

Nursing Professional Advisory Committee

U.S. Public Health Service

I. Introduction of Members in Attendance

N-PAC Voting Membership					
Rank	Last Name	First Name	Agency	Term	Attendance
CDR	Gordon	Veronica	AT LARGE	Oct 09 – Sep 12	Present
CAPT	Hogan	Lisa	BOP	Oct 09 – Sep 12	Present
CDR	Knight	Nicole	BOP	Oct 11 – Sep 14	Excused
CDR	Armes	Shawn	BOP	Oct 10 – Sep 13	Present
CDR	Ridenour	Marilyn	CDC	Oct 09 – Sep 12	Present
LCDR	Krishnan	Malini	CMS	Oct 09 – Sep 12	Present
LCDR	Egwim	Linda	DHS	Oct 11 – Sep 14	Present
CDR	Norberg	David	DHS	Oct 11 – Sep 14	Present
LCDR	Brooks	Mary	FDA	Oct 11 – Sep 14	Absent
CDR	Li	Mei-Ying	FDA	Oct 09 – Sep 12	Absent
CDR	Chestnut	Wanda	HRSA	Oct 10 – Sep 13	Present
CDR	Bartgis	Bryen	IHS	Oct 09 – Sep 12	Present
CDR	Webb	Amy	IHS	Oct 08 – Sep 11	Absent
CDR	Cross	David	IHS	Oct 11 - Sep 14	Absent
LCDR	Mather	Judith	IHS	Oct 11 – Sep 14	Excused
LCDR	Saligan	Leorey	NIH	Oct 10 – Sep 13	Present
LCDR	Wehrlen	Leslie	NIH	Oct 10 – Sep 13	Present
CAPT	Orsega	Susan	NIH/NPAC Chair	Oct 11 – Sep 12	Present
LT	McBryde	Stacey	OS	Oct 11 - Sep 14	Absent
CDR	Haynes-Battle	Josefine	SAMHSA	Oct 10 – Sep 13	Present
			USMS	Apr 10- Sep 13	
EX-OFFICIO					
RADM	Nessler	Kerry	HRSA/CNO	Nov 09– Sep 13	Present
CDR	Pryor	Thomas	HRSA / Past Chair	Oct 10 – Sep 11	Absent
CAPT	Gordon	Veronica	Chair Elect	Oct 12 – Sep 13	Present
CDR	Hunter-Thomas	Serina	Executive Secretary	Oct 11 – Sep 12	Excused
CAPT	Reyes	Madelyn	Executive Sec-Elect	Oct 12 – Sep 13	Present
LCDR	Hardin	Joshua	Operations Liaison	Mar 08 – Sep 11	Present
LIASIONS					
CDR	Larkin	Sue	Liaison, FedNA	/	N/A
LCDR	Magnotta	David	Nurse Category CAM	/	N/A
CDR	Anita	Pollard	COA Nurse Representative	/	N/A
CAPT	Debisetite	Annette	Nurse Cat. Couns. Prog.	/	N/A
CDR	McGuire	Moira	Nurse History Co-Chair	/	N/A

CAPT	Elenberg	Kimberly	OFRD Rep		N/A
LCDR	Arceneaux	Janice	JOAG Rep		Present

SUBCOMMITTEE CO-CHAIRS				
Rank	Last Name	First Name	Subcommittee	Attendance
CDR LCDR	Skelton Krishnan	Heather Malini	Awards	Present
CDR LT	Webb McBryde	Amy Beth Stacey	Communications	Present
CDR CDR	Li Ridenour	Mei-Ying Marilyn	Career Development	Absent
LCDR LCDR	Adams-McLean Wehrlen	Allison Leslie	Events	Present
CDR LCDR	Burns Saligan	Darin Leorey	Readiness and Response	Present
LCDR LCDR	Bevans Brooks	Margaret Mary	Resource Reach	Present
CDR CDR	Haynes-Battle Bartgis	Josephine Bryen	Recruitment	Present

II. Acceptance of Minutes

August General Meeting Minutes have been accepted and posted to the NPAC Website.

