

**HISTORY  
OF THE  
59TH MEDICAL WING**

**1 January 2005 to 31 December 2005**

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## CHAPTER I

### OVERVIEW

During calendar year 2005, the 59th Medical Wing continued its outstanding record of important contributions to the Air Force Medical Service.

While the wing continued to provide quality peacetime medical care for our beneficiaries, our wartime missions challenged manning and resources. One of our major missions was manning the Air Force Theater Hospital at Balad AB, Iraq. More than 840 wing personnel deployed in support of Operation IRAQI FREEDOM with only 6 out of a possible 37,890 theater discrepancies. The 59th MDW's mobility commitment continued to be the largest in the Air Force, with 3,271 personnel positions.

In a response to the devastation from Hurricane Katrina in August and Hurricane Rita in September, the wing deployed 60 medics to New Orleans and Mississippi to provide relief. Wing personnel safely relocated 36 late-term maternity patients and their family members from Keesler AFB, MS to Lackland AFB, TX. Approximately 29,000 evacuees were relocated to Kelly USA and wing personnel provided medical and other support to them while they were housed in temporary facilities there.

During 2005, 59th MDW personnel also performed humanitarian missions to Ecuador, Honduras, Paraguay, El Salvador, Republic of Georgia, Costa Rica, Peru, Chile, Nepal and Guyana.

One of the most important occurrences this year was the report from the Base Realignment and Closure Commission which called for the development of the San Antonio Regional Military Medical Center. The proposal stated, "Realign Lackland Air Force Base, TX, by relocating the inpatient medical function of the 59th Medical Wing (Wilford Hall Medical Center) to the Brooke Army Medical Center, Ft Sam Houston, TX, establishing it as the San Antonio Regional Military Medical Center, and converting Wilford Hall Medical Center into an ambulatory care center." This report will present a significant challenge to the wing for years to come.

Many individual members were recognized throughout the year, receiving countless high-level awards and accolades. Wing professionals were invited to speak at numerous functions and published a variety of clinical and research documents in military and civilian medical journals.

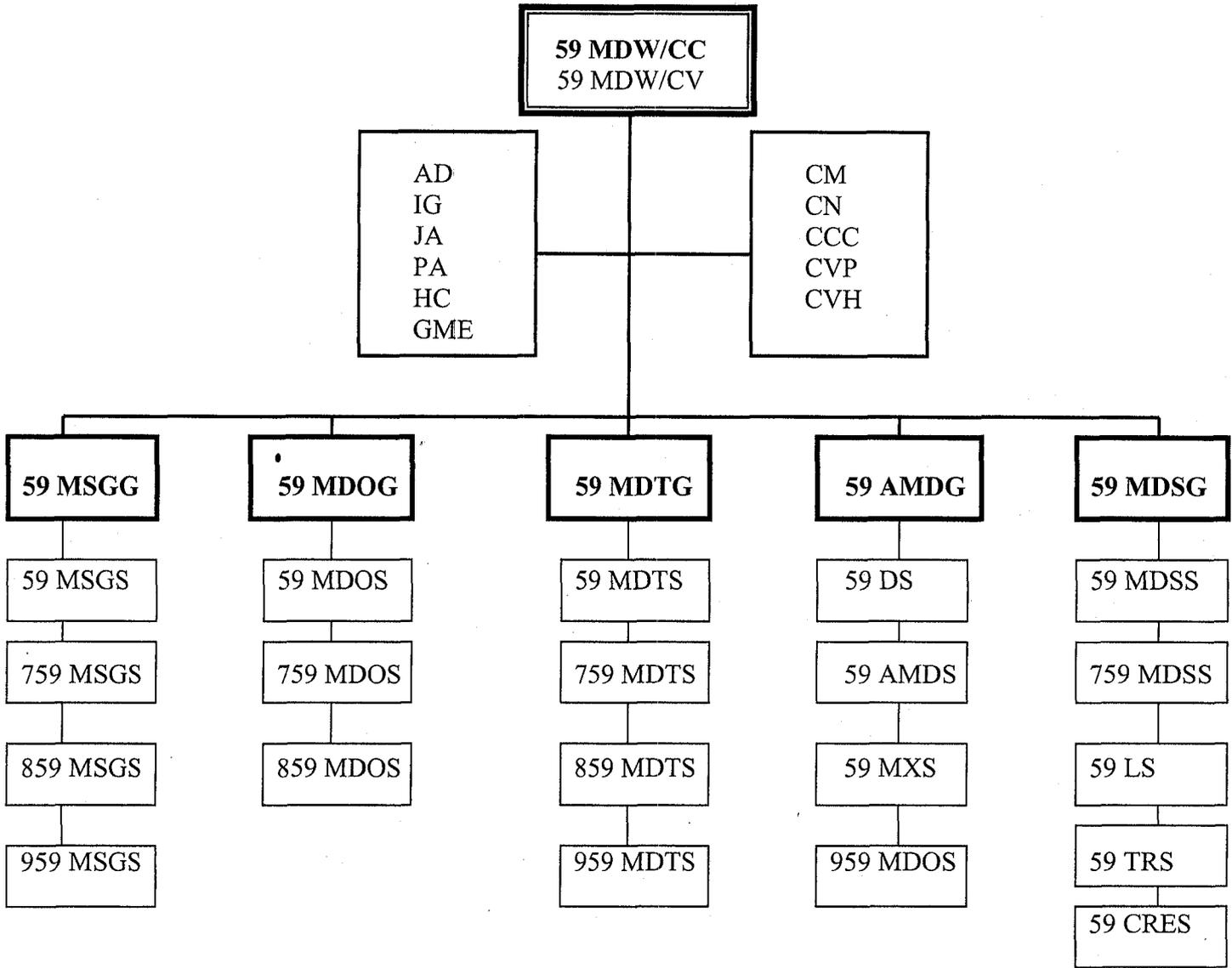
Our clinics accomplished innovative procedures with state-of-the-art technology, always striving to improve and enhance patient care. The 59th MDW continued to be a leader in DoD clinical research, with approximately 600 ongoing protocols during the year.

Community involvement by the 59th Medical Wing in the San Antonio area remained vital and strong. Our continued operation of a Level I trauma center in support of the emergency medical service network in the greater San Antonio area was one of these programs. Continued close cooperation in the community with partner Level I trauma centers and other community hospitals continued to showcase the quality dedication and abilities of the 59th MDW staff in supporting this tremendously important mission.

Another area of community involvement was our full participation in graduate medical education. In 2005 there were 584 Medical Corps residents and 260 graduated from programs sponsored by the consortium of the University of Texas Science Center at San Antonio, Brooke Army Medical Center, and Wilford Hall Medical Center. The graduate medical education program was challenged in the face of continued heavy deployments at both WHMC and BAMC that affected faculty staffing and patient care capacity. However, hard work by the programs, the San Antonio Uniformed Services Health Education Consortium and the commands kept the programs intact.

Details of the above accomplishments, and much more, are chronicled in the following chapters. The men and women of the 59th Medical Wing can indeed be proud of their accomplishments for calendar year 2005.

**59th Medical Wing Organizational Chart  
As of 31 December 2005**



See glossary for description of office symbols

## CHAPTER II

### MEDICAL WING STAFF

Maj Gen (Dr) Charles Green served as Commander through June. Brig Gen (Dr) David G. Young III assumed command in July. Col Donald Taylor served as Vice Commander. Col Kathy Fagan served as Director of Nurses through August and Col Laura Alvarado replaced her in September. The Command Chief MSgt was CMSgt Richard Hollins.

**Administrator (AD):** The Administrator was Col Marc Sager. Col Sager deployed in September and Lt Col Joanne McPherson, Chief of the 59th MDW Resource Management Office, filled in while he was deployed.

Offices under the 59th MDW Administrator included Resource Management, Manpower and Civilian Personnel, Plans Programs and Analysis, and Safety. Due to the short notice resignation of the Chief of Safety, that office's 2005 history is not recorded in this document.

**Financial Management and Manpower:** Lt Col Joanne McPherson served as Chief Financial Officer and was chief financial advisor to the wing commander, wing staff, and five group commanders. She was also the Director of Plans Programs and Resources and the wing comptroller. The year started with a budget branch, an analysis cell, and a uniform business office. It ended with budget, manpower, biometrics and a uniform business office.

Lt Col McPherson deployed to Balad AB, Iraq, from May to Sep 2005. During that time, the wing's fiscal year closeout was managed by Maj Mike Glass, who arrived from HQ AMC/SG in August, replacing Maj Eric Hyde. Needless to say, it was an extremely steep learning curve to arrive just two months before the end of fiscal year. However, it was also an extremely successful closeout.

Maj Hyde was the Chief of Resource Management and, at the beginning of the year was Lt Col McPherson's only deputy until mid-summer when Lt Col Laura Garner returned from a deployment to Balad AB. Upon her arrival, Lt Col Garner became the first Chief of the Manpower Branch. This organizational structure resulted in a much more responsive and better balanced resource management shop. Maj Hyde left in June for an assignment to HQ AMC/SG as the Manpower Branch Chief, a position his successor (Maj Glass) previously held.

Maj Glass organized an end-of-fiscal-year working group made up of group administrators and Lt Col Cary Collins, Logistics Squadron Commander and ERAA Chairperson. This group met weekly to prioritize all EOFY requirements. By the end of the fiscal year, the 59th MDW had executed over \$300M, including over \$20M in the last 24 hours, the largest closeout in its history. In fact, Air Staff passed \$8.4M to the 59th MDW with only two hours left in the fiscal year. Due to the preparations of the EOFY work group, those funds were expensed for medical equipment and furniture within one hour. When all funds had been obligated (\$302M) the remaining balance was \$39.

Lt Col Michael Brummett also arrived in the summer of 2005. Coming from the Air Staff, he took charge of the Plans, Programs and Analysis cell, eventually leading to his role as the lead representative for the 59th MDW on key programs such as construction of the North Central Federal Clinic, and working with the San Antonio Federal Healthcare Consortium to ensure 59th MDW representation and participation in city-wide federal healthcare agreements, projects and initiatives.

Mr. Keith Colby, assumed the positions of lead Budget Analyst in March 2005 after the position was vacant for more than four months. During that time, the lead budget analyst position was reclassified as a GS-13. Immediately upon arrival, Mr. Colby instituted a number of changes to include getting web access to several critical financial programs. He developed a comprehensive Status of Funds worksheet and laid the groundwork to decentralize much of the budget management to the groups.

One of the staff budget analysts, Ms. Julie Holcomb, left for another position on Lackland AFB. Ms. Gloria Sambrano, Ms. Geri Davis and Ms. Eva Garza were left to carry the workload. So, it was great relief when Capt Andrea Maya arrived from Mountain Home AFB, Idaho, to help in the RMO shop as Deputy Resource Manager. She undertook a variety of tasks, including converting the 59th MDW to the DTS for all its travel needs.

Ms. Millie Modzelesky, Ms. Linda Goode, and Mr. Darrell Casias worked with Capt Doug Stevens, Capt Rich Zavadil, Ms. Pricilla Parkhurst and Ms. Diana Padilla to craft the FY 06 business plan. The result was a benchmark plan emulated throughout the AFMS. In addition, this team analyzed a number of key processes that resulted in vast improvements in our business plan execution, all of which helped to move the 59th MDW closer to achieving its FY 05 business plan goals.

At the beginning of FY 05, the 59th MDW was a party in more than 111 agreements. By the end of FY 05, 59th MDW agreements had grown to more than 150. The agreements (MOUs, MOAs, support agreements, and special VA resource sharing agreements) were managed by the RMO Plans and Programs division (ADX). MSgt Aaron Rogers, ADX NCOIC, developed a superb database to handle the overwhelming task of tracking the development and lifecycle of 59th MDW's agreements (from genesis to the 59th MDW/CC's signature). The database also provided much better oversight and management of the entire agreements program. MSgt Rogers was joined in the summer of 2005 by Capt Chad Hackney who jumped right into the middle of managing several joint incentive proposals. He also took charge of the detailed arrangements to get the NCFC project on track (a joint venture with the VA to open a primary care clinic to serve our two populations who live in the San Antonio north central area around Loop 1604 and Hwy 281). This project received Joint Incentive Fund support and is scheduled to open in October 2006.

FY 05 began as a fairly lean financial year, with only \$191M, but it ended huge. During FY 05, Maj Hyde developed an analysis that demonstrated that the level of expertise at a Level I Trauma Center required additional civilian pay funds. With Lt Col McPherson's help, they justified a \$4M increase to the 59 MDW's civilian pay line. During FY 05, the 59th MDW received more than \$80M in one-time money, increasing the wing's total expenditures to more than \$302M, including \$32M for new medical equipment and \$12M for facility projects. Lt Col McPherson and Maj Hyde accomplished a great deal, in addition to managing the largest and most complex budget in the AFMS.

On the manpower side, Maj Hyde scrubbed the MAPPG 06 package that had not been touched since it was developed in January 2004. In the process, he discovered hundreds of staffing changes that would impact the wing in the summer of 2005 and create major chaos. Over a period of several months, he met with virtually every section in the hospital to realign available staff into an executable program. By the time MAPPG 06 was implemented, most of the negative impacts had been adjusted or absorbed. Those that could not be corrected or absorbed were identified to AETC and, in the intervening months, some were corrected.

On the money side, Lt Col McPherson and Maj Hyde engaged the Air Staff (Mr. Middleton and Mr. Gooding specifically) regarding a \$10.5M cut to the FY 06 contract budget, effectively reducing the EEIC 571 baseline from \$27M to \$16.5M, a cut also resulting from the FY 04 POM cycle. If not corrected, this deficit would have closed a significant number of ICU beds and significant damage to a dozen GME programs. Lt Col McPherson and Maj Hyde were able to secure a promise from Mr. Middleton and Mr. Gooding at the Air Staff Resources and Plans & Programs divisions to readdress the issue during the year of execution and try to get the issue resolved without draconian cuts to critical AFMS medical education programs.

Capt Demea Alderman, Flight Chief for the Business Operations Flight, and MSgt Amy Spence ensured reimbursements via third-party collections, MSA, and MAC programs were sustained at high levels. The 59th MDW collected a record \$20M in FY 05.

There were two MSC Reserve Officers assigned to the RMO during FY 05. Capt Michelle Emerson established a reasonable budget for the GME program, drafted an excellent policy letter on storage of household

goods, and also drafted two budget-related MDWIs. Maj Keith Wildes assisted with determining if the wing was being charged by the 37th Civil Engineer Squadron for utilities in buildings that 59th MDW personnel or missions did not occupy. He found some discrepancies, but nothing major. Maj Wildes also helped establish a budget office self-inspection program and assisted with getting a new contract tracking program up and running.

By the end of FY 05, the Wing Budget Office was audited or subjected to SAVs several times. A SAV from AETC determined that the Government Travel Card program, centralized into the Wing Budget Office, had to be decentralized since the span of control for the APC (one person) was in excess of 200 cardholders. The recommended span control is no more than 400-500. The program was decentralized to the groups, most going to their respective CSSs.

An Air Force Audit Agency audit of outstanding balances in the tri-annual review revealed a number of dormant obligations in the prior year amounting to more than \$3M. These findings were addressed and would later take months to resolve. To mitigate this problem in the future, the Budget Office and Medical Logistics de-obligated excess funding during the final month of FY 05, returning about \$3M into our current year program.

Another audit was on the process for requesting, approving, and tracking civilian overtime hours. The auditor's findings discovered that while the 59th MDW was within the allotted overtime budget (based on prior year obligations), wing personnel were not always completing the overtime request paperwork (AF Form 428) completely or within the regulation-established time frame. Maj Emerson and Capt Maya drafted a policy letter giving wing personnel step-by-step instructions on how to complete the form, requiring every block be completed. RMO also instituted a review process where we took a representative sample of overtime requests to determine if wing personnel were following the guidelines.

The HQ AFSG modernization panel sent an auditor to monitor the execution of the funds provided to the 59th MDW for specific purposes. There were no findings and it was determined that the wing was spending the funds for appropriate purposes.

The year closed with plans to reorganize the business planning cell, MEPRS and DQ into a single Biometrics section, under Maj Parks Gibson; to hire resource advisors for each group; decentralize portions of the wing budget to the groups; upgrade Ms Holcomb's position to a GS-11 budget analyst; and reclassify the secretary slot to hire a GS-12 budget analyst as the deputy to Mr Colby. These changes and the general direction at the end of FY 05 were instituted to develop Financial Management into, and function like, a real wing budget office.

Plans and Programs (ADX): Capt Eric Peipelman was the ADX Chief, but left in December 2004, to take a job as the administrator for the 59th AMDG. This slot was vacant until August 2005 when Capt Chad Hackney arrived from the DiLorenzo Tricare Health Clinic in the Pentagon to assume the position of ADX Chief.

MSgt Aaron Rogers served as NCOIC for ADX. SrA Tiffany Gelkin worked in ADX throughout the first three quarters of FY 05, leaving in the summer of 2005.

Beginning in the late spring 2005, Maj Nelson was pulled over to the main hospital building to assist with Facilities issues, to include planning and making preparations for the pending 2005 BRAC commission report which was due out 13 May. The BRAC 2005 recommendations officially became law on 9 Nov. Lt Col Brummett arrived as the Chief of ADX in early September.

During her time at the main hospital, Maj Nelson also spent a great deal of time working with her partners at BAMC and a contracted entity to draft the concept of the San Antonio Military Medical Center, the proposed solution to meeting the anticipated BRAC requirements of merging both WHMC and BAMC to create one medical center, located on two campuses. The SAMMC North Campus at Fort Sam Houston would serve all military in-patient needs, while the SAMMC South Campus at Lackland AFB would serve all military outpatient and same-day surgery needs.

ADX suffered a significant manpower shortage and "brain drain" of corporate knowledge and continuity for a large part of FY 05. In fact, MSgt Aaron Rogers essentially carried out all ADX functional responsibilities working as a "one-man shop" for nearly eight months after Capt Peipelman's departure, the last three of which he actually *was* a one-man shop (as Maj Nelson was gone by that point).

In FY 05, ADX worked with the VA and BAMC to submit project proposals for DSS and JIF joint-initiative funding mechanisms. DSS and JIF are products of the FY 03 National Defense Authorization Act (Sections 721 and 722, respectively) and monitored by the VA/DoD HEC.

FY 05 saw the continued development of the NCFC project. Capt Peipelman worked closely with VA representatives in fleshing out the details to enable this project to get off the ground. Since his next job was to be the AMDG administrator, it was determined that he should continue working the NCFC project after he left ADX for continuity purposes. Under a proposal to "break off" AMDG and its primary care function from the 59th MDW and realign AMDG under the 37th TRW, as the 37th Medical Group, Capt Peipelman would continue to manage the AF interest at NCFC. NCFC is a primary care clinic and would therefore fall under the new 37th MDG.

However, the NCFC project suffered a significant setback in early to mid FY 05, when the proposed leased property (former Albertson's grocery store) was subsequently leased to another lessee before the 59th MDW could secure it. This threw the project behind schedule nearly one full year, as Capt Peipelman and VA representatives searched for a new rental site, and eventually were forced to build a new facility for the NCFC.

Also during the first and second quarters of FY 05, Capt Peipelman drafted proposals for two additional JIF projects, which were approved later in FY 05, and funded in the first quarter of FY 06: Digital Imaging Tele-radiology JIF proposal and a WHMC Hyperbaric Medicine JIF proposal.

In late Aug 03, ADX, VA and BAMC submitted a proposal for a DSS project, the San Antonio Joint Credentialing Project. This project successfully progressed through two levels of review for funding, and was finally approved for funding in the summer of 2004. Implementation of the Credentialing project officially occurred on 1 Oct 05. This project was managed locally by project officer, Dr. Deborah Cannon, at the VA.

In second quarter FY 05, ADX, in conjunction with the VA and BAMC, submitted another DSS project proposal, the Lab Data Sharing Initiative, which was officially approved for funding in Apr 05. This project was managed locally by project officer, Mr. Donald Perro, at the VA.

Beginning in early September of FY 05, Capt Hackney worked very closely with the local San Antonio trading partners at the VA and BAMC, for nearly eight weeks to brainstorm, research and draft three more proposals to the JIF for the Fall 2005 round of JIF proposal submissions. Proposals were created for the following joint ideas: expansion of the WHMC Sleep Studies Lab (to accommodate BAMC and VA patients), creation of a Joint Dialysis Center at BAMC for outpatient dialysis services; and a joint open MRI service at the VA. These proposals were edited and fine tuned more in the early months of FY 06. However, the 59th MDW officially "nonconcurrent" on all three proposals at the 18 Nov 05 meeting of the San Antonio Federal Health Care Consortium. In fact, none of the proposals could muster a consensus of the Consortium's voting members (Mr. Jose Coronado, VA Director; BGen James Gilman, BAMC Commander; and BGen David Young, 59th MDW Commander). All three proposals went down in defeat. As such, the federal medical treatment centers in the San Antonio area submitted no proposals to the Autumn 2005 round of JIF.

While Capt Hackney was engaged in the creation of the 2005 proposals, Lt Col Brummett engaged heavily in learning as much as possible about the existing JIF projects of which 59th MDW was a partner, especially the NCFC. After the November Consortium, Capt Hackney joined Lt Col Brummett in heavily engaging the existing JIF projects, ensuring that the 59th MDW had visibility of all aspects and decisions regarding the JIF projects.

ADX continued to engage with our VA and BAMC partners at the monthly San Antonio Federal Health Care Consortium, which rotated location each month among the three facilities. At this meeting, the VA

Director, BAMC and the 59th MDW commanders, and all three facilities' respective resource-sharing staffs met to discuss agreements and existing and proposed joint projects. This meeting also gave the VA director and BAMC and 59th MDW commanders the opportunity to discuss current issues or issues on the horizon.

**Chaplain (HC):** The 59th MDW Wing Chaplain was Ch Lt. Col. David E. Wilshek and the NCOIC was TSgt Jason D. Knight. HC is manned by 5 Permanent Party Air Force Chaplains, 3 Auxiliary Chaplains, 4 Chaplain Assistants, over 40 Lay Volunteer Ministers and a Civil Servant who provide world-class pastoral care to everyone who enters our doors. HC provides pastoral care to all who enter our hospital -- patients, family members and staff. We provide the only Air Force Crisis and Trauma Training in the Air Force, training over 50 Chaplains and Chaplain Assistants for wartime ministry. We also train 6 Air Force Chaplains in Clinical Pastoral Education, a year-long residency that leads to Chaplains trained in wartime trauma and crisis, a high-demand skill for OEF and OIF.

We provide 24/7 patient and staff visitation, counseling, crisis response, sacraments, religious rites, worship services, downtown referrals and training. Our mission is a 24/7 operation to support the staff of Wilford Hall and to care for its patients and their family members. The staff includes Protestant, Catholic and Jewish Chaplains with faith group representatives from other faiths to meet the needs of all who enter our doors. The staff offers a Catholic Daily Mass Mon-Fri at 1100 and also a Sunday Morning Mass and a Sunday Protestant Service at 1500.

The Lay Volunteer Program is an integral part of our outreach to patients and family members. We have over 40 Lay Volunteers who are trained to provide pastoral care and personal visitation and prayer. Catholic Lay Ministers are also trained to be extraordinary ministers of the Eucharist.

HC, in support of the AF Chaplain's Service Institute at Maxwell AFB, AL leads 3 Crisis and Trauma Courses each year for Chaplains and Chaplain Assistants. The purpose of these courses is to prepare our Chaplain Service personnel for wartime ministry and to expose them to how hospital ministry is done during crisis and trauma situations. The students are also taught stress management and other coping techniques which will help them in both the war zone and stressful situations at their home station.

HC also offers a year-long fellowship program for 6 qualified Air Force Chaplains each year at Wilford Hall. There are similar programs run at Brooke Army Medical Center and at the Walter Reed Army Hospital. These Chaplain residents provide pastoral care to patients, families and staff while honing their pastoral skills on wartime preparation and for instant responses required on the battlefield. The residency program produces graduates that are in high demand as we continue with OIF and OEF.

In 2005 HC deployed 2 Chaplains to Balad, Iraq. Lt. Col. Wilshek deployed as the Senior Wing Chaplain from April to September. Capt John Elliot deployed in December. HC also played a capstone role in caring for victims of Hurricane Katrina and were lauded by many for their selfless service and compassionate pastoral care on a 24/7 basis to those displaced by the Hurricane and sheltered at Kelly USA.

**Inspector General (IG):** Lt Col Adanto R. D'Amore served as the 59th MDW IG until December, when he was replaced by Col Randy B. Borg. SSgt Sara Castillo continued to serve as NCOIC. The IG handled 190 complaints during 2005, of which 42 were non-IG Congressional inquiries. In Dec 05 the 59th MDW restructured its IG office to include the performance improvement and compliance function, which had formerly been under the CM office.

**Legal (JA):** In 2005, the Medical Law Office at Wilford Hall Medical Center continued to remain busy, providing medical-legal advice to the 59th MDW Commander and other commanders and reviewing multiple medical malpractice cases from Air Force installations across the globe. As part of its hospital counsel role, JA office reviewed multiple memoranda of understanding and agreement with other health care institutions, human

and animal research protocols, gifts and grants packages, and supplements to Air Force Instructions. The Medical Law Office also advised commanders regarding credentialing, privileging, and peer review processes and served as Ethics Counselors for the 59th MDW. Finally, the 59th MDW legal team provided legal assistance, including wills and powers of attorney, for hundreds of WHMC troops deploying to Iraq and Afghanistan and to patients eligible for DoD benefits.

Maj Jim Gross separated from the Air Force in the summer of 2005, and Capt Don Davis PCS'd in early 2005. Capt Elliot Selle and Capt Jarrod Blecha arrived as their replacements. Capt Selle deployed to Keesler AFB for a month to assist with Katrina claims relief. SSgt Guadalupe Fierro serves as paralegal. Two long-time volunteers, Ms. Caroline Duffy and Col (Ret) Phillip Mills, graciously offered invaluable assistance.

The WHMC Medical Law Office looks to 2006 and beyond with anticipation, eager to meet the challenges new relationships with federal and civilian medical institutions, continued deployments, and advances in medical technology will bring.

**Public Affairs (PA):** The hard-charging Public Affairs team produced continuous local and national coverage of the 59th MDW's mission in 2005. The Discovery Health Channel embed at the Balad AB, Iraq, U.S. military hospital resulted in a one-hour film documentary that was aired on Discovery Health and Discovery Military channels multiple times. The national spotlight on the Air Force theater hospital attracted other media, including the *USA Today* and *Men's Health* magazine. We also were instrumental in a variety of media coverage of CCATT missions following Hurricanes Katrina and Rita and hosted a Hollywood production team who is working to create a dramatic TV series based on Wilford Hall Medical Center.

In April, the wing newsletter, *Vital Signs*, was converted from paper to a web-based publication, posted on the wing intranet and internet sites. This initiative decreased the cost of the product and helped ensure it was delivered to all wing personnel and available to all patients with web access.

Other communication enhancements included recognition boards (to acknowledge staff accomplishments), story boards (for tours and patient education), and daily e-mail announcements (to provide vital information to all wing personnel).

During the year, the busy Public Affairs Office fielded approximately 200 patient-related media queries, reviewed 215 professional papers for science/medical journals, monitored 60 commander's action line concerns, and conducted 36 tours.

**Chief of Medical Staff (CM):** The Chief of the Medical Staff was Col Edmund S. Sabanegh. The Deputy Chief was Col Jerry B. Owen. Nancy Williams-Sykes served as the CM secretary. CM consisted of the Credentials, Infection Control, Patient Safety, Risk Management and Compliance Offices.

CM chaired the following committees in 2005: Executive Committee of Medical Staff (ECOMS), Credentials, Medical Records Review Committee, Pro Staff, and Compliance. CM remained the approval authority for supplemental care, the Exceptional Family Member Program (EFMP), and Secretarial designees. The major social function of the year was the 2005 Gold Headed Cane Banquet in February in downtown San Antonio. The guest speaker was J. Edward Hill, President Elect of the American Medical Association.

The SGH function was reorganized at midyear as a foundational team with the Group SGHs. Weekly meetings with Group SGHs and the CM staff were instituted to improve communications.

Most functions were consolidated on the first floor in the 1A and 1E hallways. The infection control function was relocated to 3A.

**Credentials:** The Credential's staff included the Manager, Darlon Jackson; two civilian credentials technicians, Ms. Barbara Arocha and Ms. Charnell McDonald; and two contract employees, Ms. Vanessa Vara (technician) and Ms. DeeAnn Willey (clerk).

The Credentials staff continued to step up to the challenge of processing Transfer Briefs for deployed

healthcare providers in support of OEF/OIF. Requests for these Transfer Briefs were often received with a short suspense and all were successfully completed in a timely manner. Credentials played an integral part in the transition of the Brooks City Base providers without any additional staff. The Credentials section will be updating all the providers in the Centralized Credentials Quality Assurance System (CCQAS) for entering and tracking all the providers' credentials, privileges, and risk management issues being tracked by WHMC and forwarded to AETC and AFMSA. The Credentials staff is currently involved with setting up the DOD/VA sharing project, tracking all credentialed and privileged providers' records. The Credentials staff has had a superb year; in addition to training three new staff members starting in May.

Infection Control: Maj Robert O'Connell turned over the reins as the Medical Director and Infection Control Committee Chairperson to Maj Michael Landrum in July. Ms. Cynthia Reyes, a Contract LVN joined the Infection Control Department in March to assist with multiple ongoing projects.

Maj Luci Perri, the Director of Infection Control, presented a litter disinfectant study poster at AMSUS in Oct. In addition, Maj Perri presented a poster entitled *Multiple Drug Resistant Organisms Identification Process* at the Summer Institute for Evidence based Practice in San Antonio in July.

Infection Prevention Week activities (17-21 Oct) included free CEU's for staff members, door prizes, and a vendor fair to highlight products used in the wing that have infection control implications, such as safety devices and hand hygiene agents.. Infection Control sponsored a bulletin board contest with ten areas participating. All bulletin boards were judged by the Chief of the Medical Staff, the Deputy Chief of the Medical Staff, and the Wing Chief Nurse Executive. The winners of the bulletin board contest were: SICU (Lt Nonnie Dotson) first prize, Internal Medicine (TSgt Karolyn Harris) second prize, and 7D (Lt Amanda Lail) third prize. The judges had a very difficult time determining the winner since all participating areas did such a super job!

The Infection Control Manager, Mrs. Michele Riboul, offered the Control and Prevention of Infection in Endoscopy Course with 14 of the 15 areas requiring this training in attendance. In addition, through observation of practice, Ms. Riboul has been able to increase compliance to standards in all clinics by 80%.

The Surveillance Technician, SSgt Jaimy Gennero, identified and managed over 500 patients requiring isolation precautions for resistant organisms, which resulted in maintenance of the low rate of vancomycin resistant Enterococcus. SSgt Gennero also trained over 200 healthcare workers in infection control practices and policies. The Infection Control Department introduced a more comprehensive graph of resistant organisms to allow better tracking of overall increases in resistant organisms.

The following outline of the top four programs indicates the variety and sophistication of the medical center's infection control program:

1. Preventing Occupational Exposures: Although IC no longer manages the HAPC Program, Infection Control still lends clinical expertise to comply with required laws and standards. A safety insulin syringe was evaluated and adopted for use in all areas that administer insulin. In addition, safety TB syringes were evaluated for use in the Hematology Oncology Clinic, however, were not adopted.

