



NAVY MEDICINE HIGH RELIABILITY HUDDLE Presented by the Office of the Chief Medical Officer (OCMO)

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High Reliability Organization (HRO) Updates

HRO SPOTLIGHT: CAPT JASON LONGWELL

CAPT Jason Longwell, the Chief Medical Officer (CMO) of Naval Medical Forces Atlantic, discusses his efforts to deliver safe, high-quality care to promote readiness and wellness for Sailors and Marines.

In your role as Regional CMO, what has been one of the biggest challenges you've faced? How do you feel like you've overcome those challenges?

One of the biggest challenges in my short tenure as NMFL CMO has been to help define the new role of the regional CMO with the pivot away from the Military Treatment Facilities (MTFs) to the operational forces, while maintaining strong relationships with the Navy Medicine Readiness and Training Commands (NMRTCs) CMOs during re-organization of the Defense Health Agency from markets into networks. I feel like I've attacked the challenge by employing HRO principles like deference to expertise, reluctance to simplify, and sensitivity to operations. I'm fortunate to have great counterparts at Naval Medical Forces Pacific, Bureau of Medicine and Surgery, at the NMRTCs, and in the Fleet. One example of this collaboration is the success of the Mentor, Train, Evaluate evolutions providing the Budget Submitting Office (BSO)-18 support to BSO-60 and BSO-70 role 2 afloat medical capabilities. We have successfully conducted five events this year involving Naval Medical Center Portsmouth (NMCP), United States Fleet Forces Command, Commander, Naval Air Force Atlantic, Commander, and Naval Surface Force Atlantic, to bring HRO principles to afloat capabilities, while monitoring processes, mentoring on best practices, and evaluating quality of care. It serves as a great indicator of Navy Medicine's commitment to quality care, everywhere.



CAPT Jason Longwell

Throughout your time in the Navy, what efforts have you participated in or led that further the implementation of HRO? What has the impact been to quality, safety, or readiness?

Prior to becoming CMO, I served as the Chair of the Department of Anesthesiology, Perioperative, and Pain Medicine at NMCP. The department was continuously involved in the application of HRO principles. The steadfast dedication to HRO led to implementation of enhanced recovery protocols across 13 surgical specialties. Hospital stays were greatly decreased as was post operative opioid consumption and re-admission. This had a large impact on quality, safety, and readiness in the largest fleet concentration in the world. The programs were awarded two Association of Military Surgeons of the United States High Reliability in Health Care awards.

How do you envision HRO shaping the future of Navy Medicine?

HRO principles provide a great framework for attacking the myriad challenges we face in the coming years. Navy Medicine is becoming leaner, more agile, and increasingly diverse in the operations we are being tasked to support. HRO is in alignment with Get Real, Get Better, and gives us the language and mechanisms to get after solutions to complex problems. Bringing HRO principles to Fleet medical assets continues to improve the quality of care that we deliver every day.

How have you been able to leverage your role to support Navy's operational forces?

Staying engaged with operations through site visits, fleet syncs, and participation in the Fleet Health Integration Panel and the Health Services Operational Advisory Group has allowed me to keep my finger on the pulse of the operational forces and ensure that we are delivering healthcare and systems to meet the needs of the Fleet and Fleet Marine Forces. I'm fortunate to have such an opportunity to work at the interface between the Fleet and the MTFs.

Thank you to CAPT Jason Longwell for his contributions to Navy Medicine High Reliability!



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Operational Clinical Community Highlights

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Each **Navy Medicine Operational Clinical Community (NMOCC)** consists of Sub-Communities (SCs) and Working Groups (WGs). This section highlights recent updates from each NMOCC.

