected to be ready when the call comes. The only way to do that is to maintain your readiness status as prescribed by requirements of the PHS. There are resources available for you. The Readiness Sub-Committee stands ready to assist you if you have questions or concerns about your Basic Readiness status. You can reach out to the Readiness Sub-Committee Leadership or you can go onto Direct Access to consistently check your status to make sure that you are in compliance with the requirements.

OFRD's Basic Readiness Status review will be conducted on 31 December 2012. As you know, the review cycle results are used for PY 2014 Promotion Boards. Although all elements are critical to maintaining your readiness status, the two components that are highlighted and seem to be causing some challenges to officers are logging on and reporting in Direct Access and receiving the Season al Influenza vaccine. Please contact our N-PAC Representative and your Agency Liaison for assistance.

Direct Access:

Please remember to check your readiness status in Direct Access throughout the year. Officers who are up for promotion are encouraged to review the promotion checklist and make sure they submit documents to the correct place.

1. Forgot My Password is the first tool officers should employ if they cannot log into Direct Access.
2. The Coast Guard helpdesk (link is provided at <http://www.uscg.mil/ppc/phs/>) remains the second line of help if the Forgot My Password function of Direct Access does not work (the officer should wait 15 minutes to receive the email).
3. USCG Help Desk: 866-772-8724

Two quick updates related to **Direct Access – Payroll Transition**

As you know the pay system for the Commission Corps has been scheduled to transition to Direct Access. As of January 1,

2014 you may have received notification that those retirees that are currently in a retired status, PHS Officers who are in a retired status, will be receiving their pay through the Direct Access system. The active duty pay has been put off, this transition has been delayed until January 2016. So, you can look toward additional information in years to come.

Promotion Readiness:

For those officers up for promotion in Promotion Year (PY) 2014, please, I cannot emphasize the importance of you checking Direct Access and reviewing your eOPF to make sure that you have completed all of the items on the promotion Readiness Checklist. As you know, if you are selected for promotion and you are deemed to be not ready at the time the board results are released you will not be promoted you will be pulled from the list. I would hate for you to put all that work into getting selected for promotion and then being pulled for something simplistic as basic readiness. Please pay attention to the requirements for your promotion readiness status. Medical Affairs Branch (MAB) is about 3-4 weeks behind in updating influenza and other medical requirements for your promotion readiness status, because of the furlough and the numerous volume of the end of year submission for promotion. Also, the physical are behind in being reconciled. Stay tuned for updates from the MAB. They are working very hard to make sure that information gets updated.

Nursing Leadership and Upcoming Important Dates:

As you know the President announced his nomination for Surgeon General, Dr. Vivek Murthy from Boston. There are no updates on the status of the nomination at this time. As more information is available we will keep you up to date.

Commemoration of Tobacco Report: Email from the OSG -

CDR Ridenour provided you with an update on the commemoration of the 50th year of the Tobacco Report. I also want to highlight that the Surgeon General (SG) sent out an email to all Commissioned Officer today announcing the survey that will be sent out to all the officers. In addition to which you can look for information on the commemoration at Arlington Cemetery. The PHS will be placing a wreath at Luther Terry's grave site, and that is on January 11, 2014. For all Officers who are interested in participating in and outside of the Washington, D.C. area you welcome to join the Surgeon General and the Office of the Surgeon General's staff in that event. We will send out more information as the time approaches.

In January 2014, the USPHS Commissioned Corps will become the first Uniformed Service to prohibit tobacco use while in uniform. How appropriate that we take this bold action at the same time that we are commemorating the 50th anniversary of Surgeon General Luther Terry's landmark report on smoking.

In order to assess the impact on officer's and gauge the assistance that might be needed by our service members to comply with this new policy we will be sending you a brief survey that will be used to tailor support to groups of officers who may seek additional assistance. The survey will be completely anonymous and responses cannot be tracked to any individual officer and should take you less than five minutes to complete. Please look for the survey from Commission Corps HQ (Lana.Rossiter@fda.hhs.gov) in the next day or two and complete it as soon as possible.

Your participation is greatly appreciated.

Policy:

The PY 2015 Guidance Regarding Promotion Precepts and Benchmarks 1 and 4 for Commissioned Corps Officers was reviewed by the CPO board. Our recommendations should be submitted to the PAC Chairs/Reps soon, and we should be winding down with the final recommendations for the PY 2015 benchmarks.

Change of Command Ceremony for the Chief Nurse Officer:

Scheduled for Friday, January 17, 2014 from 1300 to 1500 at the Natcher Center, NIH. Save the Date was sent out today on the Nursing ListServ, and we look forward to you join us for that event.

In closing, again I would like to thank you for all of the work that you have performed this year towards meeting the mission of the USPHS and the nurse category. I wish you and your family a happy, healthy holiday season and a wonderful and prosperous New Year. Thank you!