2. Construction and Infection Control Risk Assessments: Infection Control evaluated more than 50 construction, renovation and remodeling projects for their impact on patients' environment of care. Interim infection control measures to protect patients from airborne or waterborne pathogens using an infection control construction risk assessment were implemented in various areas throughout the facility. In addition, Infection Control joined Facilities Management in periodic visits to some of the project sites to determine if the infection control recommendations were being followed. The periodic visits improve visibility and aid contractor understanding of expectations from an infection control perspective.

3. Ventilator Associated Pneumonia (VAP): Surveillance of any SICU inpatient on a ventilator for more than 48 hours was conducted throughout the year. While statistically insignificant, the VAP rate has consistently exceeded National Nosocomial Infection Surveillance System (NNIS) rates despite prevention

efforts. The difficulty in reducing the VAP rate is not surprising since SICU staff members are endeavoring to reduce an endemic rate, which is rather complex, at best.

4. Surveillance to Contain and Control Significant Pathogens: Infection Control followed Aspergillus, Legionella, MRSA, VRE, C. diff, pseudomonas, stentrophomonas, burkholderia, Alcaligenes, resistant E. coli, vancomycin intermediate resistant staphylococcus, and Group A Strep. All rates remained in line with expected rates, except for a cluster of C diff in February. According to research, hands of healthcare workers are frequently implicated in clusters and outbreaks; therefore, Infection Control assisted the affected unit with staff education.

Patient Safety: The Patient Safety Office (PSO) staff consisted of a Patient Safety Program Manager and a data analyst. The office provided oversight for successfully creating, implementing and deploying the national patient goals throughout the Wing. A Patient Safety Award (policy and procedures category) was received from the DoD Patient Safety Program on our strategies to improve identification of trauma patients. Key responsibilities of this office continued to focus on national patient safety goals, patient safety event reporting, tracking and trending; quarterly briefings to key committees on patient safety trends/metrics; coordinator and primary instructor of the Medical Team Management Training Program; and facilitation of RCA and FMEA analyses and education/training on Patient Safety at orientations, ProStaff meetings, and commander's calls. The office continued to produce creditable and thorough sentinel event analysis as evidenced by JCAHO accepting all reports. Activities for sentinel events included sentinel event tracking; oversight and facilitation of the RCA process; preparation of formal RCA documentation to JCAHO, command and air staff; preparation of formal briefings to the BOD and 59th MDW Commander; and creation of the JCAHO-required six-month follow-up reports.

Non-attribution reporting was evident by the number of harmful and non-harmful events reported (1,100). Numerous wing-level corrective actions were implemented to prevent future occurrences. Process improvement actions included correct site dental tooth markings, team management during final time-out before surgery, medication administration, and procedure/policy clarifications.

The Patient Safety office performs aggregated data analysis utilization statistical methods with continuing reporting of such on a monthly/quarterly basis to ECOMS, P&T, NEC, AFIP, AETC and AFMOA.

Accreditation, Self-Inspection/Assessment, and Performance Improvement Office (CMQ): Lt Col Bianca Garza was Director. TSgt Tony Alvarez was the NCOIC and directly responsible for all audits and tracking of the MDW self-inspection programs. CMQ lost one 4NA and had one unfilled GS-7 performance improvement (PI) position. TSgt Erin Wooden, Asst NCOIC, was responsible for the MDW Operational Readiness Inspection Self-Assessment Program, AF IDEA Program, Recurring Inventory Program and the Institutional Review Board (IRB) Self-Inspection program. All programs, with the exception of the ORI program, were transferred to the 59th MDSG. TSgt Alvarez retained the ORI program. Mrs. Stringer (PI) departed in June. She tracked all clinical quality issues to include the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) National Quality Goals/ORYX measures and JCAHO National Patient Safety Goals (NPSGs)/record audits. She also coordinated/tracked the DoD Patient Safety Alerts, SG Notice To Airman (NOTAMS), and the MDW and JCAHO Sentinel Event Alert reviews and sustainment of performance improvements. The GS-7 position remained unfilled. Lt Col Garza resumed all aforementioned responsibilities. Lt Col Garza requested/received a GWOT position to replace the 4NA. Mr. Daniel Carbajal, Contract Administrative Medical Technician, was assigned on 3 Oct. He assumed the review, coordination and tracking of the JCAHO National Quality Goals/ORYX measures. He is the POC for the JCAHO data abstractor with Lockheed Martin. He communicates all provider "metric" concerns to the data abstractor. Mr Carbajal updated the MDW "Accreditation" web page with tools to sustain a continuous inspection-ready state by preparing for the next patient everyday. Lt Col Garza developed a method to review all DoD Patient Safety Alerts, SG NOTAMS, and the MDW and JCAHO Sentinel Event Alert reviews. She partnered with the wing-

level committee chairs, who select a subject-matter-expert(s) (SME) to review the alert and assess recommended risk reduction strategies. The SME reports to the respective committee and the review is tracked until all approved PIs are implemented. TSgt Alvarez, in collaboration with IT, implemented an electronic tracking system to account for compliance with 100% MDW personnel reading all alerts. TSgt Alvarez coordinated all internal and external audits to include GAO, DoD/IG, Air Force Audit Agency, TRICARE Management Authority; and other external audits accumulating to approximately 24 audits per year. TSgt Alvarez also coordinated the 43 reoccurring inspections, of which 32 result in "national and/or international accreditation" status. Lt Col Garza coordinated follow-up responses every 90 days until closure for JCAHO, HSI, ORI and ESOHCAMP open items. She coordinated the MDW's first mandated September 2005 JCAHO Periodic Performance Review (PPR) and follow-up teleconference with the JCAHO and the JCAHO Standards Interpretation Group (SIG). The CMQ staff authored and coordinated all audit, HSI and ORI survey response reports. The 59th MDW was one of the first facilities to be surveyed by JCAHO's new "tracer methodology process." Lt Col Garza and the 59th MDW Group Performance Improvement Advisors (PIAs) presented an hour-long teleconference on the *Tracer Methodology Survey Experience* to the AMC MAJCOM/SGQ and bases. They shared their 13-minute tracer methodology training video with all MAJCOMS, subscribing to the 2-hour video, as well as with the 59th MDW frontline staff. The CMQ staff, MDW Group PIAs, Patient Safety, Infection Control, Pharmacy and Data Quality subject matter experts (SMEs) completed monthly wing-wide, "tracers." The findings led to improvements in environment of care and patient safety (back-up power system/red plug installation and eliminating the use of extension cords in units with the greatest number of patient falls), organization ethics/patient rights (partnered with the 37 TRW recycling program resulting in performance improvement of confidentiality of PHI) and the National Patient Safety Goal to improve effective communication among caregivers (implemented and sustained the two-identifier method to ensure patient identification and prevent medical errors). CMQ continued its involvement in the implementation of the AF self-inspection software, MedFACTS, and participated as the beta test site for AFMOA. CM/CMQ continued to lead the MDW Accreditation/Self-Inspection, PI (Compliance) Committee, as a forum for reviewing all organizational compliance issues and maintaining /sustaining patient safety and quality care everyday by "preparing for the next patient."

**Risk Management:** The Risk Management staff consisted of the Director, Robert Hilsman; SMSgt Michele Tavish; SSgt Angela Messer; and Terry Ross. Risk Management was responsible for the following programs in 2005: Medical Malpractice Claims, Potential Compensatory Events (PCE) Claims, Medical Investigation Inquiries (MII), Medical Occurrence Reports, Safe Medical Device Act, Restraint Tracking, Non-Credentialed Provider Peer Review and credentialed and non-credentialed provider Adverse Actions. The significant CMR activities in 2005 are detailed below:

1. Medical Malpractice Claims for 2005: There were 38 claims filed against WHMC during the year, with 83 QOC reviews. The RM Committee reviewed the claims, the preliminary QOC reviews and determined the involved SIPs for each claim and if the standard of care (SOC) determination was met or not met. Preliminary draft letters were sent to each physician that was a significantly involved provider (SIP) and whether the SOC was met or not met. The providers were contacted and the claim was processed IAW AFI 44-119, Chapter 8.

2. Potential Compensatory Claims: Investigations from various medical incidents, unexpected deaths and reported "near misses" resulted in 21 quality of care reviews in 2005, naming of SIPs and if the SOC was met as a process improvement effort and this directed a policy change for the 59th MDW. Many current investigations, which included patient complaints, unexpected deaths, patient safety issues and medical occurrences, were reviewed and coordinated within the four medical groups for QOC reviews, the list of SIPs and for the standard of care determination. These results were then forwarded to the RM Committee to review and provide process improvement in a timely manner. These reviews were compiled into a slide briefing to be

forwarded to the ECOMS, Nurse Executive Committee (NEC), Environment of Care (EOC) and Pro Staff to review all patient complaints, patient safety and medical occurrences that led to medical malpractice claims.

3. Medical Investigation Inquiry (MII): There was one MII successfully coordinated and completed by RM in 2005. The results were forward to the 59th MDW Commander, AETC, and AFMSA/CC.

4. Safe Medical Device Act: The RM Department tracks all the surgical safe medical device reports entered into the database on implants for surgical and cardiology patients. There were 1,012 implants in 2005. There were eight requests from the FDA for information on equipment and catheter recalls and WHMC had three recalls on implantable devices.

5. Restraint Tracking: The RM Department tracks all the inpatient, outpatient and emergency room restraints. There were 1,310 provider orders for restraints in 2005. RM reviews, tracks and makes quarterly reports from the database for restraint use to both the NEC and ECOMS committees. This reporting assisted in better tracking from the previous documentation problems that were noted by JCAHO inspectors/surveyors.

7. Peer Reviews: There were five peer reviews accomplished in 2005. One external peer review was completed by Wright Patterson AFB.

8. Adverse Action on Privileged and Non-Privileged Providers: There were seven privileged adverse actions and two non-privileged actions on providers at Wilford Hall Medical Center due to administrative actions, physical and medical impairment.

9 Education: Briefings on the above subjects were accomplished at New Resident Orientation, bi-monthly Newcomers Orientation, Nurse Practice Work Group, Nurse Executive Committee and various unit QI meetings. Education continued with all PIAs for each group on how to accomplish Quality of Care (QOC) reviews and the process for completing root cause analysis and Tap Root under the new Patient Safety Program and JCAHO guidelines.

**Graduate Medical Education (GE):** The Graduate Medical Education office oversaw the largest number of postgraduate medical training programs in the Air Force. In 1997 the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) was formed to integrate duplicative residency programs at the two military training facilities in San Antonio. The current members are WHMC and BAMC, with a major affiliation with UTHSCSA and Darnall Army Community Hospital at Ft Hood TX. SAUSHEC currently sponsors 32 ACGME-accredited specialty and subspecialty programs. There are 18 integrated programs between WHMC and BAMC. WHMC has nine freestanding programs and BAMC has five. In addition, SAUSHEC works closely with UTHSCSA on four of its programs that have military trainees. SAUSHEC also facilitates training in Oral and Maxillofacial Surgery programs at WHMC and BAMC and a number of allied health training programs at both facilities.

In 2005 there were 584 Medical Corps residents – 336 Air Force, 246 Army, and 2 Navy; 67 Dental Corps residents – 59 Air Force, 4 Army, and 4 Navy; 28 Air Force BSC residents; 6 Air Force Chaplain Corps residents; and 1 Air Force MSC resident. (Note: The term “resident,” as used here, refers to a physician at any level of GME.)

All SAUSHEC GME training programs are accredited by the ACGME and have an average cycle length between site visits of 4.8 years versus the national average of 3.3 years. As indicators of success, Specialty Board pass rates are 100% for most programs, and field evaluations from residents who have graduated show that most feel that their residency training prepared them well to perform their current staff duties.

COL John Roscelli (MC, USA) retired from the Army and was replaced as Dean of SAUSHEC by Col Theodore Parsons, former Director of Graduate Medical Education (DME). His reporting official is the Vice Commander of WHMC, but he is accountable to the commanders of both WHMC and BAMC who make up the SAUSHEC Command Council. Mr. Richard Boggs (whose contract position was converted to a GS-13

position) and Ms. Ylida Benavides (whose position was upgraded from a GS-7 to a GS-8) continued to serve as Program Manager and Administrative Assistant, respectively. Col William Flynn was appointed Associate Dean/DME at WHMC in June and Lt Col Eleanor Avery was appointed as Assistant Director of GME as an additional duty. Ms. Sharyn Hights and Mr. Adam Jimenez continued to serve as the Educational Technician and Administrative Assistant, respectively, and Mr. Jaime Acevedo remained the Clerkship Coordinator. Ms. Elizabeth Duque (GME Executive Administrative Assistant) left for another job in December. Ms. Jacqueline Rocha, contract employee hired to input data on residents in CCQAS, sought other employment and Melanie Tingle was hired in April to complete the contract. She left in November for another position and was replaced by Brenda Williamson.

Wilford Hall hosted the annual DME meeting May 5-6. DMEs met with Air Force Physician Education staff members to discuss changes in Air Force policies and relevant issues on a strategic level. At the 6 Sep SAUSHEC Command Council meeting, the Dean stated his intent to review and revise the existing SAUSHEC MOA, bylaws, and budget principles for ratification by the new commanders of WHMC and BAMC and Air Force and Army Surgeons General. In August SAUSHEC Program Directors and key faculty members attended a one-day offsite at the Pyramid Chapel on Lackland AFB. Featured speakers were Col Thomas Grau (SAUSHEC Internal Medicine Program Director), Maj Jami Elder (SAUSHEC Anesthesiology faculty member), Jon Rohrer, PhD. (Michigan State University, Director of Faculty Development), and Mr. Robert Brady (Michigan State University, Faculty Development Team). The theme was "Implementing an Effective Faculty Development System within Your Program." In October Lt Col Avery was named Chair of the SAUSHEC Simulation Coordination Committee that will coordinate all simulation assets within WHMC and BAMC. The major GME challenge was maintaining the excellence of SAUSHEC programs in the face of continued heavy deployments at both WHMC and BAMC that have affected faculty staffing and patient care capacity. Hard work by the programs, SAUSHEC, and the commands kept the programs intact, but the challenges continue.

On 3 June, 260 residents graduated from SAUSHEC-sponsored training programs. The graduation ceremony was held at the UTHSCSA Auditorium. Guest speaker was Lt Gen (Dr.) George Peach Taylor, Jr., Air Force Surgeon General and functional manager of the US Air Force Medical Service.

New Program Directors were selected for integrated programs in Cytopathology, Dermatology, Diagnostic Radiology, Gastroenterology, Infectious Disease, Nuclear Medicine, Otolaryngology, Pediatrics, Psychiatry, and Pulmonary/Critical Care and for the WHMC freestanding Transitional Year residency program.

## CHAPTER III

### 59TH SURGICAL OPERATIONS GROUP

Col Charles Hardin continued as the Group Commander. The Group welcomed Col Lorrie Cappellino as the new Deputy Group Commander, Col David Smith as the Chief of Medical Staff, and Chief David Green as the Group Superintendent. We brought on board two new First Sergeants, SMSgt David Williams and MSgt Michael Dorazio. MSgt Dorazio earned First Sergeant of the Year for Lackland Air Force Base.

The Group was able to handle more than 221,000 outpatient visits, treat 4,800 inpatients, and perform 9,500 surgical procedures. The Surgical Group's productivity exceeded the business plan goal of 234,000 relative value units by more than 5,000. The operating budget of \$27M was augmented with a much needed capital infusion to purchase more than \$15M in critical equipment.

**59th Surgical Operations Squadron:** Col Martin D. Bomalaski relinquished command of the 59th Surgical Operations Squadron to Col Gary I. Arishita. Lt Col Denise L. Klapp was the Deputy Commander who retired; Lt Col Annie Jackson took over the position. Mrs. Yvonne M. Haines is the secretary to the Commander. SMSgt Tammy S. McDuff was the Squadron Superintendent and was promoted to Chief Master Sergeant and became the Wing 4N0 functional Manager. The Squadron Administrator or Medical Squadron Corps (MSC) officer was Maj Dorothy L. Oakes who retired and became the 59th Surgical Operations Group Budget Analyst. Maj Oakes' position was assumed by Capt Stacey C. Krishna.

**Anesthesia Flight:** Lt Col Harry Ervin remained the Anesthesia Flight Commander throughout 2005. MSgt Velinda Tharpe replaced TSgt Cassandra Reefer as the Flight NCOIC. The shortage of Air Force anesthesiologists finally ended during the summer of 2005 and the flight is 123% manned for the specialty. This year's anesthesiology graduates continued our tradition of scoring in the top 5% nationally on the in-training exam and we continue to maintain a 100% board certification rate that is the envy of most other programs. The integrated Army-Air Force residency continues to move toward a seamless system, allowing us to focus on each institution's strengths to produce some of the most capable anesthesiologists for each respective service. At Wilford Hall, the residents complete specialty rotations in cardiac, pediatric, vascular, neurosurgical and obstetric anesthesia as well as critical care medicine, pain management and research.

Clinical productivity remained a concern in the presence of an unprecedented OPSTEMPO. The increased OPSTEMPO had a significant impact on the department of anesthesia as we were tasked with expanding surgical services at Balad AB, Iraq. Fondly referred to as "Wilford Hall East", the Iraqi hospital showcased the quality of anesthesia providers developed at Wilford Hall Medical Center. The department continues to have three anesthesiologists and four nurse anesthetists deployed to Balad at all times in support of Operation Iraqi Freedom.

As the year closed, the Anesthesia Flight looked back on a successful, yet stressful, year. The future of operations at Wilford Hall Medical Center remains a looming question. Despite the uncertainty, the department of anesthesiology will continue to be successful in the delivery of healthcare whenever and wherever the mission dictates.

**Operating Room Services Flight:** Lt Col Donna Smith was the Flight Commander. Maj Stetson was Deputy Flight Commander. We were tasked beyond comprehension in support of the global war on terrorism and deployed 46 individuals in 2005 to Camp Anaconda, Balad AB, Iraq. In addition to contingency deployments, we prepared relief/medical teams for Hurricane Katrina and Rita relief for deployments to New Orleans and Mississippi. Personnel volunteered numerous hours to support the 8,000 evacuees at Kelly Air Base. We supported many humanitarian missions throughout the world; two- ENT/Plastics missions to Ecuador, two- Eye missions to Honduras, ENT/Eye mission to Paraguay, and oral Surgery/Maxillo-facial

mission to El Salvador. All of these missions were maintained even with the loss of those who PCS'd or separated this year, which totals 22 technicians and 17 nurses.

Our many achievements throughout the year include SrA Dallin Bastian winning 2005 Surgical Tech of the year for the Air Force and the Humanitarian Award for AETC. MSgt Colette Sazil won NCO of the Quarter in March, A1C Charles Orphe won Airman of the Quarter in December, and SSgt Andy Nobles won NCO of the Quarter in September. Capt Kirkpatrick was selected out of 54 nurses as the CGO Nurse of the Year for the Surgical Flight and Lt Diaz was the Group CGO of the Quarter. Four of our OR nurse officers were selected for Lt Col: Maj White, Maj Stetson, Maj Hamilton, and Maj Perez -- once unheard of in the OR realm. Capt Holley and Capt Lopez were selected to the rank of Major which marked a huge milestone.

The OR saw many patients with infections who needed to be under strict contact precautions. We had a new organism introduced to us from Iraq called Acinetobacter Baumannii. Our caseload increased from 8,036 to 9,557 with less staff, due to deployments.

Post Anesthesia Care Unit (PACU): Maj Karen Ottinger relinquished command as the Surgicenter Flight Commander to Maj Flavia Casassola. MSgt Angel Nunez assumed duties as the Flight NCOIC, replacing MSgt Dale Kirby who became a full-time Independent Duty Medical Technician (IDMT) due to the AF's creation of an IDMT career field. Maj Cunningham and TSgt Caldwell were appointed as Nurse Manager and NCOIC of the PACU.

The PACU staff recovered over 13,000 surgical and special procedure (pediatric and adult) patients this year to include patients from MRI, Interventional Radiology and Cardiac Catheterization. The PACU supports the OR and ancillary departments within the facility. The PACU recovers C-section patients and covers conscious sedation cases two days a week.

Pre-Anesthesia Clinic: The Pre-Anesthesia Clinic was moved on the Unit Manning Document from the Anesthesia Services Flight to the Surgicenter Flight in preparation for re-alignment under MAPPG 06. The Pre-Anesthesia Clinic aligned with the Same Day Surgery Unit under Capt Caballero as the Element Chief. SSgt Edmundson assumed Shift Leader duties on Same Day Surgery Unit when MSgt Goff deployed in support of OIF. SSgt Halford moved to the PACU to assist with manning. Pre-Anesthesia staffing consisted of three 4Ns, one 46N3 and one 4A. Pre-Anesthesia is in the process of moving to a one-stop shop.

Same Day Surgery Unit (SDSU): Capt Edward Caballero remained in command of the Same Day Surgery Unit. TSgt Fuller Aminda was chosen as the Shift Leader for the Pre-Anesthesia Clinic. MSgt Goff and Capt Caballero earned the Unit Organizational Excellence Ribbon with V device during their deployment to the Middle East in support of OIF. Lt Rebecca Shable was accepted to Flight School to be an Aero Medical Evacuation Nurse with a follow-on assignment to Kadena AFB. Capt Caballero, Lt Solghan and MSgt Goff were deployed to Iraq in support of OIF.

Same Day Surgery processes 80% of all patients requiring surgical services, equating to over 13,000 patients annually. Same Day Surgery increased their services to include, pre/postoperative interventional radiology patients. Quality improvement efforts continued to enhance staff proficiency and customer service.

Same Day Surgery clinic hours are from 0400-2100 five days a week. Teamwork, communication, leadership, and excellent performance were common topics during monthly unit meetings and quarterly training days. SDSU technicians (4N0X1) focused on getting patients ready for the operating room without delays in service.

The SDSU continued to focus on "no delays to surgery" and persistently tracked metrics on reasons for patient delays to the operating room. Initiatives included faster centralized processing of first cases, which allowed processing of four patients simultaneously, instead of three. Process improvement initiatives resulted in eliminating patients without escort problems. One big surgery showstopper was patients without escorts. This led to a wing-wide consensus for educating APV patients and providers on the requirement of having an escort available during procedures. Patients were notified to have an escort available prior to scheduled

procedures. Reinforced performance improvement initiatives and metric surveillance reduced needless admissions of APV patients by 90%.

**759th Surgical Operations Squadron:** The year 2005 was a demanding, yet extremely rewarding year, filled with many new challenges and unprecedented successes for the 759th Surgical Operations Squadron. Col Jill Sterling was the Commander. In addition to the already high operations tempo as the Air Force's number one resource for ICU nurses and technicians, cardiopulmonary technicians and critical care physicians for both CCATT and EMEDS deployments, the summer of 2005 saw unprecedented natural disasters for America's Gulf Coast. The squadron mobilized and deployed 7 CCATT teams within 48 hours of hurricane Katrina, evacuating over 100 critically ill Americans first from Keesler AFB and then Louis Armstrong International Airport in New Orleans. This action earned both local and national accolades. Several weeks later, we repeated this effort for Hurricane Rita. Based on these successes, we expect to be increasingly asked to assist our nation in times of need, both domestically and internationally. We look forward to future opportunities to serve. Academically, two squadron members were among the wing's five finalists for the Gold Headed Cane teaching award. Lt Col Ken Oliver, Pulmonary Flight, was the award winner.

**Cardiology Flight:** Under the command of Lt Col Chris Thompson, the year 2005 was a time of continued academic advancement for the flight, with presentation and publication of research by multiple physicians and nurses. Seven manuscripts were published in peer-reviewed journals, a textbook chapter was written by two members of the flight, and one of our fellows presented original research at an international scientific meeting. Dr. Charles Campbell's expertise in platelet function was recognized by his selection as an editor for the journal *Acute Coronary Syndromes*. We continued to be actively involved in research with participation in 5 international multi-center clinical trials and 14 local original research protocols. Specialized training in advanced echocardiography and heart failure and transplantation medicine was obtained by two members of the flight ensuring continued, state-of-the-art cardiac care at the 59th MDW. The Cardiology Flight continued to be a leader in technological innovations with the installation of a digital echocardiography network. Champions of process improvement, cardiology exceeded nearly all ORYX national and DoD benchmarks for quality care for acute MI and congestive heart failure.

The flight continued to support OIF with deployments in CCATT and EMEDS roles for x members of our flight. One of our staff physicians provided critical manning assistance at Landstuhl Regional Army Medical Center performing percutaneous coronary revascularization procedures on military members directly from operations in OIF and OEF. The readiness missions of our flight were applied at home as well. Two physicians, a nurse, and one cardiopulmonary technician served on CCATT teams providing five life-saving air evacuations for victims of Hurricane Katrina and ground support for Hurricane Rita.

**Pulmonary Flight:** With the departure of Maj Walter Rustmann, Maj Chris Chaney became the Flight Commander. Col (ret) Stephen Derdak continued to provide unmatched experience and knowledge as a civilian consultant. His presence provided stability to the academic program during the frequent deployments of the teaching staff.

CY 2005 was a busy and eventful year for the pulmonary flight. Staff pulmonologists and respiratory technicians continued to deploy in every AEF cycle as CCATT team members in support of OIF and OEF. CCATT teams also deployed for humanitarian support of Hurricane Katrina and Rita, proving this asset's value, both in wartime and peacetime. The CCATT teams earned both local and national recognition.

The year was productive from an academic standpoint with the graduation of three fellows and publication of seven research papers in national journals.

**Medical Intensive Care Flight (MICU):** CY 2005 was a time for change for the MICU. Seven clinical nurses and four medical technicians arrived on station. The officers included Maj Reedom as the new Flight Commander. Eleven nurses and technicians PCS'd, PCA'd, or separated from the Air Force. Notably, TSgt Williams retired after 20 years of service. Our many deployments included Maj Reedom who deployed as one

of six Tri-Service Trauma Coordinators for the AOR to Iraq. Capt Moore, Capt Whitehorn, and Capt Dixon deployed as CCATT members. Capt Friebel, Capt Tovar, Capt Spencer, TSgt Corlew, TSgt Norris, TSgt Shingleton, SSgt Metcalf, SSgt Pitcher, SSgt Cortez, SrA Buzzelli, A1C Gonzales, A1C Corpus, A1C Wyant, and A1C Saunders all deployed throughout the year to Germany, Iraq, and Afghanistan. CCATT nurses Capt Moore, Capt Dixon, Capt Lehr, and Lt Autmon went into action in support of Hurricanes Katrina and Rita, during which time they evacuated over 100 critically-ill patients

Many awards were earned to include Group CGO of the second Quarter won by Capt David Whitehorn, Nurse of the Year and CGO of the Year for the squadron for Capt Stephen Lehr, and SNCO of the third quarter for the wing for MSgt Connie Daniels. In addition, registered nurse Tracey Gruber won Civilian of the Quarter. Capt Polk, Capt Moore, Capt Friebel, Capt Frank, and Capt Mortimer earned awards for excellence in nursing for non-traditional setting for ACCN. The flight also initiated a nurse/tech of the month recognition program. Of special note, Capt Dixon was featured in a San Antonio Chamber of Commerce tourism brochure.

The staff research participation included Xigris and ventilated-associated pneumonia protocols. Capt Whitehorn published an article for the CCATT AMC newsletter on continuity of care

Surgical Intensive Care Flight (SICF): Under the command of Maj Jean Sabido, the SICF had 22 personnel deploy during CY 2005. Thirteen officers and nine technicians supported OIF operations based out of Al Udeid AB, Qatar, Balad AB, Iraq, and Baghdad, Iraq through CCATT, EMEDS ICU and Trauma Registrar temporary duty assignments. AEF ½, which redeployed in Jan 05, received national recognition for its support of the war on terror. Its CCATT personnel received the AACN national nursing award "Excellence in Clinical Practice Non-Traditional Setting" for its service-related efforts. AEF ¾ personnel assigned to the 332nd AEW were awarded the Meritorious Unit Award for exceptionally meritorious conduct in the performance of outstanding service.

Following Hurricanes Katrina and Rita, the SICF hosted a group of University of Pittsburg volunteer nurses. These volunteers helped position our unit to support multiple contingency operations for both OIF and the hurricane-affected areas while simultaneously meeting the peacetime patient care requirements in our unit.

SICF's Tracey Burke captured the GS Civilian of the Year for 2005 at both the squadron and group level. Kathleen McCombs and A1C Harris captured the GS Civilian of the Quarter at both the squadron and group levels. SSgt Quiza won NCO of the Quarter for the squadron. Kathleen McCombs, Lt Nonnie Dotson, Dorothy Hall, SSgt Quiza and A1C Nichole Harris swept the 59th MSGS nursing awards for the Quarter in the following categories: Civilian Nurse, CGO, Civilian LVN, Med Tech and Airman.

Cardiac Intensive Care Flight (CICF): 2005 was a year marked by heavy deployments to Iraq, Afghanistan and the European theater as well as to an area of national natural disaster with deaths tolling in the hundreds. CICF Commander, Maj. McGuire deployed to Bagram, Afghanistan then retired. Capt. Frank held down the CCU as Interim Flight Commander until Maj. Russell, from the MICF, took over as the new Flight Commander. We had many new arrivals and departures; most notable was the retirement of RN Chris Flores who retired after 30 years of civil service.

Academic achievements included Captains Frank and Elliotts selections to attend CRNA training through AFIT. Maj Arredondo, Lt Schafer and Capt. Wentzel passed their CCRN certification exams. Capt. Lockhart passed her certification in CEN. Captains Escalera, Mellish, and Wolf won a national award from the AACN for Excellence in Nursing (non-traditional patient care scenario). Captain Mortimer won the AACN Excellence in Nursing Award for Traditional and Non-traditional Patient Care Scenarios in addition to being the 2005 Distinguished Graduate from Flight School for Nursing

Other honors include SSgt Carvajal, and Captains Brumley, Deans, and Lockhart; won the first ever Lackland *Combat Olympics*, bringing honor and a nice trophy back to the CICF. Airman First Class Vidal was selected for Tops in Blue (one-year honorary Air Force assignment).

The year was marked by national tragedy as Hurricanes Katrina and Rita ripped through Louisiana and Mississippi requiring the deployment of federal emergency mission personnel. The CCU deployed via CCAT several missions in rapid succession. Specifically, Captains Frank, Wolf, Mellish, and Mortimer answered this call. The unit took in two patient refugees from the Keesler AFB Cardiac Intensive Care Flight which was decimated and forced to evacuate its patients.

In 2005 we cared for 190 cardiac catheterizations and interventions, 106 myocardial Infarctions, 81 arrhythmia corrections, and 80 coronary bypass surgery patients.

**Inpatient Cardiology Flight:** The flight continued to shine as the AF's largest telemetry unit -- 28 beds strong. Lt Col Wallace Winter continued to pilot as the Flight Commander and his co-pilots were Maj Rebecca Lehr, Inpatient Cardiothoracic Element Leader, and Maj Darlene Gerald, Inpatient Cardiology Element Leader. The NCOIC for this flight deck was MSgt Barry James (third year running). He, along with his cadre of NCOs, continued to groom the AF's finest airmen for any peacetime or wartime scenario. The year saw the flight win high honors and awards at nursing, flight, squadron, group, wing and Team Lackland levels for officers, enlisted and civilians throughout the year. This flight was tasked heavily for deployments, sending members in support of OIF and OEF.