III. Chief Nurse Officer Report – RADM Kerry Nessler

Good morning/afternoon everyone! I am pleased to be here today and able to attend the September NPAC meeting. Thank you to CDR Eileen Falzini, Chief Nurse ICE, and ICE Health Service Corps for allowing us to utilize their facility to hold this month’s NPAC meeting and the ICE Health Service Corps Nurses for coordinating this meeting.

A big shout out today to CAPT Susan Orsega, NPAC Chair, as this is her last meeting. Thank you CAPT Orsega for your outstanding leadership in ensuring the smooth running and productive events for the FY 2012 NPAC. Your initiative to “retool, recharge, and reach out” and your plan to bring the NPAC meetings on a “roadshow” across the agencies, has been a great success. I also want to acknowledge CDR Serina Hunter-Thomas, NPAC Executive Secretary, for her outstanding leadership and organizational skills. Great job throughout this fiscal year in moving the nursing category and profession forward.

Congratulations again to the 4 recently promoted USPHS senior nurse officers for Flag grade, both upper half and lower half!

From O-7 to O-8 (RADM, upper half):

RADM Clara Cobb
Regional Health Administrator, Region IV
Office of the Assistant Secretary for Health
Office of the Secretary

From O-6 to O-7 (RADM, lower half):

CAPT Joan Hunter
Vice Director for Soldier, Airmen and Family Health and Well Being
National Guard Bureau
Department of Defense

CAPT Sandra Pattea
Director, Policy Review, Office of the Director
Indian Health Service

CAPT Nadine Simons
Regional Health Administrator, Region IX
Office of the Assistant Secretary for Health
Office of the Secretary

The Federal Public Health Nurse Leadership Network meeting convened for the fifth time on Thursday, 13 September 2012, 8:00am – 12:30pm here at the Parklawn Building. This group is comprised of all the chief nurses throughout PHS, including agencies with HHS and beyond, and the NPAC leadership. The purpose of the Network is to provide a unified federal public health nursing forum that facilitates shared communication focused on innovation and collaborative approaches to improve the health and safety of the Nation. Dr. Mary Wakefield, HRSA Administrator provided opening remarks while CAPT Amy Anderson, FDA, CAPT (Ret.) Laura Shay, FDA, CAPT Tina Tah, IHS and CDR Moira McGuire, DoD representatives, provided nursing initiatives updates on each of their agencies. In addition, CDR Amy Webb and LCDR Margaret Bevans, provided up updates on the implementation and benchmarking process of the Federal Public Health Service Nursing Strategic Plan. We have overwhelming support for the Strategic Plan and our implementation strategy. I also want to thank CDR Sophia Russell and LCDR Sarah Trinidad for taking extensive minutes of the meeting.

The implementation phase of our 5 year Federal Public Health Service Nursing Strategic Plan is well underway under the leadership of CAPT Susan Orsega, CDR Amy Webb, and LCDR Margaret Bevans. Reminder: the 4 focus area goals are to increase Heart Healthy, Healthy Eating, Mental and Emotional Well Being, and Tobacco Free Living. A short assessment of your specific nursing activities/programs that contribute to successful outcomes will be distributed across the nursing category in the next few months. We anticipate reporting some overall data by mid-next year.

The Institute of Medicine published “*Fitness Measures and Health Outcomes in Youth,*” on Sept. 27, 2012. This report assesses the relationship between youth fitness test items

and health outcomes, recommends the best fitness test items, provides guidance for interpreting fitness scores, and provides an agenda for needed research.

<http://www.iom.edu/Reports/2012/Fitness-Measures-and-Health-Outcomes-in-Youth.aspx>

Additional Commissioned Corps Update:

Basic Readiness: The Official Basis Readiness Status review will be conducted on 30 September 2012. Ensure that your immunization records are up to date and please remember that the Flu Shot is a requirement to maintain readiness.

As you may already know, the ODU is available for purchase. Policy and directives of proper ODU wear have been posted on CCMIS. Please be aware that you are given up to 1 year (31 August 2013) to purchase the new ODU.

