



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

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High Reliability Organization (HRO) Updates

NAVY MEDICINE QUALITY AND SAFETY LEADERSHIP ACADEMY (NMQSLA) FISCAL YEAR (FY) 2024 RECAP

As part of its commitment to being an HRO, Navy Medicine trains HRO leaders in safety and quality of care through the NMQSLA program to promulgate HRO principles and promote deckplate-driven improvement solutions throughout the Enterprise.



NMQSLA FY24 Cohorts

In FY24, the Navy Bureau of Medicine and Surgery (BUMED) **hosted three NMQSLA Cohorts, totaling 110 Scholars**. These Cohorts were largely comprised of Chief Medical Officers (CMO) and Operational Surgeons, who are required to attend NMQSLA before the end of their tour, per BUMED Notice (NOTE) 1410.1.



Navy Surgeon General RADM Darin Via
with NMQSLA Cohort 10.



Deputy Surgeon General RADM Rick
Freedman with NMQSLA Cohort 11.



Navy Surgeon General RADM Darin Via
with NMQSLA Cohort 12.

NMQSLA FY24 Capstone Projects

The NMQSLA program, now approaching its 13th Cohort, has generated 16 quality improvement initiatives from Cohorts 10-12. Scholars designed these initiatives to translate HRO principles into actionable strategies to **enhance quality and safety** within their commands. Scholars from Cohorts 10-12 benefitted from the network of HRO experts they collaborated with, and post-Cohort surveys overwhelmingly found that the Capstone Project helped Scholars identify clear ways to apply the NMQSLA curriculum in their commands. The HRO initiatives crafted by the FY24 Scholars extend beyond the NMQSLA classroom, offering opportunities for **continuous process improvement** in daily operations throughout Navy Medicine. Thank you to the FY24 NMQSLA Scholars, who have helped Navy Medicine make significant progress on its' HRO journey!

Capstone Projects Developed by NMQSLA Cohorts 10-12

Culture	Data Analysis and Utilization
<ul style="list-style-type: none">Reducing Electronic Health Record (EHR) Workarounds Highlighted During Blood Product AdministrationExpeditionary Resuscitative Surgical System (ERSS) Equipment Package DeliveryIntegrating Operational and Military Treatment Facility (MTF) Cultures: Dental ClinicsJoint Patient Safety Reporting (JPSR): From the Blame Game to the Fame GameClinical Cultural Competency	<ul style="list-style-type: none">Implementation of Connected Corpsmen in the Community to Enhance Quality Care and Optimize Staff SkillsetIncreasing Echelon IV and V Medical Departments Usage of Medical Non-Deployability Dashboard to Decrease Non-DeployabilityImproving Fleet Surgical Team Performance During Pre-Deployment PeriodUtilization of Condition-Based Limited Duty (LIMDU)
Strategy	Operations and Processes
<ul style="list-style-type: none">Creating a Computed Tomography (CT) Technologist Enlisted Classification Code in Navy MedicineQualification and Training of Teams in the Role 3 MissionSustained Care Collaborative: Building Resilient Health Care TeamsImproving Surgical Tech Fit-to-Fill in Expeditionary Medicine Platforms	<ul style="list-style-type: none">Independent Duty Corpsman (IDC) Quality Assurance Process ImprovementDecreasing the length of time in the Disability Evaluation System for Naval Station Norfolk Branch Health Clinic (BHC) SailorsGet Real, Get Better (GRGB) Training (Line of Effort (LOE) 3)

For questions or more information on NMQSLA, please reach out to the NMQSLA Support Team at usn.ncr.bumedfchva.mbx.qualityand-safetyleadershipacademy@health.mil.



ESTABLISHMENT OF THE NAVY MEDICINE ENTERPRISE (NME)

The Vice Chief of Naval Operations (VCNO), ADM Jim Kilby, approved the establishment of the NME on 14 AUG 2024. Navy Medicine operates across seven resource sponsors, three systems commands (SYSCOM), and every type command (TYCOM), integrating into all facets of warfighting. The NME is an operationally focused organizational structure that provides fleet leadership with a mechanism to address and prioritize health service support requirements to meet operational objectives through the facilitation of rapid delivery, assessment, and improvement in health services. The Fleet Readiness Enterprise construct, established by the Chief of Naval Operations (CNO) in 2002, aimed to improve efficiency and effectiveness in fleet readiness, supporting informed decisions on resource allocation and risk mitigation. The NME builds on this foundation to:

- **Enhance** warfighting capabilities and programming
- **Facilitate** healthcare services designed to prevent illness and injury, maximize human performance, and treat and rehabilitate post-illness and injury
- **Create** a sustainable readiness assessment and improvement process to ensure a fully ready naval medical force and medically ready naval force to support combatant and component commanders' warfighter requirements

Ultimately, the NME enables Navy Medicine to pursue the **Navy Surgeon General's LOEs** by properly manning, training, and equipping naval medical forces for current and future conflicts.



Navy Medicine is present in every facet of warfighting in a complex integrated model across seven resource sponsors, three systems commands, and every type command. The NME allows for rapid delivery, assessment and improvement in all facets of care across the force, ensuring Navy Medicine meets the needs of the fleet.