CDR Marilyn Ridenour: Please open the lines to see if anyone has any questions for RADM Trent-Adams. Are there any questions for RADM Trent-Adams our new CNO?

LCDR Sherri Wheeler: If there are not questions I would just like to say welcome Ma'am. We are proud of you, as well as for your selection as our new Chief Nurse Officer. We are glad to have you here. I will follow-up by saying that in preparation for the selection for Chief Nurse Officer, they want to know your goals, your personal goals, for the Nurse Corps. In looking that the things that have been achieved thus far for those before you, what are those primary goals that you are going to implement during your leadership as CNO?

RADM Trent-Adams: As I indicated in my report, the primary things that I am looking to complete during my four year tenure would be to:

1. Support the delivery of high quality health care to the nation's underserved populations.

The underserved populations are very important to the mission of the PHS. I work in HRSA where that is near and dear to my heart. I am the Deputy Associate Administrator for the HIV/AIDS Bureau. The vast majority of patients that we provide services to are significantly below the poverty level, and are often times the most marginalized populations within the country. The Community Health Centers, the Indian Health Service (IHS) the Bureau of Prisons those are all programs that we really want to address the needs of the underserved populations very seriously during my tenure.

2. Demonstrate leadership in public health practices and policy development.

Nurses play a significant role in public health practice. I'd like to see us take a significant role in policy development, to look at those policies that are currently in place that may not be working as well as they use to, to tweak those to expand on our knowledge and improve the policy infrastructure and our knowledge of policy development.

3. Advance the science of nursing through continuous development of nursing research.

Nurses are at the bedside, but we are also at the bench. I would like to see nurses to publish their practical, as well as their significant contributions to the research arena.

4. Enhance the presence of PHS nursing as an integral part of the Uniformed Services.

We are a very proud member of the uniform services, and I would like to see us exhibit the very concrete role		
that we play as member of that uniform service family.		
LCDR Sherri A. Wheeler: Thank you!		
RADM Sylvia Trent-Adams: You're very welcome.		
RADM Joan Hunter: I would also like to add congratulations on your promotion to being our new Chief Nurse Officer.		
Being detailed to another service, The Department of Defense, I will do anything that I can to help you in one of your		
goals which was integral part with the partners in the other services, so anything that I can do to help you don't hesitate		
to ask.		
RADM Sylvia Trent-Adams: Thank you RADM Hunter, I do appreciate your assistance.		
CDR Marilyn Ridenour: No further questions. It is our honor Dr. John Howard is here, the Director of the National		
Institute for Occupational Safety and Health (NIOSH). I asked him to come, since we are here at NIOSH, and our new		
Chief Nurse is here; RADM Sylvia Trent-Adams I would like to introduce you to Dr. John Howard.		
Dr. John Howard: Welcome to NIOSH, it is a pleasure to meet you. We look forward to working with you in any way		
possible.		
RADM Sylvia Trent-Adams: Thank you very much it is a pleasure to meet you. I am looking forward to it.		
Dr. Howard: Congratulations.		
CDR Ridenour: Thank you Dr. Howard.		
Dr. Howard: Thank you. Please feel free to use our facilities anytime you would like to have a meeting in the district.		
RADM Trent-Adams: Thank you. We appreciate your generosity.		
LCDR Sherri A. Wheeler: Please close the lines now Ma'am. The lines for CDR Nichole Chamberlain and Mr. Jerod Noe,		
please open those lines.		
CONCLUSIONS	Main points of discussion: CNO Goals; Basic Readiness; Direct Access; Direct Access – Payroll Transition;	
	Promotion Readiness; Nursing Leadership and Upcoming Important Dates, 1. January 11, 2014 Wreath at the	
	grave site of Surgeon General Luther Terry; CNO Change of Command Ceremony, Save-the-Date, January 17, 2014;	
	Retiree pay will be transition to Direct Access, January 1, 2014; Active Duty Transition delayed until 2016.	
	Readiness update, December 31, 2013; Commemoration of Tobacco Report; Policy; Change of Command Ceremony.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Updates upon availability of Surgeon General Nomination – Dr. Vivek	RADM Sylvia Trent-Adams	None
Murthy.		

TIME: 13:25 – 13:38

TOPIC: VI. NURSE'S VOICES

PRESENTER: READINESS & RESPONSE
SUBCOMMITTEE; MR. JEROD NOE, RN,
MS; CDR NICHOLE CHAMBERLAIN, RN,
MSN-FNP

DISCUSSION	CDR Marilyn Ridenour: Item VI. on the agenda is our Nurse's Voices our Readiness and Response
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Sub-Committee Co-Chairs will be doing Nurse's Voices, so we will go with Mr. Jerod Noe, then CDR Nichole Chamberlain.

