



# NAVY MEDICINE HIGH RELIABILITY HUDDLE

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

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## High Reliability Organization (HRO) Updates

### CHIEF MEDICAL OFFICER (CMO) ALL CALL

Chief Medical Officers (CMO) throughout Navy Medicine convened on the quarterly CMO All Call on 21 NOV. During the meeting, Medical Corps leadership, including RDML Guido Valdes, CAPT Teresa Allen, CAPT Christopher Lucas, and CAPT Shauna O'Sullivan, provided updates on several HRO-related initiatives intended to support CMOs as they execute the core functions of their roles. Key topics discussed include:

#### LESSONS LEARNED DATABASE

The Lessons Learned database is being updated to better align with Fleet and Fleet Marine Force (FMF) needs. The updated database will attempt to prevent duplication of efforts and enhance leadership visibility into ongoing lessons learned efforts.

#### CAREER DEVELOPMENT BOARD (CDB)

A CDB is a talent management tool that provides Sailors guidance on Navy policies, programs, and procedures that inform their career options. The Office of the Corps Chiefs will work with CMOs to provide resources to enable all O3 - O5 Medical Corps officers to complete one CDB prior to residency.

#### RETENTION AND EXIT SURVEY

A recently issued survey found that exhaustion and disengagement were primary drivers of burnout in the Medical Corps population. Additional findings and potential solutions will be presented by the Medical Corps in early 2024.

#### OPERATIONAL ROADSHOW

The Office of the Corps Chiefs conducted roadshows at operational commands to discuss career options with Medical Corps interns. Future roadshows will be expanded to additional commands to provide more opportunities interns to engage with leadership via CDBs.

NMQSLA Quality & Safety Leadership Academy  
*Promoting the Highest Reliability*

### NAVY MEDICINE QUALITY AND SAFETY LEADERSHIP ACADEMY (NMQSLA) COHORT 10

**Congratulations to all of our selected FY24 NMQSLA Scholars!** Of the three Cohorts set to occur throughout 2024, NMQSLA Cohort 10 will begin 20 FEB 2024, with Navy Medicine's foremost leaders in healthcare safety, quality, and high reliability gathering in a hybrid classroom format to further their commitment to supporting medical readiness. Cohort 10 is composed of CMOs, Operational Surgeons, Specialty Leaders, Commanding Officers (COs), and Executive Officers (XOs), and is scheduled to be the first return to in-person learning for the program since 2019. In support of the Surgeon General's four lines of effort (LOEs), NMQSLA Scholars will serve as Navy Medicine leaders at the deckplate who ensure all commands are positioned to deliver Expeditionary Medical Systems (EXMEDS), increase deployability, provide safe quality healthcare, and effectively recruit and retain medical talent.

Since its inception, NMQSLA has graduated **over 340 Scholars**, and has evolved to meet the needs of Navy Medicine to provide the most relevant, accessible content for the broadest population possible. Updates for Cohort 10 include:



A return to a **hybrid learning** environment



Inclusion of a formal **Capstone Project** for Scholars, focused on translating HRO into tangible process improvements



Incorporation of interactive Table Top Exercises into the program Kick-Off to **maximize engagement**

**We are looking forward to another incredible year of NMQSLA!**

For more information on NMQSLA, please reach out to the [NMQSLA Support Team](#)



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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
<b>Female Force Readiness</b> BUMED Managers: <i>CDR Schulz</i> Community Chair: <i>LCDR Eubanks</i>	The Female Force Readiness (FFR) NMOCC developed a Navy Medicine <a href="#">Postpartum Return to Duty Guide</a> to support and empower service members transitioning back to full duty after giving birth. This guide includes information, tips, and resources on physical and emotional recovery after giving birth as well as support resources for military families to help service members navigate the unique challenges of postpartum life while continuing to advance in their careers.
<b>Neuromusculoskeletal</b> BUMED Manager: <i>LCDR Brown</i> Community Chair: <i>CAPT Hammond</i>	The Tactical Master Athlete (TMA) WG is developing a training program focused on strength training instead of cardiovascular fitness. The program will include guidance on topics such as diet, sleep, and recovery, and will aim to improve deployability and provide quality healthcare. The training program will provide guidance for a target population of Sailors over the age of 35 and will include additional guidance for those between the ages of 30-35.
<b>Operational Medicine</b> BUMED Manager: <i>CAPT Moore</i> Community Chair: <i>CDR Keleher &amp; CDR Buckland-Coffey</i>	The Operational Medicine NMOCC has provided feedback on the Independent Duty Corpsman (IDC) SC's enclosures for Office of the Chief of Naval Operations Instruction (OPNAVINST) 6400.1. The enclosures are forms intended for IDC Physician Supervisors to use to evaluate the delivery of clinical care by the IDCs under their supervision.
<b>Oral Health</b> BUMED Managers: <i>CDR Cheng &amp; LCDR Norris</i> Community Chair: <i>CDR Beck &amp; CDR Lam</i>	The Sterile Processing Department (SPD) Personnel Qualification Standard (PQS) Training Module WG has presented the Training Module to the Oral Health NMOCC Leadership Team. The product is currently undergoing further review from other key stakeholders prior to additional briefings to BUMED leadership.
<b>Psychological Health</b> BUMED Manager: <i>CDR Magel</i> Community Chairs: <i>CDR Duff &amp; CDR Segovia</i>	Supplements for the Embedded Mental Health (EMH) Guidebook from Navy Expeditionary Combat Command (NECC), Naval Air Forces (NAVAIRFOR), Submarine Forces (SUBFOR), Surface Forces (SURFOR), and Fleet Marine Forces (FMF) communities were presented and reviewed by Psychological Health NMOCC leadership. EMH providers and stakeholders contributing to the EMH Guidebook Supplements are currently adjudicating leadership feedback.
<b>Trauma</b> BUMED Manager: <i>LCDR Kaiser</i> Community Chairs: <i>CAPT Fitch &amp; CDR Yelon</i>	The Expeditionary Medical Facility (EMF)/ Expeditionary Medical Unit (EMU)/ Hospital Ships SC of the Trauma NMOCC is finalizing their T-AH Analysis and Recommendations. The work product describes how the deployment of the T-AH USNS Comfort and Mercy for humanitarian missions directly impacts the Navy Medicine Readiness and Training Command (NMRTC) through support staff shortages as well as knowledge, skills, and abilities (KSA) impacts on deployed proceduralists due to necessary mission risk tolerance. Following final leadership assessment, the T-AH Analysis and Recommendations will be presented to the OCMO for further review and guidance on next steps.

