

THE INNOVATOR

Optimizing Combat Casualty Care



Vol. 7 No. 1

January 2018

USAISR Prolonged Field Care Full-Spectrum Casualty Care Research



Dr. Kristen Reddock-Cardenas, a staff scientist at the U.S. Army Institute of Surgical Research is a primary investigator researching blood platelets in the Coagulation and Blood Research task area.

Photo by Dr. Steven Galvan, USAISR Public Affairs Officer.

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Editor's Note: Portions of this article were published in the *Combat & Casualty Care* magazine, Fall 2017 issue.

By Dr. Anthony Pusateri
USAISR Director of Research

The USAISR – Research to Optimize Combat Casualty Care

Everything the U.S. Army Institute of Surgical Research (USAISR) does is

about optimizing combat casualty care. First, we are the U.S. Department of Defense (DoD) Burn Center. We provide patient care for military personnel, dependents, beneficiaries and also civilian patients with burn trauma. The USAISR Burn Flight Team transports burn patients from around the world. Burn care is a very significant portion of our mission. The other major portion of the USAISR mission is to

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CDR's Corner



Col. (Dr.) Shawn C. Nessen
Commander, USAISR

"Optimizing Combat Casualty Care"

Team ISR,

I hope everyone had a relaxing and enjoyable holiday season. It seems like the holiday season left us as fast as it approached us. It is hard to believe I have already been here for 18 months and that we will be having a change of command ceremony very soon. That being said, there is still much to do, and there are significant changes occurring in the Military Health System that will affect us all.

The National Defense Authorization Act for Fiscal Year 2017 included several provisions that have impact on the ISR. The most noticeable was, under Section 707, the re-establishment of the Joint Trauma System (JTS) under the Defense Health Agency (DHA). Under DHA, the JTS is to serve as the reference body for all trauma care provided across the military health system, establish standards of care for trauma services provided at military medical treatment facilities, coordinate the translation of research from the centers of excellence of the Department of Defense into standards of clinical trauma care, coordinate the

incorporation of lessons learned from the trauma education and training partnerships pursuant to section 708 into clinical practice. Section 708 further directs the establishment of a Joint Trauma Education and Training Directorate responsible for ensuring trauma experts are appropriately trained for the battlefield.

Under the ISR, the JTS primarily served as a performance improvement entity and was responsible for producing theater practice guidelines. Since its establishment over a decade ago, the ISR through JTS has been responsible for significant advancements and improvements in combat casualty care. We must ensure, as the JTS transitions to DHA, that we do not lose our ability to work closely with our JTS colleagues to ensure lessons learned on the battlefield are translated into research that continues to advance the science of surgery on the modern battlefield. This is a command priority.

Another important change in the 2017 NDAA was placement of all military hospitals and clinics under DHA as part of an integrated healthcare system. Implementation of this part of the law has proven difficult especially as it pertains to Title X authorities. However, recently it became clear the DHA would have authority over hospitals and the personnel assigned to them while assigned. The U.S. Army Surgeon General will retain the ability to assign personnel either to hospitals or operational units as I understand it. The immediate concern I have over these changes is when Brooke Army Medical Center moves under DHA, we will lose the command authority over the Burn Center which will significantly impact clinical research.

However, whenever new challenges occur, there is also opportunity. The USAISR is part of MRMC and MRMC is part of the U.S. Army Medical Command. I believe we can make a compelling argument that this Institute has contributed more than any

other in advancing combat casualty care and saving our soldiers' lives on battlefields over the last 70 years, and that clinical research and scientific research cannot be separated. I intend to use our reputation and successes to not only keep the Burn Center, but to bring the Trauma Center back under the ISR and get us back in the business of translational trauma research. This is also a command priority.

I genuinely believe the USAISR is so unique as to be preserved as it is, and all of your hard work over the past few years demonstrate this truth. Whatever happens, we can all be proud of the noble work performed in this Institute and the very real impact we have had on countless Soldiers, Sailors, Airmen, and Marines over the past 70 years. Thank you all for your continued hard work and the honor of serving as your commander.