An additional 7 contract nurses were hired to help staff 28 beds and to maintain a 1: 4 patient ratio. The Post Catheter Recovery Unit ran at full force with a staff of two to cover early morning and late afternoon recovery. This initiative continued to save the 59th MDW over \$9M in keeping the expenses here versus sending the patient downtown for the procedure and recovery. A major initiative for 2005 was to review training requirements, ensure 6-part education folders were in good order and JCAHO/HSI standards were being met. To meet this initiative, enlisted and active duty personnel worked multiple off days.

**859th Surgical Operations Squadron:** Col Elisha T. Powell IV commanded the 859th Surgical Operations Squadron. He deployed to lead the largest trauma hospital in Iraq in September. During his absence, Lt Col Spencer Frink flawlessly stood in as acting commander. MSgt Kevin Dennis and MSgt Timoteo Cadena provided enlisted leadership for the squadron. The 859th Surgical Operations Squadron's combat medics continued to pave the way in the treatment of combat warriors in support of OIF this year at Balad AB and new deployments to Baghdad, Iraq. Every flight deployed enlisted medics, nurses and surgeons nearly every AEF to the largest trauma hospital in Iraq.

**Ophthalmology Flight:** Lt Col Martha Schatz took over as Flight Commander. Col David Holck, Program Director, received the Gold Headed Cane award for 2005. The flight accomplished 36,370 visits, capturing 97% of the San Antonio market share. The Warfighter Refractive Surgery Center accomplished 10,416 visits and 3,600 state-of-the-art custom refractive surgery procedures. The residency program excelled with the residents' in-service exam scores in the top five percent nationwide. The board certification rate was 100%. Flight personnel supported five humanitarian missions in 2005 -- Republic of Georgia, Costa Rica, Peru, Honduras and El Salvador as well as deploying personnel to support OIF.

**Plastic Surgery Flight:** Maj Earl Ferguson served as Flight Commander. The flight accomplished 1,299 visits and 159 OR procedures. Flight personnel supported one humanitarian mission to Ecuador, performing 36 reconstructive cases. Flight personnel performed combined procedures with general surgery, orthopedics, ENT, oral surgery, ophthalmology, vascular surgery, gynecology and urology.

**Ward 7C/D:** Lt Col Glenn Ermer assumed Flight Commander duties for Ward 7D in July. 7D expanded from 42 to 48 staffed beds in the summer of 2005 with the addition of the "H" wing, making it the largest inpatient unit in the AF. It remains the only multi-specialty surgical inpatient unit in the 59th MDW. 7D continued to be the premier training platform for surgical nursing in the AF; 25 AF nurse transition students were trained in 2005 and staff supported clinical training for hundreds of Phase II and TopSTAR students.

7D continued to meet the challenge of expeditionary and humanitarian medical care deploying 10 nurses and 19 medical technicians to Balad AB in support of OIF over the past year. 7D also sent 3 nurses and 3

medical technicians to support relief efforts in the face of Hurricanes Katrina and Rita. 7D staff were indispensable to airlifting 1,800 critical Hurricane Katrina victims out of the New Orleans area and evacuating 40 bedridden patients from a civilian hospital in Victoria, TX before Hurricane Rita.

Under the guidance of one of the 7D Element Leaders (Maj Cheryl Greentree) 7D was the focal point for a collaboration with the AF Air Warfare Battlelab clinical trial of the vein viewer device. This portable medical device is designed to make location of intravenous access sites easier and more effective.

Another 7D Element Leader, Maj Ken Westenkirchner, led the MDW effort in collaboration with the Tri-Service Product Review Board to trial new hospital beds for purchase by the facility. Maj Westenkirchner arranged for a multi-company display of new model hospital beds for the 59th MDW staff to evaluate. This resulted in the Tri-Service Product Review Board voting to accept our recommendation and the signing of a RIA with the winning vendor.

7D stood up a new four-bed step-up unit in November. The step-up unit was designed to relieve the shortage of higher-acuity intensive care beds by accepting patients requiring low risk monitoring, allowing lower acuity patients previously taking an ICU bed to remain in closer observation on the ward. The step-up unit also provided additional benefits as a platform to sharpen the clinical skills of military nurses and medical technicians by caring for patients with a slightly higher acuity.

Orthopedic Surgery Flight: The Orthopedic Surgery Flight consisted of the Orthopedic and Podiatry Clinics, and the Orthotic Laboratory. The Flight Commander was Lt Col Mark Richardson, and Deputy Flight Commander was Lt Col James Keeney. TSgt David Hunter was the Orthopedic Flight NCOIC, and SMSgt Preston Madler was the supervisor of the Orthotic Course. The Element Leaders and NCOICs were: Podiatry Clinic—Lt Col Alexander Servino, Orthotic Laboratory—Capt Catherine Dickinson, and Orthopedic Clinic—Capt Jennifer Groff (Jan-May 2005), Maj Rice (May-July 2005), and Maj Elizabeth Cooley (Nov-Dec 2005).

Orthopedic Surgery saw 30,000 patient visits and performed 2,000 surgeries. The flight had 12 orthopedic surgeons (with three others in part-time status) covering the entire range of orthopedic subspecialties. There were two podiatrists, two certified orthopedic P.A.s, orthopedic surgical residents in varying stages of training, and five orthopedic P.A.s in training.

The Orthopedic Flight supported nine subspecialties (Sports, Joints, Shoulder/Elbow, Foot and Ankle, Tumor/Oncology, Hand, Spine, Trauma, and Pediatric). In addition, the Orthopedic Flight had the only physiatrist in the USAF (Dr. Howard Gill). Two orthopedic surgeons continued seeing patients at BAMC (Dr. Damian Rispoli and Dr. Ted Parsons), while one (Dr. John Crawford, pediatric orthopedic subspecialist) was stationed at BAMC and had clinic/surgical days at both BAMC and Wilford Hall (one clinic and one OR day at WHMC and the remainder at BAMC).

The Orthotic Laboratory maintained the title of largest orthotic laboratory in the Air Force, building an average of 10,800 orthotic devices. The Orthopedic Clinic continued to push for improvements and the work order was approved for a second digital radiology room to be installed. Construction had not yet started in 2005.

One orthopedic surgeon (Dr. Craig Ruder) was sent TDY twice for 10 days in support of The Defense Institute for Medical Research. He went to New Delhi, India and taught a Trauma Surgery Course to India military surgeons, and to he went to Napal and taught a First Responders Course to Napaleze military personnel. Five orthopedic surgeons (Dr. Elisha Powell, Dr. Spencer Frink, Dr. Brian Klatt, Dr. Eric Ritchie, and Dr. Jim Keeney), one orthopedic PA (Capt Duane Heald), and one technician (TSgt Larry Lambert) deployed for 4 1/2 months to Balad AB, Iraq in support of OIF. Dr. Parsons, Dr. Richardson, and SSGT Luis Contreras returned from a four-month deployment to Iraq in January. The deployed orthopedic surgeons performed over 1,500 orthopedic surgical procedures at Balad AB between September 2004 and January 2006.

Otolaryngology Flight: Maj Drew Horlbeck assumed Flight Commander duties in September 2005. Col Joseph Brennan assumed the position of Program Director for the Otolaryngology Residency Program. The

flight was the first DoD Otolaryngology Flight to support OIF. Col Brennan with MSgt Kenneth Kasper, Col Joe Wiseman with TSgt Ricardo Santacruz, and Maj Manuel Lopez with MSgt Elijah Anderson and SSgt Cathryn McKenzie were deployed to Balad AB, Iraq. Col Ben Sierra retired after 30 years of service and Lt Col Craig Jordan assumed the duties of Audiology/Speech Pathology Element Leader. The Wilford Hall Medical Center Otolaryngology Flight was responsible for a combined 23,000 annual outpatient visits. In August Speech Pathology initiated the first ever training of a clinic fellow. The flight's cochlear implant program was a driving force in developing the future of medicine through a \$8.5M joint research project in telemedicine with the University of Pittsburgh Medical Center and the USAF Surgeon General's Office resulting in a partnership that created the IMITS Program. We expanded our clinical duties to the Temple Veterans Administration Hospital. The flight continued to support medical readiness exercises, performing four Humanitarian missions to Paraguay, Ecuador, Honduras and Chile in 2005. We continued to run a nationally-renowned sleep surgery program as well as the largest cochlear implant program in the DoD. The state-of-the-art clinical programs were featured on National Public Radio and Television. The flight began an investigational clinical trial in a fully implantable hearing aid system.

Cardiothoracic Surgery Flight: Lt Col Michael Eppinger served as Flight Commander and TSgt Voorhies was the NCOIC until October 2005 when he PCA'd and SSgt Knapp took over the position. The flight had 145 total cases, which was outstanding considering the shortages of doctors and support staff due to deployments. Lt Col Eppinger, Col Reed, Maj McNeil, TSgt Voorhies, and SSgt Knapp deployed in support of OEF/OIF in 2005. Army Lt Col Conner from BAMC contributed his time to our flight to ease the patient load due to increased deployments. Capt Deans, RN, joined our team to replace Capt Lugg as the Cardiothoracic Surgery Nurse Coordinator. Capt Lugg PCS'd to Aviano AB, Italy.

General Surgery Flight: Lt Col David Smith served as Flight Commander. The General Surgery Flight provided all aspects of surgical care to include general, laparoscopic, bariatric, vascular, colorectal, oncologic, pediatric, trauma, enterostomal and intensive care services. The clinic workload was maintained and 1,867 operative procedures performed although 56% of the staff surgeons deployed during 2005 in support of OIF. Additionally, as the core of the Level 1 Trauma Center, we cared for 1,046 trauma patients. This continuous real world training translated to excellent combat casualty care at the 332nd EMDG at Balad AB, Iraq. The flight continued its long history of superb trauma education opportunities, holding four Emergency War Courses for 44 students, multiple trauma nursing courses with over 500 participants, and performed international education on trauma and disaster in Honduras, Germany, India, and Sweden. In addition, the trauma team went to Landstuhl Regional Medical Center and developed a trauma program for the military's largest casualty receiving hospital in Europe. The flight was also host to a visiting Chilean surgeon, Dr. Alger Rodo, who spent a year at the 59th MDW. The flight continued strong relationships with the Army Institute of Surgical Research and UTHSCSA, allowing our staff surgeons research opportunities and additional clinical work. The staff produced numerous publications and presentations. Lt Col Donald Jenkins was the recipient of the Air Force Association Paul W. Myers Award, recognizing the Air Force physician with the biggest impact on Air Force medicine.

Neurosurgery: Lt Col Randall McCafferty replaced Maj Gerald Grant as Flight Commander in July. TSgt Rose Noches replaced SSgt Erica Gill as NCOIC in September. The flight performed all aspects of both cranial and spinal neurosurgery for adult and pediatric patients. The neurosurgeons at Wilford Hall spent the majority of their time managing emergencies and neurotrauma in support of the Level I Trauma Center and GME activities. Two neurosurgeons separated from the Air Force. Three neurosurgeons deployed to the Air Force Theater Hospital in Balad and one neurosurgeon was sent TDY to El Paso for four months. Maj Robert Kowalski joined the flight in December.

Urology: Lt Col Duane Cespedes remained the Flight Commander and Lt Col Jay Bishoff remained the Deputy Flight Commander. Col Steven Lynch remained the Residency Program Director. Similar to the majority of clinics within the surgical group, 2005 presented Urology with staffing challenges due to shortages and deployments. We stepped up to meet a short suspense mission to cover Keesler's AEF 7/8 deployment after Hurricane Katrina, plus we deployed in support of AEF 9/10, leaving us with two staff urologists at one point. Lt. Col. Bishoff deployed. We were left with no pediatric urologist after one separated and another took a command position. For the coming year, we will lose three urologists and will gain two, leaving us with four staff urologists.

Our six-year long urology residency is combined with BAMC and we currently have 16 residents in training. At the annual Kimbrough Urological Seminar, we won a third place research award. All graduating residents passed their boards this year.

With 18,000 patient visits, including 7000 clinic procedures and over 1200 operations, the Urology Clinic was one of the busiest clinics in the squadron. Importantly, the overall RVU/FTE ratio was the best in the squadron. The clinic exported its surgical expertise to other medical treatment facilities in the region, including manning assistance to Ft Hood, William Beaumont Army Hospital, Keesler AFB and Elmendorf AFB. In concert with BAMC, we supported two missions to Honduras, performing many operations including kidney stone extractions, prostate operations, kidney removals and urethral reconstructions. Our department spearheaded the effort to modernize the Urology capabilities at Balad AB allowing for deployed members to undergo complex stone and reconstructive procedures in-country, saving countless man-hours and thousands of dollars. These capabilities were not available anywhere else in Iraq or Afghanistan. The department continued to be on the cutting edge of surgery by performing the DoD's first Tegress injection for stress incontinence. Doctors Bishoff and Weld performed the first post-chemotherapy RPLND in a patient with testicular cancer, saving the patient from a major operation. These procedures are rarely performed outside of a few specialized hospitals in the U.S.

This year was also a prolific year for research. Our department continued to follow 800 patients in a NIH-sponsored prostate cancer study (SELECT). Another long-term follow-up study of patients with treated prostate cancer was initiated with 150 patients enrolled. The department published 20 peer-reviewed manuscripts and chapters. Dr. Bishoff was the editor for two new textbooks published. Two of the staff were invited for the third year in a row to teach courses to a national urologic audience by the American Urologic Association. Additionally, Lt Col Bishoff and Lt Col Cespedes were finalists for this year's Gold Headed Cane Award for physician of the year.

**959th Surgical Operations Squadron:** The emergency department had a busy and fruitful year in 2005. The staff skillfully cared for over 55,000 patients while also responding to increased deployment requirements with decreased manning. Lt Col Mark Werner served as Squadron Commander through October and Col Michaela Shafer assumed command at that time. Maj Robin Schultze was the Emergency Medicine Operations Flight Commander and Lt Col Shawn Varney was the Emergency Medicine Flight Commander. Capt Chess Martin took over as Flight Commander for Administration in July and immediately integrated the 4AOs in his flight into the nursing flight for unit cohesiveness.

The Squadron Commander, Nurse Flight Commander, and newly arrived Squadron Administrator deployed simultaneously in September. SMSgt Sharon Dixon, the Squadron Superintendent, served as the Group Superintendent for eight months and subsequently filled in as the Wing 4N Functional for three months until her retirement. MSgt Frederick Newell attended the Senior NCO Academy and returned as the Squadron Superintendent.

Deployments to Iraq and Afghanistan continued to take top priority. The emergency department played a significant role throughout the year in providing vital staff to the Air Force Theater Hospital at Balad AB, manned multiple Critical Care Air Transport Teams and provided additional staff to a variety of MTFs

throughout the AOR. During the year the department deployed 9 of the 15 staff emergency physicians for four-month rotations along with similar ratios from the other corps.

The dedication of the emergency department in the deployed environment was recognized by multiple group and personal awards including the awarding of the Bronze Star to Maj Phillip Mason for his heroic efforts to save an Airman's life in Balad after he had been struck by a mortar attack. Capt Chess Martin was named Balad AB CGO of the Month in December for his efforts in rebuilding the theater hospital while keeping it fully operational.

The department mobilized staff in September 2005 to assist the victims of Hurricane Katrina. The department mobilized several CCAT teams to rescue patients from Keesler AFB and from New Orleans. Additional staff volunteered to deploy to Iraq on very short notice to cover shortfalls for Keesler personnel who could not deploy because of the hurricane. The emergency department adjusted staffing and worked with the hospital and clinics to handle the medical issues of the refugees who were brought to San Antonio.

The medical staff directed and volunteered in several humanitarian medical missions to developing countries including Nepal, and Guyana, South America. The programs provided invaluable medical training to local practitioners and helped improve the standard of trauma and medical care in these communities.

The emergency department made giant strides in improving patient tracking and management. Under the leadership of Capt Dax Holder, a sophisticated computer tracking program called EM3 was developed. The program is the first of its kind within the military. Designed from the ground up to service the patients and Wilford Hall, the graphical interface allows instantaneous access to patients' locations, labs, vital signs, x-rays, EKGs, and past medical records. The program continues to be improved daily and has already gained great attention throughout the Air Force including an article in the *Air Force Times*. Implementation of the EM3 program at other Air Force emergency departments is being considered.

The department was very busy during the year initiating multiple IRB-approved research protocols including groundbreaking work in evaluating the clinical care provided to injured soldiers who are being air evacuated out of theater by CCAT teams. There were numerous studies published in peer review journals and presented at national conferences.

Emergency department coding underwent a major overhaul. Over the past three years Wilford Hall has seen RVUs fall across all departments. Under the leadership of Capt James Eadie, a system-wide evaluation was conducted to establish the reason for decreasing RVUs within the emergency department. Based on the evaluation, a comprehensive program was undertaken to redesign the entire physician charting and coding process. New physician and nursing notes were designed. Additionally, procedure and ultrasound notes were developed to allow for improved documentation and to capture many procedures that were not coded previously. Significant attention was focused on training the coders and physicians in the intricacies of emergency medicine coding and documentation requirements.

The innovative charting system and revamped coding procedures were put into place in August. Results from August through December showed a dramatic increase in RVUs by over 40% per patient visit. These results were exciting and suggested that the emergency department was well on its way to meeting and likely exceeding the RVU business plan for FY 2006.

The shortage of nurses and technicians within the department placed increased stresses on the department despite the increased patient volume. To help improve patient safety and to streamline patient flow, the staffing layout and utilization were revised. A multidisciplinary team focused attention on increasing nurse-to-patient ratios to better reflect WHMC and national standards. Emphasis was placed on utilizing the monitor room for primary clinical care with quicker patient turnover. During peak patient hours an ED Strike Team was created to care for the patients who could not be seen in the Fast Track clinic, but who were healthy enough to be rapidly seen, evaluated, treated and discharged. Each ED Strike Team consists of an emergency medicine staff physician, one to two nurses, one technician, and one resident and utilizes the rooms in the back hall region

of the department. The new ED Strike Team concept was initiated in August and feedback was very positive from all staff and patients.

The Fast Track clinic continued to play a vital role in evaluating and treating the less acute patients seen in the department. The Fast Track area was staffed mainly by nurse practitioners and physician assistants, with occasional assistance from staff physicians. Fast Track helped unload patient volume from the main ED, allowing the staff physician and residents to attend to the more acutely ill patients.

A Critical Care Nursing fellowship was organized by the department and began in March. This involved training nurses through the ICU and the ED at both BAMC and WHMC. This was made possible by having two clinical nurse specialists who have done all the footwork and organization.

The BRAC results were released in May, tentatively making profound changes in our operations and our identity over the next five to seven years. WHMC is slated to become something other than a level one trauma center, though the specifics of how we step down and when are still forthcoming. Meanwhile, we strived to maintain our high standards while adapting to changes as they came.

Great breakthroughs on the assessment and treatment of sexual assault victims allowing restricted reporting was the result of a team of professionals from the ED and the 37<sup>th</sup> TRW. Col Shafer, Maj Schultze and Capt Neal worked tirelessly to improve care for the victim in a non-threatening environment.

Our personnel were recognized both at the squadron and group levels. Capt Ann Neal was awarded the CGO/Qtr for the group and TSgt Janeen Harris received the NCO/Yr award for the group.

We supported multiple VIP visitors during 2005 to the Emergency Department, including Lt Gen Looney, AETC/CC, shortly after taking command; Lt Gen Taylor, Surgeon General of the Air Force; and Maj Gen Brannon, Deputy Surgeon General for Force Development. Additionally, multiple foreign military officers and dignitaries along with congressional staff members toured the ED.

## CHAPTER IV

### 59TH MEDICAL OPERATIONS GROUP

The Command position of the 59th MDOG changed hats a few times during 2005. Col Regina Aune was the commander for the first three months and then PCS'd across town to Brooks City-Base. Once again, the Group was left in the hands of the Deputy Commander, Col Carla Beechie. Col Charles R. Fisher assumed Command in June. We also welcomed a new Group Superintendent, CMSgt Rodney Bright, in May. He replaced CMSgt Robert Hernandez who departed for Dyess AFB in January. CY 2005 was a tremendous year! Besides, deployments, product lines, RVUs, MAPPT 08, CAMO, PCO, the wing reorganization, and BRAC, the 59th MDOG excelled at our main objective, providing comprehensive healthcare on time and on target.

**59th Medical Operations Squadron:** Col Peter F. Durand commanded the squadron except for a four-month deployment to Balad AB, Iraq in support of OIF during which the unit was in the extremely capable hands of Lt. Col. Jay Stone, the Deputy Commander.

**Life Skills Support Center Flight:** Col Gregoria Marrero assumed command of the Life Skills Support Center Flight in September from Lt Col Jay Stone while he became Director of Operations for the 59th MDOS during Col Durand's deployment. MSgt Daniel Holiday retired in December after 21 years of dedicated service to the Air Force. There was a turnover in staff in 2005 with Maj Matthew Faubion assuming responsibility of the Consultation-Liaison Psychiatry Service, making him less available to LSSC impacting emergency triage and NPE services in the clinic. Capt Kaustubh Joshi joined the squadron in 2005 and assisted LSSC, inpatient psychiatry, forensic psychiatry and the residency training program. LSSC providers logged 11,513 patient visits during 2005. Capt Joshi and Capt Henry Polk were both selected for promotion to Major. Capt Polk moved over to inpatient psychiatry in December, providing manning assistance while Maj. Ochsner was deployed. The clinic hired two civilian employees. Mr. Pacetti filled the social work slot that had been unfilled in the clinic since August 2004. Ms. Hehman was hired as the LSSC secretary. LSSC created MDWI 44-123, *Assessment and Management of Mental Health High Interest Patients*, which incorporated 18 recommendations outlined in the *Air Force Guide for Managing Suicidal Behavior*. GME was very busy in 2005 with 11 psychology residents as well as six full-time third year and 20 second- and fourth-year part-time active duty and civilian psychiatry residents rotating through the clinic. In addition, the LSSC Providers' Manual was revised, better outlining roles and responsibilities of providers seeing patients in the LSSC.

Process improvements included streamlining current procedures to increase clinic efficiency. The process for deployment and PCS screening continued to be more efficient by the development of software to search the CHCS database by groups of names from deployment lists rather than the former method of searching name by name. This process saved up to 40 man hours per month. The duration that LSSC charts were out of circulation due to coding was reduced by several days by having the coder code directly from outpatient medical record notes. The Airmen's group continued to be held weekly to help basic trainees recently discharged from the inpatient psychiatric unit in their transition to civilian life. The group focused on helping the trainees develop coping skills to deal with future stressors. Other groups that continued in 2005 were the Clozaril, Stress Management, Depression Management, Psychodynamic Process, Men's Depression, and Post-Traumatic Stress Disorder groups. Technicians started co-facilitating the groups with the credentialed provider on a rotating basis to enhance/maintain group therapy skills. The flight attended AHLTA training and became proficient at using the new program to enter appointments and document patient care. The flight also worked hard while gearing up for another ORI and JCAHO/HSI inspection.

Research changes included creating a new clinic electronic database to collect and analyze important patient demographics (including deployment history) and treatment outcome (OQ-45.2 scores, which are

entered for every patient encounter). This worked out very well in reducing technician and provider workload in the clinic while providing valuable data regarding LSSC services and patients.

Life Skills worked hard to ensure the mental health of all Airmen. The clinic provided outreach/prevention to the community. Base newcomers, commanders, first sergeants, and new flight commanders were oriented to the services available in the LSSC. Squadron briefings were provided on LSSC services and suicide awareness. LSSC supported the Recruiter Training School by providing stress management briefings to over 500 new recruiters. Both technicians and providers consulted with the command often regarding the troops' mental health needs. We also continued to provide pre-deployment and post-deployment briefings to the base to ensure deploying members were receiving services they needed.

LSSC staff won several squadron and group level awards during 2005. SrA Hunt, A1C Levy, and A1C Polkovitz each won Airman of the Quarter boards at the squadron level. TSgt Stone won NCO of the month at the squadron level and was the group winner of the Chief Master Sergeant Lewis Dunlap Mental Health Technician of the Year award. SSgt Landrum won NCO of the quarter at the squadron level twice during 2005. Capt Polk and Capt Ruiz both won CGO of the quarter awards at the squadron level. Capt Polk was the group AFMS Physician of the Year in the company grade officer category and Maj. Faubion was the 2005 AFMS Physician of the Year in the field grade officer category. TSgt Stone was promoted to MSgt in December and A1C Hunt was promoted to SrA in June.

Psychology Flight: Lt Col Robert Seegmiller assumed command of the Psychology Flight from Lt Col Alan Peterson, who retired in November 2005. Under the leadership of Lt Col Peterson, the flight supported the heaviest deployment tasking in the Air Force for psychologists, deploying six psychologists. Lt Col Seegmiller, Maj William Isler, Capt Tim Rentz, and Capt Jorge Varela deployed in support of OIF. Lt Col Seegmiller and Capt Elizabeth Najera deployed on a humanitarian mission to Mississippi following hurricane Katrina. Capt Tracy Hughes was sent on a CONUS manning assist mission. Despite these manning shortfalls, the Psychology Flight continued to make strides in mental health innovation and excellence. The flight initiated and supported the first-ever shared medical appointment for post deployment health care, allowing post deployment screenings to take place with the advantage of including both a medical and mental health provider during the same appointment.

The Clinical Health Psychology Postdoctoral Fellowship Program was reviewed by the American Psychological Association and received a full seven-year accreditation, and it remained one of only three such accredited programs in the U.S. Clinical Health Psychology also streamlined its intake process, making it possible for supervisors to meet individually with each resident intake. The Psychological Research Service (PRS) screened 28,825 basic trainees and identified 1,746 at high risk. Forty-four trainees were then referred for administrative separation, thereby saving the Air Force approximately \$1M. The PRS has also created a new psychological screening questionnaire that was piloted and approved for AF use. Behavioral Analysis Service restructured its MTI/MTL application appointment process, decreasing waiting time by 70% and creating a benchmark program with intakes being conducted within three days of submission. In addition, the Psychology Flight continued work on four federally-funded research projects (total budget \$7M) targeting tobacco cessation, weight management, alcohol use, and chronic pain management.

Maj Hryshko-Mullen, Maj Neal-Walden, Maj David Reynolds and Maj Jorge Varela were all promoted during the year. Maj Jorge Varela was selected the 59th MDOG Clinical Psychologist of 2005.

Neurology Flight: Lt Col Eleanor Avery continued in her position as Flight Commander, while Col Stephen McGuire returned to fulfill the Chairman's role. The flight had a number of events that marked 2005. Maj Dobbs left the Air Force to resume civilian life. Col Wicklund left to become the 48th MDOS commander. The flight welcomed several new members. Capt Lyell Jones, a specialist in electromyography, and TSgt Ramirez, SSgt Labonte, SSgt Hartley, and SSgt Manley (neurology electroencephalography technicians) joined us.

Neurology Flight accomplishments were multitudinous. A tertiary and quaternary referral center, the flight continued accepting consultations from all three services and treated all categories of beneficiaries. The department remained academically active, with Col Wicklund and Maj Dobbs serving as co-editors of *Neurology Clinics of North America*, with six staff members and two residents writing chapters. Their staff lectured at national, regional, statewide and local medical conferences, while the residents also presented at national and regional meetings. The flight led the way for the wing, with 100% AHLTA use while exceeding our business plan in RVU production.

In support of Air Force operational readiness, all neurologists were on mobility and ready to support missions abroad. SrA Madwell deployed in support of medical operations in Iraq.

We continued to support the Aeromedical Consultation Service, the final medical adjudication for pilots and aircrew members. The Defense Veterans Brain Injury Center continued evaluating and treating victims of OEF/OIF conflicts and embarked on data gathering for two new congressionally-supported research grants.

Social Work Flight: Lt Col Sarah Moore assumed command of the Social Work Flight from Lt Col John West in August. Active duty social work manning was at six providers and one civilian provider supports Inpatient Psychiatry. During CY 2005, the Social Work Flight deployed five clinical social workers and three technicians in support of OIF/OEF. Two technicians were deployed to Germany, and the ADAPT Nurse Manager deployed to Guantanamo Bay. Additionally, two social workers were sent to Keesler AFB for three weeks in September to assist victims of Hurricane Katrina.

Maj Barbara Severson-Olson, the Family Advocacy Element Leader, served as both the interim Flight Commander and the Family Advocacy Officer until Lt Col Sarah Moore arrived in August. The Family Advocacy Element continued to lead the Air Force in the transition from the Family Maltreatment Case Management Team to the Central Registry Board. The 37th Training Wing Central Registry Board was selected by Headquarters Family Advocacy Staff to film a CRB training video. The final product is posted on the FAPNET site and used by over 80 Air Force installations worldwide. The video was used to provide both initial and annual training to the CRB chairpersons and other board members, as well as squadron commanders and first sergeants.

The FAO continues to serve as the Executive Director of the Community Action Information Board.

The Family Justice Center officially opened its doors in August 2005. The FAO served as the sole military representative to the FJC Expanded Leadership Team. In this capacity, the FAO worked with 4 military installations to establish operating procedures between the military installations and the FJC. The FAO worked with the FJC staff to author the Memorandum of Understanding between the FJC, 37th Training Wing and the 59th MDW which is out for coordination.

The FAO also deployed to Keesler AFB for 22 days as part of a 10-person mental health team from Wilford Hall Medical Center. This 10-person team supplemented 4 mental health personnel from 2 other Air Force installations and a small cadre of Life Skills Support Center personnel at Keesler who were not evacuated. The FAO served as the senior social worker for Keesler AFB and solely directed the reassignment of over 200 active duty members enrolled in the Special Needs Identification and Assignment Coordination Program (SNIAC). She also reestablished the Family Advocacy and SNIAC Programs despite significant damage to facilities and communication systems.

The New Parent Support Program (NPSP) experienced some disruption in service during the transition of 100% of the Family Advocacy Nurse Specialists (FANS). The FAP staff worked to ensure that families with high needs continued to receive needed services. The NPSP FAPA also served on the Prevention Outreach Working Group for Enhancement and Revision (POWER).

Maj Severson-Olson, FAO, was selected as the 59th MDOG and 59th MDW Social Worker of the Year. Lois Van Slyke, Family Advocacy Outreach Manager, was selected as the 59th MDOS Civilian of the Quarter,

Quarter, Category II.

Our Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Element implemented the Partial Hospitalization Program in November which recaptures outsourced costs for the 59th MDW. The ADAPT program continued to demonstrate a commitment to providing superb services to clients by revitalizing treatment plans and training all staff on global criteria and core functions, which resulted in thorough and accurate assessments and treatment recommendations. Additionally, staff training enhanced the quality of care provided to 500 patients and increased inspection compliance to 100% within three months. In CY 2005, over 14,000 personnel were briefed on substance abuse awareness issues.

**Psychiatry Flight:** Col Henry Nelson served as Flight Commander. In the Inpatient Program, there have been significant changes in management. Maj Audra Ochsner took over the position as Medical Director from Lt Col Nicole Braida upon her retirement. Maj Margaret Brown took over as Senior Nurse Executive from Lt Col Daniel Busheme who PCSed to Travis AFB, CA. Maj Robert Harshaw took leadership of the unit as Element Leader in September. In October Capt Wendy Whitelow took the role of Nurse Manager from Capt Kenneth Perry who left for training as an MSC officer. SSgt Maribel Meekins replaced TSgt Marsha Cooper as NCOIC.

The inpatient unit was constantly on the move. We deployed 14 staff members; 6 to Germany, 6 to Iraq, and 2 to Cuba.