NMOCC	Highlights
Female Force Readiness BUMED Manager: <i>CDR Schulz</i> Community Chair: <i>LCDR Eubanks</i>	The Family Planning SC developed a Nurse-Run Protocol for patient vaginal self-swabs launched at three pilot sites: NMRTC San Diego, NMRTC Twentynine Palms, and USS Bush. The protocol contributes to reducing barriers to receiving vaginal health care and increasing patient willingness to receive care.
Neuromusculoskeletal BUMED Manager: <i>LCDR Brown</i> Community Chair: <i>CAPT Hammond</i>	The Equipment Safety and Standardization SC is finalizing a Splint Pans White Paper, which aims to standardize temperature logging and cleaning procedures of splint pans to improve long term safety and record keeping.
Operational Medicine BUMED Manager: <i>CAPT Moore</i> Community Chairs: <i>CDR Keleher & CDR Buckland-Coffey</i>	<p>The Anti-Obesity Medications WG consists of members from across the Navy Medicine enterprise, including nutritionists, dietitians, members of the Fleet and Fleet Marine Forces (FMF), Special Warfare representatives, and the dive and aerospace communities. The WG is working on an instruction to formalize guidance for providers who are asked to prescribe anti-obesity medications to active-duty Sailors and Marines.</p> <p>The Operation Medicine Advisory Board (AB) is reviewing enclosures to the Independent Duty Corpsman Office of the Chief of Naval Operations (OPNAV) 6400.1 instruction prior to formally routing for review. Additionally, the AB will review the Unit Safety Watches work product from the Psychological Health NMOCC to incorporate operational feedback.</p>
Oral Health BUMED Managers: <i>CDR Cheng & Lcdr Norris</i> Community Chair: <i>CDR Beck & CDR Lam</i>	The Oral Health NMOCC has recently selected CDR Richard Bartol as the new Quality and Standardization SC Chair. The Sterile Processing Department Personnel Qualification Standard Training Module WG is continuing to make edits to the training module and will look to engage with other key stakeholders.
Psychological Health BUMED Manager: <i>CDR Magel</i> Community Chairs: <i>CDR Duff & CDR Segovia</i>	The Embedded Mental Health (EMH) SC is developing an EMH Orientation Course designed for anyone fulfilling an EMH billet. The product is currently under internal review by the EMH SC.
Trauma BUMED Manager: <i>LCDR Kaiser</i> Community Chairs: <i>CAPT Fitch & CDR Yelon</i>	The FMF SC is discussing the development of a white paper that would include recommendations from trauma subject matter experts on what team readiness looks like during deployment. The FMF SC intends to offer recommendations on team readiness standards when deploying downrange. Additionally, the white paper will identify opportunities to address communication gaps and provide training capabilities to improve patient movement between Role 1 and Role 2 care training exercises.

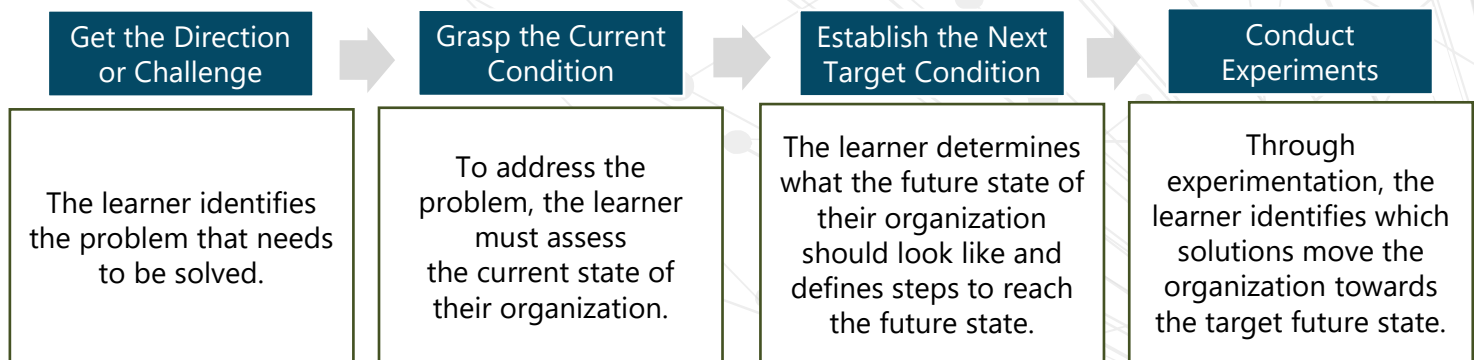
NMOCC work products that have been approved by the Navy Medicine Wellness, Readiness, and Quality (NMWRQ) Cell can be found [here](#). Want to get involved in the NMOCCs? Reach out to the [NMOCC Support Team!](#)