THE INNOVATOR

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Col. (Dr.) Shawn Nessen
Commander

Sgt. Maj. William "Dave" Poist Jr.
Sergeant Major

Steven Galvan, D.B.A.
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Deadline for submission is five days before the first of the month. We reserve the right to edit submissions selected for publication.

SGM Says



Sgt. Maj. William "Dave" Poist Jr.
USAISR Sergeant Major

Greetings ISR Family! I hope that everyone had a wonderful holiday season spent with loved ones and family. I know we kicked off the holidays with some great events--Breakfast with Santa and our first, and what I hope, will be our annual staff holiday celebration. Both of these events took some meticulous planning and coordination to execute. I am extremely proud of our Soldiers and NCOs, as well as our Civilian employees who dedicated their time in fundraising and making sure that we all had the opportunity to kick-back and enjoy some time together away from the Institute. Events like these are not successful without some painstaking time to coordinate and execute them. I would personally like to thank everyone who was involved in making these events a reality. Your efforts have not gone unnoticed.

I am also extremely proud to announce that we had zero negative incidents within our ranks. This speaks highly of the caliber of the staff that we have at this Institute. From the most junior Soldiers to the seasoned NCO's, you kept yourselves safe and looked out for each other to ensure that you had a safe, enjoyable and memorable time. That is the type of information that I enjoy sharing. I also like to share that when it comes to our Soldiers at the Institute that I am extremely impressed with everyone, but more with



the junior Soldiers. You have been impressive from day one of my time here. You are dedicated to our mission and it shows with your attitudes, and job performance. We have some of the best young Soldiers here and I couldn't be any prouder of your accomplishments. Keep up the good work!

We are into the New Year and we are looking forward to pushing on full steam ahead. Keep doing what you're doing and we will get there and maintain that course that will take us to continuing our success as a team. You are one hell of a team and you are doing some wonderful work for our Service Members. Thank you for everything that you do.



Company Notes



Company Commander
Capt. Cleveland S. Bryant Jr.

One Team.
One Purpose!
Conserving the
Fighting Strength!



Soldier of the Month
Spc. Cesar Parra

For the month of December, we have heralded the celebration of the Christmas season throughout the organization. The Institute has greatly made itself involved of the Christmas spirit as the organization came together in food and drink. It also goes to make mention of the successful "Breakfast with Santa" event headed by the ISR Events Committee headed by Sgt. Zeyar Htut. Also, the ISR had its first off site Christmas party held at the AT&T center. This event was a monumental success due to the dedicated effort and in synched coordinated work of Sgt. Melody Sandoval and her sensational committee team.

First Sgt. and I would like to congratulate Spc. Ryan Shadrick for graduating from the Basic Leader Course and Sgt. Preston Portee for graduating from the Advanced Leader Course. Well done to both! We would also like to congratulate Col. (Dr.) Am-

mon Brown on his promotion. Lastly, we'd like to congratulate Spc. Cesar Parra on his selection as Soldier of the Month. Congratulate these outstanding members of our team when you see them.

The upcoming event for this month is on January 15 when we observe the official birthday of Dr. Martin Luther King Jr.

As we enter 2018, we as the Company Command team wish you all a wonderful prosperous and productive new year. Let this New Year become new beginnings of great promise and discovery within all your lives. Continue to be vigilant, be creative, be productive and stay focused on the mission you support here at the ISR. Thank you all for everything you all do every day. Continually, it is truly an honor serving as your Company Commander and First Sergeant! God Bless you all.



Breakfast with Santa



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conduct a comprehensive program in combat casualty care research, aimed at providing solutions to improve combat casualty care, and at the same time, improve civilian trauma care. We are focused on all aspects of combat casualty care, from point of injury through initial stabilizing treatment, initial surgery, and all the way through long-term rehabilitative care.