The ward received a certificate of appreciation from the US Army for exceptional contributions to the training of Army mental health specialists. Surveillance cameras were upgraded to improve viewing of the unit and the entrance to Ward 4D. The inpatient rotation for residents was extended from 8 to 12 weeks to improve continuity of care.

A1C Perry Lynch and A1C Ashley Freeman were recognized for their notable achievements by being promoted to SrA Below-the-Zone.

In the course of the year the inpatient unit treated 65 military dependents, 208 members of the US Army, and 260 USAF trainees.

**759th Medical Operations Squadron:** The command structure of the 759th MDOS changed hands several times in 2005. Col Gregory Wickern left to assume command of the 59th AMDG and Lt Col. Stephen Mazer stepped up to lead the squadron for over four months. Col Deborah Burgess was selected as the new squadron commander and took command on 10 November. The squadron superintendent position also changed hands. SMSgt Thomas Tucker retired from active duty on 1 July and SMSgt Beth Peura took over as superintendent 1 Oct after returning from Balad AB, Iraq.

This was a busy year, full of changes for our squadron. We continued to deploy over 10% of our AD forces this year without reduction in normal operations. Dramatic improvements in MEPRS accounting and coding resulted in valuable information shared with the flight commanders and squadron commander through the product line briefings.

**Internal Medicine:** The flight bid farewell to Lt Col Piepenbrink as flight commander as his clinical excellence made him the obvious choice to lead the JCAHO preparation initiative. Maj Kowalewski transferred from Keesler AFB after Hurricane Katrina to assume command. The flight remains the leader in the Air Force in educating world-class internists to support Air Staff requirements. Fifteen residents became board-certified staff internists, maintaining an over 95% pass-rate for the past eight years. The flight supported the tenancy of five other flights yet continued to service over 50,000 clinic visits per year. Three physicians responded to support Hurricane Katrina, and over half the staff deployed in support of OIF/OEF. The clinic supported an outpatient treatment and procedure clinic, diabetic outreach program and lipid treatment program. Despite significant manning shortages due to real-world operations, we were proud to demonstrate our nearly 100% accessibility rate as we transitioned to a fully-electronic medical record.

Dermatology Flight: Under the command of Lt Col Jay Viernes, this flight continued its reputation as a model clinic as the wing moved into 100% use of AHLTA. The flight's innovative processes garnered recognition up to the Air Staff level in assisting implementation throughout the AFMS.

Hematology-Oncology Flight : Led by Lt Col Stephanie Condron, this flight once again stood at the forefront of cancer care in the USAF. The Bone Marrow Transplant Unit received its first ever accreditation by the Foundation for the Accreditation of Cellular Therapy, only the second facility to ever pass on the first attempt. Two to five members were deployed each AEF cycle to Balad AB, Iraq, in support of OIF, supporting both the AF Theater Hospital and the CASF. Three members deployed to New Orleans, LA in support of Hurricane Katrina relief operations.

Rheumatology Flight: This flight continued to operate the only Infliximab Infusion Center in the DoD. Maj David True continued as the Flight Commander, while Col Arroyo retired following a distinguished career. During 2005, Maj Jeffrey Feinstein led the way with two publications in peer reviewed journals and Maj True had one. Dr. Jay Higgs continued providing rheumatology care in addition to assuming the position of Chairman of Internal Medicine.

Allergy and Immunology Flight: Under the command of Lt Col James Quinn, this flight continued their strong productivity supporting allergy care throughout the region by capturing all referred patients in all eligibility categories locally and seeing many referrals from across Texas and Oklahoma. The flight was fortunate to add Lt Col Michael Tankersley to the academic teaching staff in July. A cutting edge, new electronic medical record and tracking system for allergen immunotherapy was deployed, resulting in improved safety and documentation for over 300 patients on shots. One physician and two technicians returned from deployment in January while two additional technicians deployed during the summer AEF cycle. One technician deployed in support of Hurricane Katrina relief. In the aftermath of the hurricane, the Regional Allergy Consult Service took over the management of 13 bases that had been in Keesler Medical Center's region. The fellowship training program continued its tradition of excellence and expanded to nine fellows to become the largest in the DoD. The fellows and staff continued several ongoing research protocols and added several publications. The Immunizations Element continued their critical role in the readiness of our forces and health of our families by providing over 400,000 immunizations.

General Medicine Inpatient Unit : Maj Susan Jano was promoted to Lt Col, and was selected and matched as a squadron commander for 2006. The flight continued to undergo administrative changes when two new element leaders, two new element NCOICs, and a new flight NCOIC were selected. Lt Col Cheryl Howard assumed command of the flight in December. Staffing shortages continued to affect the flight, with a noticeable lack of experienced military nurses. Two baseline contracts for nurses were unable to fill all the authorized contract positions. In addition, staffing shortages among the enlisted corps was also a factor. Deployments continued throughout the year with an average of two to three nurses, and two technicians rotating each AEF cycle. Two personnel were sent to support Hurricane Katrina relief efforts and contingency preparations on the unit were made to accept an influx of patients.

Lt Col Susan Jano was selected as the wing, and Air Force FGO of the year, Capt Luis Perez was selected as the 59th MDOG CGO of the year. The unit remained a 36-bed inpatient general medicine ward.

Gastroenterology Flight: Under the command of Col Timothy Cassidy, this flight continued to push preventive health care services, increasing the number of colorectal cancer screening procedures by 20% and maintaining near-zero referrals downtown. During the past year we moved our entire operations to 2E, accomplishing this daunting task in a single week without compromising access to care. At the same time the flight took over outpatient clinical operations, amounting to over 300 patient visits each month, without increasing manning assigned to the flight.

Nephrology Flight: Maj Laveta McDowell was the flight commander for this unit during 2005. This flight launched a new outpatient anemia management clinic that now treats over 150 patients with anemia of

chronic kidney disease, recapturing those that were previously self-injecting this medication. As a result, over 100 new outpatient encounters are created on a monthly basis, significantly increasing RVU production (mirroring our civilian counterparts), while improving compliance and safety. The flight deployed three technicians to Balad AB, Iraq in support of OIF in 2005, including our flight NCOIC, TSgt Misty Varner, who also deployed in support of Hurricane Katrina relief in New Orleans LA.

As a result of improvements in coding and capture of inpatient encounters, overall the clinic increased its workload 200% in 2005.

**Endocrinology Flight:** This flight launched the Insulin Pump Clinic, a monthly clinic lead by Lt Col Nina Watson, that incorporated nursing instruction and guest expert education with the traditional physician visit to provide a comprehensive approach to all insulin pump patients. The flight expanded its role as Air Force experts in the arena of nutritional medicine. Maj Damon Tanton was selected as the first nutrition specialist to serve at the Detention Hospital, Guantanamo Bay, Cuba. While there, he created multiple diagnostic and treatment protocols, as well as standard forms designed to guide the medical care for those that followed. In addition, Maj Mark True became the first Air Force physician to obtain certification by the American Board of Physician Nutrition Specialists as a nutrition specialist. The flight's support of OEF and OIF also included the deployment of Lt Col Marcus Cranston, who completed a 120-day tour serving as both, Chief, Clinic Services at Manas AB, Kyrgyz Republic and Medical Director of a Ground CCATT at Ali Al Salem AB, Kuwait.

**Infectious Disease Flight:** The Infectious Diseases Flight directly supported OIF by deploying two physicians and one administrative technician. The physicians served in a variety of roles at the 332nd Air Force Theater Hospital, Balad AB, including Chief of Hospital Services and theater infectious diseases consultant. The flight partnered with the Defense Institute for Medical Operations, the U.S. Department of State, the US Agency for International Development, and the US Department of Health and Human Services to deliver a course on HIV/AIDS program and policy development. This course was given to the senior health officials of 25 developing nations, and addressed comprehensive, programmatic, as well as clinical issues. In addition, on-site courses were given in Mexico and the Russian Federation. The Flight continued its prolific clinical research on HIV/AIDS and its robust support of graduate and post-graduate medical education.

**859th Medical Operations Squadron:** Col William Barth was commander until he retired in April, wherein Col Charles Rountree took command. Col Rountree commanded the squadron, except for a four-month deployment to Balad AB, Iraq in support of OIF. During that time the unit was in the extremely capable hands of Lt Col Beth Ewing, the squadron's Director of Operations. The superintendent was CMSgt Dan Jolly until his summer retirement. MSgt Jessie Sills provided interim leadership duties till MSgt Dan Wilson took over the reins (after returning from Balad AB). Ms. Kelly Wilbricht became the squadron automation clerk during the summer. Lt Col Dana Howard became interim Director of Operations during the time Col Rountree was deployed.

**LDRP:** Led by Flight Commander Maj Barbara Cupit, 2005 started with recognition of our first New Year's baby. AAFES and Volunteer Services donated a gift basket with over \$350 of gifts and gift certificates. This was the first of 2,140 babies delivered at the Hauth Birthing Center.

We saw a significant surge in deployments as our team supported wartime and peacetime missions. Altogether, 4 nurses and 10 technicians deployed to Iraq in support of OIF. One of our nurses held the distinguished honor of delivering the first baby ever born at Balad AB, respectfully preserving the mother's dignity and cultural sensitivity. In September, one nurse and three technicians deployed to the New Orleans Airport where a makeshift medical facility was set up to provide triage and medical support to evacuees after Hurricane Katrina devastated parts of New Orleans, LA. In support of Joint Task Force KATRINA, our nurse and technicians cared for very ill patients who had been void of nursing care for several days and assisted with the aerovac of over 27,000 patients in nine days. Additionally, one obstetric nurse, one neonatal nurse, and a

team of physicians flew to Keesler AFB, MS days after the hurricane to transport 35 pregnant women to Lackland. Ultimately, 26 of these women delivered their infants at Wilford Hall. Our staff became instrumental in linking these displaced families with multiple community and Air Force resources.

Three individuals, a job previously accomplished by only one, now share a first for the Birthing Center, the duty of Element Leader. This allowed for the implementation of multiple initiatives that improved care to our patients. One change was the realignment of our LDRP unit from a one-room labor and delivery concept, to the separation into specific labor rooms and specific postpartum rooms. This allowed for better utilization of staffing manpower and thousands of dollars in equipment savings.

Our bereavement program was entirely revised, and Wilford Hall supported two-day classes to boost the pool of counselors trained to assist patients after a fetal demise. The first class added three new grief support personnel to our LDRP staff. Plans are being made to develop a resource room for our patients and families who have suffered a fetal demise. This room will contain reading materials and provide a quiet atmosphere, away from their labor room, for families to begin the healing process. Our clinical nurse specialist actively pursued and obtained funding to sponsor in-house fetal monitoring classes, of which 30 nurses benefited. This resulted in a collective savings of over \$7,000, and significantly enhanced the assessment of babies in utero.

NICU: Led by Lt Col Catherine Amitrano and Lt Col Jane Palmisano as Flight Commanders, there were a total of 510 combined level II and level III admissions with an average daily census of 15.

Maj Cody Henderson, Lt Col Brian Hall and Lt Col Robert Digeronimo continued to lead as Co-Directors of the ECMO Program. Capt Karen Larry remained the Senior ECMO Coordinator during 2005. Capt Kathy Robbel served as Junior ECMO Coordinator. Cheryl Collicott, a civilian nurse, was selected to become the next Senior ECMO Coordinator, the first time this position will be held by a civilian. This transition was done in an effort to create more continuity in this highly visible program. Maj Henderson continued to work with Tripler Army Hospital in Hawaii to launch their first ever ECMO program. The ECMO course was held in August; 8 providers, 25 nurses, and 3 respiratory technicians were trained. There were a total of six ECMO patients this year, bringing the WHMC total to 166 ECMO patients over its 20-year history. All together, the NICF completed a total of 65 transports. A transport course was also held in August in which one provider, three respiratory technicians, two medical technicians, and nine nurses were trained.

The NICU took part in a rescue mission to Keesler AFB during Hurricane Katrina and received three infants from the civilian community during evacuations from Louisiana and eastern Texas.

The NICF hosted the 10<sup>th</sup> annual Neonatal Intensive Care Conference in April with a total of 100 participants (all with excellent reviews).

Three NICF nurses (Capt Dara Warren, Capt Regina Peterson, and Lt Carla Sutton) and one NICF technician (TSgt Robert Gollner), were deployed to Iraq. The NICF acquired one new staff neonatologist, Maj Melissa Tyree. The NICF medical director, Lt Col Brian Hall, provided manning assistance to the NICU at Kadena AFB. Our neonatologists continued to support Ft. Hood with manning assistance. The NICU maintained a link on the virtual web page highlighting AF NICU nursing.

Pediatric Intensive Care Flight: Maj Dawn Brooks assumed the position of Flight Commander following the PCA of Maj Lisa Fuentes in October. TSgt Michael Edwards assumed the Flight NCOIC position in April. Maj Michael Meyer continued as the Medical Director. Capt Andrea Christ assumed the assistant ECMO Coordinator position (PICU).

The PICF cared for a total of 246 admissions with an average daily census of 4. Of these admissions, two were in-house ECMO pediatric patients. The staff supported a total of five ground/aero-medical ECMO transports, saving all five lives. Graduate medical education remained a focus with 14 pediatric residents as well as surgical subspecialties residents. Numerous publications were approved.

The readiness mission continued to be a primary focus as nine nurses and medical technicians deployed. Maj Fuentes, Capt Davila, Capt Shepard, Capt Redman, Capt Bailey, TSgt Small, and SSgt Webb deployed to

Iraq. Capt Christ and SSgt Wilmore deployed to Germany. In addition, Dr. Meyer, TSgt Small, and SrA Pierson deployed in support of Joint Task Force Katrina.

Outpatient Pediatrics: Maj MaryAnne Yip continued as Flight Commander for 2005. Dr. Robert Ellis gave Medical Director leadership. Many changes occurred in the outpatient pediatrics clinic. Besides the normal in-house transfers and PCS losses and gains, we were able to successfully deploy several troops in support of the GWOT. Mid-year we gained a new element leader for the pediatric and adolescent primary clinic, Maj(s) Tamra Weatherbee, while Capt Sean Moore continued as the element leader of the 8th floor subspecialties (8C) and hematology/oncology clinic (8D). Due to safety upgrades in the hospital's A tower, 8A inpatient pediatrics moved to 8B. Later it was determined that there was not enough beds to support the mission. As a result, the hematology/oncology clinic (8D) and the inpatient unit (8B) exchanged places. In the exchange, the subspecialty clinic (8C) lost some space, but adapted. Currently the hematology/oncology clinic is located on 8B and inpatient pediatrics on 8D. Pediatrics increased its readiness posture as a flight by putting into place an AF-directed fitness program along with the new squadron fitness program. General pediatrics had a successful back-to-school/sports physical program. Our pediatric sedation (APV)/minor procedure unit provided conscious sedation for the entire pediatric population and for other departments within the MTF to include radiology, nuclear medicine, EEG, AVR, inpatient/PIC lines and surgery, to name a few. Subspecialty also runs the RSV clinic, which supported the NICU, PICU and their high-risk population. Subspecialty staff (8C/B) were able to help the inpatient pediatric unit by supporting high level/high risk nursing care. The subspecialty nursing staff also provided training in conscious sedation and chemotherapy to the inpatient pediatric unit. General pediatrics was 1 of 89 clinics hospital-wide meeting the business plan which helped to earn more manning through GWOT and regular contracts (seven RNs, four administrative clerks, one social worker in the pediatric/adolescent clinic and a pediatrician). Total RVUs were over 40,000 and number one in the wing.

Those deployed in support of OIF included Maj Yip to Germany and SrA Lara, SrA Moore, Capt Evans, Capt Weatherbee, and MSgt Allard to Balad AB, Iraq. Capt's Evans and Weatherbee deployed in support of Joint Task Force Katrina.

Inpatient Pediatrics: Lt Col Bernadette McDermott assumed the Flight Commander position in January, replacing Lt Col Margaret Walsh (due to deployment). Maj Mariann Dowd assumed the new role of Element Leader, TSgt Jason Haas served as the NCOIC and Lt Col David Harford replaced Col Noel as Medical Director. During 2005, the inpatient pediatrics unit provided care for more than 1,200 pediatric patients who received care from 13 specialty clinics.

The unit relocated from 8B to 8D during July. Admission capacity was linked to staffing. Staffed bed capacity after the move was 15 beds unless the index was over 1.8; then the unit was closed due to high acuity. Inpatient pediatrics anticipated a move back to 8A by December 2006.

Our readiness mission continued to be a primary focus as nine staff members deployed in direct support of OIF. The following staff members also were deployed in support of Joint Task Force Katrina: Lt Col Walsh, Capt Marte, Lt Warner, SSgt Sopikiotis, Ann Spiney and AIC Au.

Outpatient OB/GYN: Maj Linda Stanley was Flight Commander. Col Mike Gordon was the medical director and Lt Col Randal Robinson was OB Residency Program Director. CY 2005 was a busy one for the flight. Our IVF program passed reproductive endocrinology's bi-annual inspection by the College of American Pathologists with a score of 100%. We implemented CHCS II/ALTHA computer software successfully in over 80% of GYN/RE Clinics, coding percentage went up to 99% on a daily basis. We reviewed and revised records procedures in the OB clinic to enhance the coding accuracy from 50% to 99%. A new orientation class for mothers received consistent praise from the beneficiaries. We engaged with primary care clinics to improve access for wellness exams and procedures such as pap smears and PCM appointments. This increased pap smears by 500 each month so the OB/GYN Flight and the PCMs could offer over 1,500 pap smears per month.

Nurse triage improved daily. We sought to obtain improved appointment availability and access for our patients. We provided emergency obstetrics care for the Hurricane Katrina patients from Keesler AFB and their families, added five OB clinics to accommodate routine OB care for 60 evacuees, and organized not only OB care but transportation, lodging, meals and clothing for patients and families. Lastly, we added a third ultra sound room in the OB clinic, which increased access for level II ultrasound and decreased wait time for this procedure by 30% within the OB/GYN flight.

Readiness being paramount, MSgt Garay (flight NCOIC) deployed to Balad AB, Iraq during 2005. TSgt Acuna (NCOIC OB) was interim Flight NCOIC. She and SSgt Tucker (NCOIC, GYN Clinic) were able to carry on our mission of providing exemplary care and supporting the OB/GYN Residency Program without any disruptions in care and maintained our access to care standards.

## CHAPTER V

### 59TH DIAGNOSTICS AND THERAPEUTICS GROUP

The 59th MDTG was commanded by Col Roberta Gott. The Group Superintendent was CMSgt Danny Herndon, who also served as the career field manager for radiological technicians for the AFMS. The MDTG provided world-class nutritional medicine, pathology, clinical laboratory, pharmacy and diagnostic imaging services and training at the USAF's largest medical center. With a combined staff of over 725 military and civilian personnel, the group supported peacetime healthcare, education and training, research and healthcare for personnel deployed worldwide in support of the GWOT. The group had almost 400 personnel assigned to primary mobility positions during the year, capable of deploying at any time to provide clinical support services in a contingency environment. The 859th MDTS operated the largest blood donor center in the DoD, providing the majority of blood products utilized in the combat theater. Col Gott served as the deployed Commander of the 376th Expeditionary Medical Group "Liberandos," in Manas, Kyrgyzstan, from May to August. During her absence, Lt Col Scott Sanchez served as the acting Group Commander without the assistance of a deputy group commander or group administrator. Lt Col Sanchez was the catalyst for initiating the use of group practice managers for clinical support services. Three company grade Medical Service Corps officers were assigned to the group and, under the supervision and leadership of Lt Col Sanchez, they proved invaluable in coordinating activities between the squadrons and the group and in validating the concept of "product line managers" in an Air Force Medical Center.

**59th Diagnostics and Therapeutics Squadron (Pharmacy):** Command of the 59th MDTS transferred in 2005 from Col L. Frank Jacobs to Col Wayne C. Cheatum. CMSgt William T. Wade replaced CMSgt Michael L. Hodge as Pharmacy Superintendent. In spite of the changes in leadership, the impact of a solid leadership team was evidenced by major achievements from the staff. Dedication to customer service and patient safety continued to be the primary focus of the 59th MDTS. Winning a number of significant annual awards validated the staff's dedication to the Air Force core value of "excellence in all we do."

After Hurricane Katrina disabled the pharmacy at Keesler AFB, the 59th MDTS stepped up to provide continued refill prescription service to the 35,000 beneficiaries who lost the use of the Keesler pharmacy. The 59th MDTS Pharmacy Robotics Center linked up via CHCS with the Keesler pharmacy and processed 800 refills each day to support the Keesler mission. Additionally, the Keesler pharmacy sent a contingency of active duty personnel to WHMC to boost our manning posture.

Inspectors from the 882nd Training Group evaluated the phase II pharmacy technician training program and gave an overall rating of "Outstanding." To quote the inspection team; "they knocked our socks off." A total of 12 areas were reviewed during the inspection. There were also more than 40 commendable comments.

The main and clinic pharmacies made significant process improvements. The main pharmacy was redesigned, using a modular concept, and three additional fill stations were added to decrease overall waiting times.

The Inpatient Pharmacy Flight made several significant improvements. In moving towards compliance with USP 797 Sterile Compounding guidelines, key staff members revised current IV room policies and procedures. The inpatient pharmacy played a significant role in the development and implementation of key JCAHO patient safety goal requirements and guidance for medication reconciliation. In response to patient safety events, staff members were an integral part of two root cause analysis teams that identified critical areas for improvement to include pediatric weight based dosing and proper documentation of patient allergies.

Capt Jason Lennen was the wing CGO of the Year. Airmen and civilian squadron members won four group and one wing quarterly and annual awards. Additionally, TSgt Lynette Leal wears her present rank after receiving a STEP promotion.

The majority of technicians and pharmacists deploying in support of OIF received their inpatient skills training and assessment within the flight. These highly-trained and skilled technicians supported the majority of AFMS deployments to Balad AB, Iraq. The 59th MDTS deployed the first AF pharmacist, Maj Garrett Heitmann, to Kirkuk, Iraq. He created a 500-medication formulary and managed a budget of \$750K. He responded to 60 trauma cases and assisted with 30 aeromedical evacuation patients.

**759th Diagnostics & Therapeutics Squadron (Radiology):** The Squadron Commander was Col Christopher J. Lisanti. Dr. Lisanti was also the Consultant to the AF Surgeon General for Diagnostic Radiology. SMSgt Raleigh White was the Squadron Superintendent. The GWOT was definitely supported at all levels by deploying 3 radiologists and 12 radiology technologists in support of OEF/OIF.

The 759th MDTS is the largest DI operation and only DI squadron in the AFMS. The squadron provided outstanding support to over 1,000 providers and 180,000 TRICARE Region VI beneficiaries during 2005. In addition, over 178,000 diagnostic and therapeutic procedures were accomplished during more than 86,000 patient encounters with patients of all acuity levels, including 22,000 teleradiology readings. McConnell AFB and Brooks City Base were added to our already established teleradiology sites.

The 759th MDTS remained a center for teaching and education excellence, and graduated 10 Air Force "mission-ready" radiologists. Staff members published 27 peer-reviewed articles and co-authored 3 books.

The DI enlisted phase II programs include nuclear medicine, radiology, ultrasound and mammography, and produced a total of 39 technologists. During the inspections of the Phase II programs by HQ AETC, ultrasound received an "outstanding" and DI received an "excellent" rating.

The Breast Imaging Clinic received American College of Radiology (ACR) accreditation for the next three years. Also, they voluntarily received accreditation from the ACR for stereo-tactic biopsy procedures.

The WHMC Nuclear Medicine Flight continued to be the only pediatric nuclear medicine imaging facility in TRICARE Region VI. The flight provided specialty pediatric support to MTFs at Ft. Hood and Ft. Sam Houston, TX while maintaining normal mission support requirements. During their bi-annual inspection, they maintained the previous "no findings" rating from the Nuclear Regulatory Commission.

The Radiation Oncology Flight continued to be the busiest of the four radiation therapy services within the Air Force. Stereotactic radiosurgery, prostate brachytherapy and total body irradiation in support of the Bone Marrow Transplant Program continued to be unique AF functions offered only at 59th MDW. The radiation oncology clinic introduced IMRT in January and was the first oncology treatment center in the nation to receive Radiation Therapy Oncology Group (RTOG) Head and Neck IMRT protocol approval. IMRT services were further expanded in 2005 to include image guided radiation therapy for prostate cancer. MTRO support of cancer research included the participation in twenty (20) on-going RTOG protocols and enrolled in three additional RTOG protocols during 2005.

The Medical Physics Flight's impact on AF radiology literally spanned the globe through TDY visits to PACAF and USAFE for physicist evaluations on equipment in excess of \$20M. In May an upgrade to GE Centricity PACS was performed. Also, ultrasound, cardiology and vascular ultrasound were integrated with Centricity. This enabled all providers to access patient results within the facility. A PACS disaster recovery was initiated by WHMC to assist Keesler AFB, MS in the aftermath of Hurricane Katrina.

The Interventional Radiology Flight continued performing laser therapy surgeries for varicose veins. In addition, a \$2.5M room modernization was completed. The renovation improved workflow and provided high tech equipment required to perform complex radiology procedures.

**859th Diagnostics and Therapeutics Squadron (Pathology):** The Squadron Commander was Col Thomas M. Rice. CMSgt Fred E. Porter Jr. served as the Squadron Superintendent. During 2005, the squadron performed over 3M laboratory procedures as well as 26,000 surgical and 80,000 cytology studies. The squadron continued to lead DoD lab innovations, enhance health care delivery systems, maximize lab

productivity through automation, integrate AF/Army/Navy lab services, leverage technology, and consolidate lab testing platforms.

The Cytology section was selected as the consolidated AF Cytology Center. Six cytology labs were consolidated into one at the WHMC Cytology Center, eliminating 32 non-warfighter positions across the USAF at a projected savings of \$2.9M. The combination of thin prep smears and performing over 10,000 HPV tests significantly improved the diagnostic and prognostic capability of the gynecological physicians in the detection, prevention, and treatment of cervical cancer.

The Disease Identification and Management Element microbiology lab was certified by the CDC as a Bio-Safety Level III laboratory. The lab coordinated DoD validation studies for biological agents and expanded both in-theater and homeland defense capabilities. The effort helped in charting the development and deployment of this state-of-the-art technology for the rapid identification of biowarfare agents. The WHMC Microbiology Lab (Lab National Response Network) was selected by Air Staff to lead a Homeland Defense pilot program to test AFMS' lab responses to CBRNE incidents. The element is the first in the Air Force to establish testing for definitive diagnosis of B-cell malignancies and genetic mutation. The element stood up the AF Stem Cell Laboratory, the only DoD laboratory accredited by FACT. It is the only DoD stem cell collection site and had 60 patients transplant in 2005

The Laboratory Systems Office managed the AF's largest laboratory computer database. The database contained 6,300 test files and supported 780 users 24 hours a day. The element was vital in allowing the 59th MDW to launch the Outpatient Itemized Billing project. Verifying over 6,000 test codes enabled the wing to recoup \$12M. The development of a basic trainee auto-registration program eliminated over 258,000 repeat tests with an estimated saving of \$13M. The Laboratory Systems Office was also singled out to perform alpha and beta tests for a DoD lab interoperability project valued at \$7M.

The Core Laboratory Element conducted intra-lab studies, standardizing instrumentation at four labs and adhering to strict regulatory guidelines. Hematology upgraded the instrumentation for performing thromboelastogram analysis. This procedure allowed surgeons in both normal and trauma situations to more properly select blood and blood products to treat patients with bleeding disorders. The element also slashed its DNA rejection rate by 98%, garnering an "Outstanding" rating on their AFIP DNA repository inspection

The Blood Donor Center processed over 18,000 donors and increased their collections 640%. They directed shipment of over 35,000 blood products in theater, to 11 countries and 50 coalition MTFs, and was part of over 4,000 transfusions. During the war, they shipped 7,000 blood products and were the only AF unit to meet their wartime quota. They were the only donor center to perform nucleic acid tests, screening 90% of all AF donors, saving \$450,000. The center was rated "Best in DoD" by the Armed Services Blood Program Office and also boasted the lowest cost per test in the DoD. The blood transfusion element renegotiated the blood sharing agreement with South Texas Veterans Health Care (VA Medical Center). The 59th MDW Blood Donor Center was designated as the primary test site for the Defense Blood Standard System. They perfected the DoD security migration and were a model for 78 other sites.

The Squadron remained intimately involved with deploying personnel and materials to forward laboratories in support of OIF/OEF. During 2005, 9 lab officers and over 28 enlisted personnel deployed to expeditionary labs across Iraq. The majority of 59th MDW lab personnel were billeted at Balad AB, Iraq. The lab team excelled while supporting life-saving operations and blood transfusions at Balad AB. The 332 EMDG lab was twice honored with the 332 AEW Sharp Saber Team award, identifying them the top team on Balad. The Lab's OIC and NCOIC were coined by Secretary of Defense Rumsfeld for their heroic efforts around the clock. Balad lab personnel conducted over 30 blood drives, collected 450 blood units and directly saved the lives of 44 Soldiers and Marines.

The 859th MDTS had many award winners and notable achievements during 2005. Lt Col Brian Casleton was selected the AETC Clinical Lab Scientist of the Year. The 859th MDTS swept the enlisted

categories for the 2005 Laboratory AETC Medical Service Awards. The squadron garnered 15 group, 6 wing, and 2 base-level awards. Finally, due to its significant contributions at home and abroad, the 859th MDTS was selected as the 2005 USAF Laboratory of the Year. The squadron continued to meet its vision of being innovators in pathology and its mission to provide world-class lab services.

**959th Diagnostics & Therapeutics Squadron (Nutritional Medicine):** Lt Col Craig A. Olson assumed command of the 959th MDTS in December. CMSgt Jeffrey A. Griner was the Squadron Superintendent.

The 959th MDTS was the largest nutritional medicine operation in the AFMS and led the nutritional medicine career field in deployments for 2005. Personnel deployed in support of Expeditionary Medical Support hospitals and the Air Force Theater Hospital at Balad AB, Iraq. 959th MDTS deployed personnel served over 13,000 meals per month.

The Medical Food Management Flight served over 1.1M meals and controlled over \$2.2M of subsistence/supplies in 2005. Squadron members provided outstanding professional catering support for over 20 functions for visiting dignitaries, VIPs, and wing staff. Food service staff enhanced wing morale by serving over 2,200 patrons per meal at monthly and holiday theme meals and increased offerings in the grab-and-go food service area, resulting in increased utilization.

The Clinical Nutrition Flight provided comprehensive nutrition care and medical nutrition therapy during the completion of 18,718 inpatient visits.

The Nutritional Medicine Education Flight provided medical nutritional therapy or nutrition education to over 4,500 outpatients. Clinic individual and group appointments were provided on weight management, prenatal nutrition, gestational diabetes, cardiac risk reduction and other topics.

Dietitians served on the American Dietetic Association's beta testing for the internet-based Nutrition Care Manual. They continued to lead the revision of the nutrition education component for the AF Fitness Program as part of the dietetics strategic initiative on standardizing all nutrition programs. They also led or participated in other AF dietetics strategic initiatives on readiness, consulting, and benchmarking.

The entire 959th MDTS continued as the AF training site for the U.S. Military Dietetic Internship Consortium. The internship has a 34-year history as one of the nation's top-ranked dietetic programs. Three AF dietetic interns graduated in May. Two new AF dietetic interns were recruited, started the program in August, and were trained in administrative and clinical dietetics and food service management. Three Army dietetic interns were precepted in rotations on pediatric and obstetrical nutrition.