Mr. Jerod Noe: Good afternoon everybody. I would like to start by reading a brief bio. I graduated with my Bachelor of Science in Nursing from Hawaiian Pacific University in 2001. In fact, I was studying for my boards when 9/11 occurred. I was very fortunate to have received an U.S. Army scholarship. I was originally a lab tech for several years in Hawaii. They gave me a scholarship to go to school. When I transferred from being enlisted to being an officer my first assignment they sent me to, being a nurse, was to South Korea at the 2-1 General Hospital. I was a Med-Surg nurse there, and about 15-months later they gave me the option to go to a secondary nursing school to learn a specific skill. I knew I wanted to be a critical care nurse, so I chose Walter Reed Army Medical Center. Then I took a course there and worked as a staff RN in the Surgical ICU (SICU) for a few years. I then transferred to become a civilian nursing instructor on the same base. I worked with the U.S. Army Licensed Practical Nurses (LPNs). It is a course designed for people who are already combat medics to come in and become LPNs. I stayed there until Walter Reed closed in 2011, and when they transferred the name to National Naval Bethesda, Walter Reed National Military Medical Center, I worked over there for a short time. I was very interested in NIH. I came over to NIH, and I was very fortunate to get a clinical research nurse position in the special clinical studies unit. It is a special unit where we do special respiratory isolation. If ever you came across an occupational exposure by one of the people who work at the high level labs, if they got exposed to Ebola or something of a high level pathogen they would come to my unit. At the SCSU, I am a protocol coordinator for two active protocols. I am active on the moral committee and I lead the SCSU Journal Club. I teach nurses about the Hantavirus and the H5N1 (Avian) viruses. I train staff in how to put on and take off the special respiratory isolation suit that you wear when you have a patient in respiratory isolation. I joined the N-PAC, and in 2013 I was very fortunate to be given the Co-Chair position of the Readiness & Response Sub-Committee. I just finished my Masters of Science (MS) degree from the University of Maryland which I am really happy about. Currently, I am studying for my boards (NP, CNL).

My most challenging nursing experience: I would have to say my most challenging nursing experience is when I had to learn by fire how to give somebody comfort care, to help them die peacefully, without pain and with dignity. Basically, I had a patient with me at least three months long, and he could not get off of the vent. He was on the ventilator and we tried and tried to take him off, but every time we took him off of the vent he would have to go back on. That went on for at least 3-months. He decided he wanted to be taken off of the vent. I remember the day the Dr. and I, along with the family, who had to get on board, and we had to understand his wishes. That was the hardest thing for me, so far is having to take someone off of the ventilator and just them comfort care, and he was totally with it. I had withdrawn care before on other patients, but this was difficult because he was totally with it. I did the best job that I could, but it was very difficult. When he did finally pass (I thought he was going to pass in a couple of hours, but it was 6-8 hours later when he finally passed, when we turned down the vent), that I would have to say, was my most difficult nursing experience. I learn a lot by that experience, and I am glad that I was there for him that day.

My most rewarding experience so far: It would have to be passing on my knowledge. I worked as a nursing instructor

with the U.S. Army, and I would teach medics how to be LPNs, and I really was lucky and good to expand their learning opportunities. Basically, when I came in they were basically in the Med-Surg floors. They weren't allowed in the ICU. Maybe 1 or 2 in the SICU or the NICU, but because I had worked there at the bedside, and I knew everyone, I was able to bring LPNs in and get them trained in all different areas of the hospital, including the ER, MICU and the SICU. One of the biggest things that I did, I was able to make contact with the people in the U.S. Air Force. I was able to get them a Memorandum of Agreement (MOU) signed by my boss and the Air Force ER. They would do ride-along. They would get into the ambulances from Walter Reed and go to Andrews Air Force Base with the team from the ER and pick up the soldiers right on the flight line and bring them back to Walter Reed and distribute them throughout the hospital. That would be my most rewarding experience. Thank you.

CDR Nichole Chamberlain: I had my undergrad at Azusa Pacific University in Southern California. I finished my Masters in Nursing as a Family Nurse Practitioner (FNP) at Stony Brook University, New York. I currently work for the FDA. I work as a Senior Regulatory Officer for the Division of Bioresearch Monitoring within the Center of Devices. Here I evaluate inspection reports in compliance specific to human subject protections and data integrity. As a PHS Officer I have been on active duty for over 17-years. I came in as a Junior and Senior Co-Step. My current PHS duties include service as an RDF-2 Chair 1 Team member, Readiness N-PAC Sub-Committee, editor and contributor for the Federal PHS Nursing News and reviewer for HRSA's counter measures program. It is interesting that I ended up on the regulatory side of nursing/medicine. I actually started my career at the NIH working on the unit as a clinical research nurse for research, so it is interesting that I am now on the regulator side of it. Some of my collateral duties include mentoring colleagues, new employees, team lead responsibilities at FDA, and providing presentations to industry in domestic and international forums. I have worked in training for FDA. My previous history as a PHS Officer includes agencies such as NIH, HRSA, and I worked in the medical affairs branch at PSC. I current volunteer as NP at a community clinic, Mobile Med, serving those in the Washington, D.C. metro area. This is the summary of my career.

