



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 JUSTIN LAFRENIERE, BUREAU OF MEDICINE AND SURGERY (BUMED) CHIEF MEDICAL OFFICER (CMO)

CAPT Justin Lafreniere, the new BUMED CMO, introduces himself and his goals in guiding Navy Medicine to deliver safe, high-quality care to promote readiness and wellness for Sailors and Marines.

What is your background and/or some things you would like to share about yourself with the HRO network?

I worked for about eight years as an internal medicine residency program director at Naval Medical Center, Portsmouth before taking on senior leadership roles in the Fleet. Most recently, I was the Officer-in-Charge (OIC) for Surgical Team Two and the Group Surgeon for Expeditionary Strike Group Two. For the first half of my career, I was very hospital-based and academic. Running graduate medical education required a focus on HRO principles and quality improvement, but my two deployments allowed me to learn about the vast difference between the hospital and operational environments and take a critical look at the gaps in healthcare quality that exist in the Fleet. My goal is to find common-sense approaches to translating HRO concepts from the hospital environment to the Fleet.



CAPT Justin Lafreniere

In your role as a Navy Medicine leader, what has been one of the biggest challenges you have faced and how did you overcome it?

I deployed to Guantanamo Bay as a young lieutenant commander involved in a teaching program. The challenges I encountered during this experience required me to stay focused and true to my professional values, and the experience ultimately made me a better doctor and leader. It forced me to learn my limits, the hills I'm willing to die on, and what I'm willing to risk to say, "This situation isn't right" or "This plan isn't right". This scenario likely applies to many people's experiences in operational environments. Recognizing this, I emphasize the importance of being willing to protect your professional values for yourself, your patients, and the healthcare team – especially those who may not have the same degree of voice. I believe that by maintaining these values, we can build a culture in operational medicine that mirrors what we aim for in traditional healthcare settings and consequently improve that quality of care.

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

I have directly participated in and had indirect oversight of a multitude of process improvement projects. Recently, there was a terrible situation where a young sailor was sent back from a ship overseas without the necessary medical monitoring and arrived back in the United States in poor condition. Conducting a formal investigation into that incident revealed not only individual issues with the decision-makers involved but also numerous systems-based issues that needed to be addressed at an enterprise level. People were likely already aware of some of the findings, but the process of conducting the investigation and documenting it formally helped elevate the issues to the level needed for proper attention and resolution.

How would you use HRO in your new role as BUMED CMO to shape the future of BUMED and Navy Medicine?


My number one priority is to ensure that the time, efforts, and resources expended by clinical communities and trainings are channeled to drive and meet the HRO needs of our operational mission. It is crucial that they are supported and given the necessary level of visibility to affect change. The best of these projects need to be executed across the Navy. As we help channel these efforts in the right direction, we can also help elevate and shine a spotlight on the work people are doing. By leveraging the access we have to senior leadership, we can ensure that these efforts are acknowledged and supported at the highest levels.

Welcome to BUMED, CAPT Lafreniere! We are so excited to have you!




MARITIME SURGERY QUALITY IMPROVEMENT (MSQI) CONFERENCE

Hosted by the Operational Medicine Navy Medicine Operational Clinical Community (NMOCC), the MSQI Conference is dedicated to helping Navy Medicine achieve quality patient care and readiness. Participants analyze real maritime patient scenarios and engage directly with senior surgeons to share knowledge and improve surgical care performed at sea. Fleet Surgical Team (FST) / Aircraft Carrier (CVN) surgeons, Officers in Charge (OICs), and Senior Medical Officers (SMOs) are welcome to join a session and learn more from the surgeons developing enhanced maritime protocols in real-time. MSQI Conferences are held on the third Wednesday of every month from 1600–1730 ET, with the upcoming iteration scheduled for 18 SEP.



Maritime Surgery Quality Improvement (MSQI) Conference

The MSQI is a monthly quality improvement conference dedicated to maintaining at-sea standard of care & maximizing provider readiness for maritime surgeries.



- TRACK & REVIEW REAL CASES PERFORMED AT SEA**
Examine surgical case logs and at-sea surgical care data to aid in continuous process improvement.
- DISCUSS LESSONS LEARNED FROM MARITIME PATIENT SCENARIOS**
Learn directly from maritime surgeons as they review lessons learned and opportunities for improvement.
- CULTIVATE MENTORSHIP**
This is a great mentorship opportunity for FST/CVN surgeons, OICs, and SMOs to engage with and learn from senior maritime surgeons.
- EASY ACCESS – VIRTUAL & MONTHLY**
MSQI is a virtual and monthly conference hosted via Microsoft Teams—dial-in options are available.

For more information or to get involved in future iterations of the MSQI Conference, please reach out to the NMOCC Support Team at usn.ncr.bumedfchva.mbx.navy-clinical-communities@health.mil.

GET REAL, GET BETTER (GRGB) DISCUSSION: ACTING TRANSPARENTLY AND ALIGNING ON STANDARDS AND GOALS

Clear standards and goals play a critical role in driving team performance; these must be well understood and reinforced by leadership in order to be effective. Standards define how tasks should be executed, while goals outline the organization's direction and methods to achieve it, including both major objectives and intermediate goals. Two types of standards include those for treating and developing people and those for executing work with high standards. Metrics for both activity and outcomes are essential to measure performance. Alignment on standards should occur both vertically (senior to subordinate) and horizontally (peer-to-peer). Goals should be balanced between short-term wins and long-term strategic objectives, with a deliberate problem-solving process and regular progress reviews.