## CHAPTER VI

### 59TH MEDICAL SUPPORT GROUP

The Commander of the 59th Medical Support Group was Col E. Yancey Walker until July when Col Kimberly A. Slawinski took the reins. Lt Col Marilyn Arnold was the Deputy Commander until she deployed in May. That position was then assumed by the Clinical Research Squadron Commander, Col Doug Apsey. He served two roles, both as Deputy and Squadron commander. Maj David Pickert served as Administrator until he deployed in July and Maj Melinda Weis assumed the position at that time. The Superintendent was CMSgt "Joe" Milton until he retired in May and CMSgt Scott Graham assumed the position. Ms. Maryland Jones was the Volunteer Coordinator.

**59th Clinical Research Squadron:** The Commander of the 59th CRES was Col Douglas A. Apsey. The vision of the 59th CRES was to be "The DoD's Premier Clinical Research and Training Facility." The squadron was a leader in DoD clinical research, with approximately 600 human and animal research protocols in 2005.

Personnel from the 59th CRES continued their tradition of excellence by garnering several prestigious awards. SrA Crystal Schollard was a distinguished graduate from Airman Leadership School and received the Academic Achievement Award in December. Mr. Rudy Lewis was recognized as the squadron and group Category II civilian of the year. Capt David Watson was the squadron and group CGO of the year.

Three squadron members directly supported the war effort in Iraq by deploying in 2005. Capt David Watson, SrA Crystal Schollard (Snow), and SSgt Amanda Willett each served four months at Balad AB, Iraq.

Several new staff members joined the squadron in 2005 including Lt Col Marla DeJong, the new Chief of Nursing Research; TSgt Elton Green replaced TSgt LaSonya Williams as NCOIC; SSgt Aaron Fanning, SSgt Tye Wickham, SSgt Tanetta Johnson, and SrA Francis Osario joined the support staff as 4A0's; Ms. Tammie Auton joined the protocol office staff; and Ms. Leslie Doyle joined the surgical staff. Ms. Patty Allen retired after over 31 years of civil service, 15 of those as a member of the 59th CRES. Mr. Bob Kisselburgh retired after 17 years of civil service, 11 of those as a member of the 59th CRES. MSgt Tawanda Harper and SSgt Amanda Willet transferred out of the squadron in 2005.

**Support Flight:** Dr. Joseph Schmelz was the Flight Chief. In September, the 59th MDW became the first institution in of the DoD to initiate electronic research administration (eRA). The support flight secured external funding to purchase the BRAAN eRA program. Once fully implemented, the program will allow for a completely paperless system for submission and oversight of research at WHMC. It will streamline processes, resulting in faster review/approval time and improve the institutions ability to oversee compliance.

The flight was instrumental in negotiating a TriService IRB sharing agreement with six other DoD institutions for the TriService HIV program. Once in place, this will be the largest interservice IRB sharing agreement ever used and will result in reduction of redundant IRB reviews saving valuable investigator and institutional administrator time.

The flight led the merger of human and animal compliance functions. Efficiencies in manpower were realized immediately, all animal use forms were revised, a new review process was created, and all 48 active studies were updated.

**Operations Flight:** Dr. H. Hugh Harroff was the Flight Chief. The Operations Flight was responsible for all aspects of the animal care and use program (e.g., animal procurement, animal husbandry, animal health care, and performance of training and research procedures using animals) in the 59th CRES within the 59th MDW. During 2005, more than 500 residents and 150 staff members were trained in a variety of specialized medical and surgical skills, such as ECMO, ATLS, general surgery, emergency skills, and care and treatment of critically ill patients. Many of the recipients of this training were subsequently deployed to medical facilities

where they provided first-level care to casualties from the conflict in Iraq, the war against terrorism in Afghanistan, and other locations around the world. In addition to this training, the flight supported approximately 45 research projects involving the use of animals as subjects. Examples of the research were continuation of the evaluation of the blood substitute HBOC-201; studies to evaluate new treatments for repair of ligaments of the knee; studies to evaluate new products that are expected to promote healing of wounds; evaluation of the efficacy of warming devices proposed for use in caring for patients in shock as they are being transported on cargo aircraft (the flight converted a walk-in cooler into an environmental chamber to allow for a controlled temperature of 52° F – the approximate temperature in the back of the aircraft); continued evaluation of methods for treating ventricular fibrillation and/or cardiac arrest, including a variety of drugs and electric shock given at different times; research examining more effective methods of treating patients using ECMO for a variety of severe lung diseases; and studies of the effects of many commonly taken herbal medications on length of recovery from surgical anesthesia and on the actions of Natural Killer (NK) cells. The new treatment methodologies developed and evaluated, and the training supported by the flight had a direct impact on providing the best possible medical care to our troops in the field.

Laboratory Flight: Capt. David Watson was Flight Commander. The laboratory capabilities continued to expand with the acquisition of over \$350,000 in new research equipment used to support protocols in chemistry, toxicology, proteomics, microbiology, hematology, and molecular biology. Dr. Harvey Schwertner was awarded two U.S. patents and published papers in *Clinical Therapeutics*, *Thrombosis Research*, *Advances in Clinical Chemistry*, and *Obstetrics and Gynecology*. He was also selected as the Team Lackland nominee for the 2005 Air Force Exceptional Innovator of the Year Award.

Donna Hensley worked with the Air Force Clothing Office at Wright-Patterson AFB to evaluate the effectiveness of different bacterial disinfectants on four types of military issue boots. She gave presentations at three scientific meetings on the research findings. She also purchased a new rotary cell culture system which was developed by NASA and is capable of producing a microgravity culture environment.

David McGlasson supported 11 protocols and was the principal investigator on three of the protocols. He had 12 publications and presented 7 oral presentations and teleconferences. He was also named as the 2005 Scientific Researcher of the Year for the American Society of Clinical Laboratory Science.

Patti Dixon added VersArray Chip Reading capabilities, new arachidonic metabolite measurement capabilities and new and improved flow cytometry capabilities for the measurement of apoptosis and NK cell modalities to the molecular biology section. The molecular biology section supports between 25 and 30 protocols per year.

Sandra Valtier added a nanospray source to the ion trap mass spectrometer so it was capable of analyzing and identifying proteins and peptides. A Ciphergen protein chip and time of flight mass spectrometer using enhanced laser desorption/ionization (SELDI) technology were purchased to be used for the analysis of proteins and peptides.

The squadron also completed the installation and equipping of the LRN laboratory. This laboratory is part of a national network used to isolate and identify bacterial pathogens.

Nursing Research Program: The Nursing Research Department at the 59th MDW led the DoD in operational nursing research that focused on caring for injured warfighters in field conditions and preparing nurses to deploy. Lt Col DeJong arrived in August 2005 as the Director of Nursing Research. Lt Col Dremsa was Senior Nurse Researcher and directed several studies during the year.

The Nursing Research Department had 15 active TriService Nursing Research Program (TSNRP) funded protocols. In 2005, 30% of TSNRP grants were awarded to WHMC investigators. The department's extramural grant support exceeded \$3.1M.

The AF Operational Test and Evaluation Center requested that the squadron evaluate two STV systems to assess their potential use in a deployed, pre-hospital setting. The study demonstrated that one ventilator performed acceptably, while the other did not.

Lt Col Teri Dremsa interviewed 40 CCATT members about providing patient care in a combat environment. Four major themes were identified. In a TSNRP-funded follow-on study, the data will be used to create a deployment readiness self-assessment instrument.

Lt Col Elizabeth Bridges, Lt Col Marla De Jong, Dr. Joseph Schmelz, and Capt Darcy Mortimer used a swine model to conduct a study about resuscitation of casualties. The goals of this TSNRP-funded study were to assess the ability of novel indices (near infrared spectroscopy, skeletal muscle oxygen saturation, pulse pressure variation, and systolic pressure variation) to detect occult hypoperfusion and to predict fluid responsiveness. Data from the 21 animals is being analyzed.

In a multi-center, TSNRP-funded study, Lt Col De Jong, Lt Col Richard Eaves, and Lt Col Dremsa collaborated with nurse scientists from the Navy, Army, and Public Health Service to capture experiential learning regarding nursing care during combat operations, provide narratives of lessons learned during combat practice that could assist in the design and teaching of combat health care, and create a collection of narratives around practice topics that could support scholarly activities. Forty-three WHMC nurses participated in the study and data analysis was ongoing.

Lt Col De Jong and Lt Col Dremsa continued to direct an evidence-based practice protocol designed to reduce ventilator-associated pneumonia. An educational intervention was ongoing to be followed by post-intervention data collection and analysis.

Col Michaela Shafer and Lt Col De Jong were the WHMC investigators assigned to another on-going multi-center, TSNRP-funded, study designed to explore associations among nursing structural indicators (staffing, skill mix, education, experience), explanatory variables (acuity, patient turnover), nursing outcomes (job satisfaction, needlestick injuries), and patient outcomes (falls, medication errors, pressure ulcer and restraint use prevalence, medication errors, patient satisfaction). Data was collected on several inpatient units.

Lt Col De Jong began a TSNRP-funded study to investigate the relationship between anxiety and heart failure patient outcomes and examine the behavioral and physiologic mechanisms for any association between anxiety and increased morbidity and mortality in heart failure.

Capt Mortimer conducted a study to identify problems experienced during the ground transport of CCATT patients and related factors associated with problems incurred. Data collection was going.

In addition to the above formal research projects, Lt Col De Jong and Lt Col Dremsa promoted other research and scholarship initiatives. Lt Col De Jong attended the TSNRP Strategic Planning Meeting, presented research at several national meetings, and reviewed grants for TSNRP. Eight nurses affiliated with WHMC presented posters at the AMSUS annual meeting. Lt Col De Jong and Lt Col Dremsa also assisted nurses in AFIT master's and doctoral programs to design research projects and collect data. Dr. Joseph Schmelz facilitated several research projects completed by Army and Air Force nurse anesthesia students. In addition, they guided AFIT and clinical nurses to present research posters and publish clinical and research papers. Lt Col De Jong published seven journal articles and a book chapter and Lt Col Dremsa published a book chapter this year.

**59th Training Squadron:** Col Joanne Henkenius-Kirschbaum was the Commander and Lt Col Laurie Hall served as Operations Officer and Allied Health Education Flight Commander. SMSgt Hollis Dawson served as Squadron Superintendent from January until his PCS in September when MSgt John Ostoich assumed the position. Other members of the executive staff included Lt Col Richard Eaves, Professional Development Flight Commander; Ms. Rita Smith, Medical Library Flight Chief; MSgt Eddie Escobar, Chief Military Training Leader; and MSgt John Ostoich, Medical Training Program Administrator. SMSgt Hollis Dawson

also served as Medical Multimedia Flight Chief and was succeeded upon his departure by MSgt Wayne Cuffley.

Professional Development Flight: During 2005 the number of ETOs increased by 80%; now all five groups have an assigned ETO as part of their executive staff. Two members were hired with GWOT funding (one civilian LVN and one administrative assistant).

The MDOG ETO, Capt Carla Leeseberg, was selected as CGO of the Quarter, Nurse of the Quarter, and Squadron Nurse of the Year. The NCOIC, MSgt Clyde Gilbreath, was selected as Lackland Training Manager of the Year, Category III. BLITZ mandatory annual training was compressed by 26% with more eye-appealing slides. Eleven HSI discrepancies were closed and diligent efforts turned the OJT program into an AF benchmark. Flight members corroborated with systems personnel and created a new, realistic, valid training database, replacing the previous program, which was corrupt and unstable. MSgt Gilbreath inspired the wing to adopt QUEST computer software that standardizes medal/EPR/OPR writing, saving countless hours. Tracking of data, such as EMT recertification, RN licensure, BLS, ACLS, and PALS was more accurate with reprisal letters generated for no-shows and expirations. The in-hospital newcomers' briefing times decreased by 66% with improved, authentic, must-know info. Training programs in the Learning Resource Center were updated and more relevant with assignment of specific programs to specific AFSCs. The Mock Code Blue program was revitalized with immense findings. The staff performed tracers weekly, notifying flight commanders of findings and providing on-the-spot training.

SSgt Jerome Hannon (LRC member) was deployed to Balad AB, Iraq from January to May.

Allied Health Education Flight: Lt Col Laurie Hall was Flight Commander. The Allied Health Education Flight was responsible for providing initial and supplemental training programs for medical officers and enlisted personnel. The flight trained over 40% of AF medics in the Phase II and officer programs. The average daily student load was 125 for enlisted trainees, including active duty, Guard and Reserve personnel. This flight provided formal supplemental training to 31 nurses, awarding over 5,000 continuing education hours as well as over 11,000 EMT credit hours to 231 graduates. The flight also provided oversight to a variety of other categories of students within the medical center, including critical care fellows, perinatal, operating room and nurse transition students, LVN students, undergraduate nursing students, and graduate students in several fields.

The flight expanded from four to five nursing supplemental programs by standing up the first-ever, DoD year-long critical care/emergency nursing fellowship. This program trained 10 nurses to be immediately deployable ICU/ED assets. The fellowship was put on hold to become a formal AETC Training Course. The flight also managed 8 Phase II enlisted technical training courses and 10 non-GME Allied Health Residencies that produced over 680 graduates. This year the flight was inspected by the 882nd Training Group and "blew their socks off" with an unprecedented 8 "Outstanding", 3 "Excellent", 1 "Satisfactory", and 45 commendable ratings. The flight's 152-bed dormitory won "Dorm of the Quarter" three consecutive quarters throughout the year, earning \$5.25K for dorm improvements as well as \$220K for contract repairs. They also were recognized as being the first to place Phase II students under the supervision of military training leaders, a practice that has now been adopted AF wide.

The flight had many recognized outstanding performers in 2005. Maj Dwayne Wilhite was selected Field Grade Nurse of the Year for the wing and Maj Deborah Scotton was the wing Field Grade Nurse of the Quarter. MSgt John Ostoich and TSgt Tina Chaney were selected the group Sarah P. Wells Outstanding Medical Technicians of the Year, SNCO and NCO categories, respectively. Maj Wilhite and Maj Scotton were chosen as the group Field Grade Nurse of the Quarter for two quarters. TSgt Robin Williams was a distinguished graduate from the Basic Instructor Course. Maj Deborah Scotton received the AETC Commander's Award from BIC. Maj Wilhite and Maj Scotton were selected as Team Lackland Instructors of the Week.

Lt Col Laurie Hall deployed from May to September to serve as Chief Nurse Executive at Balad AB, Iraq.

**Medical Multimedia Flight:** Medical photographers documented 45 emergency/investigative cases at WHMC's emergency room. They provided standby support to the DoD Office of the Armed Forces Institute of Pathology. Four photographers (SSgt Thomas Coney, SSgt Johnny Saldivar, SrA Justin Myers, and SrA Heather Norris), responded to 29 AFIP missions nationwide. Two members went to Dover AFB to document the remains of 13 military members returned from Iraq.

Medical Illustrations was also busy throughout the year. MSgt Cody Vance and Mr. Robert Shelley spent 480 man-hours hand-drawing 40 full-color illustrations which were published in the reference text of *Campbell's Urology*. During Hurricane Katrina, the VTC element supported command-level VTC briefings twice each day during the initial response phase.

TSgt Thomas Coney deployed to Iraq as a third-country national escort for 120 days over the summer. MSgt Pedro Ybanez and SSgt Marcelina Morales deployed to Keesler AFB to document the aftermath of Hurricane Katrina in September. During this time, their eight-man team captured 12,984 photos, 319 video files, and logged 45 hours of VTC support.

SSgt Marcelina Morales was selected the Air Force Communication and Information Airman of the Year. She finished out the year with two Airman of the Quarter awards from the group and a nomination from the wing to the 37th TRW's ambassador program. Additionally, her photos taken after Hurricane Katrina were published in *Air Force Times*.

**Medical Library Flight:** Due to BRAC, the libraries at BAMC and WHMC began discussions on merging. The primary library will be at BAMC (SAMMC North) with a satellite library at WHMC (SAMMC South). Space at each facility has been discussed, but not finalized. Discussions continue on efficiencies that will be realized with centralized acquisitions, processing, and online subscriptions. Duplicate materials are being identified and will be moved or salvaged, depending on programs and space available at each facility.

In February, the library lost a vacant permanent civilian position to the CAMO. Library hours were altered to close at 1700 instead of 1800.

The library continued to add online access to books and journals. By the end of September, 2,537 titles were available to providers at their desktops through the library's intranet page. The library also continued to support smaller DoD MTFs and participate in reciprocal agreements with larger libraries. This year, 5,925 interlibrary loan transactions were completed; 87% were sent or received electronically reducing the amount of time customers have to wait for information for patient care and research. More than 60,700 people visited the library this year.

**759th Medical Support Squadron:** Deployments in support of OIF/OEF greatly impacted the leadership of the squadron this year. Lt Col Kathryn Van Der Linden assumed command of the squadron in January after Lt Col Amir Adolphe Edward deployed to Baghdad, Iraq. In October, Lt Col Stephen Greentree returned from deployment at Manas AB, Kyrgyzstan and assumed command of the squadron. The Superintendent, SMSgt Tracey Wynn, deployed to run a CASF from January to May, leaving MSgt Sandra Perry as the acting Squadron Superintendent. The Patient Administration Flight Commander, Maj Jerry Harvey, returned from deployment in mid-January but was reassigned out of the squadron in April, turning over management of the flight to Lt Dahren Newton who subsequently deployed from May through September to Balad AB, Iraq. Mr. Gary Schmidt continued to lead the Health Plan Management Flight and was joined by Mr. Joe Vavricek, filling the vacant Marketing Director role, in September 2005. Lt Col Dana Howard served as Flight Commander for Medical Management before moving to a leadership role in labor and delivery in August, turning over management of the flight to Lt Col JoAnn Kelsch. Although functionally aligned under the wing, the Business Services Flight stayed under the administrative control of the squadron. Ms Olivia Santiago continued to serve as the commander's secretary.

Plans were drawn up to align the squadron to the TRICARE Operations and Patient Administration structure recommended by the Air Staff for all Air Force MTFs, but all the pieces were not in place by the end of the year.

The Patient Administration Flight: The flight maintained its reputation as one of the busiest administrative areas in the facility, processing approximately 19,750 admissions and 2,132 birth registrations. The birth registration process evolved to a completely automated system, making it much more efficient and saving numerous man-hours. Admissions and Dispositions coordinated 1,200 patient transfers and completed 268 death packages. The Member Services Element processed 38 standard Secretarial Designee packages and 170 pregnancy packages. They conducted 50 Line of Duty Determinations and managed 32 Incapacitated Child requests, holding firm to their record for the largest Secretarial Designee program in the Air Force. During Hurricanes Katrina/Rita, the Patient Management Team was fully activated and provided 24-hour operations. They provided patient reception, safe transport of hundreds of patients to area medical facilities, close monitoring/reporting of casualties, and donations of much needed supplies to over 13,000 evacuees. Due to manpower cuts in the MAPPG 06, we lost one civilian position in the flight.

Health Plan Management Flight: 2005 was the first full year of the new TNEX contract with Humana Military Health Services for WHMC. The contract transition actually took place in November 2004 for our region but many of the issues arose during the first few months in 2005. Enrollment discrepancies were the number one issue with the new contractor enrolling patients to the incorrect primary care manager. The Customer Service Element consisted of the Texas Veteran's Commission, Wing Customer Advocate, Marketing and Public Relations, Debt Collection Assistance Officer and Beneficiary Counseling and Assistance Coordinator. BCAC personnel provided assistance to approximately 3,600 beneficiaries throughout the year. The flight continued to conduct the following briefings; Operation COMMAND CHAMPION, Medical Right Start, Four to Go, Village I and II, and retirement briefings. The briefings were held for commanders, first sergeants, command chief master sergeants, newcomers and various beneficiary populations. BCACs also provided individualized TRICARE briefings upon request. The Customer Advocate Element coordinated the wing customer advocate program ensuring that all clinic and work section customer advocates were trained and had the tools they needed to serve their patients. The element addressed over 1,050 patient concerns, working with the clinic advocates, hospital leadership and commanders to address the needs of our patients.

Medical Management Flight: The flight was responsible for local start-up of a centralized AFMS medical management contract which provided onsite utilization and case management services. These activities were delegated back to the MTFs with the transition to TNEX beginning FY05. The flight stood-up the Active Duty Case Management Element which provided comprehensive care coordination and patient management for tri-service active, reserve and guard members receiving medical treatment at WHMC, including ongoing case management of all OIF/OEF patients. Staff case managers served as consultants to other MTFs seeking advice and direction regarding active duty care coordination, benefits, local, state and federal resources. During Hurricanes Katrina/Rita, case management coordinated care for 60 Keesler patients aerovac'd to WHMC that required ongoing medical care. The staff secured local, safe-haven accommodations (post-discharge) and coordinated the patients' transport back to the Keesler area or new home/location, to include setup/transition of healthcare services. The CAMO provided San Antonio market-wide services for specialty referral review and appointment functions, taking many of these functions from individual clinics at WHMC, BAMC and the 12th Medical Group at Randolph AFB. The WHMC Consult Management Office processed 6,000+ referrals in support of the Supplemental Health Care Program, outpatient home health/durable medical equipment requests, and TRICARE Plus/TRICARE For Life civilian network specialty referral requests. As part of Medical Management, the Patient Element provided administrative and orderly room function for 200+ ADAF members assigned/TDY to WHMC for medical treatment.

**Business Services Flight:** Capt Kathy Jimenez continued to lead the flight, along with MSgt Steve Bell as the NCOIC. The flight consisted of Third Party Collections, Medical Services Accounts, and Medical Affirmative Claims. Business Services was manned with military, civilian, and contract employees. The first-ever Air Force Third Party Collections Billing contract was awarded to Benefit Recovery Specialists, Inc. and their hub was established at Lackland at the beginning of FY 05. In July, Capt Demea Alderman replaced Capt Jimenez as Business Services Flight Commander and Mr. Charles Williams was promoted to the position of Medical Services Account Officer. MAPPG 06 was implemented in October and the flight lost six military positions, two of which were moved prior to October, and four more soon after. Despite two deployments and manning losses, the flight increased collections by 12% to collect 21.2M for FY 05.

**59th Medical Support Squadron:** Lt Col Gregory A. Stewart was Squadron Commander. Other key members of the squadron included Maj Parks Gibson, Information Plans and Analysis (MSID) Flight Commander; Mr. Kenneth Melton, Health Information Management (MSIM) Flight Chief; Maj Eric Huweart, Information Systems (MSIS) Flight Commander; SMSgt Colleen Falk, 59 MDSS Squadron Superintendent; and TSgt Norma Hebert, 59 MDSS Unit Training Manager.

The entire Squadron put their skills and training to use with the activation of contingency operation teams in support of Hurricanes Katrina and Rita. The Patient Management Team, a 24-hour operation composed of the squadron's health services managers, responded with six-hour notification to safely relocate 36 late-term maternity patients and their family members from Keesler AFB to Lackland. The PMT also received 29,000 Katrina and Rita evacuees at Kelly USA. Vital information was recorded for immediate relay to FEMA directors and various commanders of the bases affected. Two Airmen mobilized in only three hours for CASF deployment to New Orleans, where they were responsible for the air-evacuation of 500 patients to Lackland AFB. During the course of the year, the squadron deployed 10 personnel to the AF Theater Hospital at Balad AB, Iraq.

**Information Plans and Analysis Flight:** This flight was responsible for Data Quality, Health Insurance Portability and Accountability Act, Report of Survey, and government and contractual HealthCare Resolution Services coding audit teams for both inpatient and outpatient care. All flight members (with the exception of the commander) were physically relocated to a joint location. The data quality team contributed to the facility's business initiatives set forth by the TMA through affiliation of clinical processes and contact with over 250 clinical personnel via SAVs. The DQ team completed 40 formal meetings with 32 clinics, resolving patient care issues. Using available resources (internal and external, training, personnel, and automated data systems) DQ measured, tracked, and reported bio-statistical data through the appropriate authorities. HIPAA objectives were pushed to the forefront, via computer-based training, and renewed focus was placed on the NOPP acknowledgment on the back cover of medical records. Every record is reviewed for the NOPP stamp/label before it is provided to the clinic for an appointment. The ROS program was invigorated when Mr. Dan Jolly was hired as the new chief. His renewed emphasis on personal accountability ensured 42 equipment custodians were trained. Additionally, 91 of 95 cases were closed, resulting in a recovery of equipment valued at \$260K. Inpatient records audits remained in the high 98%, while in the outpatient arena, we still struggled to get ambulatory procedure visits and outpatient completion rates in compliance (95%). Conflicts arose with the implementation of the new TRICARE auditing tool, along with AHLTA. Feedbacks were held for 100% of clinics audited. The approval of a new coding trainer position helped to fill the information gap for providers of care.

**The Information Management Flight:** Mr. Kenneth L. Melton Sr. was assigned as Flight Chief in July and MSgt Sandra Perry was assigned as the Flight NCOIC in October. The flight was comprised of the Inpatient Records Element, Outpatient Records Element, and the Release of Health Information Element. The flight, with the help of Medical Information Systems, initiated the Digital Historical Patient Record pilot project. The primary objective of the DHPR project was to design and implement an imaging system that

would scan, process, index, and integrate hardcopies of medical records. Preliminary scanning of the first pediatric record took place in November. The Inpatient and Outpatient Records Elements completed annual retirements, retiring 15,000 and 11,900 records, respectively. Outpatient Records was cited as a "Best Practice" by HQ/AETC for retirement with zero discrepancies. Release of Health Information accomplished the task of copying 2,500 backlogged record requests in six months.

**Medical Information Systems:** The Medical Information Systems (MSIS) team received a new Flight Commander, Major Eric Huweart. Major Huweart's experience and ideas were received with much enthusiasm throughout the flight and wing. Many new ideas were initiated to improve the MSIS flight business practices. Among them were reducing the turnaround time for trouble call resolution from 30 days to resolution within 24 hours in most cases and deploying 1,500 new computers. In line with the DoD goal of providing an electronic medical record from inception to retirement and beyond, AHLTA was implemented at Wilford Hall Medical Center. MSIS was also instrumental in placing a robotic pharmacy refill system into operation for the San Antonio regional beneficiaries. Additionally, the flight developed a new ED clinical documentation application, allowing the ED to decrease their average visit length by at least 25%. The computer/server room was completely renovated and upgraded. All of these projects were completed while maintaining world-class operations of the largest AFMS MTF network maintaining availability 24/7/365 days.

**59th Logistics Squadron:** The 59th LS was the largest and only logistics squadron in the AFMS. The squadron was organized with a squadron command element and four flights. Lt Col Cary Collins was Squadron Commander; CMSgt Michael Burk was Superintendent; Maj David Zemkosky was Director of Medical Logistics; Mrs. Jo Pinto, Facility Manager, covered the position of Facilities Management Flight Commander; Mr. Barry Brown was Equipment and Services Flight Chief; Mr. David Collings was Biomedical Engineering Flight Chief; and Mr. Clifford Healy was Medical Materiel Flight Chief.

In 2005, the squadron established a Logistics Control Center as a focal point for all logistics activities during peacetime and wartime emergencies. This proved to be of great value and was tested several times. During the summer, we inventoried and prepared 1,000 litters for airlift of Hurricane Katrina evacuees. In addition, our team palletized 12 aircraft pallets weighing 20 short tons, which were available to our deployed medics the next day. In support of Hurricane Rita, the LCC responded to a presidential directive by ensuring six aerovac kits were deployed and in place in 90 minutes. The squadron also piloted a \$400K purchase in support of 17 other humanitarian missions. Wartime challenges associated with OIF continued to increase. The squadron prepared and deployed 44 logisticians for major logistical support for the Air Force Theater Hospital in Balad.

The squadron received five annual AETC awards in 2005 (Medical Logistics Activity of the Year, Medical Materiel Airman of the Year, Biomedical Equipment Repair SNCO of the Year, Biomedical Equipment Repair NCO of the Year, Biomedical Equipment Repair Airman of the Year). In addition, squadron members received one Team Lackland award, two wing annual awards, five wing quarterly awards, one STEP promotion and four BTZ promotions.

At the request of the 4A1 Career Field Manager, the 59th LS developed CFETP task breakdowns which standardized training for more than 900 4A1s.

**Medical Materiel Flight:** The Medical Materiel Flight experienced a record year in sales -- over \$114M, which was a 3.7% increase over the previous fiscal year. Regional standardization efforts improved as well, reaching a level of 87% for FY 05. This led the Air Force with an overall savings of almost \$1.7M and Prime Vendor sales totaling approximately \$9.7M. After a significant amount of research and analysis, this flight also instituted a revised Central Processing and Distribution formulary. The number of items on the formulary was below 200, which is expected to result in a vast annual cost savings. Another significant effort continued by the flight was the comprehensive review of all stocked items to determine whether or not to stock a particular item and, if so, what level of stock was most appropriate. In addition, credit card purchases averaged approximately

\$1.3M per month. This was accomplished through aggressive research and transfer to same or like items available through the Prime Vendors and ECAT.

In addition to accomplishments on the acquisitions side, the flight also experienced notable changes in our warehouse. All materiel offices were relocated to the back, this action consolidated the major materiel function to one location. Workflows in all areas were reconfigured, improving the productivity and support to custodians. Warehouse staff successfully supported 12 humanitarian missions, which represented a dollar value of over \$292K. Inventory Management and Storage and Issue sections were combined, resulting in more efficient management of materiel to include reductions in warehouse refusals and out-of-balance conditions.

In 2004, the entire War Reserve Materiel Flight was moved from Lackland AFB to Kelly USA. As a result, leadership decided that the WRM Flight would be realigned as an element under the Medical Materiel Flight. This element deployed three projects, valued at over \$355K in support of OIF. Furthermore, 150 short tons of cargo on 49 pallets valued in excess of \$7.2M covering 23 Unit Type Codes were deployed in Hurricanes Katrina/Rita efforts.

Equipment and Services Flight: This element managed a total of 82 contracts (573 FTE personnel valued at \$57M annually). The Medical Equipment Management Office purchased \$3.7M in equipment for end-of-fiscal year closeout, bringing the total of equipment to 18K line items, valued at \$132M. The Transportation Management Element managed/maintained 52 vehicles valued at over \$5M. Transportation won the Lackland AFB Top Wheels award for the first quarter and received an "Excellent" rating during 37th vehicle inspection. The flight deployed eight military personnel to support contingency operations.

Facility Management Flight: The FM flight remained strongly committed to its mission of providing a safe, functional, supportive, and effective environment for patients, staff members, and other individuals in the hospital. The following are the major accomplishments for the flight in 2005, in addition to normal operations and extensively supporting deployed forces.