The most challenging/difficult nursing experience: I can relate to what Mr. Noe was saying, as I mentioned I started my career at the NIH. We basically saw patient who were very sick, and this was their last chance to recover from whatever disease or cancer that they had. The death and dying was difficult. It turned out to be a little more personal in my experiences when my husband was diagnosed with leukemia years ago with the uncertainty. It go to be on the other side of that. He is doing well, but was definitely challenging as a nurse having worked in that field knowing the potential of what could happen. That was definitely my most difficult experience.

My most rewarding experience: Couples with my most entertaining position in PHS was when I work in the Medical Affairs Branch (MAB) I handled disability retirements for the PHS. Sometimes I still get a lot questions about this, so if anybody has questions I certainly a resource for that. The rewarding part is that you were able to see an immediate impact to the work that you were doing; assisting officer to go onto disability if they needed to because of the stress of being an active duty member was too difficult in transitioning to civil service. Also, with bring new Commission Corps Officer on, I handled the appeal process. This was the most rewarding. I mentioned entertaining because there were, very rare instances,

where people would come to us saying in frustrating that, "I wish I could continue my career, but alas I must retire",		
wanting the benefits of the PHS, so some of the stories were really entertaining. I would have to say that was my most		
rewarding, memorable and entertaining experience as a PHS Officer.		
CDR Marilyn Ridenour: Thank you so much. I do want to thank both Mr. Noe and CDR Chamberlain for participating in		
Nurse's Voices this is a new agenda item for my term, so thank you.		
CONCLUSIONS	Thanks to both Mr. Noe and CDR Chamberlain for participating in Nurse's Voices.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

TIME: 13:38 – 14:17 **TOPIC: VII. PRESENTER – PRESENTATION** PRESENTER: DR. ANITA L. SCHILL, PHD,
TOTAL WORKER HEALTH™: THE TIME IS MPH, MA, SENIOR SCIENCE ADVISOR,
NOW! NIOSH

DISCUSSION	CDR Ridenour: It is my pleasure to introduce Dr. Anita Schill. She is also a nurse. She is the Senior
	Science Advisor to the Director of National Institute for Occupational Safety Health (NIOSH) in the U.S. Department of
	Health and Human Services in Washington, D.C. Dr. Schill's shares leadership responsibilities for developing and
	managing the NIOSH Total Worker Health™ Program. Her current efforts in this role are directed at building a
	coordinated Total Worker Health™ research program that generates knowledge to support integration of occupational
	safety and health protection programs with health promotion and wellness programs. Additionally, she provides
	leadership for Total Worker Health™ research-to-practice activities that advance the overall health, safety and well-being
	of workers. Prior to this appointment, Dr. Schill served as the NIOSH Associate Director for Science. She has been a
	member of the NIOSH Director's staff since 2000. Dr. Schill you have the floor.
	Dr. Anita L. Schill: Thank you so much for that kind introduction. It is definitely an honor to be here. I am honored CDR
	Ridenour that you have asked me to join you for your N-PAC meeting. I get talk about one of NIOSH's most exciting
	programs: The Total Worker Health™ Program. For me it is a rare opportunity for me to speak to nurses on a subject
	that is near and dear to all of our hearts and that is helping people to achieve health and well-being.
	Power Point Presentation: Slide 1: Total Worker Health™ (TWH): The Time is Now!
	My plan for the next 20-25 minutes is to talk about the Total Worker Health™ Program;
	Slide 2: Outline – TWH 101 – A brief Overview; Sedentary Worker & Adverse Health Outcomes; Resources for More
	Information; Stay Connected with Us. Visual Aid – Isometric Balance Ball (CDR Ridenour)
	Slide 3: Total Worker Health™ : The Basis. I did send to you pre-reading material an article titled, The NIOSH Total
	Worker Health™ Program: An Overview (Anita L. Schill, Ph.D., MPH, MA and Lewis Casey Chosewood, M.D.), that was just
	published in the December (2013) issue of the <i>Journal of Occupational Environmental Medicine (JOEM)</i> . That journal is
	a supplement, and that supplement is dedicated to Total Worker Health™, so if this is an area that is of interest to you, I
	would encourage you to check that out.
	Slide 4: Basic Overview – Organizations, including Federal Agencies, employee health, safety and well-being are managed

