Readiness - the Good, the Bad and the Wonderful!

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22 August 2012
Objectives

At the end of the presentation, participants will be able to:

- Describe the new Corps organizational changes
- Review significant readiness missions
- List readiness challenges and barriers
- Describe steps to personal readiness achievement
In times past, there were many exciting opportunities for officers to participate in widely varied public health missions, whether during training or for real-life events. Then, as now, the officer attributes of flexibility, adaptability and professionalism are the reason we exist and will always be relevant to global health.

Today we will highlight a few of these missions, touch on some readiness issues and look at current events.
A multidisciplinary team served on the USS Peleliu, a multipurpose amphibious ship on a medical, dental, public health, and humanitarian-assistance mission in Southeast Asia and the Western and Outer Pacific Islands. In addition, the team helped build the public health infrastructure in communities near where the ship docked.
A team of 17 officers served on the USNS Comfort hospital ship for a medical, public health, and oral health mission in Latin America and the Caribbean.
Two teams of 15 officers served on the USS Boxer, an amphibious Navy ship, and completed a medical, public health, and oral health mission in Guatemala, El Salvador, and Peru.
A multidisciplinary team of officers served on the USNS Mercy hospital ship for a humanitarian-assistance mission in the Western Pacific and Southeast Asia.
Previous OFRD Mission Ads

► **Pacific Partnership 2010 (PP10)** is a U.S. Navy ship-based training mission scheduled to begin in early May and run through August of 2010. PP10 will utilize the hospital ship USNS Mercy (T-AH-19) which will conduct direct care and public health missions in the Western Pacific.

► **Continuing Promise 2010 (CP10)** is a U.S. Navy ship-based training mission scheduled to begin in July and run through November 2010. CP10 will utilize a U.S. Navy amphibious ship (TBD) and conduct direct care and public health missions in Latin America and the Caribbean.
Previous OFRD Mission Ads

► An officer-in-charge (OIC) will be required for the duration of the mission (~120 days); otherwise, the following roles are required per Team:
► 2 Primary care Physicians
► 2 Family Nurse Practitioners / Physician Assistants
► 1 Preventive Medicine MD/DO
► 1 Environmental Engineer (CEC)
► 1 Environmental Health Officer
► 1 Community Health Nurse – Subject Matter Expert Exchange (SMEE)
► 1 Dentist
► 1 Dental Hygienist
► 1 Pharmacist
► 1 Medical Planner/Admin
► 1 Epidemiologist – SMEE
► 1 Entomologist
► 1 Industrial Hygienist
► 1 Veterinarian
Peru Riverine Medical Readiness and Training Exercise (MEDRETE) is a training exercise with the U.S. Air Force and host nation personnel, to provide direct patient care and public health and preventative medicine activities. Roughly ten USPHS officers will be embarked along with Peruvian military medical personnel on two Peruvian Navy vessels and provide humanitarian assistance operations along the Amazon River over two weeks.
Previous OFRD Mission Ads

- 1 Internal Medicine/Family Practice Physician
- 1 Dermatologist
- 1 Ophthalmologist
- 1 Dentist
- 1 Dental Hygienist
- 1 Family Physician or OB/GYN (Women’s health)
- 1 Environmental Health Officer
- 1 Pharmacist

*Language skills*: Spanish-speaking officers are being sought, given the very limited availability of translators for the mission.
Requirements concerning all three missions:

- Officers must be Basic qualified,
- have no current or pending adverse actions,
- receive Supervisor/Agency concurrence,
- possess an official (maroon) U.S. passport,
- possess a government credit card,
- possess at least two sets of BDUs,
- and receive CPO concurrence (OFRD will obtain CPO concurrence).

Commissioned Corps officers are expected to possess those uniforms listed as required in Corps regulations. Additional uniform requirements (such as wear of the coverall uniform on U.S. Navy shipboard missions), minimum quantity of each uniform type to include in your seabag, and any other mission requirements will be provided in detail when available.
Previous OFRD Mission Ads

► OFRD will cover the travel, lodging and per diem expenses for officers participating in these missions.

► If you are interested in participating in any of these missions, please forward your name, CV, a recent full-length photo of yourself in uniform and a statement of interest as well as all pertinent information.