### Quality Management Tip: Potential Compensable Events (PCEs):

During a PCE review, actively participate in the process by providing written comments. It will give you the opportunity to review your documentation and be aware of the MTF or local assessment. If your PCE becomes a paid TORT claim, the statement will be submitted as part of a higher-level quality review process. Claims can be filed up to two years after the event or when the patient becomes aware of the event.

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](#)!



### MASS CASUALTY TRAINING AT NAVAL HOSPITAL BREMERTON (NHB)

NHB conducted a mass casualty drill, named Operation Gray Dawn, on 14 NOV 2023, to assess their staff's response to a significant influx of wounded individuals following an active shooter scenario. The surprise nature of the drill simulated the unpredictability of real emergencies, catching some staff members unaware. As Terry Lerma, the hospital's emergency preparedness manager, emphasized, "in emergency management preparedness, actual accidents and tragic incidents rarely announce themselves beforehand." Simulating unexpected events ensures that the response strategies utilized during the exercise are adaptable to the intricate realities of real emergencies, emphasizing the importance of a **reluctance to simplify** operations during high stress situations.



*NHB Pediatrics Department Staff*

The drill involved 15 mock casualties, providing valuable insights into coordination and casualty care. Internal medicine staff played a pivotal role in triage, and participants noted the importance of sharing effective techniques for reference during future mass casualty events. Different healthcare professionals have unique skills and insights, and recognizing and leveraging this expertise contributes significantly to the effectiveness of emergency response efforts. By fostering a culture where individuals **defer to the expertise** of their colleagues, NHB has established a foundation for continuous process improvement and knowledge sharing through HRO.

For more information on the NHB Mass Casualty Drill, please view the link [here](#).

### GET REAL, GET BETTER MONTHLY TRAINING TOPIC JANUARY | PROBLEM SOLVING: VOICE OF THE CUSTOMER

The Voice of the Customer (VOC), refers to individual needs and wants of either internal or external customers. This idea is especially important when working through any problem-solving framework, whether it be Kata or DMAIC (Define, Measure, Analyze, Improve, and Control), and defining how your audience's needs shape your solution to their problem. Through appropriate documentation of the VOC, you can make sure your problem-solving strategy appropriately incorporates your audience's requirements.

Understanding and utilizing VOC can be broken down into three primary components:

**Identify your  
Customer**

**Define your  
Customer Needs**

**Incorporate those Needs  
into your Solution**

Identifying the customer requires a thorough examination of your own problem statement to determine the level of detail your customer needs. Strategic level problems require input from strategic level customers to shape effective solutions. Likewise, operational and tactical level customers would need to provide input on problems of a similar level.

There are a wide variety of methods to define customer needs and wants. The formal GRGB training on VOC explores these methods in detail, but some examples include interviews, "Going to the Gemba" (i.e., the deckplate for the Navy), surveys, and coaching Kata.

Finally, translating VOC input into your solution will help make your strategy more actionable and more easily adopted by your audience. Engaging your customers can help improve their overall satisfaction, increase their engagement with Navy's mission, and lead to more effective teams united on common goals.

For information on GRGB, please refer to the link included [here](#) and on Page 4 of the newsletter



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## Looking Ahead and HRO Resources

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### LOOKING AHEAD | 2024 HIGH RELIABILITY UPDATES

**Echelon II and III HRO  
Maturity Assessment**

**HRO In Action:  
Mindfulness Best  
Practices & Guidelines**

**Navy Medicine Quality  
and Safety Leadership  
Academy (NMQSLA)  
Cohorts 10, 11, and 12**

### HRO Resources

**Navy Medicine High Reliability Network SharePoint**

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

**Navy Medicine HRO Competency Model**

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

**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@health.mil](mailto:dha.ncr.hit-staff.mbx.ready-reliable-care@health.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/>

**Get Real, Get Better Home Page**

<https://grgb.navy.mil/>

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N/A

### OCMO & NMWRQ Cell Updates (Page 2)

**Postpartum Return to Duty Guide**

[https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health Promotion and Wellness/Women's Health/Documents/Pregnancy and Postpartum/Postpartum-Return-to-Duty-Transition-Guide.pdf](https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health%20Promotion%20and%20Wellness/Women's%20Health/Documents/Pregnancy%20and%20Postpartum/Postpartum-Return-to-Duty-Transition-Guide.pdf)

### HRO Spotlight and Updates (Page 3)

**NHB Mass Casualty Drill**

<https://www.med.navy.mil/Media/News/Article/3592024/naval-hospital-bremerton-staff-hone-skills-in-mass-casualty-training-drill/>