in fragmented arrangements or departments that often operate in independent silos.
Slide 5: Occupational Safety and Health & Health Promotion Silos.
Slide 6: The Total Worker Health™ Approach
Slide 7: Puzzle pieces come together to form an Integrated Approach to The Total Worker Health™
Slide 8: 4 - Examples of Integration Listed
Slide 9: An illustration of the broad scope of Issues Relevant to a The Total Worker Health™ Perspective graphic.
Workplace: Protecting Worker Safety & Health; Employment: Preserving Human Resources; Workers: Promoting Worker Health & Well-Being, the list are not exhaustive. Refer to article, pre-reading material.
Slide 10: Global Economy: There is an increasing competition for workers. Declining Growth in Working Age Population.
Blue bars in graph reflect the working age population between 1970 – 2010; The Red bars show the projected growth in the working age population between 2010 – 2050. U.S. experience is highlighted in the Orange rectangle.
The working age of all the populations shown are projected to come to a screeching halt.
Slide 11: Dramatically Different Patterns of Population Growth by Age 2000 – 2010. Three take-away messages:
1. Middle age population declines
2. Fewer younger adults
3. Rapid growth in the population ≥ 55
Slide 12: Impacts the Future Workforce. The projected increase in the workers 55 and older is striking. According to figures from the Bureau of Labor Statistics there are more people age 55 and older in the working now than ever before.
Slide 13: General Trends in Health-Related Benefits Systems
Slide 14: Cost of Workplace Injuries & Illness, 2007 data - \$250,000,000,000/year for work injuries (Billion with a B).
Slide 15: Most Costly Health Risk Factors (Depression, High Blood Glucose, High Blood Pressure, Obesity, Physically Inactivity, Tobacco use, High Stress).
Slide 16: Economic Necessity: The Total Worker Health™
Slide 17: Health & Productivity Management, “Productivity, Absenteeism, Presenteeism”
Slide 18: Promoting Safe & Healthy Work; safe environment experience 32% fewer injuries.
Slide 19: Promoting Safe & Healthy Work; Essential Elements: 4 categories; 20 elements; Developed in 2008, URL http://www.cdc.gov/hiosh/TWH/essentials.html .
Slide 20: 4 Categories: Organizational Culture & Leadership; Program Design; Program Implementation & Resources; Program Evaluation
Slide 21: Rationale for Integrating OSH with Health Promotion (HP)
Slide 22: WellWorks – 2 Study Results: Tobacco Use Cessation (Harvard – Well Works-2)
Slide 23: Why TWH Integration Matters
Slide 24: Sedentary Work Is Hazardous To Your Health
Slide 25: Sedentary Behavior

Slide 26: Sedentary Behavior & Health
Slide 27: Stand Up for Health! Hazards of Sitting, this study gave rise to the observation that "Sitting is the new Smoking"
Slide 28: Sedentary Behavior & Life Expectancy in the USA, 2012 study – sitting & TV, average amount of time of TV viewing for adults, 2.8-hours BLS Times use survey.
Slide 29: Sedentary Behavior & CVD
Slide 30: New AMA Policy, June 18, 2013
Slide 31: Photo of NIOSH workers reducing their sedentary sitting: types Workstation Units
Slide 32: NIOSH Sit-Stand Workstation Pilot, Launched October 2012, 33 workstation units
Slide 33: Sit-Stand Workstation Pilot: User Survey Results; Most common reasons for enrolling in pilot
Slide 34: Sit-Stand Workstation Pilot: User Survey Results
Slide 35: Sit-Stand Workstation Pilot: User Survey Results, 3-month mark results
Slide 36: Sit-Stand Workstation Pilot: Challenges (Technical and Logistic Issues)
Slide 37: Walking Workstation Pilot: Update, Launched February 2013 at NIOSH Atlanta
Slide 38: Learn More & Stay Connected – Information
Slide 39: Research Compendium: The NIOSH Total Worker Health™ Program: Seminal Research Papers 2012 (3 Papers)
Slide 40: CDC TWH website: www.cdc.gov/niosh/twh
Slide 41: Total Worker Health™ Program in Action: Quarterly e-Newsletter, Launched in 2012 ~ 52,000 subscribers
CDR Ridenour: Free CEUs from Lunch & Learn Opportunity
Slide 42: Stay Connected: Twitter: www.twitter.com/NIOSH_TWH ,
LinkedIn www.linkedin.com/group/NIOSH-Total-Worker-Health-4473829/about ; email TWH@cdc.gov
Slide 43: Thank you! Questions?
CDR Ridenour: If we can open the lines for Questions. I will share my experience with the Sit-Stand Station. It was a lottery, so I was very disappointed I didn't get selected. I was an alternate, and one of the people step-down in Morgantown, so I was lucky enough to get a sit-stand station. I really enjoyed it. One day I stood for 8-hours. I only sat for 30-minutes. You don't even notice you're standing, you just keep on working. I will also acknowledge that it is bulky and it takes up a lot of space. Also, at NIOSH Morgantown, we did get the walking one. We started that this week. It was a challenge, but I'm going to keep on trying. I couldn't do two things at once, for I am not very coordinated. I was moving files that I didn't want to move. It's only 2 mph, but it is a challenge to use the mouse. I will have to get much better with my dexterity. They are going to allow us to do 2-hours per week, so I did sign up. Any questions? I found it fascinating when you read those research articles that you can exercise 2-hours/day and if you're sitting more than 8-hours a day it has no effect on you. That really opened my eyes, for I walk most usually every day. Although I am doing that to improve my health, if I'm sedentary more than 8-hours a day, which with my research I was sitting more than 8-hours a day, I'm at risk. I was really surprised. Australia seems to be in the forefront of the research.