- Designed a \$1.4M construction project for a San Antonio joint call center which streamlined the appointment process for 196K beneficiaries
- Executed \$4M in end-of-FY 05 new furniture buys, upgrading 21 sections
- Monitored a \$8.5M in-house maintenance and a \$7.1M housekeeping contract
- Led a \$2M renovation for the hyperbaric chamber move to WHMC that will provide vast training/operational potential
- Expertly created and executed an inspection plan for 1,566 fire dampers which led to full accreditation status two months early
- Honchoed a \$350K dining facility construction project redesign
- Orchestrated a 60K-square-foot in-patient space move for a \$32M life safety upgrade
- Facilitated the design project for a \$2M robotic pharmacy; prescriptions output doubled from 1,500 to 3,000 per day
- Led the transfer of the Falcon primary care team to Kelly USA; 22 staff members and 6K records were relocated in under two weeks
- Dramatically cut a 20-month CE work order backlog; 60-day+ requests decreased 56%, from 530 to 230, which is a 10-year low
- Keyed joint BRAC planning meetings which blazed a path for the next seven years of health care delivery between BAMC/WHMC
- Stood up the wing Zone Master Program; 106 AORs were created to simplify a cradle-to-grave work order request process

Biomedical Engineering Flight: This flight remained strongly committed to supporting its warfighting mission, with 16% of the staff deployed at any given time and a comprehensive peacetime mission, servicing 24K items, valued at \$124M within WHMC. Approximately \$1.5M was saved in 2005 by using in-house staff

versus traditional full service traditional contracts. This flight's staff of BMETs assumed primary responsibility for maintaining CT and MRI systems for WHMC in 2005, the only AF MTF capable of maintaining these high cost items in-house. A Regional Support Contract developed by this Flight continued to be used by BAMC for cutting their maintenance contract costs; was being pursued by the Air Force Medical Support Agency/Clinical Engineering Branch for AF-wide use. The close working relationship between WHMC and BAMC Biomedical Engineering Departments led to combined dental equipment service training for 19 staff members, sharing of purchasing and excess equipment lists, and the initiation of a Memorandum of Understanding for further mutual support. The staff saved \$300K by researching and replacing three CT tubes with alternate sources (\$90K each) avoiding the manufacturer's cost (\$200K each). This information was shared with BAMC counterparts, saving \$40K in their tube replacement costs during 2005. The flight's diverse and talented staff provided services found no where else within the Air Force such as designing/fabricating two replacement transport carts for the AF's only ECMO heart/lung bypass system, saving \$50K; supporting ACC in testing the Small Shelter System Airlock Force Development Evaluation; and providing input/analysis on the AF Battlelab's infrared vein viewer used to treat battlefield casualties. The flight performed acceptance testing on 26 x-ray systems (1 angio, 1 urology, 19 dental, 4 C-arms, and 1-RF), installed 18 dental units, assisted with three clinic moves (Wellness, Eye, and Gastro), and provided consultation for TRICARE Southern Region standardization bed evaluation (affected 56 DoD MTFs). Obtained the AF's first MRI training for in-house staff, projected to save an additional \$180K annually in contract support costs. In addition to training staff members, five reservists and six St. Philips college students (internship program) were trained. A proactive QA program resulted in 100% resolution of the hundreds of hazard alerts/recalls/safety notices received in 2005, including the in-house modification of 279 Nelcor Model 595 Pulse Oximeter alarms (due to a manufacturer's alert) in exchange for a six-month warranty valued at \$27K. Flight staff rebuilt the Sani-Pak automated waist disposal system, extending the life by five years and avoided \$800K in replacement costs. Flight staff also assumed support for 300 medical equipment items as a result of the Brooks Clinic merger. As the AF's only full service Biomedical Engineering function, this flight analysed equipment usage trends and provided timely solutions, consultation, and cost cutting alternatives to clinical staff members. Faced with increasing costs and number of bedside monitor repairs (\$800 per contract repair), the staff designed and built a mounting bracket incorporating a flat panel screen for approximately \$200 which reduced repair time by 30 days per monitor, saving \$13,200 (22 monitors/mounts) and improved viewing for clinicians. An increase in ultrasound probe repairs lead to the manufacturing of special probe holders that helped prevent accidental damage. The staff also saved \$6K by fabricating a collimator base plate for the Radiation Therapys Clinic's 600 linear accelerator. During Hurricane Katrina, BMETs provided pallet buildup, security team leadership (the team chief and four people within the squadron), and deployment of a BMET to New Orleans (CASF UTC). The 59th LS adopted the Nelson Elementary School (San Antonio) for tutoring. A total of 10 BMETs provided weekly one-hour mentoring to at least 15 local students in poor neighborhoods. Teachers/counselors were amazed at the results, a marked improvement in academics and reduced disciplinary problems for students.

## CHAPTER VII

### 59TH AEROMEDICAL-DENTAL GROUP

Col Russell Turner served as Commander of the 59th AMDG through September, when Gregory Wickern took command. Col Norman Forbes assumed duties as the Chief Nurse Executive and Deputy Group Commander in December, replacing Col Jacqueline Hale. Maj Eric Peipelman served as Group Administrator.

**59th Dental Squadron:** Col Lewis V. Lieb commanded the 59th DS until his retirement in August, when Col Donald C. Sedberry assumed command. Other squadron leaders included Col Steven Nevins, Deputy Commander for Dental Operations; Col David Murchison, Deputy Commander for Graduate Dental Education; SMSgt Frank Lisenbee, Dental Enlisted Manager; and SMSgt Kevin McCoy, Squadron Superintendent. The squadron deployed 26 members to various locations in southwest Asia in support of OIF. The squadron also provided significant support to persons displaced due to Hurricane Katrina, assisting with the air evacuation and transportation of 291 litter patients. Significant progress was also made towards renovation of the Dunn Dental Clinic with end-of-year funding obtained to start the renovation design. Data collection for the economic analysis for the FY 09 MacKown Dental Clinic replacement MILCON project was also started, with the preliminary submittal expected in February 2006. HEERY International Inc. and Axiom Resources Management were the contractors for the EA.

**Base Dental Services Flight (MRDB):** Col Michael Mosur continued as flight commander for the Base Dental Services Flight, assisted by MSgt Robert Capps as the NCOIC. Quality improvements included sharing an endodontic sick call schedule with the MacKown Endodontic Clinic and a combined ECC coverage schedule with the MacKown and Kelly Dental Clinics. The conversion to all digital panorex imaging in dental processing continued to mature.

**Medical Center Dental Services Flight (MRDC):** Col Gary Vigil continued as Flight Commander. MSgt Steven English assumed NCOIC duties in September 2005. SSgt Hector Cano was successful in completing his seven-level training. SrA Gordon Denning deployed for four months in support of OIF. TSgt Christina Verbeski graduated from the NCOA. Capt Amores deployed from May-Sept 2005 to Kyrgyzstan. Lt Col Fox volunteered to move to Dunn Dental Clinic to help mentor; he provided much needed leadership and experience to a less experienced group of dental officers. The teamwork displayed by flight members resulted in the average AFDRAP participation rate improving a full 10% for the second half of the calendar year with four of the six months hitting 97% or better despite the extraordinary challenges of running the program at WHMC. MSgt English was Senior NCO of the Quarter for the squadron and group in 2005. He also augmented the ESOHCAMP inspection team and served as an inspector.

**Kelly Dental Services Flight (MRDK):** Col Michael A. McHenry assumed command of the flight in July from Col Salvador Flores. MSgt Ian D. Batchelor succeeded MSgt Irene Wheless as flight NCOIC in May 2005. The flight continued to play a significant role in maintaining optimum dental health for over 3,500 personnel assigned to Security Hill-, Kelly USA- and Medina Annex-based units. The Kelly Dental Clinic class one and two rate remained 94% or better for the entire year, finishing up in December at 96.2%. The Kelly Dental Clinic AFDRAP participation rate for 2005 varied from a low of 91% in April to a high of 99% in October. During the last five months of the year, the participation rate averaged 97.2%, well above the Air Force goal. Access to care at the Kelly Clinic was consistently less than six duty days for the entire year. Based on DoD Customer Satisfaction Survey data, the Kelly Dental Clinic was the top-rated 59th DS operational flight for the period of October to December. SSgt Elizabeth Cintron and SrA Lacy Clemente were named course directors for the 59th DS Red Cross Volunteer Dental Assistant Training Program. After revitalizing the curriculum from top to bottom, they selected eight trainees for the new class from a total of 30 applicants. All eight students were kept at the Kelly Clinic for the duration of their program to maintain

training consistency. All flight dental officers and dentist contractors stepped up to staff the Advanced Oral Hygiene Course during the four-month deployment of the program director, Lt Col Mark Nill. In December, the Kelly Clinic received brand new, state-of-the-art Pelton-Crane dental units for all 18 dental treatment rooms. The project was spearheaded by MSgt Selwyn Stephens. The Kelly Clinic was selected by AETC/SGD as a test site for a critical upgrade to the Corporate Dental Application web-based patient scheduling program. No outsourcing of dental services to civilian providers occurred during 2005. MSgt Ian Batchelor was selected Sr NCO of the Month in August, and SrA Lacy Clemente was selected Airman of the Month in November. SSgt Elizabeth Cintron, SSgt Kristin Duncan, and SSgt Veronica Shaw were upgraded to seven level. SSgt Kristin Duncan was one of three 59th DS members selected for the prestigious Air Force Dental Hygienist Training Program. In conjunction with a charity fundraiser, SrA Zebb Crofut placed first in the squadron pushup competition, completing a phenomenal 129 pushups in one minute.

Dental Education Flight (MRDE)/Graduate Dental Education (GDE): The 59<sup>th</sup> DS hosted the Annual Tri-Service Dental Educators' Conference at the Sheraton Gunter Hotel in downtown San Antonio. One hundred and thirteen dental educators and administrators from the Army, Navy, Public Health Service and Air Force attended this 2 ½-day conference to discuss policies and trends affecting dental education. A four-hour CE program was also included. The 59<sup>th</sup> DS completed the American Dental Association Continuing Education Recognition Program (ADA CERP) re-certification application for the USAF Dental Corps to continue to sponsor continuing dental education programs. The application was approved and the USAF continues to be a recognized provider of continuing dental education programs through December 2006.

#### Graduate Training (Long Term)

6 residencies – 2 fellowships = 58 residents and 1 fellow currently in training

#### 2005 Residency/Fellowship Graduates: Total 22

Endodontics – 2 (24-month program)  
Orthodontics – 5 (24-month program)  
Periodontics – 3 (36-month MS program)  
Prosthodontics – 3 (36-month MS program)  
Oral Surgery – 3 (48-month program)  
AEGD-2 – 6 (24-month program)  
Maxillofacial Prosthetics Fellowship - 0 (12-month program)  
Hospital Dentistry Fellowship – 0 (24-month program)

#### 2004 Students Starting: Total 30

Endodontics – 2  
Orthodontics – 5  
Periodontics – 4  
Prosthodontics – 4  
Oral Surgery – 3  
AEGD-2 – 10  
Maxillofacial Prosthetics Fellowship – 1  
Hospital Dentistry Fellowship – 1

Centrally Funded Continuing Education Courses – Totals:

20 Courses  
290 Graduates  
3,104 Training man days  
24,103 CE hours  
297 Days of training per year

Continuing Education Courses (Postgraduate Training for Officers):

12 Courses  
226 graduates  
1,720 training man days  
13,031 CE hours  
124 training days per year

Clinical Operative Dentistry Course: 2 courses – 24 graduates – 240 training man days (1,872 hours of CE) through training conducted 20 days per year.

Pediatric Dentistry Course: 1 course – 6 graduates – 60 training man days (468 hours of CE) through training conducted 10 days per year.

Clinical Dentistry Update Course: 1 course – 37 graduates – 370 training man days (2,590 hours of CE) through training conducted 10 days per year.

Exodontics Course: 1 course – 6 graduates – 60 training man days (450 hours of CE) through training conducted 10 days per year.

Periodontics Course: 1 course – 5 graduates – 120 training man days (960 hours of CE) through training conducted 24 days per year.

Prosthodontics Course: 1 course – 6 graduates – 120 training man days (1,020 hours of CE) through training conducted 20 days per year.

Endodontics Course: 1 course – 8 graduates – 80 training man days (632 hours of CE) through training conducted 10 days per year.

Basic Dental Implant Course: 1 course - 38 graduates – 190 training man days (1,368 hours of CE) through training conducted 5 days per year.

TMD (Orofacial Pain) Course: 1 course – 37 graduates – 185 training man days (1,387 hours of CE) through training conducted 5 days per year.

Preventive Dentistry Course: 1 course – 19 graduates – 95 training man days (684 hours of CE) through training conducted 5 days per year.

General Dentistry Board Review Course: 1 course – 40 graduates – 200 training man days (1600 hours CE); (attendance is by local funding; sponsorship is by central funding of staff and support).

Continuing Education Courses (Enlisted Training):

8 Courses  
64 graduates  
1384 training man days  
11,072 CE hours  
173 training days per year

Advanced Oral Hygiene Course: 7 courses - 56 Graduates - 1,344 training man days (10,752 hours of CE) through training conducted 168 days per year.

Implant Laboratory Technician Course: 1 course - 8 graduates - 40 training man days (320 hours of CE) through training conducted 10 days per year.

In-House Continuing Education:

3 courses  
100 graduates  
322 training man days  
2582 CE hours  
8.5 training days per year

Senior Resident Lecture Series: 22 Lectures - 65 attendees per lecture (178 training man day equivalent) - (1,430 hours of CE) through 22 hours of lectures

Forensic Dentistry Course: 1 course - 30 graduates - 90 training man days (720 hours of CE) through training conducted 3 days per year

Dental Administration Course: 1 course - 18 graduates - 54 training man days (432 hours of CE) through training conducted 3 days per year

Continuing Education:

3,426 training man days total  
24,103 CE hours total

Advanced Education in General Dentistry Flight (MRDG): Col Robert Larsen assumed the positions of Flight Commander/Program Director and Special Consultant in General Dentistry from Col David Murchison. MSgt Jefferey Baldovino replaced MSgt Joseph Cicero as Flight Superintendent. Two MRDG staff members served as expert malpractice reviewers to the Surgeon General. Col Lindemuth was a reviewer for the AGD Journal, *The Journal of Prothodontics and Operative Dentistry*. He and Col Koch served as reviewers for the *Journal of Endodontics*. Col Larsen helped orchestrate the distribution of ten Keesler AEGD-1 residents to six other AF AEGD programs.

Col Doug Rockwood was deployed to Kuwait for four months in support of OIF. The AEGD Flight continued to implement hands-on field dental training for all 59th DS residents, staff dental officers assigned to mobility UTCs, and short course attendees. Lt Col Jon Dossett coordinated the training sessions. Lt Col Dossett also took on the responsibilities for training TDY dental officers in the use of the mobile field dental unit and digital radiography unit at the EMEDS course at Brooks City Base, as well as training 45 Special Operations Independent Duty Corpsmen (in support of the USN SEALs) and USAF Independent Duty Medical Technicians.

Five of six of the senior residents (Class of 2005) successfully challenged the ABGD written examination in March. The six senior residents presented oral presentations to the general dentistry teaching staff at the UTHSCSA Dental School. Four articles were authored by the teaching staff and/or residents and were accepted for publication this year. One staff member completed a chapter for a textbook that was published this year. Two of the seniors had research abstracts approved for presentation at the AADR symposium. There were 20 on-going research projects, 3 of which were prospective clinical studies.

Five MRDG staff presented topics at the annual Texas Dental Association meeting in May. At Texas' largest dental meeting, Col Maureen Lang, Col Mike Koch, Col Jim Lindemuth, Lt Col Jon Dossett, and Maj Chol Chong all presented hour-long lectures to the collective audience. Col Deperalta provided consultant visits to six AF AEGD-1 residencies. Col Lang and Lt Col McDaniel presented consultant visits for Orofacial Pain to 10 of the 12 USAF-sponsored AEGD-1/GPR programs. Col Lang lectured at the South Nevada Dental Society as well as the UNLV AEGD-1 residents. She also lectured to the psychiatric residents and fellows at WHMC. Lt Col Dossett lectured to the staff and residents at Langley AFB, then spoke at the Virginia Tri-Service Dental Meeting. Col Ray Hancock presented lectures to the 377 Dental Squadron and the Albuquerque District Dental Society. Col Mattie presented lectures on two occasions to the Prosthodontics' residents at UTHSCSA. Maj Chong lectured at the San Antonio District Dental Meeting.

MRDG officers remained active in organized dentistry. One served as the Public Affairs Officer for the AF Constituent of the AGD and others served as members of the AGD Fellowship Examination Council and on the AAHD Council on Fellowship. Members also served on editorial boards for journals such as *Operative Dentistry*, *General Dentistry*, and the *Journal of Prosthodontics*. Lastly, four MRDG dental officers held adjunct faculty appointments at the UTHSCSA School of Dentistry.

Oral and Maxillofacial Pathology Flight (MRDM): Col Craig Fowler was Flight Commander. During 2005 he was appointed as a Director of the American Board of Oral and Maxillofacial Pathology (a seven-year term). He was also a semifinalist for the WHMC Gold Headed Cane Award. His presentations during 2005 included *Common Oral Lesions* to the East Texas Dental Society in January and *Mucocutaneous Lesions* during the LSU Annual Periodontics Board Review Course in February. He participated in an Oral Pathology/Forensic Dentistry Course at Offutt AFB in May, an Oral Pathology Course at Eglin AFB in May, a forensic dentistry workshop for the Greater Houston Dental Hygienists' Society in September, and an Oral Pathology/Forensic Dentistry Course at the USAFA in October. He conducted a multicenter research project, *Glandular Odontogenic Cyst. Part I*, during the year which was still ongoing at year's end.

Col David Wells was co-presenter of a one-day forensic dental workshop at the Greater Houston Dental Hygiene Society in September. He gave a one-hour presentation, *Common Oral Lesions*, to the 13th District Dental Society in November and participated in an Oral Pathology/Forensic Dentistry Course at Sheppard AFB TX in October.

Oral and Maxillofacial Surgery Flight (MRDO): Lt Col David B. Powers served as the Oral and Maxillofacial Surgery Program Director. He was the guest editor and author of *The Role of the Oral and Maxillofacial Surgeon in Wartime, Emergencies, and Terrorist Attacks*, an article published in *OMS Clinics of North America*. He was also a Member-at-Large of the Society of Air Force Clinical Surgeons.

Col Odes B. Robertson authored a chapter in the August issue of *OMS Clinics of North America*. Col Alan L. Peet served as a Board Examiner for the American Board of Oral and Maxillofacial Surgery.

Col Christopher C. Medley was selected as Site Examiner for the ADA Commission on Dental Accreditation for OMS programs. He also authored a chapter in the August issue of *OMS Clinics of North America*.

During 2005 Lt Col Dennis Hannon separated from active duty, Col Karl Meyer joined the staff from Eglin AFB, Capt James W. "Will" Pledger joined the staff from his civilian residency in Memphis, and Capt Pledger was a FAP accession to the Air Force.

The flight supported the wing's readiness mission this year. Col Odes B. "Bailey" Robertson and SSgt Tana Rivera deployed to Balad AB, Iraq in September, serving as the only OMS provider and dedicated technician at that facility. This was an extremely short notice voluntary back-fill to replace individuals from Keesler AFB who were unable to deploy due to hurricane Katrina.

All OMS staff providers are assigned to FFMAX mobility positions. Three enlisted technicians are assigned to OMS specific (FFMAX) mobility teams. Lt Col David Powers was the Pilot Unit Leader for

Mobility UTC FFMAX. This was an AF-wide impact position, responsible for the development and oversight of all USAF FFMAX deployment packages.

Reconstructive and rehabilitative care was provided for several war wounded patients referred to the OMS Department

Endodontics Flight (MRDN): Col Thomas Beeson was Flight Commander, Program Director, and Chief Consultant. The flight Training Officer was Lt Col Timothy C. Kirkpatrick.

Col Richard E. Rutledge served as Director of Research and Clinical Endodontics. Cols Beeson and Kirkpatrick held appointments in the Endodontics Department at UTHSCSA. Dr. Rutledge's application was pending. Flight NCOICs included MSgt Jeff Baldovino, TSgt William Seehausen, and TSgt Francesca Wheeler.

During 2005, the flight graduated two residents and led student support for a two-week post-graduate course for eight students (the only DoD hands-on endodontic training): The flight acquired residents from Keesler AFB and LSU in the wake of Hurricane Katrina (second-years Lt Col Lee Fulsas and Capt Shane Hanson, and first-years Maj Dennis Holt and Capt James Watts). The first-year residents treated patients for the first time in the history of WHMC endodontic training.

Central to the wing's support of war on terrorism, the flight expedited the care of 340 non-deployable dental Class III patients. The staff promptly appointed 390 patients from seven referring DoD facilities which reduced the waiting time from 72 to 24 hours.

The flight reduced no-shows 10% during the year and instituted an innovative scheduling process, ensuring all patients received an e-mail reminder. The department's utilization of our \$450K budget yielded nearly \$800K in patient care. Scheduling became fully paperless (CDA).

Lt Col Timothy Kirkpatrick was selected as CPA&IP Chairman this year. He lectured at the WHMC graduation seminar and was a finalist for Outstanding New Educator of the Year. He served as Secretary Treasurer for the AF Affiliate of the American Association of Endodontists, was judge at the AAE Annual Session, and a member of the AAE Scientific Review Board.

Col Richard Rutledge joined the staff in November as Director of Research and Clinical Endodontics and remains the Program Director for the Keesler Endodontics Residency. He is also an AAE District III Director, representing all three federal services.

Col Beeson lectured for two days at Ft Hood, attended a Program Directors' conference (sponsored by AAE), interacted with other services in pursuit of a common residency at a Federal Services Education Meeting, and devised the first-ever Outstanding New Educator and Outstanding Senior Educator Awards. He served as President of the AF affiliate of the AAE and was a member of the AAE Scientific Review Board.

The flight's enlisted personnel were also very busy in 2005. MSgt Baldovino co-chaired the wing's monthly enlisted promotion ceremony and the wing's holiday social committees. SSgt Whitt led and trained 59th DS residents and staff on the Dental Field Unit. TSgt Seehausen was selected to teach at the Advanced Oral Hygiene Course and TSgt Wheeler was a 59th MDW Top III member.

The following articles and abstracts were published or accepted for publication in 2005:

Stuart CH, Schwartz SA, Beeson TJ. *Reinforcement of roots with a new resin filling material*. J Endod 2005;31:239.

VanderWeele RA, Schwartz SA, Beeson TJ. *Effect of blood contamination on retention characteristics of tooth-colored MTA when mixed with different liquids*. J Endod 2005;31:240.

Yao JH, Schwartz SA, Beeson TJ. *Cyclic fatigue resistance of three types of rotary nickel-titanium files in a dynamic model*. J Endod 2006.

Stuart CH, Schwartz SA, Beeson TJ. *Enterococcus faecalis: Its roll in root canal treatment failure and current concepts in retreatment*. J Endod 2006 (in press).

Stuart CH, Schwartz SA, Beeson TJ. *Reinforcement of roots with a new resin filling material*. J Endod 2006 (in press).

Bullock AM, Schwartz SA, Beeson TJ. *Contamination of tooth-colored mineral trioxide aggregate used as a root-end filling material: A bacterial leakage study*. J Endod 2006 (in press).

VanderWeele RA, Schwartz SA, Beeson TJ. *Effect of blood contamination on retention characteristics of tooth-colored MTA when mixed with different liquids*. J Endod 2006 (in press).

**Prosthodontics Flight (MRDP):** Col Thomas Schneid served as Flight Commander and Program Director for the Air Force Prosthodontics Residency Program. He also served as the Military Consultant for Prosthodontics to the AF Surgeon General and Special Consultant for Prosthodontics to the Assistant Surgeon General for Dental Services. Col Pat Mattie, who was serving as Deputy Flight Commander and Training Officer, moved to Dunn Dental Clinic and served as the senior Prosthodontist on the AEGD-2 teaching staff. Maj Don Sheets served as the Training Officer. He was a below the zone selection to Lt Col. Col Paul Rogers served as the Clinical Director for the Flight as well as the Deputy Flight Commander. Maj Raymond Rodriguez was the First year resident training officer. MSgt David M. Banker served as the Flight NCOIC. One staff position was vacant due to a shortage of Prosthodontists in the Dental Corps.

The Maxillofacial Prosthetics section was led by Maj Villa L. (Bel) Guillory. She also served as the Maxillofacial Fellowship Program Director. Dr. Guillory trained a fellow from the United States Navy, LCDR Lewis T. Carpenter, continuing the 21-year tradition of Tri-service training for the Fellowship program. Maj Guillory was the first woman to serve on the Prosthodontics teaching staff and the first woman Program Director for an ADA-accredited dental training program at WHMC. Maj Guillory and her staff were actively involved with the prosthetic rehabilitation of OIF casualties in direct collaboration with the BAMC Burn Unit. She was selected to provide briefings on the wartime role of her subspecialty to various groups, including the AF Surgeon General, Spain's Minister of Defense, AF Recruiting Command members, civilian health educators, foreign dignitaries sponsored by the Defense Institute for Medical Operations, a Senate Appropriations Committee for Health Affairs staffer, a representative from the Office of Management and Budget, and Mrs. Audrey Fisher and Lackland Fisher House staff. In addition, she and her staff were featured in an article in the *San Antonio Express News*.

Two residents scored in the top 10 in their respective year groups on the ACP in-service written examination. One resident scored second in the nation out of a total of 189 residents overall. Four of nine residents scored in the top 20% nationally of the 189 residents taking the exam. All residents had passing scores. Two senior residents received their master's of science degree from the UTHSCSA Graduate School of Biomedical Sciences. One junior resident successfully defended his master's of science thesis. Another of the junior residents was completing a study on Obstructive Sleep Apnea. It is possible that the results of the study may have implications for the readiness posture of some of our troops. Five residents presented their research at the 2005 Annual Session of the American Association of Dental Research in Baltimore, MD. Three table clinics were presented at the ACP annual meeting and one table clinic presented at the AAMP.

The Prosthodontics Flight presented two AETC continuing dental education courses, the four-week Postgraduate Course in Prosthodontics and the Basic Dental Implant Course. Neither course was presented elsewhere in the Air Force:

Col Schneid, as a co-author, submitted two papers on the role of candida organisms in denture stomatitis and was involved in research on the use of primers and adhesives to bond polyurethane to facial prosthetic silicone polymers. Col Schneid and Maj Rodriguez lectured to the 2005 AF Area Dental Laboratory Workshop. In addition, Maj Rodriguez presented a hands-on course on fixed provisionalization at the Workshop that was rated the best course given (by attendees' critiques). Col Mattie lectured to the Endosseous Dental Implant Course at UTHSCSA. Cols Mattie, Rogers and Schneid presented to the UTHSCSA Advanced Dental Implant Course. Major Bel Guillory was selected for the second time to be a featured speaker at the 2005 Annual

Scientific Session of the AAMP and delivered a lecture with her Army and Navy counterparts on maxillofacial prosthetic rehabilitation of wartime injuries.

Maj Guillory delivered lectures to the first annual Graduation CE Day, the Eglin AFB AEGD-1 program and the BAMC Burn Unit.

All members of the Prosthodontics staff held appointments as graduate faculty at UTHSCSA as clinical associate professors. Four staff members presented various lectures to residents in the Prosthodontics, Periodontics and Endodontics Graduate Programs. All staff members served as editorial reviewers for the *Journal of Prosthodontics* and Col Schneid served as a member of the Editorial Review Board for the same journal. Col Schneid also represented AF Prosthodontics at the ACP Educators and Mentors' seminar on *Enhancing the Prosthodontic Faculty: The Problem of Perceptions*.

Col Mattie is served as President of the Texas Section of the ACP. Col Schneid was appointed as Chairman, Federal Services Committee of the ACP. He served as a member of the Graduate Student Recruitment Subcommittee of the ACP and a member of the Federal Services Special Interest Group of the AAMP. In addition, Col Schneid was appointed to the Constitution and By-Laws Committee of the American College of Prosthodontists.

Periodontics Flight (MRDT): Col Howard "Mick" McDonnell served as Periodontics Flight Commander and Program Director for the United States Air Force Periodontics Residency. He also was the Military Consultant to the Air Force Surgeon General for Periodontics. Lt Col Sharon Bannister assumed the position of Training Officer following the PCS of Col Alan Moritz. Lt Col Steve Maller replaced Col Dave Deas as the Director of Clinical Periodontics and Col Mike Conlan joined the staff as the Director of Postgraduate Education. Col Charles Powell served as the Director of Periodontal Research. MSgt Tabitha Hendrix replaced TSgt Keven Fox as the Flight NCOIC.

All three 2005 graduates (Maj Johnson, Maj Stanley, and Capt Font) challenged and passed the American Board of Periodontology (ABP) written and oral examinations in 2005 and became board certified.

The Periodontics Flight ran the five-week didactic and clinical 2005 Periodontics Postgraduate Course for six Air Force dental officers with other officers in attendance for various lectures. Lt Col Bannister was the course director and SSgt Rachael Badillo was the course NCOIC.

Lt Col Bannister presented *Palatal Neurofibroma Associated with Local Periodontitis* at the 2005 District 8 Scientific Session, American Academy of Periodontology meeting in Denver, CO. The staff presented numerous lectures at the UTHSCSA in support of the joint training efforts in periodontics at that institution, as well as lectures in support of the various AF postgraduate short courses. Col Moritz presented two lectures to the staff at Patrick AFB during a consultant visit in March and presented *The Periodontal-Systemic Connection* to the Brevard County Dental Society during the same trip.

Capt Kerri Font presented *Platelet Rich Plasma* at the 59<sup>th</sup> DS Graduation Continuing Education Meeting. Capt Dwight Johnson presented *Periodontal Plastic Surgery for Root Coverage* at the 59<sup>th</sup> DS Graduation Continuing Education Meeting. Capt Doron Bresler presented *The Development of an Elisa for the Screening of MEPE in X-linked Hypophosphatemic Rickets* at the 2005 District 8 Scientific Session, American Academy of Periodontology Meeting. Capt Casey Campbell presented *Prostaglandin receptor modulation by Implant Roughness and Prostaglandin E<sub>2</sub>* at the 2005 District 8 Scientific Session, American Academy of Periodontology Meeting. Capt Patrick McDonough presented *T-Cell Response to Actinobacillus Actinomycetemcomitans* at the 2005 District 8 Scientific Session, American Academy of Periodontology Meeting. The residents also present numerous lectures as part of the 2005 Postgraduate Course in Periodontics and Senior Resident Lecture Series.

Flight staff earned five research competition presentations and four awards in 2005. Maj Dwight Johnson and Capt Casey Campbell were selected as finalists for the Southwest Society of Periodontists' John Prichard Graduate Research Award. Maj Johnson won first place and Capt Campbell was awarded second

place. Capt Campbell was awarded first place in the Postgraduate Division for his research at the UTHSCSA Dental Science Symposium. Maj Johnson and Maj Jesse Murillo were selected as finalists for the AAP's Balint Urban Memorial Research Competition. Maj Johnson won first place in the Basic Science Division to become on only the fourth AF periodontist to win this prestigious national research award.

Seven articles and four abstracts were published or accepted for publication in 2005:

Powell CA, Mealey BL, Deas HT, McDonnell HT, Moritz AJ. *Post-surgical infections: Prevalence associated with various periodontal surgical procedures.* J Periodontol 2005 Mar; 76(3):329-33.

Schwartz Z, Graham EJ, Wang L, Lossdorfer S, Gay I, Johnson-Pais TL, Carnes DL, Sylvia VL, Boyan BD. *Phospholipase A2 activating protein (PLAA) is required for Ialpha, 25(OH)2D3 signaling in growth plate chondrocytes.* J Cell Physiol. 2005 Apr; 203(1):54-70.

Mealey BL, Moritz AJ. *Pregnancy and the Periodontium.* Tex Dent J 2005; Dec:1204-1211.