Hatch Act during this election season: Please read and be aware of the specific rules related to Federal employees and additional restrictions for officers.

The 140th APHA Annual Meeting will be held **Oct 27-31, 2012**, in San Francisco, California: Theme: "Prevention and Wellness Across the Life Span".

<http://www.thenationshealth.org>

The 118th AMSUS Annual Meeting will be held **Nov. 10-16, 2012**, in Phoenix, Arizona. Theme: "Federal Health – Ready, Better Health, Better Care, and Best Value!"

<http://www.amsus.org/index.php/annual-meeting>

Thank you for your service and dedication to nursing, disadvantaged populations, public health, and the health of all citizens. I value your contributions and compassion.

IV. ICE/DHS Panel Presentation:

The ICE Health Service Corps serves as the medical authority for ICE on a wide range of medical issues, including the agency's comprehensive detainee health care program.

ICE Health Service Corps staff consists of more than 900 U.S. Public Health Service commissioned officers, federal civil servants and contract support staff.

ICE Health Service Corps provides direct care to approximately 15,000 detainees housed at 24 designated facilities throughout the nation. It oversees medical care provided to an additional 17,000 detainees housed at non-ICE Health Service Corps staffed detention facilities across the country. When necessary, it authorizes and pays for off-site specialty and emergency care, consultations and case management.

In order to continually upgrade the quality of medical services delivered, ICE Health Service Corps actively seeks accreditation by the Joint Commission, the National

Commission on Correctional Health Care and the American Correctional Association. It also complies with the Performance Based National Detention Standards.

In many instances, the care that detainees receive while in ICE custody is the first professional medical care they have received, and it is common for detainee health screenings to identify chronic and serious health conditions that were previously undiagnosed.

ICE Health Service Corps also provides medical support during flight, tactical ground and sea operations through the Special Operations Unit. This unit consists of specially trained commissioned officers who, in addition to meeting the medical needs of detainees, serve as liaisons between law enforcement officials and other key stakeholders.

ICE Nurse Officer Presentation Panel:

CDR Eileen Falzini Chief Nurse IHSC HQ
CAPT Jerri McGinnis Medical Quality Management IHSC HQ
CDR David Norberg Field Medical Coordinator MN/St. Paul
CDR Cheryl Garza Health Service Administrator Taylor
CDR Kevin McDermott Nurse Manager Tacoma
LCDR Linda Egwim Nurse Practitioner Houston
LT Lillie Williams Senior Staff Nurse

- V. Lunch and Learn presentation: Promoting Behavior Modification: Designing, Implementing and Evaluating a Worksite Wellness Program for Andrews County Employees, presented by LCDR Janice Marie Arceneaux CMS** *The goal of this presentation is to enhance nurses' understanding of their role as a collaborative partner in modifying behaviors and promoting healthy outcomes. A link to free CEU's will be provided.*



JMA CEU Behavior
Modification Presenta

- VI. Discussion of Current N-PAC Projects- -**
a. Mentoring Program update- Career Development Subcommittee: CDR Marilyn Ridenour

The team leads for the Mentoring Workgroup are CDR Claire Karlson and CDR Sherry Secrist who are doing an awesome job. At present, we have 74 mentors out of 100 mentors needed. The criteria required for serving as a mentor are as follows: 1. PHS nurse with rank of O-4 and above. 2. At least 5 years of PHS experience. 3. Supervisory approval. 4. Compliance with the Corps Licensure policy. 5. Satisfactory COERs for the last 3 years. 6. Maintain basic readiness status. 7. No suspension or unfavorable personnel actions or pending/ongoing adverse actions. The mentor application process is as follows: 1. Email with the reason you want to be a mentor. 2. Complete the Mentor Application. 3. Provide the last 3 COERS. And 4. Email with supervisory approval. **Send the 4 items in one email to CDR Sherry Secrist (Sherry.Secrist@fds.hhs.gov).**

VII. N-PAC Chair Report-: CAPT Susan Orsega

2012 Annual report

Congratulations to us, N-PAC nurses, we have truly worked within this year in support this year's vision of "re-new, reinvigorate, and re-tool". The accomplishments for FY 2012 have a compilation of work by a phenomenal team effort, commitment and dedication to excellence. I am privileged to work with the best and brightest the USPHS nurses. I am aware that each of you who work on subcommittee teams and who participate on the NPAC as agency representatives co-chairs takes on the many tasks and responsibilities outside of their daily duties to support the category.