Dr. Schill's: These are new findings, only 2-years old. Hence, the new finding that sitting is the new smoking. Yes, they did the first big study.
CDR Ridenour: So, do you want to provide some information about the Centers for Excellence for the Total Worker Health™, about where they are located?
Dr. Schill's: Yes. NIOSH funds 4-Centers of Excellence to Promote a Healthier Workforce. They are located at Harvard; one center – The Center to Protect the Health of the New England Workforce, which includes both the University of Massachusetts at Lowell, and the University of Connecticut; at the University of Iowa, and the Oregon Health & Sciences University in Portland, Oregon. If you want more information about them there is information about them on our website.
CDR Dennis: We are very much interested in implementing the walking workstation pilot, in the Office of the Surgeon General. What is the best kind of resourcing or support that we can go to move that decision forward?
Dr. Anita Schill: That's a great question. I was not involved in the purchase or the mechanics of bring this equipment into the institute, but I can give you the name of a contact person that can give you that information: Constance Franklin, NIOSH Office of the Director in Atlanta, GA. She would be in the global address book.
CDR Dennis: Great, Thank you very much.
LCDR Sherri A. Wheeler: 55-year old range, is there research that shows that other factors are involved in the risk of CVD as oppose to only sedentary life-style? Secondly, 20-elements where was this number derived from?
Dr. Anita Schill: 20-elements, there was no rational for the number 20. It was essentially a work product of NIOSH Stakeholders who got together to identify these elements. There was not drive to identify any particular number.
In terms of the aging workforce: The health effects related to sedentary behavior and the health effects that we all begin to experience, whether we like it or not as we get older, are independent of each other. As we age, we are bring these chronic health conditions into the work place with us. We have done some work looking at age friendly workplaces. That is the current trend to design age friendly work places. Workplaces that acknowledge that we now, for the first time, have a multi-generational workforce were there are four generations working side-by-side, each generation with its own characteristic, its own approach to doing work, business, living life. How do these generations cooperate, work together? That really is now the focus areas, these age friendly workplaces, knowing that as we age we will bring these various health conditions into the workplace.
CAPT Michelle Dunwoody: If you in a situation where your work place is not able to do one of these pilots or bring in the more expensive equipment, would you say that this isometric ball would be equal to a standing workstation and have positive outcomes that is similar?
Dr. Anita Schill: That is kind of a hard question. I'll tell you why that is a hard questions. If you talk to people who do well-ness programs they really promote these isometric balls. The AMA specifically identified these isometric balls. I got into a little bit of hot water with our NIOSH researchers at one point who do research related to ergonomics. They tell me there is no scientific evidence. This is my ball. I sit on this ball. It is a good option. It takes the pressure off of your joints. There is some core strength that you need to stay on the ball, so that you don't fall off the ball, but you are sitting.

I would say, this is my personal opinion, no it would not take the place of a sit-stand workstation. It would not take the place of a walking work-station, but is it an alternative for a different kind of sitting: One that perhaps burns more calories or takes more energy to stay in place than a chair, yes. My personal experience would be yes.		
RADM Sylvia Trent-Adams: Dr. Schill, thank you for an excellent presentation. Do you have any sense of the number of or percentage of federal workspace that offer alternative opportunities, such as a sit-stand workstation?		
Dr. Schill: No, I do not know that answer to that. My colleague, Dr. Casey Chosewood, I bet would have a sense of that. He has been very actively engaged with OPM and other federal agencies in developing their programs for federal workers.		
I would be delighted to refer that question to him to see if we can get an answer.		
RADM Trent Adams: Thank you.		
Dr. Anita Schill: An upcoming conference, over the past couple of years Dr. Chosewood and collaborating agencies, have put together a Healthier Federal Workers Conference. The last one was at Georgetown. In October 2014, on the NIH Campus we will have the 3 rd Conference for a Healthier Federal Workforce in conjunction with a national meeting on Total Worker Health™. It will be the week of October 6.		
CDR Ridenour: Any other questions for Dr. Schill?		
RADM Trent-Adams: Dr. Schill on behalf of the N-PAC and the Chief Nurse Offer we would like to present you with this Letter of Appreciation. We thank you so much for taking the time out of your busy schedule for bring with us today and sharing this very valuable information with us. We hope that you will come back to us again later in the coming year, to provide us with an update of information as it become available in your research.		
Dr. Anita Schill: Thank you.		
CONCLUSIONS	Walking Station Point of Contact (POC) – Constance Franklin, NIOSH Office of the Director, Atlanta, GA.	
Siting is the new Smoking.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Questions from RADM Sylvia Trent-Adams: Number of or Percentage of Federal Workspaces that offer alternative opportunities, such as a sit-stand workstation? Refer to Dr. Lewis Casey Chosewood, M.D.	Dr. Anita Schill	Open