Moritz AJ, Mealey BL. *Osteoporosis, Estrogen Replacement Therapy and the Periodontium.* Tex Dent J 2005; Dec:1214-1221.

Oates TW, Maller SC, West J, Steffensen B. *Human Gingival Fibroblast Integrin Subunit Expression on Titanium Implant Surfaces.* J Periodontol 2005; 76:1743-1750.

Powell CA, Stanley CM, Bannister SR, McDonnell HT, Moritz AJ, Deas DE. *Palatal Neurofibroma Associated with Localized Periodontitis.* J Periodontol (submitted Mar 2005).

Schwartz SA, Koch MA, Deas DE, Powell CA. *Combined Endodontic-Periodontic Treatment of a Palatal Groove: A Case Report.* J Endod (submitted 1 Jun 2005)

Stanley CM, Wang Y, Xu X, Vargas L, Steffensen B. *Fibronectin Fragmentation Alters Cell Behavior in Diabetes and Periodontal Disease.* J Dent Res 84 (Special Issue A): Abs#3580, 2005.

Bresler D, Rowe P. *Elevated MEPE-ASARM Peptide(s) Cause Phosphaturia and Hypomineralization in X-Linked-Hypophosphatemic Rickets and Tumor-Induced-Osteomalacia.* J Dent Res 84 (Special Issue A): Abs#2831, 2005.

Campbell CM, Sylvia VL, Hardin RR, Dinh DB, Schmitz JP, Dean DD. *Ostoblast EP-Receptor Expression is Regulated by Surface Roughness and PGE<sub>2</sub>.* J Dent Res 84 (Special Issue A): Abs#0307, 2005.

McDonough PM, Ezzo P, Gear C, Capelli D, Kraig E. *The T-Cell Response to Actinobacillus actinomycetemcomitans Heat Shock Proteins.* J Dent Res 84 (Special Issue A): Abs#1496, 2005.

All members of the Periodontics teaching staff held appointments as graduate faculty in the Department of Periodontics at the UTHSC Dental School in the position of Clinical Assistant Professor. Col Moritz served on the AAP In-Service Examination Committee (5th year) and the AAP In-Service Examination Validation Subcommittee (4th year). Col Moritz also served on the AAP Membership and Awards Committee and on the AAP Nominations Committee. Col Chuck Powell served on the American Board of Periodontology Nominations Committee. Lt Col Bannister served as judge for the Southwest Society of Periodontists John Prichard Graduate Research Award Competition. Lt Col Bannister also served on the AAP New Practitioner Committee as the District 8 representative. Col McDonnell was chair of the Southwest Society of Periodontists Scientific Affairs Committee. Col Powell was a member of the Southwest Society of Periodontists Scientific Affairs Committee.

Orthodontics Flight (MRDR): Upon the retirement of Col David Gonzales, Col Eric Brendlinger assumed the position of Flight Commander, Chairman of the TORP, and Special Consultant to the Surgeon General in Orthodontics. Col Brendlinger also was the President of the AAMO. Col Jeff Mabry was the Director of Pediatric Dentistry and Special Consultant to the Surgeon General in Pediatric Dentistry. Lt Col Drew Fallis assumed the position of Program Director for the TORP and Lt Col Michael Roberts (US Army) continued as the Clinical Director. Capt John Freeman (USN) continued as Training Officer for the senior class and, upon the retirement of Col Tim King (US Army), Lt Col Ray Melendez (US Army) joined the faculty and

became the Training Officer for the junior class. Lt Col Curtis Marsh remained the Director of Orthodontics for the AEGD-2 Program and Lt Col Lawrence Roth served as the OMFS Director of Orthodontics at WHMC.

Lt Col Lawrence Roth deployed to Manas AB, Kyrgyz Republic in September.

Capt Freeman and Lt Col Fallis challenged and passed the ABO, Phase III clinical and oral examination to complete their final board certification requirement. Lt Col Marsh, Lt Col Roberts, Lt Col Melendez, and Lt Col Roth each accepted the ABO Gateway option for early board certification, which required completion of Phase III within five years to achieve final certification. Therefore, in 2005, 100% of the teaching staff was ABO certified.

Three 2005 graduates challenged and passed the ABO Phase II written examination in 2005 and became board eligible.

Col Brendlinger presented lectures to the USN Pediatric and Orthodontic Short Course in Bethesda in March on *Limited Treatment, Space Maintenance, and Orthodontic Referrals*.

Capt Freeman presented lectures to the USN Pediatric and Orthodontic Short Course in Bethesda in March on *Basic Orthodontic Appliances, Facial Esthetics, and Orthodontic Diagnosis and Treatment Planning*.

Col Mabry provided two one-hour lectures to the WHMC pediatric residents and staff (*Fluoride Therapy and Anomalies of the Pediatric Oral Cavity*). Dr. Mabry presented a two-hour lecture to the Clinical Update in Dentistry Short Course, the American Board of General Dentistry Review Course, the Endodontics Short Course, and the Dental Prevention Course. Col Mabry served as course director for two four-hour courses that provided Nitrous Oxide Certification for all endo, perio and AEGD II residents. Col Mabry provided annual age specific training (for the child) annually for the 59th Dental Squadron. Col Mabry provided the annual *Child Abuse and Neglect* briefing for the 59th Dental Squadron. Col Mabry directed a six-week training course (clinical and didactic) for one of the USAF's pediatric dentists (Jan-Feb). Finally, Col Mabry served as the course director for the Pedo Postgraduate Course (Sep 12-23), training six USAF general dentists in pediatric dental techniques.

Lt Col Curtis Marsh presented two-hour lectures at the Pediatric Dentistry Short Course, the Clinical Update in Dentistry Short Course, and the American Board of General Dentistry Review Course, as well as a one-hour presentation at the Implant Course. Additionally, he hosted the second-year periodontic and prosthodontic residents weeklong Short Course in Orthodontics. Lastly, he presented a two-day seminar entitled *Orthodontics in General Practice* at the Roaring River State Park in Missouri to the Southeast Kansas Dental Society.

Capt John Alkire (US Army), Lt Commander Chad Burton (USN), Maj Keith Clark, Capt Michael Wall (US Army) and Capt Chad Watts presented two table clinics at the American Association of Orthodontists Annual Session in San Francisco, *A Survey on Use and Satisfaction with the Invisalign Appliance* and *Comparison of Torsion Resistance of Two Types of Surgical Hooks*.

Three journal articles and three abstracts were published. One article was accepted for publication and was awaiting final publication:

- Kimura T, Dunn WJ, and Taloumis LJ. *Effect of fluoride varnish on the in vitro bond strength of orthodontic brackets using a self-etching primer system*. Am J Orthod Dentofacial Orthop. 2004 Mar; 125(3):351-6.

- Swanson T, Dunn WJ, Childers DE and Taloumis LJ. *Shear bond strength of orthodontic brackets bonded with light-emitting diode curing units at various polymerization times*. Am J Orthod Dentofacial Orthop. 2004 Mar; 125(3):337-41.

- Silta YT, Dunn WJ, and Peters CB, *Effect of shorter polymerization times when using the latest generation of light-emitting diodes*. Am J Orthod Dentofacial Orthop. 2005 Dec;128(6):744-8.

- O'Bannon, SP and Dunn WJ. *Comparison of torsional resistance of two types of split crimpable hooks with soldered brass surgical hooks*. Approved for publication by the American Journal of Orthodontic and Dentofacial Orthopedics.

The senior residents presented their Senior Resident Lectures:

- Maj Renee D. Carlson: *Guided eruption of occlusion (Serial Extractions)*.

- Col Mark A. Sundberg, US Army: *Diagnosing Facial Proportion and Smile Esthetics in the Vertical Dimension*.

- Lt Commander Shawn P. O'Bannon, USN: *Extraoral Traction*.

- Maj Andrew M. Nalin: *Space Maintenance: When and How*.

- Maj Deepti S. Chitnis, US Army: *Root Resorption*.

Col Mabry served on the Board of Directors of the American Board of Pediatric Dentistry. Lt Col Fallis served on a Clinical Panel/Delphi Group to evaluate an NIH Grant Proposal, *In Vitro Investigation of Sliding Mechanics*, proposed by Dr. Robert Kusy, University of North Carolina-Chapel Hill, Department of Orthodontics.

Dental Laboratory Flight (MRDL): Colonel Charles F. DeFreest was Flight Commander and MSgt Timothy Procita was the Dental Lab Flight NCOIC. TSgt Gary Johnson was NCOIC, Base Dental Laboratory; TSgt Carol Procita was NCOIC, Kelly Dental Laboratory; and TSgt Jeri Perry was NCOIC, Almquist Stereolithography Laboratory.

During 2005, the following enlisted members were selected for monthly squadron awards: TSgt Karen Verdier (NCO, March), A1C Amanda Warren (Airman, March), A1C Yvete Morales (Airman, April), SrA Kevin Parker (Airman, May), TSgt Dave Smith (NCO, July), A1C Mark Griffin (Airman, July), A1C Dollie Reed (Airman, August).

The following flight personnel were selected for squadron quarterly awards in 2005: TSgt Karen Verdier, Mr. Kenny Kemple, and A1C Dollie Reed.

Col DeFreest received the Major General Bill Lefler Federal Services Award of the American College of Prosthodontists (national award). TSgt Gary Johnson was a distinguished graduate from the NCOA and he and TSgt David Smith both received AETC Commander's Awards during the Advanced Porcelain Course at Sheppard AFB, TX.

A1C Dave Carballeyra and A1C Jeni Bamford were awarded SrA Below The Zone during 2005. TSgt Jeri Perry and TSgt Renee Mach were awarded CCAF for Dental Laboratory Technology during the year.

The Stereolithography Laboratory received a new 3D system Viper si2 solid state SLA Machine. This \$200,000 upgrade enabled significant improvements in model detail and clarity. Several new projects were initiated including a project to develop direct implant surgical guides that would index to bone, teeth, and soft tissue. The system was utilized extensively, in coordination with the Maxillofacial Laboratory Element, to treat OIF casualties and a US State Department designee from Central America. SrA Alain D. Carballeyra received Commander's Coins from AETC/CC and the 59th MDW/CC as special recognition for his several accomplishments within the facility

MacKown Dental Laboratory installed a Nobel Biocare Piccolo contact digitizing system for use in producing CAD/CAM implant custom abutments as well as coping structures for single-unit dental crowns. The system enabled production of units in titanium, aluminum oxide and zirconium oxide materials

**959th Medical Operations Squadron**: Col David Hall was the Squadron Commander.

The consolidation of the family practice clinics was a big accomplishment in 2005. The Falcon Team (formerly the Crockett Team) moved to the Kelly Family Medicine Clinic. The records management responsibility also transferred to Kelly. Shelves were installed to accommodate the medical records. Medical records for patients enrolled in the Falcon Team were transferred to Kelly. About 900 inches of backlogged paperwork was transferred with the records management responsibility. Squadron and group personnel worked

weekends to eliminate the backlog. Other staffing resources assisted in the project. The Release of Health Information responsibility also transferred to Kelly Family Medicine Clinic. When the process was assumed by Kelly there was a backlog of 300 requests for copies of medical records. Personnel worked late and on weekends to eliminate the backlog. Copies are now available within the standard time of 30 days.

When Family Practice consolidated, four flights were created and flight commanders were appointed. Primary care elements met daily to review schedules, discuss policy changes, details, staffing adjustments, etc. Meetings are held at 0700 daily. The 959th MDOS/CC, secretary, and superintendent relocated from WHMC to Kelly Family Medicine Clinic in March.

Walk-in sick call for active duty and dependents began in March to improve access to care. Sick call was conducted in the morning and dependent sick call was scheduled for afternoons. The dependent sick call was terminated in August due to lack of utilization. In September, sick call changed from Fast Track to all-hands-on-deck from 0730-0830, with routine appointments beginning at 0900.

Nurse appointments were implemented in May to better manage walk-in patients and for disease management.

Plans for installation of a Seattle's Best Coffee bar were approved; awaiting AAFES to install it.

A case management program was initiated at WHMC in July and plans were in place to case manage high utilizers for Family Practice. The names of 10% of the high utilizers from each team were forwarded for case management. The POC for the program changed and the agreement with Family Medicine was not transferred to the new POC so none of the high utilizers were case managed. Therefore, the responsibility for case management returned to the Kelly Family Medicine Clinic.

New emphasis was placed on Disease Management in April. Clinical practice guidelines were reviewed and briefed. Provider champions were appointed as POCs for specific conditions. A schedule of monthly emphasis for specific conditions was developed. Diabetes was selected as the primary emphasis due to the enormous number of diabetics assigned to Kelly Family Medicine Clinic.

An AMDG Health Care Integrator was assigned, but was shortly transferred to Trainee Health so all responsibilities were again returned to the Family Practice nursing staff. A letter was sent to all diabetics with delinquent or abnormal labs for follow-up and testing. Patients were notified and scheduled for evaluation.

Capt Fiscus conducted diabetic DIGMAs throughout the year. Classes typically had 12 attendees. Patients lauded the practice and access improved.

Approximately 400 diabetics were transferred and enrolled to the Pittsburgh Diabetic Study in November and all care was assumed by the Diabetic study clinic. Diabetes continues to be the primary focus of disease management.

CHCS II was implemented in August. The Eagle Team used CHCS II exclusively starting in November. RVU increased and coding completion improved. A plan was established to use CHCS II completely by mid-2006.

Coding continued to be problematic. Meetings were held to improve accountability for coding. A plan was established with emphasis on policies and communication of changes with coding personnel. Coding contract issues were elevated for action. Clinic staff worked weekends to allow access to KFMC coders to reduce an enormous backlog of coding.

Capt Fiscus and Capt Adams deployed to New Orleans on 2 Sep for 30 days to provide support after Hurricane Katrina. Capt Fiscus assumed leadership in the midst of the Katrina crisis, establishing order, processes, and evacuation at the New Orleans airport. He took charge and managed 300 patients without supplies/support and coordinated assessment and evacuation. He directed medical operations and collaborated/tasked multiple emergency aid agencies, gaining control of chaos. He worked closely with FEMA personnel and engineered a triage system that processed over 1,000 evacuees arriving each day. He commandeered an airport tug which was a vehicle of opportunity critical for transport of litter evacuees to

awaiting aircraft. He systematically triaged over 300 patient movements in 12 hours, developing a coded identification system to assure accurate information on the patients' condition status and date of arrival.

Our squadron's nurses assessed Katrina and Rita Hurricane evacuees to determine the medical needs and appropriate housing based on their medical conditions and proximity to medical care. Details were sent to work at hangers housing Katrina refugees. Providers covered two shifts daily over the Labor Day weekend. Staff members volunteered many hours to assist evacuees housed in the hanger located across the clinic at Kelly USA.

Post-deployment DIGMAs began 13 Sep and were conducted every Tuesday in the Readiness conference room. The staff was trained to conduct the classes, process paperwork, and make referrals as appropriate.

Two LVNs worked RN roles within their scope of practice IAW Texas law, but were replaced by RNs as the nursing staff reached appropriate levels to staff PCO teams. GWOT staffing provided nurses, medical technicians/LVNs and admin personnel. Office space is very limited for the additional staff. Nurses moved from provider offices to one central nurse area for each team.

Maj Brenda Parker was selected the squadron Field Grade Officer of the Quarter/Year. Capt Merritt was selected the AETC HPM of the Year.

Lt Wolthoof, assigned to the 311th Medical Squadron at Brooks City-Base covered for a vacant GPM position on the Bowie team at WHMC and also managed Falcon Team.

A training NCO, TSgt Howe, was appointed to coordinate and schedule needed training for the monthly training. She provided the status of training to flight and squadron commanders and advertised required training.

Mass PHAs were conducted to obtain PHAs quickly. Readiness rates improved. PIMR issues were worked. Clinic personnel continually pulled and reviewed records for exercises, deployments, etc. The process was very efficient and was continually.

A day to conduct school physicals was held to quickly process children.

MedFacts was instituted and was problematic due to lack of computer access.

Overseas clearance was conducted for family members at the Family Advocacy Bldg every Friday from 8-12. This task was shared weekly by all PCE teams in the Family Medicine Clinic.

In August the Chiropractic Clinic switched from CHCS I to using CHCS II for all appointments. The Chiropractic Clinic stopped using paper schedule books to schedule appointments, using CHCS for all schedules.

**59th Aerospace Medicine Squadron:** The Squadron Commander was Col Michel L. Bunning and the Superintendent was SMSgt Jennifer H. Taglieri.

**Optometry Flight:** The Optometry Flight entered into an agreement with the Veteran's Administration to open an Optometry Clinic at the new North Central Federal Clinic. This clinic will provide routine and specialized care to both TRICARE Prime enrollees from the 59th MDW and VA patients. The USAF Optometry Residency Program was improved by adding rotations in neuron-ophthalmology, advanced color vision testing, and electrophysiological testing at Armstrong Lab, Brooks City-Base, TX. The flight began the clinical use of AHLTA and led the wing in coding compliance and timeliness. Despite the implementation of a slower coding system, the flight managed to increase patient visit productivity by 4% and exceeded its monthly RVU goal by 70%. These accomplishments allowed appointment access for TRICARE Prime enrollees to be as short as three days. The flight also had two USAF winners for the AFMS annual awards. Lt Col Randall Collins was selected as the 2005 Colonel Floyd M. Morris Award winner as the USAF Optometrist of the Year and Capt Chad Simpson was the 2005 Colonel P. Timothy Ray Award winner as the USAF CGO Optometrist of the Year.

Preventive Medicine Division: This division performed surveillance on illnesses and injuries in 27,562 basic military trainees in 2005. The staff participated in the Navy Health Research Center Febrile Respiratory Illness Study which involved tri-service population-based surveillance for viral respiratory pathogens among high risk military personnel. Staff members provided consultation on the epidemiology and management of respiratory pathogens, such as influenza and strep. The staff also served as a consultant for lower extremity injury prevention.

The Health Promotion/Health and Wellness Center: The HAWC supported the largest AF Fitness Program; over 400 AD were certified as PTLs who lead, monitored, and motivated unit exercise sessions, as well as conducted the AF Fitness Assessment. FTMs and HAWC fitness instructors aggressively engaged 83 squadrons/12,000 AD members in meeting AF fitness test requirements. Over 47,000 customers were assisted in lifestyle changes. HAWC personnel increased the number of programs and community outreach events by 110%. The staff developed, marketed and conducted education programs for special populations to include obesity, fit pregnancy, diabetes, and hypertension to enhance participant knowledge and bring about positive lifestyle changes. Through a benchmark program, *Free To Be Fit* (developed at Lackland AFB in partnership with CHP and the Nutritional Medicine Clinic), over 15 families were impacted through an interactive classroom experience, helping children and parents overcome obesity as a family unit. The HAWC FPM engaged the 319th (Medical Hold) BMTs by developing exercise programs for those with injuries, returning them to training as soon as possible. HAWC staff ensured certain BMT weight program requirements were in compliance with the new AF Fitness Program through training and consistent support of Training Instructors on body taping/body composition assessment processes. The HAWC team initiated twice-per-week circuit training classes, open to all Team Lackland members, and fitness levels of over 500 personnel were positively impacted. The FTAC received outstanding support with detailed health education and fitness instruction to over 250 first-term airmen. Over 200 post-deployed members benefited by health and wellness information targeted to the needs of returning war fighters. Collaborative efforts between HAWC and PCO team members continued to bring about a cultural change in which clinic staff members educated and motivated patients toward positive lifestyle changes, thereby reducing health risks and averting medical complications.

Trainee Health Flight: The flight continued to provide non-emergent high quality care for a population of approximately 80K trainees with over 65K visits this year. The operation was truly "one of a kind" with Lackland AFB being the only site for AF basic military training. The main clinic at the Reid Trainee Health Center primarily served basic military trainees, technical training students, Defense Language Institute students, and Inter-American Air Forces Academy students. The flight provided open access healthcare daily. The goal was to provide care quickly and return trainees and students back to their training squadrons as soon as possible. There were four satellite dispensaries and two satellite medical aid stations manned by IDMTs. Flight operations involved IDMTs and they boosted provider access. IDMTs spent a third of their time in the medical aid stations as care providers; part of their role was in health promotion and disease prevention education at the assigned squadrons and at physical conditioning sessions. The flight was actively involved in programs such as the Personnel Reliability Program (up to 300/month), Overseas Clearance (up to 200/month), Sickle Cell (up to 120/month), Entry Level Separations (up to 120/month), the AF Female Basic Trainee Chlamydia program, and the Strep Prophylaxis program.

Bioenvironmental Engineering Flight: The flight jumpstarted lagging Force Health Protection programs by implementing new occupational health survey procedures, crafting new 37th TRW radiation safety guidance, and forging new Civil Engineering and Safety organizational partnerships. The flight helped prepare 6,000 medics to respond to a CBRNE event and helped set up and run a CODE SILVER chemical and biological response exercise for the 37th TRW and 59th MDW. The flight crafted and delivered to all Lackland AFB residents mold health education guidance; the informational flyer resolved significant residential concerns about mold and was adopted by HQ AETC (sent to 13 AETC bases as a benchmark practice). The flight's flawless

hazard inspections and sampling support to Lackland AFB's child development centers were key to Lackland AFB being awarded the 2005 AETC Child Development Center Program of the Year. Flight occupational and environmental programs were key to a successful 2005 ESOHCAMP inspection and were flawless; the HQ AETC inspection team found zero deficiencies in Bioenvironmental Engineering programs. Optimizing the use of \$200K in NBC detection tools, the flight protected Lackland AFB against CBRNE terrorism. The team field tested ridged biological-agent collection techniques for HQ ACC; their expertise and flawless execution was instrumental in the development of new Air Force biological response protocols. Bioenvironmental Engineering's innovative programs optimized health protection for 27K troops and improved the health of the Air Force's largest populated base. Overall, in 2005 the team supported 35K operations with aircraft, executing 15K flying hours with zero serious health issues.

**Flight Medicine Flight:** The Flight Medicine Flight completed a merger with ASF personnel and ASF mission, facilitating 523 patient movements for OIF/OEF, and other air-evacuation movements. Flight Medicine led the 59th MDW in training, implementation, and comprehensive use of CHCS-II. They also developed a model training program under the new AFI for all WHMC IDMTs in Flight Medicine and Trainee Health, ensuring 100% of all skill levels were ready for deployment.

**Public Health Flight:** This was the largest such flight in the Air Force with over 77K people served. The Hospital Employee Health Program maintained a compliance rate averaging 98%. The Occupational Health Medical Examination compliance rate averaged 99% with an occupational examination population of more than 1,500 personnel. The flight successfully assisted with deploying over 1,021 medical personnel to OIF with zero theater discrepancies out of 46,945 opportunities for error. The flight reduced the time from deployment return and post-deployment health screening to less than five days for deployment returnees across two wings. The staff maintained close-to-zero basic trainee holdovers on the Guaranteed Training Program and for special duty assignments for administrative purposes, preventing valuable training slots from going vacant. The staff led the continuation of Lackland's Anthrax Vaccine Immunization Program Team to keep anthrax education for required recipients available and current. The staff procured critical deployment medications and vaccinations for over 360 Airmen attending the Basic Combat Convoy Course in support of Army deployments. The flight took Preventive Health Assessment and Individual Medical Readiness reports and briefings to the leadership. Squadron, group, and wing commanders all received group or individual briefings on the base PIMR rate which sustained an above-AF-standard level of readiness for the entire year of 2005.

**59th Medical Squadron:** The 311th Medical Squadron at Brooks City-Base was deactivated and assimilated into the 59th Aeromedical-Dental Group (AMDG) as the 59th Medical Squadron, Brooks City-Base, in March. After that event, five individuals deployed to Iraq in support of OIF in 2005.

The squadron remained a fully-functional clinic, providing 8,000 beneficiaries with services such as primary care, laboratory, radiology, pharmacy, life skills, health and wellness center and dental care.

The Diagnostic and Therapeutic Element provided care to over 8,000 eligible beneficiaries with prescription, laboratory, and radiology services. Joining the San Antonio Refill service provided by the 59th MDTs (Pharmacy), Brooks Clinic patients gained access to the full spectrum of the combined WHMC/BAMC formulary. 59th MDS Lab and Radiology personnel contributed over 150 hours of support to over 450 ROTC cadets as a part of the ROTC Class I flying physical program provided by the 311th Human Systems Wing on Brooks City-Base.

**59th Readiness Squadron:** Lt Col Carol L. Westfall succeeded Col Thomas F. Langston as the Squadron Commander. Maj Ron Little was Deputy Squadron Commander/Readiness Operations Flight Commander and Maj Robert Harshaw joined the Squadron in February as Training Flight Commander. SMSgt Patricia Morris served as Squadron Superintendent.

This squadron boasted the largest medical mobility commitment in the Air Force. It was responsible for the development and implementation of contingency plans using national, DoD, and Air Force directives in

order to ensure maximum medical readiness response supporting the 59th Medical Wing's global engagement and sustainment activities. The 59th Medical Readiness Squadron was the only Readiness Squadron in the USAF. It provided organization and training for UTCs assigned to all 10 AEFs and Expeditionary Limited Availability Assets. In addition to AEF commitments, the squadron provided 20 wartime and 4 on-call peacetime CCATTs; HCA operations; POTUS & VPOTUS support; development platforms and international, joint, and OCONUS & CONUS exercises. The squadron reported 59th Medical Wing readiness status to HQ's AETC, AF/SG, CSAF, and JCS and was responsible for deployments (OCONUS) to include Iraq, Afghanistan, Kyrgyzstan, Uzbekistan, Qatar, Saudi Arabia, Kuwait, Germany, Africa, and 21 other geographic locations.

Even with the high operations tempo, the squadron deployed five of its own in direct support of OIF/OEF. Not only did teammates excel in the war zones, but on the home front as well, scoring multiple annual awards. TSgt Richard Pakula was the recipient of the AETC John Salustro Memorial Award for Cardiopulmonary Technicians and SrA Mlia Balderrama was recognized as the 59th MDW Health Services Management Airman of the Year. MSgt John Melnick represented the 59th AMDG as the BGen Sara P. Wells SNCO of the Year and TSgt Rick Darling represented the 59th AMDG as the Outstanding Enlisted Health Services Management NCO of the Year. MSgt Anthony Givens represented the 59th MDW as the SMSgt Timothy Maggard Award recipient. TSgt Patricia Yelverton and SrA Mario Montoya represented the 59th MDW as the NCO and Airman of the Year for the Medical Readiness /Aeromedical Evacuation category.

59th Readiness Operations Flight: The flight, commanded by Maj Ronald Little, was one of the busiest flights within WHMC. The Operations Flight managed the largest medical mobility contingent in the highest tasked military treatment facility in the AFMS, executing 52% of all of AETC mobility taskings. The flight maintained mobility requirements for 3,271 deployment positions on 213 UTCs. During 2005, the flight prepared and deployed 842 personnel to over 30 different geographic locations including providing 50% of the staffing at the Balad AF theater hospital in Iraq. The flight engineered short-notice replacements for 32 Keesler taskings due to Hurricane Katrina. Of the 842 personnel deployed in support of OIF, there were only 6 out of a possible 37,890 theater discrepancies. Since Lackland AFB is the "Western Hub" APOE, the majority of these deployers departed via military-contracted aggregated airlift, reducing lost time and stress on deployers. The team organized the first 59th MDW aggregated redeployment, reuniting 123 heroes with their families. The flight also expeditiously deployed 60 medics to Hurricane Katrina in which the response was crucial to timely transfer of 2,700 evacuees.

The team planned, executed, and deployed 13 HCA missions, comprised of 104 personnel to South America.

59th Readiness Training Flight: This flight encompassed the whole of training for all 3,271 active duty mobility personnel in the 59th MDW. The MURT site (13-acre field), located on the medical campus, instructed over 5,400 personnel, including other MTF personnel throughout the command. The creation and maintenance of the MURT site, complete with air-conditioned classrooms and an obstacle course for litter teams, added to the realism and effectiveness of training. This program was further packaged as a "road trip" where the MURT team took the lesson plans to other bases, complete with instructors, and provided the most up-to-date training available. This program minimized costs by keeping training on the requesting facility's grounds, decreasing the cost of having to send each medic to WHMC for training. In order to most effectively use its manpower, the flight incorporated Computer Based Training. Many courses, that previously were time-intensive, were introduced into this format. This kept training and tracking at a personal level and allowed the most effective use of time for all involved. The flight continued to focus on the goal of ensuring that all 200+ UTCs had trained team leaders and 54+ AFSCs had trained Readiness Skills Verification Functional Managers to provide the essential training to the 3,000+ individuals at WHMC who fulfill our readiness missions.

Critical Care Air Transport Teams. Since the start of 2005 the coordination of the CCATT mission continued to be a very visible and high priority. These teams provided in-flight transportation of sick and

injured, and were known as the "flying ICU" of the Aero-Vac world, exceeding the standards of care as evidenced by contributing to the lowest "died of wounds" rate in warfare history. In 2005 the WHMC CCATTs deployed to support OEF/OIF flew 228 missions between 12 teams of 3 critical care trained individuals. These individuals were a doctor, nurse, and cardiopulmonary technician with specific training necessary to perform ICU-level care in any aircraft of opportunity. Training for CCATT was accomplished at Brooks City-Base in the San Antonio area. During 2005 WHMC trained 12 doctors, 13 nurses and 5 technicians. WHMC CCATT was a key player in numerous humanitarian missions as well as during Hurricanes Katrina and Rita. During these events, CCATTs deployed to various Southern US States to evacuate hundreds of critically ill patients, which resulted in the largest air evacuation for the CCATT community to date. Recent advances in technology, coupled with the extensive use of CCATTs in wartime settings, allowed CCATTs a major "portability factor," adding the most effective medical equipment into smaller and efficient packages. Our ECMO team was the only aircraft-capable ECMO unit in the world and garnered national attention for its ability to transfer the most gravely ill neonates between states and countries. The ECMO Team traveled to Hawaii, California, and Alaska during 2005 to bring critically-ill patients to WHMC for ECMO treatment, the only of its kind in the Air Force.

Sustainment Training to Advance Readiness (TopSTAR): This AFMS Program was designed to meet 100% of the sustainment training requirements of Total Force (Reserves, National Guard, and Active Duty) medics. Hosted by the wing since 1998, the program provided sustainment training for six separate AFSCs and managed oversight of training for three additional AFSCs at the program's additional site at Wright Patterson AFB, OH. Courses were two weeks in duration with week one providing didactic instruction with hands-on performance of skills in a clinical simulation environment. Week two consisted of individuals completing clinical rotations in the hosting medical treatment facility. The effectiveness of this training garnered major recognition of this program, quickly becoming the standard for Total Force medical teams.

