HIGH RELIABILITY HUDDLE



Presented by the Office of the Chief Medical Officer (OCMO)

MARITIME HEADQUARTERS AND MARITIME OPERATIONS CENTERS STAND-UP

Based on guidance from the Surgeon General (SG) of the United States Navy, RADM Bruce Gillingham, the Bureau of Medicine and Surgery (BUMED), Naval Medical Forces Pacific (NMFP), and Naval Medical Forces Atlantic (NMFL) will **stand up Maritime Headquarters (MHQs) and Maritime Operations Centers (MOCs).**

Both the MHQ and the MOC will **support Navy Medicine's HRO journey by facilitating more rapid decision-making, sustaining a ready medical force** for current and future operational requirements, and aligning Navy Medicine processes with the Fleet for more effective communication in the operational environment. The MHQ will manage staff processes and procedures to support BUMED, Echelon III commands, and the force generation of Navy Medicine. The MOC will oversee individual medical readiness for deployment and will serve as Navy Medicine's point of contact for providing operational medical support to the Fleet and Fleet Marine Force (FMF).

By renaming the BUMED M-codes to the N-codes, establishing medical Type Commands (TYCOMs), and expanding operational roles at Navy Medical Readiness Training Commands/Units (NMRTC/Us), the MHQ and the MOC will ensure that Navy Medicine is continually undergoing process improvement changes and is incorporating feedback and best practices to uphold a culture of safety in the operational environment. Additional MHQ and MOC resources that support high reliability include the Battle Rhythm (BR) and Cross Functional Teams (CFTs). The BR is a series of events that are linked together in support of the Chief, BUMED's decision cycle. CFTs, which include Boards, Bureaus, Centers, Cells, and Working Groups (B2C2WGs), work in tandem the BR to provide the processes needed to facilitate more rapid internal communication within Navy Medicine.

The creation of the MHQ and the MOC is **critical to ensuring Navy Medicine operates as an HRO that is well equipped to meet the needs of the warfighter.**



For additional information regarding the BUMED Reorganization please reach out to the MHQ/MOC Mailbox.

DIRECTIVE TYPE MEMORANDUM 14.0 CLOSURE

In September 2014, the Secretary of Defense ordered development of the Navy High Reliability Organization (HRO) framework based on Military Health System (MHS) Review findings. As a result, implementation of HRO processes began proliferating across Navy Medicine culminating in the July 2020 signing of Directive Type Memorandum (DTM) 14.0 by Surgeon General (SG) RADM Bruce Gillingham.

Over the past two years, Navy Medicine undertook a strategic refresh of the Navy Medicine HRO Operating Model to include the Fleet and Fleet Marine Force (FMF), thus fulfilling the objective of DTM 14.1. The Office of the Chief Medical Officer (OCMO) collaborated with stakeholders across Navy Medicine to capture all the work outlined in DTM 14.2's Work Breakdown Structure (WBS) and develop closure materials for each Workstream officially signed by RDML Via. Finally, with the refresh of the HRO Operating Model the OQSC was combined with the Collaborative Care Board (CCB) to include a platform for the Navy Medicine Operational Clinical Communities to have products socialized with Navy Medicine HRO leadership formally under the newly signed OQSC charter, completing DTM 14.3.

OCMO presented closure materials to the July Commander's Update Brief (CUB), and RADM Gillingham subsequently signed the completion documentation.

For additional questions about DTM 14, please reach out to the OCMO Support Team

OPERATIONAL CLINICAL COMMUNITY HIGHLIGHTS

Each Navy Medicine Operational Clinical Community (NMOCC) consists of an Advisory Board (AB), Sub-Communities (SCs), and Working Groups (WGs). This section highlights recent updates from each NMOCC:



Female Force Readiness

Chair: CDR April McGill



Psychological Health

Chair: CDR Francine Segovia



Oral Health Chair: CDR Jared Beck

Neuromusculo-



Chair: CDR James Hammond



Operational Medicine

Chair: CAPT Emori Moore



Trauma

Chairs: CAPT Matthew Tadlock & CDR Virginia Damin CAPT Catherine Luna, Chief of the Office of Women's Health (OWH) at BUMED and Female Force Readiness OCC (FFROCC) Manager, and CDR Janelle Marra, Chair of the FFRCC Neuromusculoskeletal SC Board, **presented to the 2022 Joint Women's Leadership Symposium (JWLS) on OWH and FFRCC efforts and goals**. This symposium took place from 11–12 JUL in Norfolk, Virginia and included workshops and speaker spotlights focused on leadership, mentorship, military policy, family wellness, and more. For more information, please visit the JWLS website here.