TIME: 14:17 – 14:32

**TOPIC: VIII. SUB-COMMITTEE REPORT
READINESS & RESPONSE, RECRUITMENT,
RESOURCE REACH**

PRESENTER: MR. JAROD NOE, RN, MS;
CDR NICHOLE CHAMBERLAIN, RN, MSN-
FNP, CDR BRYEN BARTGIS, RN, BSN,
MSHS, CNOR; CDR TARA SOMERS, MSN,
MPH; CDR MARY BROOKS, RN, BSN, MS;
MS. ROKHSAREH SHAHIDZADEH, RN, MSN

DISCUSSION	CDR Ridenour: We will go on to our next agenda item the Sub-Committee Reports. Our first report will be the Readiness & Response Sub-Committee, Mr. Noe & CDR Chamberlain you have the floor. If you can unmute their lines. Thank you.
CDR Chamberlain:	The most recently run readiness report shows an overall readiness of about 50%, and that is across

categories including nurses. We have been task to look at it and analyze it. We decided to wait until the end of January to see what the real numbers are, for this have identified a few officers who have showed up as not ready, but have turned in their things. Because the numbers are so low, and in our experience we really feel that there is probably some administrative issues and we want to make sure all of those get shifted out before we do a thorough analysis of that data. Our currently plan is to look at the data after the actual figures come out at the end of January, after they rectify all of the issues and address the incidences.

CDR Ridenour: Any questions for the Readiness & Response Committee? We just want to reiterate that it is very important to get your stuff in before December 31, 2013 and keep your fax copy that everything was sent over. Make sure it was sent, OK. After they have time to get it update, and it does not show in your file, then you have documentation that it was sent. Utilize the form, the Readiness assistance form. Don't refax it. If it says ok, then don't refax it.

LCDR Wheeler: Do you see any trending patterns going down? I recall the Readiness number being in the 80% -90%. Are there any other reasons why we are going downward?

CDR Chamberlain: It seems like an administration issue for now, but we will look at an analysis after January. There can be other areas like agencies that are top offenders.

CDR Dennis: Just to add to that, data migration from OFRD to Direct Access, so individuals might be caught up in going to the OFRD webpage when they in fact need to be going to Direct Access. The number one issue to stress and continue to stress is that the Readiness Checklist on the webpage (Readiness & Response) is the checklist that they need to follow. Instructions are up to date as possible.

RADM Trent-Adams: CDR Dennis, thank you for highlighting that, for that has been a common questions that I have received in just a very short period of time. They will tell you that they are submitting the information and when you ask, 'Where are you submitting it to?', they have to understand that they have to follow instructions. The CCIMS Website and the N-PAC Website gives you specific instructions on how to do that. I want to highlight, being a former PAC Chair, and sitting next to another former PAC Chair (CAPT Michelle Dunwoody) this time of year you do see a drop off, and the volume of information that is submitted to Medical Affairs does drastically increase because of that December 31st deadline. Let me give you a highlight from this last run. There are 342 missing APFT. We should not be missing APFTs. This is something that is within your control. That is not something that should be missing. You put the results in. There are officers who are just not giving this readiness process due diligence, and that is unacceptable. In addition to which the flu vaccines we know that there are some back logs at MAB, but 52 missing medical evaluations: That takes planning, and you can't wait until the last minute, so if you have a medical exam that has not been scheduled yet, you will not make the December 31st deadline. Just a few highlights. 84-BLS, you can do BLS on line now, so these are the type of things that our officers need to be paying attention to when they are submitting their documentation. It needs to be done thoroughly and in accordance to the current requirements and in the correct system.

CDR Ridenour: They encourage you to check the CCIMS website monthly, so that you can keep up to date on policies

and everything like that, so put that on your radar. Are there any other questions? If not we will move on to the Recruitment Sub-Committee, CDR Bartgis and CDR Somers you have the floor.

