



# NAVY MEDICINE PRESENTS:

## FORECASTING CURRENT AND FUTURE MEDICAL READINESS: HOW KNOWLEDGE, SKILLS, AND ABILITIES (KSA) COLLABORATION AND TOOLS ENHANCE READINESS

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*Navy Medicine needs the ability to accurately assess readiness proficiency, specifically the KSAs needed to perform duties in an expeditionary environment.*

### BACKGROUND: NAVY MEDICINE'S PATH TO MONITORING KSAs

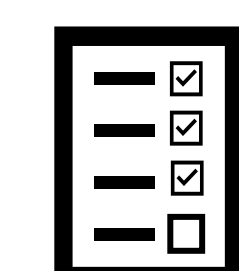


#### Problem:

Higher level authority requires Navy Medicine to monitor and assess the skills sustainment of medical personnel (DoD Instruction 6000.19). Naval Forces (Navy Fleet & Marine Corps) need a way to quantitatively assess individual proficiency against the Expeditionary Scope of Practice (ESP), particularly for non-privileged personnel. The ESP encompasses the KSAs needed to provide life-saving care in an expeditionary environment.



#### What are the Naval Medical Readiness Criteria (NMRC)?



- "Checklists" of requirements (e.g., training, credentials, competencies) for performing individuals' ESP across 3 categories of requirements.
- Specialty Leaders, Enlisted Technical Leaders, and the Office of the Corps Chiefs – facilitated by the Naval Medical Force Development Center (NMFDC) – developed NMRC for 146 occupational codes.
- The NMRC, codified in three BUMED memoranda, consist of policy-driven requirements, including Joint ESP skillsets, with additional criteria identified by clinical and operational leaders, as needed.

### CURRENT STATE & CHALLENGE: CLOSING DATA GAPS

Most NMRC requirements are recorded in an Authoritative Data Source.

#### Fleet Management and Planning System (FLTMPS)

- ✓ Tactical Combat Casualty Care (TCCC) (B-300-4010)
- ✓ Basic Life Support (MED-R-1503)

#### Joint Centralized Credentialing and Quality Assurance System (JCCQAS)

- ✓ Active, valid, unrestricted Registered Nurse (RN) and/or Advanced Practice Registered Nurse (APRN) license issued by a U.S. State, Commonwealth, Territory, or District
- ✓ Board Eligible, General Surgery

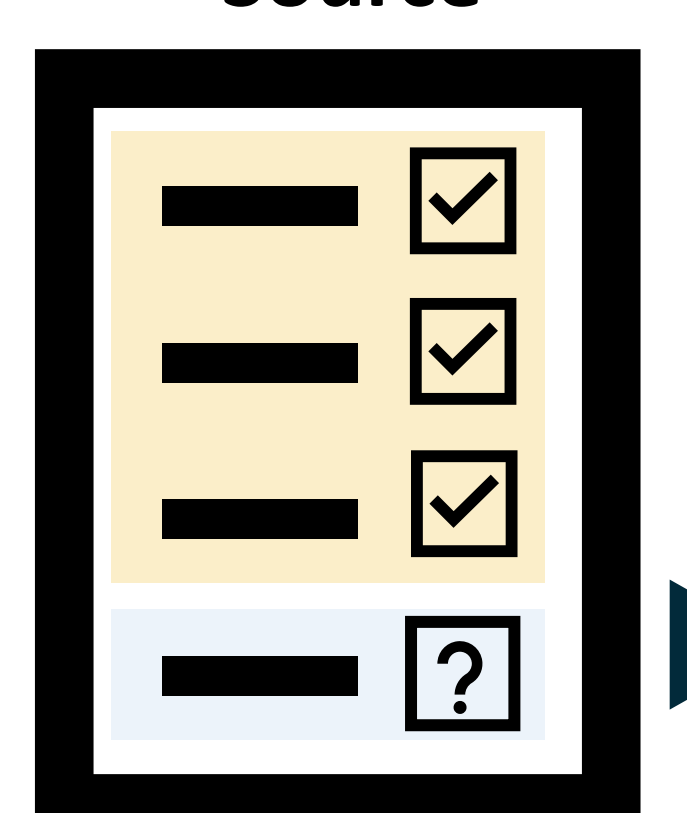
#### Elsevier (dashboard implementation in progress)

- ✓ Foundational Clinical Skills (1960 BUMED Critical Care Orientation Checklist; Elsevier Clinical Skills 1960 Primary Core Competencies)

#### M2 (Sources from Electronic Health Record)

- ✓ Joint Clinical Currency (KSA) threshold (for applicable specialties)

#### NMRC Requirements by Data Capture Source



Clinical Activities are not captured for most personnel and require self-reporting.