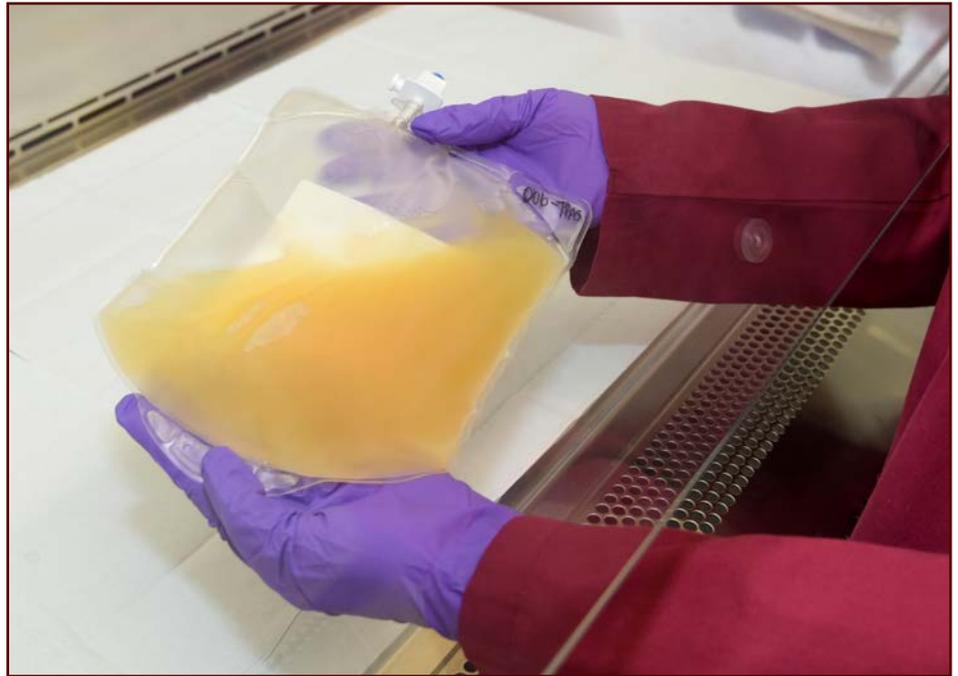
The Army Institute of Surgical Research began as the Surgical Research Unit at Halloran General Hospital, Staten Island, New York in 1943. It was later moved to Brooke Army Medical Center and subsequently renamed the Army Institute of Surgical Research. The current USAISR is a part of the U.S. Army Medical Research and Materiel Command, and is co-located with Brook Army Medical Center at Joint Base San Antonio–Fort Sam Houston, Texas. The USAISR staff includes over 850 military and civilian staff members and contract employees.

Wide Research Reach

The scope of our research program includes virtually all aspects of trauma care. We conduct comprehensive research programs that include preclinical and clinical research in the areas of Coagulation and Blood, Damage Control Resuscitation, Tactical Combat Casualty Care, Extremity Trauma and Regenerative Medicine, Dental and Maxillofacial Trauma, Multi-organ Preservation and Support, Combat Trauma and Burn Injury, Medical Decision Support and Automation, Systems of Care for Complex Patients, Sensory Trauma, Endovascular Hemorrhage Control and Resuscitation, Medical Effects of Directed Energy, Battlefield Pain Management, and Prolonged Field Care.

Partnering

We work very closely with our advanced development partners and our sister laboratories within U.S. Army



With the cold-stored platelets, USAISR is working on refrigerated storage of platelets under some special conditions, where the platelets will last 15 days instead of five days.

Medical Research and Materiel Command, as well as with BAMC, and our Tri-Service, Interagency, University, Industry, and Allied Military collaborators. It is particularly important that we partner when working to bring products through FDA approval.