The USMC Suitability Screening WG presented the Navy Recruiting and Drill Instructor Candidate Assessment Tool at the July Psychological Health Advisory Board (PHAB) meeting for vote. The tool acts as a guide in assisting mental health providers in making suitability recommendations in cases where further evaluation is required.

The Oral Health OCC (OHOCC) successfully **offboarded CAPT Kathi Buss from the OHOCC Co-Manager position and onboarded CDR Kevin Haveman** as her replacement. CDR Haveman and LCDR Jessica Norris are the active OHOCC Co-Managers and M332 Dental Services Action Officers. We thank CAPT Buss for her commitment to OHOCC's mission!

The Sports Medicine Sub-Community (SMSC) presented their white paper on the Standardization of Manning for Sports Medicine and Rehabilitation Team Integrated Practice Units (SMART IPU) to the 11 JUL OQSC for vote.

The Spine and Ergonomics Sub-Community (SESC) welcomed their new chair LCDR Ailen Pletta.

The Independent Duty Corpsman (IDC) Program Managers hosted an in-person Armed Forces Operational Medicine Symposium (AFOMS) in San Antonio, TX 25-29 JUL, where IDCs from across the country gathered to discussed methods of improving operational medicine. The IDC SC hosted sessions throughout the week aimed at improving the IDC experience to promote recruitment and retention. The Operational Forces Medical Liaison (OFML) SC hit a key milestone with the implementation of the Personnel Movement for Medical Reasons (PMMR) Process at NMRTCs Portsmouth, Camp Lejeune, Jacksonville, and San Diego, as well as with the Fleet (CTF-80, C2F, and C3F).

The Fleet Marine Forces (FMF) Subcommunity **finalized the Nurse Corps Position Description for a Nurse Corps Officer assigned to a FMF billet** who is a licensed registered nurse. The purpose of the PD is to **establish knowledge, skills, and abilities (KSA), training, and equipment familiarization requirements** necessary for the delivery of comprehensive and optimal specialized combat casualty care to FMF forces from point of need through the continuum of care.

Recently Endorsed Operational Clinical Community Products

Embedded Mental Health (EMH) Guidebook The EMH Guidebook provides a flexible framework to meet the unique needs of the commands they support, covering EMH provider core elements and competencies, roles and responsibilities of an EMH provider, best practices for EMH providers, obstacles EMH providers may face, and more.

NMSK CC Initiatives Showcase The NMSK CC Initiatives Showcase consolidates completed initiatives into a single source document to support further socialization and implementation

For additional detail on the approved products, please refer to the July HRH resource page here. Want to get involved in the NMOCCs? Reach out to the OCMO Support Team!

<u>PMM</u>R UPDATE

With the complexity that comes with moving Service Members who are injured or ill, the implementation of High Reliability Organization (HRO) principles has aided in the reduction of risk in personnel safety, communication, health outcomes, and privacy protection. As a result, in August 2019, Naval leaders came together to plan, design, and develop a new, comprehensive process to optimize transport for Service Members who are moved for urgent and/or priority medical reasons from in-port or at-sea units to any shore-based Military Treatment Facilities (MTFs), Naval Medical Readiness Training Commands (NMRTCs), or Civilian Treatment Facilities (CTFs).



PMMR Rapid Improvement Event, 2019

Pictured, Back row (I to r): CDR C. Schultheiss (NMCSD), B. McCormack (BUMED), CAPT C. Chisholm (NMW), CAPT G. Wallace (CNAF), RADM B. Gillingham (OPNAV N0931), LT M. Ackman (ESG 3), CAPT P. Roberts (COMTHIRDFLT), HM2 M. Fordyce (NHC Pearl Harbor), HA A. Pasternak (NMCSD), HM2 A. Martinez (NMCP), R. Feliciano (NMCSD), CAPT J. Patterson (COMPACFLT). Front row (I to r): M. Teegardin (NMW), HMC S. Matteson (NMCSD), HM2 D. Sengsourya (NMCSD), CAPT S. Fridley (BUMED), CAPT J. Parrott (BUMED), CDR R. Hoffman (BUMED), MCPO A. Wardleigh (NMCSD), T. Negus (NHRC), C. Young (BUMED). Not pictured: CDR A. Baldwin (COMNAVSURFPAC)