#### Competencies

Initiates, maintains, and discontinues administration of blood/blood components establishing vascular access. Familiarization with equipment, paperwork/process for massive transfusion blood administration.



#### Case Mix

Completion of annual individual service specific direct patient care hours in trauma, intensive care, and active clinical practice (i.e., 360 patients a year)

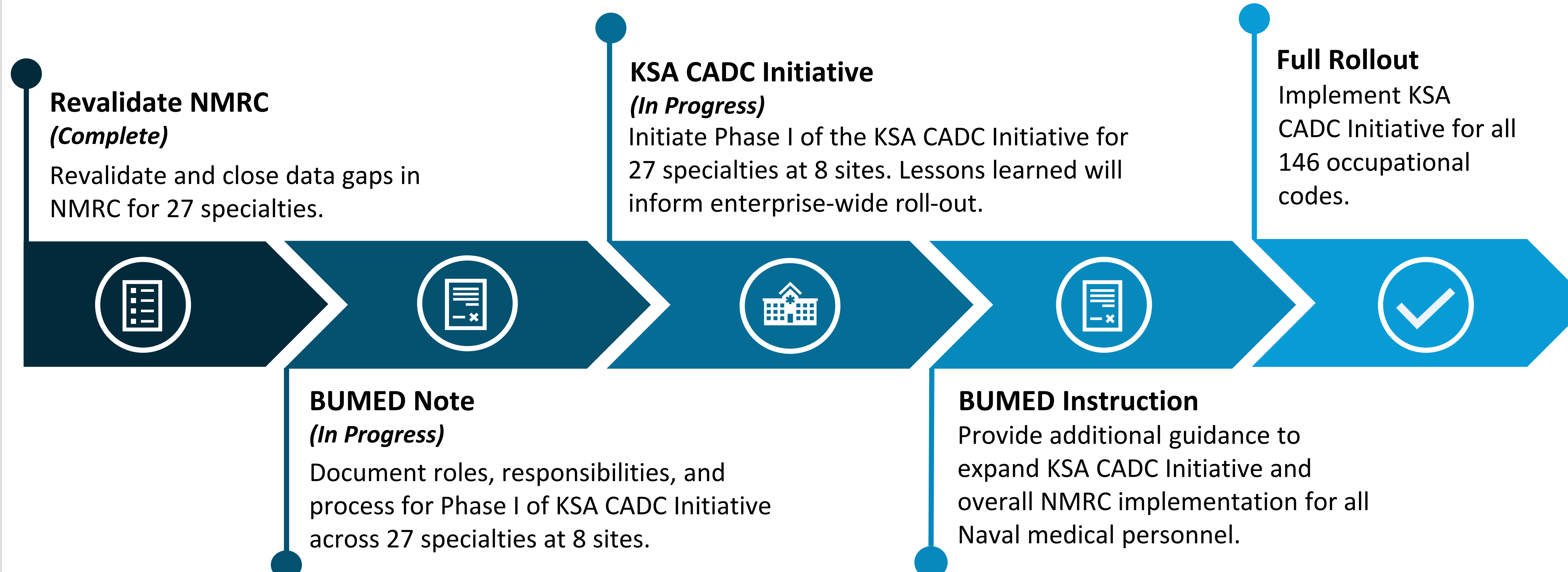


#### Clinical Hours

40 direct patient care hours annually in a level I/II trauma center

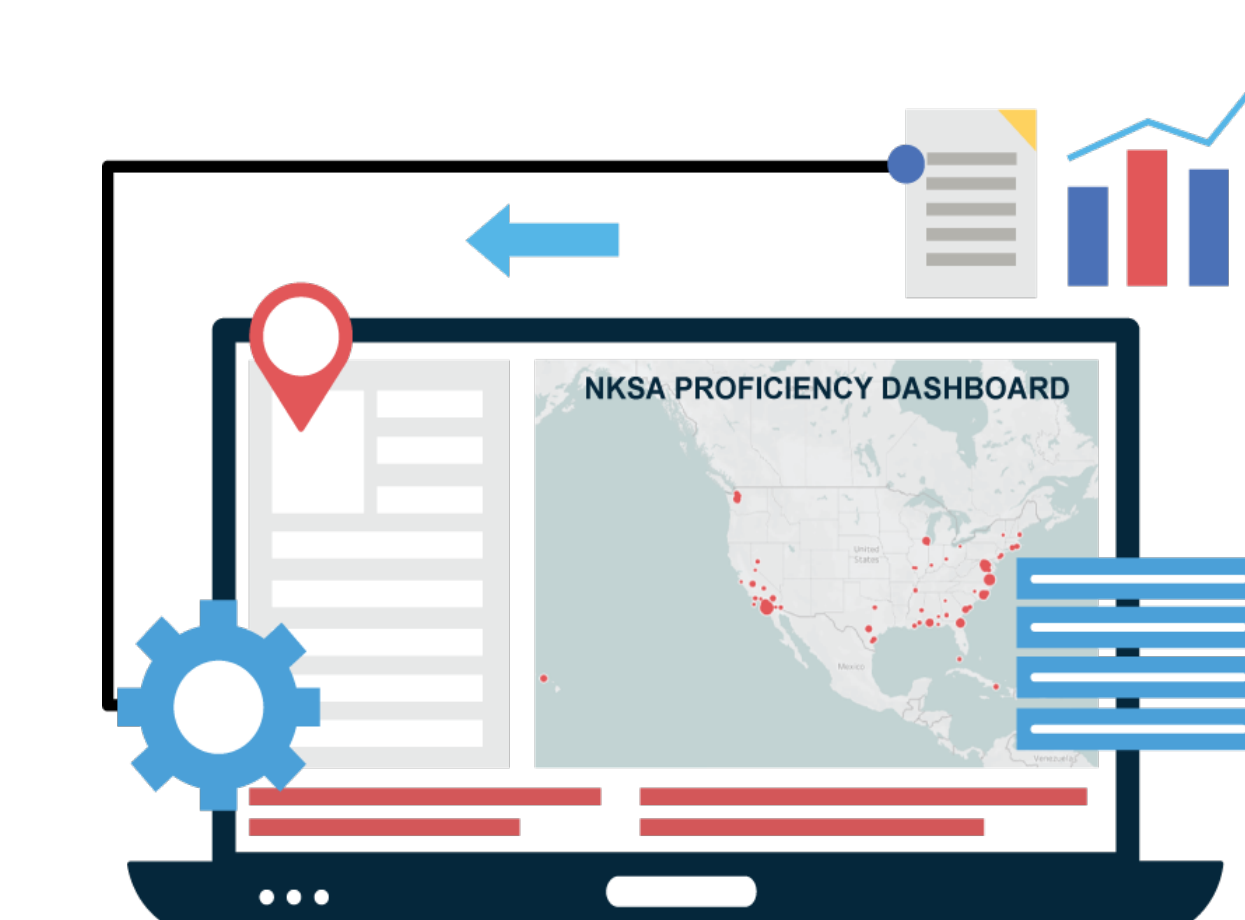
### ONGOING SOLUTION: CLINICAL ACTIVITY DATA CAPTURE (CADC)

BUMED Notice drafted to implement Phase I of the KSA CADC Initiative to capture and report select clinical activity data to generate a baseline understanding to assess readiness against individuals' ESPs.



#### How will Navy Medicine display and visualize readiness data?

- NKSA Proficiency Dashboard pulls data from multiple Authoritative Data Sources to depict the completion of expeditionary requirements based on the NMRC.
- Once all 146 occupational codes are reporting clinical activity data, the NKSA Proficiency Dashboard will display the status of the "Ready Medical Force."



### CHIEF OF NAVAL OPERATION "GET REAL, GET BETTER"

"Get Real, Get Better" is a call to action for every Navy leader to consistently apply leadership and problem-solving Navy-best practices through 3 principles:

**INTEGRATE** and build on real Navy best practices and lessons learned.

**EMPOWER** our people to find and fix problems.

**CHALLENGE** leaders to remove barriers and unleash the power of people.

To "Get Better" and accurately assess readiness proficiency against the ESP, Navy Medicine must "Get Real" about the importance and effort required to capture clinical activity data.