Prolonged Field Care

A significant new effort for us is in the area of Prolonged Field Care. In current and recent conflicts over the last 16 years, the US military has been able to get casualties to surgical care within about 45 to 90 minutes, with very good success. What we're preparing for now are situations where we may need to stabilize casualties for up to a day, two days, or even 3 days in austere environments, under warfare scenarios expected in the future. We have a very significant program in this area. Early research efforts include studying treatments that we have for shorter-term use to see how applicable they'll be for longer-term use. We have to understand the limits of what can really be done in these environments using currently available or soon to be

available technologies. At the same time, we are working toward advanced technologies aimed at providing breakthrough capabilities twenty or more years in the future. One of our challenges is to move stabilizing and potentially complex treatments farther forward to where the casualties are, instead of relying on rapid transport to a combat support hospital, which may not be feasible in future conflicts. Future technological approaches may include metabolic and tissue stabilization drugs, automation and decision support, robotic or robotic assist systems, and others. Treatment and stabilization may need to occur near the point of injury, at a battalion aid station, at a forward surgical team, or during transport.

Advancing Blood Products

We believe that safer, more effective, and more logistically supportable blood products will be key factors in prolonged field care. Products that we expect to help deliver to the battle-

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field and civilian medicine in the next few years, include dried plasma, cold stored-extended life platelets, pathogen reduced whole blood, and advanced methods for whole blood storage and transfusion.

Recent Advances

In the past 10 years, the USAISR has played a critical role in the development of advanced hemostatic dressings, advanced tourniquets, devices to control junctional hemorrhage (hemorrhage in the axillary or groin regions that is not amenable to tourniquet or topical dressings), a decision support system for burn resuscitation, and a large amount of information that has informed many clinical practice guidelines that are currently in use by the US military, as well as in civilian trauma centers. Recently, the USAISR has

been involved in research that has led to the development and FDA approval of the REBOA (Remote Endovascular Balloon Occlusion of the Aorta) device for the control of non-compressible truncal hemorrhage. This device is now commercially available and has been credited with a number of successes in both military and civilian use. Other recent products include a small intrathoracic pressure regulation device designed to improve cardiac output in hemorrhagic shock, and the Compensatory Reserve Index (CRI). The CRI is an algorithm designed to detect when a patient is going into hemorrhagic shock. It is incorporated into a small device that is the first medical monitoring technology capable of providing early detection of impending circulatory shock in trauma patients.

Products that are in earlier stages of development include advanced treat-

ments for eye injury, the application of miniaturized extracorporeal life support for critical casualties, improved skin regeneration and healing, and a “smart” system to facilitate intubation in the field. The USAISR also conducts trauma outcomes research based on retrospective studies of data from both combat and civilian trauma. More basic areas of research include studying the mechanisms underlying the coagulopathy of trauma, regenerative medicine approaches to restoring volumetric muscle loss after extremity injury, mitigation of biofilms in wound care, and the use of mesenchymal stem cells in trauma care, among others.

The staff of the USAISR is dedicated and focused on continuing work in developing new methods, drugs, and devices to further advance both military and civilian trauma care – to optimize combat casualty care.

USAISR Deputy Director accepts award for work at BAMC

By Dr. Steven Galvan
USAISR Public Affairs Officer



Col. (Dr.) Erik Weitzel, second from right, accepts the 2017 Department of Defense Advancement toward High Reliability in Healthcare Award (Patient Engagement) Nov. 30 during the 126th Annual Association of Military Surgeons of the United States meeting in National Harbor, Maryland. Presenting the award were, left to right, Maj. Gen. (Dr.) Roosevelt Allen, Director, Medical Operations and Research, and Chief of the Dental Corps, Office of the Surgeon General, HQ USAF; Maj. Gen. (Dr.) Ronald Place, FY17 NDAA PMO Lead Army; and Mr. Thomas McCaffery, Acting Assistant Secretary of Defense for Health Affairs.

Air Force Col. (Dr.) Erik K. Weitzel, U.S. Army Institute of Surgical Research deputy director at Fort Sam Houston, Texas, accepted the 2017 Department of Defense Advancement toward High Reliability in Healthcare Award (Patient Engagement) Nov. 30 for his participation in a performance improvement project while assigned to Brooke Army Medical Center. Weitzel accepted the award during the 126th Annual Association of Military Surgeons of the United States meeting in National Harbor, Maryland, Nov. 28-Dec. 1.