Words can never express my sincere gratitude to you for all you do and have done to support me, the N-PAC, and the USPHS mission. Each one of you set the example through your commitment and willingness to serve, moving the N-PAC and category forward aligned to CNO, USPHS and federal nursing service efforts. I would like to share some of this years accomplishments.

NPAC Accomplishments for FY2012 include:

- Connectivity & Road Shows. In an effort to rejuvenate and re-energize the NPAC, the NPAC Meetings were held at various locations such as the FDA, NIH, BOP, ICE, and SAMHSA facilities. This opportunity allowed us to connect with one another and also learn about exciting professional opportunities at each agency. As well, thank you for all coming in person to the general meetings at the Parklawn Building. This connectivity energized us as a NPAC team and provided an opportunity to network.
- Alignment of lunch and learn with National Prevention Strategy initiatives. Five series were conducted through the year to increase the nurse category awareness of on healthy prevention initiatives and National Prevention Strategy. We were also privileged to have two RADMs come to address us with significant health care topics: RADM Parham-Hopson, and RADM (ret.) Mary Pat Couig, past PHS Chief Nurse.
- Execution of the Nurse mentor program and increased participation in OBC activities. The program has produced a successful outcome of 75 mentors reaching out to 200 nurses and 25 nurses attending the OBC open house who linked 189 nurses in newly commissioned nursing colleagues with mentors.
- Billet collection system workgroup activities which (with your individual participation) have resulted in nearly 100% of all clinical nurses completing the requirements set forth as part this transformation activity.
- Nurse Category Display board. Completion of a NPAC specific static display depicting the history of PHS nursing to be used at relevant NPAC activities (OBC and recruitment efforts).
- Bridging collaborative partnerships with other categories and within one another. In effort to prevent stove pipe efforts, the nurses are working collaboratively with categories such as currently working with Physician PAC on a Retirement guide and socializing with the Dental PAC during the 2012 COF. Career senior PHS nurses who held previous NPAC positions were engaged in reviewing the nurse CV's and benchmarks; in an effort to reconnect the NPAC.

- Revision of Subcommittee SOP/development of Concept proposal SOP. To improve subcommittee operations, NPAC Concept proposal SOP was developed to provide a process towards team decision making and endorsement of new subcommittee work initiatives. The Resource REACH subcommittee was the first to utilize this tool for their evidence based survey concept. This will ensure a tracking mechanism and approval process of NPAC subcommittee work. Acknowledging the importance of sustained subcommittee co-chair efforts, this NPAC approved, at the NPAC retreat, the SAA submission so that subcommittee-chairs at the conclusion of their term will be nominated for this award.
- Bridging Civilian and Commissioned Officers as Nurses. The appointment of 4 new civilians who will begin their terms in FY 2013.
- Revision of the PHS FY 2013 Benchmarks Precept 2 and 3. CEUs. It was felt that an increase in CEU's aligns with the major nursing accrediting organizations and those required by States for licensure. Precept 3. Billet language was clarified so that the individual up for review and the language states that the billet should be equal to or greater than the grade the officer is up for promotion for.
- Completion in support of the DCCPR Best Kept Secret Nurse Category document that can be used at Nurse Recruitment activities.
- N-PAC leadership training. Participation by NPAC voting members, leadership and Committee Chairs in the premier leadership exercise session led by an outside consultant held during the NPAC Retreat.

