

959th SURGICAL OPERATIONS SQUADRON

LINEAGE

STATIONS

Lackland AFB, TX

ASSIGNMENTS

COMMANDERS

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

EMBLEM

EMBLEM SIGNIFICANCE

MOTTO

NICKNAME

OPERATIONS

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 IR Coil 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 RWs 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 37th TRW. Col Shafer, Maj Schultze and Capt Neal worked tirelessly to improve care for the victim in a non-threatening environment. We supported multiple VIP visitors during 2005 to the Emergency Department, including Lt Gen Looney, AETCICC, 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.

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Sources