Information and pictures taken from http://www.usphs.gov/newsroom/gallery/ - Check it out, there are a lot more pictures to view!
How About Team Training?
(Most photos are from RDF-5 Missions)

► Previous training exercises were focused on RDF and other Tier I Teams, including Tier II and III augmentees, in field settings where a FMS could be staged (usually Army!)

► Real-life deployments were also interspersed- Hurricane Dean (2007) will be highlighted

► During Dean, a FMS was set up in TriPoint Church, San Antonio, TX. Officers were only deployed for a few days as the hurricane did not cause the damage anticipated in that area.

► A few weeks previous to Dean, many completed Field Training at Camp Bullis, San Antonio- perfect timing!

► In 2009 field training was held at Fort A.P. Hill, VA
What does the future hold??

► This is an evolving answer. While readiness remains a CORPS priority, there are major administrative changes in process, particularly the realignment of headquarter offices which occurred over the past year.

► The Division of Commissioned Corps Personnel and Readiness (DCCPR), established May 2011, is the consolidation of 4 offices- OCCO, OFRD, OCCFM, and ORA- into 3 branches -
- Recruitment
- Assignments and Career Management
- Readiness, Deployment, and Ready Reserve
OFRD to DCCPR

- OFRD, which over the past few years has operated with a very small staff, is still challenged with minimal personnel levels.

- Unfortunately, funding constraints that were pre-existing have now become more urgent, as their budget was not part of the transfer.

- Fortunately, RADM Scott Giberson, appointed DCCPR Director in Sep 2011, is an ardent readiness champion.
Team Training the New Way

► Since 2010 or so, team training has been through CHASMs- Community Health and Service Missions

► Tier I are the targeted teams, but are supplemented with other tier members per mission requirements

► Most are in partnership with RAM- Remote Area Medical, a non-profit free healthcare organization (www.ramusa.org)
Training Mission Brief

- Training for Tier I/II teams lasts 7-10 days
- RDF trains together (mostly didactic) but may include hands-on such as FEMA EHR. They will also help plan the RAM event
- All other teams conduct community missions, i.e. water testing, home visits, etc
- The entire group also has briefings on topics such as mental resilience, local culture, etc
The sponsoring community provides the venue, preferably a school or other location with multiple rooms, bathrooms and other support services.

RAM personnel and equipment arrive 1-2 days before the event, which is usually held Saturday – Sunday.

They have portable dental, optometry and other medical equipment, with an optical lab housed in a semi trailer.

Other services may be provided, such as women’s health, depending on available volunteers and support services.

Care is on a first-come, first-served basis.

Clients had to choose one service and if still available, could reprocess to obtain additional services.
This year Team 5 was assigned to provide support to an underserved population in South Dakota, primarily the Lakota Sioux. IHS Aberdeen Area was the requesting and sponsoring entity, provided funding and worked with the BIA to arrange housing, food and the venue.

BIA Corrections also requested detainee care, so their encounters were arranged before the clinic opened to prevent contact with the public.
RAM Events

Services included:

► Triage (vital signs, medical history and blood glucose testing)
► Immunizations for children and adults (TDap was a priority)
► HeadStart screening and physicals
► Dental extractions, restorations and cleaning
► Eye exams, frame selections and eyeglass fabrication
► General medical exams and consults
► Women’s health exams
► Nutritional/preventive health consults, diabetic foot exams
► Let’s Move! Sessions for kids
► Vet exams for 2 equine therapy programs (horses, not people !!)

And this was a SMALL clinic!
RAM Events

- Almost 1,000 patients were seen
- Over 1,400 services provided
Readiness Barriers

► Lack of support from congress, our agencies
  - low funding, lack of supervisor and/or facility support (almost everything requires supervisor approval), limited training

► This leads to drastically reduced training and real-life missions, and diminishes Corps visibility

► There are still many undefined deployment roles and skill sets, which also impedes training
Readiness Incentives

► Helps improve your promotion potential
► Being basic-ready is a promotion go/no-go
► Also required to receive awards, go on some details, readiness missions, etc
► It’s a significant portion of your COER
► You might get to do some really cool stuff!!
What Can I DO ?!?

► Make sure all basic online modules complete
► Complete the FMRB modules
► Refer to the OFRD website (it still exists!) for up-to-date checklists and resources
► Discover and share local training outlets- CPR classes, emergency preparedness, skills practice for clinical professionals, websites
In the end...

► It’s all about improving lives— in this country or around the world, those we interact with and those we’ll never know about...

YOU make a difference!