59th Readiness Disaster Preparedness Element: The element was initially supervised by Maj Pamela Lucas and then Capt Roger Bermea succeeded her in December. The work of a robust Disaster Preparedness Element in Readiness resulted in even closer cooperation of military-to-military and military-to-civilian medical elements than the year before, ensuring the most efficacious use of each facility. This was accomplished through joint exercises involving the planning and execution phases. Also, communications between these elements, again coordinated through the DP office, provided the visibility of assets for the leadership of the 59th MDW to most effectively make critical and sometimes time-constrained decisions. The element continued a tremendously successful working relationship with local military and civilian hospitals in 2005. These relationships were tested and proven effective by the aforementioned exercises, including a table-top (Code Silver) and the Lackland AFB Air Show. Alliances were strengthened between WHMC, San Antonio EMS leadership and local hospitals, ensuring this region of Texas continued to have the best and most up-to-date response available. The 59th MDW's disaster response plan, the MCRP, was improved with a total rewrite of the WMD, Annex N. This provided the basis of an excellent biological and radiological warfare threat response. Annex E, Public Health, was also revised extensively. Updates in the Epidemic Response plan, Annex E, included response procedures to Severe Acute Respiratory Syndrome and other contagious emerging diseases transmissible by aerosols. A new Disease Pandemic Preparation and Response Plan was also incorporated into Annex E. On the morning of 30 August, prior to Hurricane Katrina, the MCC was activated to provide communication support to the CCATT. The CCATT was tasked to provide aeromedical evacuation support of patients from Keesler AFB to WHMC. These patients had to be immediately relocated to WHMC due to Keesler's inability to care for patients as a result of the damages caused by Hurricane Katrina. Additionally, the 59th MDW was utilized under the NDMS to assist with Hurricane Katrina along with Hurricane Rita relief efforts.

## CHAPTER VIII

### PATNER ORGANIZATIONS

**Fisher House, Inc.** Fisher House was a "home-away-from-home" for families of seriously ill or injured patients receiving treatment at Wilford Hall Medical Center. The Lackland Fisher Houses continued to provide lodging, food and other amenities free of charge. Fisher House not only offered services to families, it also provided accommodations to outpatients and those individuals that support them were eligible as well.

During 2005, the Fisher Houses continued to focus on supporting a total of 421 families from the following sponsored sources: Air Force -- 177, Army -- 174, Navy -- 23, Marines -- 13, and Other -- 34. Further, 221 Lackland Fisher House guests were outpatients.

The average length of family stay per person in 2005 was 24.9 days. The Lackland Fisher Houses had a 92.5% occupancy rate for the year.

To provide these services, it cost Fisher House approximately \$38 per day per family. The Lackland Fisher Houses operated solely on donations. Volunteers were critical to the Fisher House operation as it relied on 3,269 hours of service from 618 volunteers. The volunteer activities ranged from organizations and individuals providing dinners for residents, to periodic house cleaning parties—all essential to the operation of the Lackland Fisher Houses.

**Children's Association for Maximum Potential (CAMP):** CAMP, a private, nonprofit agency designed to provide services to children with special medical needs, was founded by health care professionals at Wilford Hall Medical Center in 1979. The core programs were accredited by the American Camp Association, licensed by the State of Texas Department of Health, and funded by the United Way of San Antonio and Bexar County and the Combined Federal Campaign. The core program involved five-day summer camp sessions that gave "special" children the opportunity to be regular kids and participate in an array of specially adapted camp activities, such as canoeing on the Guadalupe River, riding horses, swimming in a pool designed for CAMP, and doing archery, crafts, and nature walks. In order for parents to enjoy a guilt-free respite from the rigors of providing round-the-clock attention to their children with special needs, CAMP included non-disabled brothers and sisters in their own camp activities. In 2005 CAMP served over 700 children with disabilities, and their non-disabled siblings, through our summer camping program in the Texas Hill Country, and served several hundred through evening and weekend respite programs year-round.

CAMP attracted over 300 volunteer high school and college-aged counselors, over 100 health professionals, and other helpers to complement fulltime and seasonal paid staff. While most campers required significant attention and extraordinary health care, the counselors' orientation, frequent training, and continual supervision prepared them for ordinary and extreme situations. Health professionals supplemented the counselors' efforts by providing support for the most severe medically-fragile campers.

Decades of experience in offering camp experience and respite for parents has positioned CAMP to offer educational experiences for health professionals interested in strengthening their expertise. CAMP conducted the nationally recognized, accredited 18<sup>th</sup> Developmental Disabilities Review Course (DDRC), in conjunction with several of the summer camp sessions, and it was attended by over 100 health professionals from several states. CAMP sponsored the DOCC course for medical residents to provide them exposure to both experienced professional colleagues, as well as experienced parents of special needs children. CAMP planned and delivered the nationally connected Youth Leadership Forum for dozens of Texas youth with special medical needs to prepare them to advocate for their interests in public and governmental settings.

In 2005, CAMP welcomed a new Executive Director, Dr. Paul Furukawa (retired U.S. Army social work officer), President of the Texas Chapter of the National Association of Social Workers (2003-2005), and an

experienced counselor and administrator in special needs summer camp. CAMP continued training of 59th MDW medical and allied health staff members under an MOU of mutual support (2004-2007).

## GLOSSARY OF TERMS

1Lt.....	1st Lieutenant
2A, 5C.....	Refers to wards in main hospital building; the number is the floor
2Lt.....	2nd Lieutenant
46N3E.....	Critical Care Nurse
4A0.....	Medical Admin
4A051.....	Health Services Management Technician (journeyman skill level)
4A1.....	Medical Materiel
4D0.....	Dental Technician
4EOX1.....	Medical Service (Hyperbarics) career field
4FOX1.....	Medical Service (Flight Medicine) career field
4N1.....	Nursing Service Technician
4N1X1.....	Surgical Service Technician
4NOX1.....	Medical Service career field
9-11.....	Common term for September 11, 2001 terrorist attacks on New York City and the Pentagon
A1C.....	Airman First Class
AA.....	Alcoholics Anonymous
AAALACi.....	Association for Assessment and Accreditation of Laboratory Animal Care International
AACN.....	American Association of Critical Care Nurses
AADR.....	American Association for Dental Research
AAE.....	Association of Endodontists
AAFA.....	Air Force Audit Agency
AAHD.....	American Association of Hospital Dentists
AAMO.....	American Association of Military Orthodontists
AAMP.....	American Academy of Maxillofacial Prosthetics
AAP.....	American Academy of Periodontology
AB.....	Air Base
ABO.....	American Board of Orthodontics
ABP.....	American Board of Periodontology
ABGD.....	American Board of General Dentistry
ACC.....	Air Combat Command
ACEP.....	American College of Emergency Physicians
ACGME.....	American College of Graduate Medical Education
ACLS.....	Advanced Cardiac Life Support
ACP.....	American College of Prosthodontics
ACSC.....	Air Command and Staff College
AD.....	Active Duty
AD.....	Administrator
ADA.....	American Dental Association
ADAF.....	Active Duty Air Force
ADAPT.....	Alcohol and Drug Abuse Prevention and Treatment
ADL.....	Area Dental Laboratory
ADM.....	Ambulatory Data Module
ADPE.....	Automated Data Processing Equipment

AEF.....Air Expeditionary Force  
 AEGD.....Advanced Education in General Dentistry  
 AES.....Aeromedical Evacuation Squadron  
 AETC.....Air Education and Training Command  
 AETC/SG.....Air Education and Training Command Surgeon's Office  
 AEW.....Air Expeditionary Wing  
 AF.....Air Force  
 AF/SGX.....Assistant Surgeon General for Expeditionary Operations, Science and Technology  
 AFB.....Air Force Base  
 AFDRAP.....Air Force Dental Readiness Assurance Program  
 AFIP.....Armed Forces Institute of Pathology  
 AFIT.....Air Force Institute of Technology  
 AFMESA.....Air Force Medical Evaluation Support Activity  
 AFMOA.....Air Force Medical Operations Agency  
 AFMS.....Air Force Medical Service  
 AFMSA.....Air Force Medical Support Agency  
 AFP.....American Board of Periodontology  
 AFPT.....Air Force Physical Therapy  
 AFRL.....Air Force Research Laboratory  
 AFSC.....Air Force Specialty Code  
 AFSG.....Air Force Surgeon General  
 AHLTA.....Military Health System's electronic health record (aka CHCS II)  
 AGD.....Academy of General Dentistry  
 AIA.....Air Intelligence Agency  
 AJODO.....American Journal of Orthodontics and Dentofacial Orthopaedics  
 ALS.....Airman Leadership School  
 AMC.....Anemia management clinic  
 AMDG.....Aeromedical-Dental Group  
 AMDS.....Aeromedical-Dental Squadron  
 Amn.....Airman  
 AMSUS.....Association of Military Surgeons of the United States  
 AOHC.....Advanced Oral Hygiene Course  
 AOHP.....Advanced Oral Hygiene Program  
 AOR.....Area of Responsibility  
 APC.....Agency Program Coordinator  
 APOE.....Aerial Port Of Embarkation  
 APV.....Ambulatory Patient Visit  
 APV.....Ambulatory Procedure Visit  
 ARDS.....Acute Respiratory Distress Syndrome  
 ARU.....Acute Rehabilitation Unit  
 ASF.....Aeromedical Staging Flight  
 ASHT.....American Society of Hand Therapists  
 AT.....Antiterrorism  
 ATLS.....Advanced Trauma Life Support  
 AVR.....Aortic Valve Replacement  
 AW.....Airlift Wing

BAMC.....Brooke Army Medical Center  
 BCAC.....Beneficiary Counseling and Assistance Coordinator  
 BEE.....Bioenvironmental Engineering  
 BEST.....Biographical Evaluation and Screening of Troops  
 BIC.....Basic Instructor Course  
 BLS.....Basic Life Support  
 BME.....Biomedical Engineering  
 BMET.....Biomedical Equipment Technician  
 BMT (unit).....Bone Marrow Transplant  
 BMT.....Basic Military Trainee  
 BOD.....Board of Directors  
 BRAC.....Base Realignment and Closure  
 BRAAN.....Biomedical Research and Assurance Network  
 BSC.....Biomedical Science Corps  
 BSI.....Bloodstream Infection  
 BTZ.....Below-the-Zone  
 BW.....Biological Warfare  
 BX.....Base Exchange  
 C. diff.....Clostridium Difficile  
 C. diff.....Clostridium difficile  
 CADAC.....Certified Alcohol and Drug Abuse Counseling  
 CAD/CAM.....Computer-aided design/computer-aided manufacturing  
 CAIB.....Community Action Information Board  
 CAMO.....Consult and Appointment Management Office  
 CAMP.....Children's Association for Maximum Potential  
 CAP.....College of American Pathologists  
 Capt.....Captain  
 CAPTE.....Commission on Accreditation in Physical Therapy Education  
 CASF.....Contingency Aeromedical Staging Facility  
 CAT.....Computed Axial Tomography  
 CBT.....Computer-Based Training  
 CC.....Commander  
 CCAF.....Community College of the Air Force  
 CCATT.....Critical Care Air Transport Team  
 CCC.....Command Chief Master Sergeant  
 CCQAS.....Centralized Credentials Quality Assurance System  
 CCRN.....Critical Care Nurse  
 CCU.....Cardiac Care Unit  
 CCX.....Civil Emergency Support  
 CDA.....Corporate Dental Application  
 CDC.....Career Development Course  
 CDE.....Command-Directed Evaluation  
 CDE.....Continuing Dental Education  
 CDR.....Commander (Navy)  
 CE.....Civil Engineering  
 CE.....Continuing Education

CEN.....Certification for Emergency Nursing  
 CENTCOM.....United States Central Command  
 CERP.....Continuing Education Recognition Program  
 CEU.....Continuing Education Unit  
 CFETP.....Career Field Education and Training Package  
 CFO.....Chief Financial Officer  
 CGO.....Company Grade Officer  
 CHCS.....Composite Healthcare System  
 CHG.....Chlorhexidine gluconate  
 CHP.....Clinical Health Psychology  
 CI.....Clinical Infomatics  
 Cidex OPA.....Solution for disinfecting medical devices  
 CIP.....Certified IRB Professionals  
 CKD.....Chronic kidney disease  
 CL.....Central Line  
 CM.....Chief of Medical Staff  
 CMQ.....Accreditation, Compliance/Performance Improvement Office  
 CMSgt.....Chief Master Sergeant  
 CN.....Director of Nurses  
 CNS.....Clinical Nurse Specialist  
 COE.....Center of Excellence  
 Col.....Colonel  
 CONUS.....Continental United States  
 COT.....Commissioned Officer Training  
 COTR.....Contract Administration  
 CPA&IP.....Clinical Performance Assessment & Improvement Program  
 CPDb.....Consolidated Personnel Database  
 CPE.....Clinical Pastoral Education  
 CRB.....Central Registry Board  
 CRES.....Clinical Research Squadron  
 CRH.....Corticotrophin-releasing hormone  
 CRNA.....Certified Registered Nurse Anesthetist  
 CRRT.....Continuous Renal Replacement Therapy  
 CRS.....Conditional Reserve Status  
 CSAF.....Chief of Staff of the Air Force  
 CSS.....Central Sterile Supply  
 CSS.....Commander Support Staff  
 CSTARS.....Center for Sustainment of Trauma And Readiness Skills  
 CT.....Computed Tomography  
 CV.....Vice Commander  
 CVH.....Human Relations Advisor  
 CVP.....Protocol  
 CW.....Chemical Warfare  
 CY.....Calendar Year  
 DC.....Dental Corps  
 DC2R.....Deployable Critical Care Readiness

DCO .....Dental Care Optimization  
 DDRC .....Developmental Disability Research Course  
 DEERS .....Defense Enrollment Eligibility Reporting System  
 DEFY .....Drug Education For Youth  
 DEPLOYEX .....Deployment Exercises  
 DHHS .....Department of Health and Human Services  
 DHPR .....Digital Historical Patient Record  
 DI .....Diagnostic Imaging  
 DIGMA .....Drop-in Group Medical Appointments  
 DIME .....Disease Identification and Management Element  
 DIMO .....Defense Institute for Medical Operations  
 DISA .....Defense Information Systems Agency  
 DLI .....Defense Language Institute  
 DME .....Director of Graduate Medical Education  
 DMIS .....Defense Medical Information Systems  
 DMLSS .....Defense Medical Logistics Standard Support  
 DNA .....Deoxyribonucleic Acid  
 DoD .....Department of Defense  
 DOT .....Deployable Optometric Team  
 DP .....Disaster Preparedness  
 DQ .....Data Quality  
 DQAT .....Data Quality Assurance Team  
 DRMO .....Defense Reutilization and Marketing Service  
 DRP .....Demand Reduction Program  
 DS .....Dental Squadron  
 DSS .....Demonstration Site Support  
 DTS .....Defense Travel System  
 EA .....Economic Analysis  
 ECA .....Enterprise Change Agent  
 ECAMP .....Environmental Compliance Assessment and Management Program  
 ECAT .....Electronic Commerce Acquisition Team  
 ECC .....Emergency Care Clinic  
 ECMO .....Extracorporeal Membrane Oxygenation  
 ECMOVAC .....Transporting an infant after placing it on ECMO equipment  
 ECOMS .....Executive Committee of the Medical Staff  
 ED .....Emergency Department  
 EEG .....Electroencephalogram  
 EFMP .....Exceptional Family Member Program  
 EIMET .....Expanded International Military Education and Training  
 EKG .....Electrocardiogram  
 EMDG .....Expeditionary Medical Group  
 EMEDS .....Expeditionary Medical Support  
 EMPRS .....Emergency Medicine Patient Reporting System  
 EMS .....Emergency Medical Service  
 EMT .....Emergency Medical Technician  
 ENT .....Ear, Nose and Throat

EOD .....End of Day  
 EOFY .....End-of-fiscal-year  
 EP.....Element of Performance  
 eRA .....electronic research administration  
 ERAA.....Equipment Review and Authorization Activity  
 ESOHCAMP.....Environmental, Safety and Occupational Health Compliance Assessment and  
 Management Program  
 ETO.....Education and Training Officer  
 FAC.....Family Advocacy Committee  
 FACT .....Foundation for the Accreditation of Cellular Therapy  
 FAO.....Family Advocacy Officer  
 FAP .....Family Advocacy Program  
 FAPNET .....Family Advocacy Program web site  
 FARM .....Functional Area Records Manager  
 FASOR.....Family Advocacy System of Record  
 FEMA .....Federal Emergency Management Agency  
 FDA.....Food and Drug Administration  
 FFMAX.....Oral-Maxillofacial Surgery  
 FGO.....Field Grade Officer  
 FJC .....Family Justice Center  
 FM.....Facility Management  
 FMCMT .....Family Maltreatment Case Management Team  
 FMEA .....Failure Mode and Effect Analysis  
 FP .....Family Practice  
 FPM.....Fitness Program Managers  
 FSBGC.....Federal Services Board of General Dentistry  
 FTAC .....First Term Airmen Center  
 FTE .....Full-Time Equivalent  
 FUG.....Functional Users Group  
 FY .....Fiscal Year  
 GAO.....General Accounting Office  
 GDE .....Graduate Dental Education  
 Gen.....General  
 GI .....Gastrointestinal  
 GME.....Graduate Medical Education  
 GMEC.....GME Committee  
 Gold Headed Cane .....Annual award to the medical provider deemed best by peer vote  
 GPM.....Group Practice Manager  
 GS .....General Service (DoD civilian employee grade; GS-3, GS-4, etc)  
 GWOT.....Global War on Terrorism  
 GYN.....Gynecology  
 HAI .....Hepatic Artery Infusion  
 HAPC.....Hospital Acquired Penetrating Contact  
 HAWC .....Health and Wellness Center  
 HBO .....hyperbaric oxygen  
 HC.....Chaplain

HCA.....Humanitarian and Civic Assistance  
 HCI.....Health Care Integrator  
 HCRS.....HealthCare Resolution Services  
 HEAT®.....Inventory control, asset tracking software program  
 HEC.....Health Executive Council  
 HEPA.....High Efficiency Particulate Air  
 HIP.....Health Improvement Project  
 HIPAA.....Health Insurance Portability and Accountability Act  
 HIV.....Human Immunodeficiency Virus  
 HLW.....Healthy Living Workshop  
 HPM.....Health Plans Manager  
 HPV.....Human Papiloma Virus  
 HSI.....Health Services Inspection  
 HSW.....Human Systems Wing  
 HVAC.....Heating, ventilation, and air conditioning  
 IAAFA.....Inter American Air Forces Academy  
 IAAP.....Information Assurance Assessment Program  
 IADR.....International Association for Dental Research  
 IAW.....In accordance with  
 IC.....Infection control  
 ICDB.....Integrated Clinical Database  
 ICMOP.....In CONUS Medical Operating Plan  
 ICU.....Intensive Care Unit  
 IDEA.....Innovative Development Through Employee Awareness  
 IDET.....Intra-Discal Electrothermal Annuloplasty  
 IDMT.....Independent Duty Medical Technician  
 IDS.....Integrated Delivery System  
 IG.....Inspector General  
 IGS.....Image-Guided Surgery (IGS)  
 IHS.....International Health Services  
 IHS.....International Health Specialists  
 IMA.....Individual Mobilization Augmentee  
 IMC (clinic).....Internal Medicine Clinic  
 IMC.....Information Management Committee  
 IMITS.....Integrated Medical Information Technology System  
 IMRT.....Intensity Modulated Radiation Therapy  
 IO.....Investigating Officer  
 IOP (process).....Improvement Organization Process  
 IOP (program).....Intensive Outpatient Program  
 IPTV.....Internet Protocol TV  
 IRB.....Institutional Review Board  
 IT.....Information Technology  
 JA.....Judge Advocate  
 JCAHO.....Joint Commission on Accreditation of Healthcare Organizations  
 JCS.....Joint Chiefs of Staff  
 JIF.....Joint Incentive Fund

K.....Thousand (\$8K = 8 thousand dollars)  
 KFMC.....Kelly Family Medicine Clinic  
 LAN.....Local Area Network  
 LCC.....Logistics Control Center  
 LOS.....Length of Stay  
 LRC.....Learning Resource Center  
 LRN.....Laboratory Research Network  
 LS.....Logistics Squadron  
 LSSC.....Life Skills Support Center  
 LSU.....Louisiana State University  
 Lt Col.....Lieutenant Colonel  
 LVN.....Licensed Vocational Nurse  
 M.....Million (\$1M = one million dollars)  
 MAC.....Medical Affirmative Claims  
 Maj.....Major  
 MAJCOM.....Major Command  
 MAPPG.....Medical Annual Planning and Programming Guidance  
 MAPPT.....Medical Annual Planning and Programming Tool  
 MCC.....Minor Care Clinic  
 MCRP.....Medical Contingency Response Plan  
 MCRT.....Medical Contingency Response Team  
 MD.....Medical Doctor  
 MDOG.....Medical Operations Group  
 MDOS.....Medical Operations Squadron  
 MDSG.....Medical Support Group  
 MDSS.....Medical Support Squadron  
 MDTG.....Diagnostics and Therapeutics Group  
 MDTS.....Diagnostics and Therapeutics Squadron  
 MDW.....Medical Wing  
 MDWI.....Medical Wing Instruction  
 MEB.....Medical Evaluation Board  
 MEDRETE.....Medical Readiness Training Exercise  
 MEMO.....Medical Equipment Management Office  
 MEPE.....Matrix Extracellular Phosphoglycoprotein  
 MEPRS.....Medical Expense and Performance Reporting System  
 METRx.....Minimally invasive technology  
 MFST.....Mobile Field Surgical Team  
 MI.....Myocardial infarction  
 MIA.....Missing in Action  
 MICU.....Medical Intensive Care Unit  
 MII.....Medical Incident Investigation  
 MISCAP.....mission capability  
 MLC.....Medical Law Consultant  
 MMF.....Multimedia Flight  
 MMSO.....Military Medical Support Office  
 MOA.....Memorandum of Agreement

MOBEX.....Mobility Exercise  
 MOST.....Mobile Ophthalmic Surgical Team  
 MOU.....Memorandum of Understanding  
 MRC.....Medical Response Center  
 MRI.....Magnetic Resonance Imaging  
 MRSA.....Methicillin-Resistant Staphylococcus Aureus  
 MSA.....Medical Service Account  
 Medical Service Account  
 MSC.....Medical Service Corps  
 MSGG.....Surgical Operations Group  
 MSGS.....Surgical Operations Squadron  
 MSgt.....Master Sergeant  
 MTF.....Medical Treatment Facility  
 MTI.....Military Training Instructor  
 MTL.....Military Training Leader  
 MTM.....Medical Team Management  
 MUC.....Military Unique Curricula  
 MURT.....Medical Unit Readiness Training  
 MXS.....Readiness Squadron  
 NASA.....National Aeronautics and Space Administration  
 NATO.....North Atlantic Treaty Organization  
 NBC.....Nuclear, Biological, and Chemical  
 NCCATT.....Neonatal Critical Care Air Transport Team  
 NCFC.....North Central Federal Clinic  
 NCO.....Noncommissioned officer  
 NCOA.....Noncommissioned Officers' Academy  
 NCOIC.....Noncommissioned Officer in Charge  
 NDMS.....National Disaster Medical System  
 NEC.....Nurse Executive Committee  
 NEJM.....New England Journal of Medicine  
 NICU.....Neonatal Intensive Care Unit  
 NIH.....National Institutes of Health  
 NK.....Natural Killer  
 NNIS.....National Nosocomial Infection Surveillance System  
 NOPP.....Notice of Privacy Practices  
 NPE.....New Patient Evaluation  
 NPO.....Non per os; nothing by mouth  
 NPSP.....New Parent Support Program  
 NRC.....Nuclear Regulatory Commission  
 O&M.....Operations and Maintenance  
 OB.....Obstetrics  
 OCONUS.....Out of the Continental United States  
 OCR.....Office Change Request  
 OEF.....Operation ENDURING FREEDOM  
 OHRP.....Office for Human Research Protection  
 OI.....Operating Instruction

OIB.....Outpatient Itemized Billing  
 OIC.....Officer in Charge  
 OIF.....Operation IRAQI FREEDOM  
 OITE.....Orthopaedic In-Training Examination  
 OJT.....On-the-Job Training  
 OMFS.....Oral and Maxillofacial Surgery  
 ONW.....Operation NORTHERN WATCH  
 OPSTEMPO.....The rate at which units of the armed forces are involved in all military activities,  
 including contingency operations, exercises, and training deployments  
 OPR.....Office of Primary Responsibility  
 OQ-45.2.....45-item self-report outcome/tracking instrument designed for repeated measurement of  
 client progress through the course of therapy and following termination  
 OR.....Operating Room  
 ORI.....Operational Readiness Inspection  
 ORYX.....JCAHO quality improvement initiative  
 OSW.....Operation SOUTHERN WATCH  
 OT.....Occupational Therapy  
 OZO.....Advanced 2- to 3-week course for physical therapists  
 P&T.....Pharmacy and Therapeutics Committee  
 PA.....Public Affairs  
 PACAF.....Pacific Air Forces  
 PACS.....Picture archiving and communications system  
 PACU.....Post Anesthesia Care Unit  
 PALS.....Pediatric Advanced Life Support  
 PAP.....Papanicolaou  
 PBS.....Public Broadcasting Service  
 PCE.....Primary Care Element  
 PCM.....Primary Care Manager  
 PCO.....Primary Care Optimization  
 PCS.....Permanent Change of Station  
 PCS.....Platelet Concentrate System  
 PDA.....Personal Digital Assistant  
 PET.....Positron Emission Tomographic  
 PFB.....Pseudofolliculitis Barbae  
 PGY.....Post Graduate Year  
 PHA.....Preventive Health Assessment  
 PI.....Performance Improvements  
 PIA.....Performance Improvement Advisor  
 PICC.....Peripherally Inserted Central Catheter  
 PICF.....Pediatric Intensive Care Flight  
 PICU.....Pediatric Intensive Care Unit  
 PIMR.....Preventive Health Assessment and Individual Medical Readiness  
 PIRC.....The Post-Operative and Illness Recovery Center  
 PLATT.....Product Line Analysis and Transformation Team  
 PME.....Professional Military Education  
 PMT.....Patient Management Team

PO .....Privacy Officer  
 POM.....Program Objective Memorandum  
 POS .....Point of Service  
 POTUS.....President of the United States  
 PPA .....Personal Protective Attire  
 PREP .....Prevention and Relationship Enhancement Program  
 PRK.....Photorefractive Keratectomy  
 PRP .....Personal Reliability Program  
 PRS .....Psychological Research Service  
 PSE.....Patient Safety Events  
 PSO .....Patient Safety Office  
 PT.....Physical Therapy  
 PTL .....Physical Training Leader  
 QI .....Quality Improvement  
 QOC.....Quality of Care  
 QUEST.....Quality Executive Staffwork  
 RALO.....Reserve Affairs Liaison Office  
 RAM .....Radioactive Material  
 RAMS .....Random Antiterrorism Measures  
 RAPIDS .....Ruggedized Advanced Pathogen Identification System  
 RCA .....Root Cause Analysis  
 RE .....Reproductive Endocrinology  
 RF.....Radio Frequency  
 RIA.....Regional Incentive Agreement  
 RM .....Records Management  
 RM .....Risk Management  
 RMO .....Resource Management Office  
 RN.....Registered Nurse  
 ROS.....Report of Survey  
 ROTC.....Reserve Officers Training Corps  
 RPLND .....Retroperitoneal Lymph Node Dissection  
 RRC.....Residency Review Committee  
 RSVP.....Readiness Skills Verification Program  
 RTOG.....Radiation Therapy Oncology Group  
 RVU .....Relative Value Unit  
 SABC .....Self-Aid/Buddy Care  
 SAFCS .....Society of Air Force Clinical Surgeons  
 SAFP .....Society of Air Force Physicians  
 SAMMC.....San Antonio Military Medical Center  
 SANDF .....South African National Defense Force  
 SAUSHEC .....San Antonio Uniformed Services Health Education Consortium  
 SAV.....Staff Assistance Visit  
 SCO.....Specialty Care Optimization  
 SDSU .....Same Day Surgery Unit  
 SecAF.....Secretary of the Air Force  
 SECDEF.....Secretary of Defense

SELDI .....Spectrometer Using Enhanced Laser Desorption/Ionization  
 SGH.....Chief of Hospital Services  
 SICU .....Surgical Intensive Care Unit  
 SIDR .....Standard Inpatient Data Record  
 SIP.....Significantly Involved Provider  
 SLA .....Stereolithography  
 SMSgt .....Senior Master Sergeant  
 SNIACP .....Special Needs Identification and Assignment Coordination Process  
 SOAPIE.....Subjective, Objective, Assessment, Plan, Implementation and Evaluation  
 SOUTHCOM .....Southern Command  
 SPEARR .....Small Portable Expeditionary Aeromedical Rapid Response  
 SrA .....Senior Airman  
 SRM .....Sustainment, Restoration and Modernization  
 SSgt.....Staff Sergeant  
 STABLE .....Sugar, Temperature, Artificial Breathing, Blood Pressure, Lab Work and Emotional Support  
 STAR (clinic).....Subspecialty Treatment and Referral  
 STAR .....System of Technology to Achieve Results  
 STEP .....Stripes for Exceptional Performers  
 STV .....Simple Transport Ventilator  
 TB RPP .....Tuberculosis Respiratory Protection Program  
 TB .....Tuberculosis  
 TDRL .....Temporary Disability Retirement List  
 TDY .....Temporary Duty Assignment  
 TEAM .....Training to Enhance Airmen's Motivation  
 TENS.....Transcutaneous Electrical Nerve Stimulation\  
 TIAM .....Training to Improve Airmen's Motivation  
 TLC .....The Learning Channel  
 TLC .....The Littlest Camp  
 TMA.....TRICARE Management Activity  
 TNEX.....TRICARE Next Generation  
 TOL.....TRICARE On Line  
 TopSTAR.....Sustainment Training to Advance Readiness  
 TORP .....Tri-Service Orthodontic Residency Program  
 TPC .....Third Party Collections  
 TPN .....Total Parenteral Nutrition  
 TPOCS.....Third Party Outpatient Collection System  
 TRANS .....Transportation Squadron  
 TRCS.....Trauma Refresher Course for Surgeons  
 TRG.....Training Group  
 TRICARE .....System for provision of civilian care to military beneficiaries  
 TRISAT.....Trauma Institute of San Antonio  
 TRS .....Training Squadron  
 TSNRP .....TriService Nursing Research Program  
 TRW.....Training Wing; the 37th TRW is the Lackland AFB host unit  
 TSgt.....Technical Sergeant

TSN.....The Surveillance Network  
 TSNRP.....TriService Nursing Research Program  
 TSP.....TRICARE Senior Prime  
 UBO.....Uniformed Business Office  
 UL.....Unable to Locate  
 UNLV.....University of Nevada, Las Vegas  
 URL.....Uniform Resource Locator  
 US.....Ultrasound  
 USAFA.....US Air Force Academy  
 USAFE.....US Air Forces in Europe  
 USCENTCOM.....United States Central Command  
 USN.....United States Navy  
 USP.....United States Pharmacopeia  
 USPS.....Uniformed Services Pediatric Seminar  
 USUHS.....Uniformed Services University of the Health Sciences  
 UT.....University of Texas  
 UTC.....Unit Type Code  
 UTHSCSA.....University of Texas Health Science Center at San Antonio  
 UTM.....Unit Training Manager  
 UTI.....Urinary Tract Infection  
 VA.....Veterans Administration  
 VAP.....Ventilator Associated Pneumonia  
 VAST.....Veterinary Anesthesia and Surgical Team  
 VIP.....Very Important Person  
 VPOTUS.....Vice President of the United States  
 VRE.....Vancomycin-Resistant Enterococcus  
 VTC.....Videoteleconference  
 WCDb.....Electronic bed management tool  
 WHFMC.....Wilford Hall Family Medicine Clinic  
 WHMC.....Wilford Hall Medical Center  
 WMD.....Weapons of Mass Destruction  
 WRM.....War Reserve Materiel  
 Xigris.....Medication used to treat sepsis, a serious reaction to an infection  
 YLF.....Youth Leadership Forum