To initiate and prepare for PMMR Phase I Implementation, the PMMR Project Executives and Leadership **hosted** a **three-day virtual conference on 1 – 3 FEB 2022**, highlighted in the <u>March edition</u> of the HRH newsletter. This virtual offsite was formally known as the PMMR Enterprise Project Event, or PMMR Event. With over **120+ stakeholders in attendance from across the Naval Enterprise**, the PMMR Event provided an opportunity to discuss, collaborate, and decide the next generation of enterprise-wide PMMR practices with effective interactive sessions

In JUN 2022, training on the PMMR Project began at Navy Medical Readiness and Training Centers (NMRTC) Camp Lejeune, Jacksonville, Portsmouth, and San Diego building expertise in the capabilities and operations for site-specific processes, with the goal of training completion by 1 SEP 2022.

By adopting the PMMR Enterprise Project, commands commit to **reducing variation from site to site**, **standardizing a common process model providing consistent performance** in the urgent or priority movement of ill or injured Service Members from ship to shore.

For the full press release for the PMMR Enterprise Project Event please see here, and for more information on the PMMR Enterprise Replication Project, please link here.

For more information about PMMR please see the full press release.

MONKEYPOX UPDATE

As of mid-July, the total number of cases worldwide sat around 8,200 cases, with approximately 800 of those being diagnosed within the United States. With the rise in the number of cases, the Navy and Marine Corps Public Health Center (NMCPHC) and the Defense Health Agency (DHA) have **developed materials on the clinical presentation of the virus, recommendations on management of symptoms (including aboard ship), and testing, treatment, and vaccinations for the virus.**

All clinical personnel in direct contact with patients, such as collecting specimens, should be **vaccinated against Monkeypox**, whether personnel are vaccinated or unvaccinated all should ensure they are **wearing the proper protective equipment** such as gloves, gowns, eye protection, and N95 respirators.

CENTERS FOR DISEASE CONTROL AND PREVENTION



For additional guidance on the Monkeypox outbreak, please reference the NMCPHC <u>website</u>, the DHA <u>website</u>, the Centers for Disease Control and Prevention's (CDC) <u>website</u> or the World Health Organization's (WHO) <u>website</u>. Full links are provided in the newsletter appendix.

For more information about Monkeypox, please see the sites listed above or see here for the full presentation.

HIGH RELIABILITY RESOURCES

Navy Medicine High Reliability Network SharePoint

https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/Pages/default.aspx

OCMO HRO COVID-19 Reference Library

https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/Pages/HRO-COVID-19-Reference-Library.aspx

Navy Medicine HRO Competency Model

https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/Pages/Competency-Model.aspx

Navy Medicine Patient Safety Alerts

https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/Guidance%20Documents/Patient%20Safety%20Alerts

Navy Medicine Scientific Panel

https://esportal.med.navy.mil/bumed/rh/m2/NavyMedicineScientificPanel/SiteAssets/Scientific%20Panel%20Home% 20Page.aspx

Navy Medicine Lessons Learned Portal

https://esportal.med.navy.mil/sites/navmedkm/LL/SitePages/Lessons%20Learned.aspx

MHS High Reliability Network

https://info.health.mil/sites/hro/Pages/Home.aspx

Ready Reliable Care (RRC) Communications Toolkit

https://info.health.mil/sites/hro/PublicationsLibrary/Ready%20Reliable%20Care%20Communications%20Toolkit.pdf

• Ready Reliable Care (RRC) Q&A Mailbox

dha.ncr.hit-staff.mbx.ready-reliable-care@mail.mil

NMOCC WORK PRODUCT LINKS (PAGE 2)

FFRC 2022 Joint Women's Leadership Symposium:

https://sealeader.org/jwls/

HRO UPDATES (PAGE 3)

PMMR Press Release:

https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/CMO%20CDO%20CQA%20Materials/High%20Reliability%20Huddle/08.%20August%202022%20Resources/PMMR%20Press%20Release_Phase%20I%20Implementation_v7.docx?d=wd95c0a36fac84812a958911fbbcfb2ac

Monkeypox, NMCPHC:

https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Preventive-Medicine/Program-and-Policy-Support/Monkeypox/

Monkeypox, DHA:

https://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Preventable-Diseases/Monkeypox

Monkeypox, CDC:

https://www.cdc.gov/poxvirus/monkeypox/treatment.html

Monkeypox, WHO:

https://www.who.int/publications/i/item/WHO-MPX-Clinical-and-IPC-2022.1

Monkeypox DHA Presentation:

https://esportal.med.navy.mil/bumed/rh/m5/NavyMedicineHighReliabilityNetwork/