The award recognizes Military Treatment Facilities committed to developing systems and processes aimed at advancing the Military Health System ambition of becoming a safer, higher quality system promoting an environment of continuous learning

WEITZEL Continues on Page 11

Safety Notes

By Stephanie L. Truss
Health, Safety and Environmental Specialist



It's that time of year again. Many people have their own New Year's resolution and or pre-set goals for the upcoming year. Let's try something new. How about the USAISR/BHT New Year's Safety resolution plan. It is not how are you it is how are we going to resolve to make the workplace safer, and what will we do to ensure your resolution sticks? The vast majority of people fail to achieve their resolutions, according to various studies, and many of them fail before the end of January. The reasons vary, but often it comes down to unrealistic goal-setting or trying to do too much or they need the help and support from a team. We are a team.

How about this as we are fast approaching the recertification stage for the Army Safety Health Management Systems (ASHMS) Star Site we take a moment to review what is currently in place and familiarize ourselves with how we got to this point. The MEDCOM Team will be on ground in August for the site visit and conduct the interview phase. Many of you were on ground for this before too easy for some it is new but I will tell you it is what you are already doing we just need to get you conformable with explaining your roles and what or how you contribute to the safety culture in "three meaningful ways".

Setting small, attainable goals throughout the year, instead of a singular, overwhelming goal on Jan. 1, can help you reach whatever it is you strive for. I would like the opportunity to come out to your areas for a brief 15-20 minute of your training, staff, section, research, clinical leadership, OPD, NCOPD and or JEPD to explain how you support and contribute to the culture in "3 meaningful ways". In

In the Spotlight

Spc. Michael Troia

Job title: Medical Laboratory Specialist

How long have you worked at the ISR? 18 months

What or who has been an inspiration to you in your work? I'm inspired all the time by the experiences that being in the Army has afforded me and my wife and children..

What is your favorite part of your work? All of the kind, caring, and hard-working people I work with, Soldiers and Civilians.

What is your proudest achievement? Earning the German Armed Forces Proficiency Badge last year.

Short- and long-term goals: Short-term, to become a sergeant in the Army and long-term, to create videogames and film scores for a living.

Hobbies: I enjoy playing guitar, piano and drawing.

Favorite book: *Harry Potter and the Chamber of Secrets*

Favorite movie/TV show: *Spirited Away*

Favorite quote: "Whether you think you can or whether you think you can't, you're right." – Henry Ford



doing so I will not only explain what the ASHS is but how it correlates up to the Occupational Health and Safety Administrations (OSHA) Voluntary Protection Program (VPP).

You will start seeing more of the signage, messages, posters, table top displays and badge cards to help you with the core elements. These core elements



guide is on our meaningful ways. OSHA just as the ASHMS outlines five elements that will help you to create a successful management system. From my standpoint, although management and employee participation is complementary and forms the core of an effective safety and health program, I want to make sure that there is a clear and distinct difference between management of the operation and employee participation. It will be easier to implement a management system if you understand what OSHA is considering a model system and then expand on the model to fit the organization.

The following are the core elements of an effective management system basic pieces to the puzzle:

- Management leadership
- Employee participation
- Hazard identification and assessment

SAFETY Continues on Page 14

Health News

By Maria G. Dominguez, R.N.
COHN-S/CM
Occupational Health



As I opened the webpage to the American Heart Association (AHA) to obtain the information I had in mind for this newsletter, the headline read: “American Heart Association President John Warner went into cardiac arrest during a heart attack last month, his heart stopping for minutes until an impromptu team of rescuers brought him back to life. Warner shares the details of his story here.” “If any of those things didn’t happen exactly as they did, I wouldn’t have been alive to celebrate Christmas with my family.”

So here we are again January. A new year a new me. A new year a new start! And that is how we start each day.