Get Real, Get Better: Using the Kata Improvement Method

The Kata Improvement Method, inspired by the practice of repetition in Japanese martial arts, is the Chief of Naval Operations' Get Real, Get Better training topic for November 2023. Kata stresses the importance of goal-setting and methodical testing as tools for Sailors and Marines across Navy Medicine to assess the impact of their actions on patient outcomes.

Kata Improvement Steps



Putting the Kata Improvement Method into practice, members of the Diesel Engine shop at Naval Sea Systems Command's Southwest Regional Maintenance Center (SWRMC) identified a need to overhaul and refurbish commonly used manufacturing tools to reduce the **challenge** of being overly dependent on original equipment manufacturers for critical maintenance requests.

After assessing the **current condition**, SWMRC determined the existing tools available to conduct maintenance support were unsafe and presented too much risk to support the **next target condition** of providing timely, safe equipment repair to operational stakeholders.

To reach their goal of providing safer and timelier repairs, SWRMC collaborated with process improvement professionals to **conduct experiments** to design, test, and implement safer equipment. Through their use of Kata, SWMRC was able to effectively leverage Navy resources to support fleet modernization and readiness.

For more information on KATA Improvement at SWRMC, please view the link [here](#).

CLOSE VACCINE MISHAP TURNS INTO A LEARNING OPPORTUNITY

A near-miss patient safety event occurred when the respiratory syncytial virus (RSV) vaccine diluent and high dose (HD) influenza vaccine syringe were confused due to their nearly identical luer-lock syringes. Because of the similarity between the syringes, an RSV vaccine vial was connected to an HD influenza vaccine diluent, instead of an RSV vaccine diluent. Had the vaccination occurred with the incorrect syringe, the patient would be unprotected against both RSV and influenza. To mitigate this problem, MTFs should **educate staff about the potential misidentification of vials and syringes that appear similar**.

For vaccination storage, medical personnel should **avoid placing Luer-lock syringe vaccines next to one another in medical refrigerators**. With vaccines that have similar appearances, a "Look Alike Sound Alike" (LASA) sticker should be placed to assist with differentiation. Additionally, vaccines should be scanned into Military Health System (MHS) GENESIS prior to administration so that providers can be appropriately alerted about potential errors. By being *reluctant to simplify* the vaccine administration process, providers can prevent near-misses from occurring.



HD influenza vaccine (top) & RSV vaccine (bottom)



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Newsletter Links and HRO Resources

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HRO 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

Navy Acting Surgeon General Executive Rudder

<https://esportal.med.navy.mil/bumed/documents/rudder.pdf>

Navy Medicine Women's Health and Readiness

<https://www.med.navy.mil/Navy-and-Marine-Corps-Force-Health-Protection-Command/Womens-Health/default/>

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FFR Nurse Run Protocol

[https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health Promotion and Wellness/Women's Health/Documents/Provider Resources/Female Force Readiness Nurse Run Protocol Self Collected Vaginal Discharge Swabs Job Aid vF.pdf](https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Provider%20Resources/Female%20Force%20Readiness%20Nurse%20Run%20Protocol%20Self%20Collected%20Vaginal%20Discharge%20Swabs%20Job%20Aid%20vF.pdf)

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The Kata Improvement Method Utilized at SWRMC

<https://www.navsea.navy.mil/Media/News/Article-View/Article/2414013/southwest-regional-maintenance-centers-intermediate-level-maintenance-and-repair/>