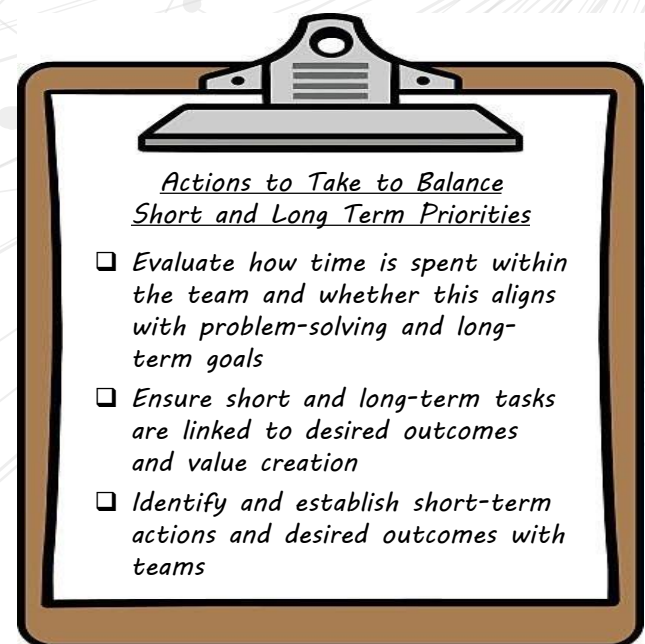


For more information on the NME, please view the link [here](#).

GET REAL, GET BETTER (GRGB) DISCUSSION: ACTING ON WHAT MATTERS MOST

Within the Culture of Excellence (COE) 2.0 framework, leaders are expected to demonstrate superior competence by managing risk and focusing on what matters most. Leaders often face the challenge of balancing immediate crisis management with solving long-term problems. They may be tempted to prioritize short-term actions for immediate satisfaction and positive assessments, potentially at the expense of long-term outcomes.

Common pitfalls in prioritization include biases towards immediate action and a lack of deliberate problem solving. When leaders have a bias towards immediate action, they may focus on "putting out fires" rather than preventing them, driven by the satisfaction of completing tasks. The fast pace of Navy work can cause a lack of deliberate problem solving by hindering the ability of leaders to slow down and solve problems. Maintaining a **sensitivity to operations** and taking actions to properly balance long and short-term priorities can allow leaders to act on what matters most as they drive towards their missions.



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 Navy Medicine Operational Clinical Community (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 Family Planning SC is finalizing a new educational resource for service members on Fertility Awareness Based Methods (FABMs) of Family Planning and Pregnancy Prevention. This resource will introduce alternative contraceptive methods for patients unable or unwilling to utilize other birth control options. Once completed, the resource will be uploaded to the Women's Health Webpage .
Neuromusculoskeletal BUMED Manager: CDR Lauren Brown Community Chair: CAPT James Hammond	The Equipment Safety and Standardization (ESS) SC finalized recommendations for the Aircraft Carrier (CVN) Physical Therapy (PT) Authorized Medical Allowance List (AMAL) regarding physical therapy equipment. This AMAL recommends equipment that maximizes utility while considering factors such as footprint, storage capabilities, and usage on prior deployments. This work product will be brought to the OCT 2024 CVN AMAL Review Conference.
Operational Medicine BUMED Manager: CAPT Cormac O'Connor Community Chair: CDR Eamon Keleher	The Operational Medicine NMOCC created the My Navy Health Quick Links website to provide users with easy access to a wide variety of resourceful links for both patients and providers. This enhances user experience by cultivating a convenient and efficient way to retrieve vital hyperlinks including, but not limited to, courses, reporting systems, and internal enterprise sites.
Oral Health BUMED Managers: CDR Kate Cheng & LCDR Jessica Norris Community Chairs: CDR Jared Beck & CDR Doris Lam	The Quality and Standardization SC is focusing on creating an Operational Dental Readiness (ODR) Playbook. The ODR Playbook will serve as a comprehensive guide to minimize risks associated in an operational environment and deliver high quality care to service members. Sections in the ODR Playbook include infection control, equipment maintenance, and procedural safety, all associated with dental care in the operational environment. The playbook will be comprehensive and cover a wide range of areas, from the latest standards in dental care to practical insights on managing dental health in operational settings.
Psychological Health BUMED Manager: CDR Larkin Magel Community Chairs: CDR Jason Duff & CDR Francine Segovia	Mental Health Specialty Leaders on the Psychological Health Advisory Board (PHAB) will begin recruitment for a joint Working Group with the Oral Health NMOCC to create a Temporomandibular Disorder (TMD) Informational Guide highlighting the associations between TMD and psychological health challenges.
Trauma BUMED Manager: CAPT Leah Geislinger Community Chairs: CAPT Jamie Fitch & CDR Jay Yelon	The Fleet Marine Force (FMF) SC is working on a Health Service Support (HSS) Questionnaire to gather information on Navy providers assigned to Marine Corps units and assess their familiarity and comfort level with trauma care. The FMF SC is coordinating with the Navy Survey Program Office and Headquarters Marine Corps (HQMC) to assist the FMF SC in distributing the survey amongst Marine Corps providers.

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**

NMOCC Governance Refresh

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/>

HRO Spotlight (Page 1)

N/A

HRO Spotlight and Updates (Page 2)

Navy Medicine Enterprise

<https://www.med.navy.mil/About-Us/Navy-Medicine-Enterprise/>

GRGB Discussion: Acting On What Matters Most

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

OCMO & NMWRQ Cell Updates (Page 3)

Women's Health Webpage

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

My Navy Health Quick Links

<https://www.med.navy.mil/My-Navy-Health-Quick-Links/>

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