Dos & Don'ts in Developing Transparency

Do...	Don't...
Communicate consistently, openly, and directly	Provide infrequent and unhelpful feedback
Explain how and why important decisions are made	Disrespect your people, their work, or their ideas
Admit mistakes – either yours or the team's	Lead through fear or fear of failure
Be accessible and available	Use power to control your people

Transparency is crucial to positive leadership, as it makes leaders more relatable and ensures the workforce understands the reasons behind tasks and organizational goals. Navy Medicine leadership displaying a **reluctance to simplify** goals, standards, and reasonings behind their decisions ensures that their teams have a deep and nuanced understanding of their mission and are well-prepared to carry out it out.

For more information on this GRGB Discussion, please view the link [here](#).



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Operational Clinical Community Highlights

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Each **NMOCC** consists of Sub-Communities (SC) and Working Groups (WG).
This section highlights recent updates from each NMOCC.

NMOCC	Highlights
Female Force Readiness BUMED Manager: CDR Katie Schulz Community Chair: LCDR Allison Eubanks	The Female Force Readiness NMOCC is developing a new perimenopause and menopause toolkit after completion of the ‘Information for Service Women: Perimenopause and Menopause’ educational resource for service members. This toolkit will offer a multidisciplinary approach to perimenopause management and resources, including information on therapeutic options, mental health impacts of perimenopause and menopause, and neuromusculoskeletal considerations for perimenopause and menopause.
Neuromusculoskeletal BUMED Manager: LCDR Lauren Brown Community Chair: CAPT James Hammond	The Equipment Safety and Standardization SC (ESSSC) developed recommendations for the CVN Physical Therapy (PT) Authorized Medical Allowance List (AMAL) regarding physical therapy equipment. This AMAL looks to recommend equipment that maximizes utility while considering factors such as onboard footprint, storage capabilities, and usage on prior deployments.
Operational Medicine BUMED Manager: CAPT Cormac O’Connor Community Chairs: CDR Eamon Keleher	<i>Please see Page 2 for an NMOCC spotlight article on the Operational Medicine NMOCC’s MSQI Conference.</i>
Oral Health BUMED Managers: CDR Kate Cheng & LCDR Jessica Norris Community Chairs: CDR Jared Beck & CDR Doris Lam	The Oral Health NMOCC created an Independent Duty Corpsman (IDC) Dental Curriculum Survey in collaboration with the IDC Program Manager. The survey inquires about current IDC dental training, aiming to gauge effectiveness and real-world applicability to IDC dental encounters outside of a military treatment facility (MTF) or in an operational environment. The survey was disseminated at the Armed Forces Operational Medicine Symposium (AFOMS) and via the quarterly IDC Newsletter. IDCs are encouraged to provide their valuable input to help enhance the dental training program. If this survey applies to you, please take a moment to complete the survey linked here .
Psychological Health BUMED Manager: CDR Larkin Magel Community Chairs: CDR Jason Duff & CDR Francine Segovia	The Embedded Mental Health (EMH) SC developed the EMH Guidebook to consolidate all platform-specific EMH guidebooks into one centralized resource applicable to all platforms. The EMH SC drafted the EMH Guidebook Supplements for the Navy Expeditionary Combat Command (NECC), Naval Air Force (NAVAIRFOR), Submarine Force (SUBFOR), and Fleet Marine Force (FMF) communities. Supplemental resources to pair with the guidebook are under review and will be distributed once finalized.
Trauma BUMED Manager: CAPT Leah Geislinger Community Chairs: CAPT Jamie Fitch & CDR Jay Yelon	The Trauma NMOCC’s Trauma Advisory Board (TAB) is undergoing a strategic restructuring into a multidisciplinary committee of trauma experts that aligns with the soon-to-be approved Navy Medicine Trauma Strategy from the Trauma Strategy Management Office (TSMO). The updated organizational structure of the TAB is modeled after American College of Surgeons’ (ACS) standard for trauma centers. The creation of formal bylaws and socialization of the new structure will occur after the refreshed 2024 Trauma Strategy and Narrative are reviewed at Flag Officer, Senior Executive Service Civilian, and Force Master Chief (FOSESFOR) on 18-19 SEP. The Trauma Strategy aims to address key challenges and enhance Navy clinicians’ readiness within a continually improving trauma care ecosystem. The approval of this strategy will be crucial for evaluating the feasibility of the TAB restructure.

NMOCC work products that have been approved by the NMWRQ Cell can be found [here](#).
An up-to-date list of NMOCC Leadership and active SCs/WGs can be found [here](#).
Want to get involved in the NMOCCs? Reach out to the [NMOCC Support Team](#)!



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Links and HRO Resources

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LOOKING AHEAD | 2024 HIGH RELIABILITY UPDATES

2024 Navy Medicine HRO Maturity Assessment Results

Summary of Navy Medicine Quality and Safety Leadership Academy (NMQSLA) Fiscal Year (FY) 24 Capstone Projects

HRO Resources

Navy Medicine High Reliability Network SharePoint

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

Ready Reliable Care (RRC) Communications Toolkit

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

Navy Surgeon General Executive Rudder

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

Get Real, Get Better Home Page

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

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N/A

HRO Spotlight and Updates (Page 2)

GRGB Discussion: Acting Transparently and Aligning on Standards and Goals

<https://grgb.navy.mil/Educational-Resources/Current-Year-Discussions/>

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Information for Service Women: Perimenopause and Menopause

<https://www.med.navy.mil/Portals/62/Documents/NMFA/NMCPHC/root/Health Promotion and Wellness/Women%27s Health/Documents/Menstrual Management/Educational-Resource-for-Service-Women-on-Perimenopause-and-Menopause-vFNL.pdf>

IDC Dental Curriculum Survey

<https://forms.osi.apps.mil/r/KbdhwMeYMd>

Please use Google Chrome or Microsoft Edge to access resource links.