CDR Tarah Somers: Good afternoon this is CDR Somers and I am reporting on behalf of myself and CDR Bartgis. The Recruitment Sub-Committee remains active, answering questions and providing direction via email, in-person and phone calls. We continue to assist DCCPR in the call to active duty workgroups, helping applicants find new positions within agencies. The Nurse Applicant Workgroup, and its members, continues to meet monthly. They are currently working to assist nurse applicants. They are currently working through about 133-applicants. The extension for these nurse applicants to find positions are now April 1, 2014. Physician Assist and Nurse Practitioner application are being accepted through the middle of December, but we've passed that now. There continues to be no end date regarding Dentist and Physicians being accepted at this time. Every Nurse as an Ambassador Campaign continues to reach out to school of nursing conferences, local community activities and providing members to speak on behalf of USPHS. Activity logs are used to track their activities. Members also continue to volunteer at the Office Basic Course (OBC) and are sharing information regarding mentoring programs. We continue to remain ready and assist with on-line training opportunities in the future. The Facebook Workgroup and its members remain very active. They are doing a wonderful job providing updates and answering questions and posting new positions. We currently have 11-members who represent multiple agencies, and as of the end of November we had about 3,600 likes about 150% increase for the last year. A listing from DCCPR had over 150+ views since it was posted. We posted an e-Learn training for our Sub-Committee leadership.

CDR Ridenour: Any questions or comments for the Recruitment Sub-Committee?

LCDR Wheeler: CDR Somers, please send me a copy of your talking points.

CDR Somers: Sure. I will do that.

CDR Ridenour: Thank you for your report, so if there are no questions we will go to our next Sub-Committee report, this is the Resource Reach, CDR Brooks or Ms. Shahidzadeh you have the floor.

CDR Mary Brooks: This is CDR Brooks, and I will be reporting for the Resource Reach Sub-Committee this quarter. For the Presentation Team, the Presentation Team identifies presentation for the N-PAC General Meeting and recently sent out their annual report on the Nursing ListServ. They plan on having a booth at Nurse Recognition Day (NRD) demonstrating their Non-nursing bedside careers within the federal government. The Research Team recently sent out a survey, an Evidence Base Practice (EBP) Survey. It was distributed through HHS agencies. We had a successful response to the survey and are currently in the process of evaluating the results of the survey. We will present the preliminary finding during the March N-PAC Business Meeting. The Resource Sub-Committee wanted to remind every one of the resource Power Point Presentation that they presented the year before last, Creating Scientific Posters, and with NRD a few months away, we want to make sure that nurses had resources available of how to create poster presentations. We suggest that we send this out on the ListServ one more time, so that we can hopefully have a good response at NRD. Nursing Practice Team provided their quarterly evidence based clinical rounds presentation. CAPT James Howard presented a presentation: The Mandatory Reporting Changes on Child Abuse. The Nursing Practice Team

is in the ground work for developing a Nurse Practice Newsletter, there will be more to come regarding the Newsletter.		
That is our quarterly report. Does anyone have any questions?		
CDR Marilyn Ridenour: That is a good idea to put that out on the ListServ, like you said, NRD is coming up in May. Are there any questions for the Resource Reach Sub-Committee?		
LCDR Sherri A. Wheeler: CDR Brooks, if you would send me a copy of your talking points Ma'am. Thank you.		
CDR Mary Brooks: Yes, and I will send you a copy of the Power Point Presentation as well, if you don't mind.		
LCDR Wheeler: Thank you.		
CDR Marilyn Ridenour: This is not on the agenda, but CDR Webb is going to present on the Federal Public Health Service Nursing Strategic Plan Implementation Team Update. CDR Webb you have the floor. CDR Orsega are you presenting the update? They may have had to get off the line, so we will move on in the agenda.		
CONCLUSIONS	The importance of submitting your information to Direct Access and your eOPF before December 31. Also, to keep a fax copy of any documents that you've faxed for record keeping.	
Extension for new nurse applicants to find employment is April 1, 2014.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Evidence Based Practice Survey – Preliminary Results	Resource Reach Sub-Committee	March 7, 2014
Creating Scientific Poster distribution on the N-PAC ListServ	Resource Reach Sub-Committee/N-PAC Chair	Open

TIME: 14:32 – 14:35

TOPIC: IX. N-PAC CLOSING REMARKS

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

DISCUSSION	I just wanted to let everyone know that they are looking for volunteers for the Chief Nurse Officer Change of Command Ceremony, January 17, 2014. If you are interest in volunteering please email expressing your Interest to Penny Coppola at pcoppola@hrsa.gov . This will also be sent out on the ListServ. It will be an exciting ceremony, so if you want to volunteer here is your opportunity.	
I'd like to thank everyone for their participation and for those who were able to make it. Our next N-PAC General Meeting will be on January 24, 2014 at 13:00. The Topic will be the National Prevention Strategy. We would like to wish everyone a wonderful holiday season. Travel safe and enjoy your holiday season with your family.		
CONCLUSIONS		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Volunteer for the Chief Nurse Officer Change of Command Ceremony	Penny Coppola, pcoppola@hrsa.gov	Before 1/17/2014