Here are a few of Sub-Committees highlights and impacts over the FY 2012:

1. Awards – This committee and the subcommittee's co-chair leadership continues to demonstrate sustained excellence in support of coordinating and processing of 10 awards: 5 MANE, 3 Publications, 1 Lucille Woodville Award, and 1 Nurse Responder of the Year Award on an annual basis works collectively and collaboratively via six working teams (MANE, Nurse Responder of the Year, Lucille Woodville, Publications, Outreach, and Special Recognition) Because of this committee's emphasis on high standards and maintaining professional credibility to the various award types, they have spent countless hours in refining the nomination process and establishing high standards in the review and selection process. This committee continues to strive to identify was to promote the recognition of nurses for his/her accomplishments and adheres to a high internal integrity of providing the best objective and transparent process possible. I want to finally acknowledge their constant dedication and effective partnering with NRD/COF planners and Commissioned Officer Association to ensure successful awards ceremonies at NRD and Category Day at the USPHS Symposium.

2. Career Development – This committee was integral in implementation of the mentoring workgroup for the NPAC this year. To date, this team has 72 mentoring workgroup members, 10 Regional Coordinators, Officer Basic Course (OBC) Open House AOL Account team members, and 74 mentors. In addition to matching nurse officers with identifying potential mentors, this workgroup was instrumental in providing outreach to the monthly Officer Basic Course (OBC) nurse officers each month. This year, the career website reference was approved and uploaded on the N-PAC website. They continue to

provide up-to-date and accurate career development resources (e.g. CE resources, “Tip of the Month”, management/ update of benchmarks and CV formatting documents).

3. Communications – The primary emphasis for this committee in FY2012 was to a sustained commitment of promoting collaboration and communication to both internal and external stakeholders to the NPAC. Under the subcommittee co-chairs leadership, there was a seamless migration to a new website system. To accomplish its goal, the committee membership provides comprehensive management of the PAC website, list serve and Face book page. My appreciation to the committee and its members cannot be over emphasized as they are continually monitoring and evaluating the website for accuracy, relevance, and appropriateness in the three communication tools. This committee works collaboratively to provide relevant, timely dissemination of information as well as inclusion of many other N-PAC subcommittee and nursing references to include updates on COERS, CV review and how to write an abstract, and constantly solution driven in their approach.

4. Events (including NRD/COF/Esprit) – In 2012, the committee’s 20 member stealth team under its dynamic leadership demonstrated the ability to promote professional growth and esprit de corps for the nurses through the efforts of NRD. This year marked the 21st annual Nurse Recognition Day (NRD) and had 217 registrants to include nurses, nursing students, faculty and guests and 27 onsite registrations. 174 individuals were in attendance and 3.75 CEU’s were awarded. To change the format and appeal to different audiences, this year were breakout sessions and a zumba activity. Correspondingly, the COF nurse category day was exceptional as a result of the organized, enthusiastic, and team efforts of the 20 person Category day planning committee. I am keenly aware of their dedication as both teams meet constantly through the year with only a three month break to regroup and each year produce a comprehensive and unique program. Esprit de corps team was revitalized and have been re-organizing its efforts this year. Events Subcommittee co-chairs and team leaders for COA and Esprit de corps have been meeting to discuss integration of projects and will present options for changes to the NPAC leadership at an upcoming NPAC business meeting.

5. Readiness – In an effort to promote the readiness and preparation of the nurses this committee serves additional efforts were made this year to provide direct communication to individual nurses related to readiness and provide educational tools (e.g. Basic Readiness document distributed thru list serve). The team continues to examine metrics that had historically created challenges for some nurse officers to meet readiness and pre-positioned to meet any needs to better prepare PHS nurses in deployments. They enhanced communication and are now part of the OFRD readiness calls held to update teams. This committee continues to work directly with senior NPAC leadership in promoting the readiness status of nurses with a goal of meeting 100% readiness in the future.

6. Recruitment – One of the most challenged this year was the recruitment subcommittee. However, this team remained proactive, poised, and continued recruitment outreach as part of the “Every Nurse is an Ambassador” (ENIAAC) and Nurse Applicant Workgroup (NAW) with a sustainable a program built on PHS nurses in ten HHS regions to reach out to a database of nursing schools. They worked in collaboration with USPHS DCCPR, CNO, and N-PAC Chair in successfully developed materials (e.g. The Best Kept Secret document). Finally, this committee has continued collaboration with the Nurse Facebook page workgroup communications sub-committee to reach out to nurses interested in the PHS.

7. Resource REACH – This committee under a new leadership has truly embraced the N-PAC FY 2012 vision and undertook a tremendous coordination to implement and initiate of activities with four working groups: Public Health Advocacy; Publications and Presentations, Research, and Nursing Practice. I would like to highlight a few specific items. A survey to explore the interest of Federal nurses related to topics for the “Lunch and Learn” series was completed during FY2012 and used to guide speakers and topic selections. The committee coordinated monthly “lunch and learn” presentations where nurses presented a variety of health topics or roles in support of (e.g. Health People 2020 and National Prevention Strategy). Additionally, this year all sessions were made available on the N-PAC web site for Federal nurses unable to attend in person and link to a related CEU option for each session. Evidence Based Practice Needs Assessment (Research Team) objective is to identify the use, availability, and need for evidenced-based practices among nurses in federal agencies. The proposal was submitted to the N-PAC leadership for review in September 2012; feedback was incorporated. In 2013, the Proposal will be resubmitted to N-PAC chair and Chief Nurse Officer (CNO for review and approval. After review and approval (presumptive), the survey responses will be collated and submitted to leadership, as necessary, to identify improvements in the availability of EBP resources. This team will present a draft position paper to the CNO to consider related to collaboration between Federal agencies related to EBP resources for Federal nurses. This will be an effort to continue in 2013. In FY 2012, several abstract and poster development resources (Research Team) were identified as presented by experienced individuals and made available on the N-PAC web site. In addition, Research Team continues to examine the feasibility of the Research Repository to provide a repository for easy access and awareness of publications by Federal nurses. Nurses Guide to Nursing Research (Research team) which objective is to identify resources for Federal nurses related to the development of an idea or project that might be appropriate for a research proposal is also under consideration for FY 2013. In FY 2012, there was Redesign of Nurse Practice Team with the merger of premier Advance Practice Nurse (APN) Workgroup. The aim of this workgroup was to provide a ‘formal’ place for the APN workgroup and its membership in the N-PAC structure while expanding the scope of the nurse practice team to represent all Federal nurses. In 2013, this team will explore Educational Needs Assessment (Nurse Practice Team) and a communication strategy for evaluating and disseminating nursing practice topics/issues and policies. Other efforts in FY 2013 include: Re-design the Public Health Advocacy website to be a repository for federal and non-federal resources that address the strategic directions and priorities of the National Prevention Strategy in a format that allows for Federal nurses to carry the message to agencies and communities.

I would like to acknowledge the contributions of the agency representatives whose terms that are ending this FY. These officers include: CAPT Lisa Hogan, CDR Mei-Ying Li, LCDR Malini Krishnan, CDR Darin Burns, and LT Stacey McBryde. Additionally, I would like to announce the following changes in subcommittee co-chairs. CDR Darin Burns will step down as the Readiness and Response Subcommittee co-chair and replaced by CDR Nichole Chamberlain r.LT Stacey McBryde will be replaced by CDR Mike Krumlauf, Communications Subcommittee. LCDR Kevin Stump will serve as the new Awards subcommittee co-chair.

We have had a very successful year. I thank you all for your leadership and support during my term as NPAC chair. It was a pleasure serving with you.

I look forward to work with the new senior leadership led by CAPT Veronica Gordon as the Chair FY2013 and CAPT Madelyn Reyes as her secretary. I envision only great success as CAPT Gordon moves the category forward and on to greater heights. I would specifically like to acknowledge the work of the NPAC secretary CDR Hunter- Thomas who has been there every step of the way to ensure a smooth running of the NPAC operations, and the support and mentorship of RADM Nessler as the Chief Nurse. Finally, each and everyone one of you, I thank you and wish you continued success in your nursing career.

VIII. Nurse Ideas, Knowledge Innovator Recognition, and Information Sharing – All
None provided

IX. Next General N-PAC Meeting – Wednesday, October 17, 2012 – Parklawn Building