And although deaths from heart disease and stroke have declined slightly, new federal statistics show it is still something that you or I do not wish to experience! Both diseases remain among the leading causes of death in the United States. And worldwide.

But when everyday takes place and we have that one more piece of donut or taco or whatever our weakness may be, we don’t see it as a heart attack waiting to happen. It’s gooey and tasty and yummy. Or salty and spicy and yummy!

Many groups, make suggestions for physicians and healthcare policy-makers need to step up their efforts in helping people reduce their risk. There are those rare cases such as Tetralogy of Fallot and pulmonary atresia or many others. So considering that heart disease and stroke risks often can

be prevented by changing behaviors, accessing healthcare and management of high blood pressure and diabetes and other risk factors, the final choice is you, or me. You, we make the final choice on daily diet, exercise, good or not so good habits. Policy makers don’t do that for us. Self-care is more important to your overall health. There is always a season for wellness! January is the reminder month.

What is new in the HealthCare side for us? What do we have to work with this New Year? On November 2017, the rules changed about what classifies as high blood pressure, also known as hypertension. Experts looking at all the newest data defined hypertension as a reading of 130 on the top or 80 on the bottom. In the past, the standard was 140/90. The original heart disease and stroke prevention guidelines for doctors were released in 2013 by the American Heart Association and American College of Cardiology. The 2017 guidelines have the best of the best on the the research on how to prevent heart disease and stroke.

The creation of a guideline is a rigorous process because careful scientific study is at the heart of every guideline. But what exactly are guidelines? Why are they so important? And how are they made? Guidelines are docu-

ments that help doctors understand the best ways to diagnose, treat and even prevent diseases and conditions. Guideline recommendations are based on the strongest available scientific evidence and a rigorous approach.

The new guidelines are designed to help people get their blood pressure under control earlier – which has been shown to prevent organ damage.

Getting blood pressure under control doesn’t necessarily require medication. In many cases, people can lower their numbers through lifestyle changes such as eating healthier, being more active and drinking less alcohol. This is the wellness part! Diet, exercise, stress, healthy habits vs unhealthy habits.

Self-care is important to your overall health. This reinforces the critical need for healthcare providers to educate patients on how to take care of themselves and for patients to follow through on tending to their own well-being. Modifying behavior can be a tougher road if patients lack family and community support. Start by: knowing your numbers. Work with your healthcare provider to calculate your high blood pressure health risks.

Happy New Year! Start new each day. You can’t be too busy to do it right! There is always a season for wellness!

Blood Pressure Category	Systolic mm Hg (upper #)		Diastolic mm Hg (lower #)
Normal	less than 120	and	less than 80
Prehypertension	120 – 139	or	80 – 89
High Blood Pressure (Hypertension) Stage 1	140 – 159	or	90 – 99
High Blood Pressure (Hypertension) Stage 2	160 or higher	or	100 or higher
Hypertensive Crisis (Emergency care needed)	Higher than 180	or	Higher than 110

Around the ISR

Top right: Col. Vina Rajski gets her new rank shoulder boards from her sons Jerome and Ronnie during her promotion ceremony Dec. 7.

Center left: Sgt. Lisa Kwoka, left, gets a gift card presented to her Dec. 6 by Stephanie Truss for winning First Place in the December Bake-Off.

Center right: Stephanie Truss, left, presents Inez Eddington with a gift card Dec. 6 for Third Place in the December Bake -Off.

Bottom left: Andrew Wallace holds the flowers coins to be presented to Col. Vina Rajski during her promotion ceremony Dec. 7.



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and sharing.

Prior to his current assignment at the USAISR, Weitzel was assigned to BAMC and was in a leadership role of a committee at the San Antonio Uniformed Services Health Education Consortium that developed an intuitive color coded badge system with a traffic light colors indicating the level of responsibility. Green badges were worn by attending physicians; yellow for residents, interns and fellows; and red was worn by medical students.

“The intent of this performance improvement project was to make a teaching hospital like BAMC a safer place,” said Weitzel, who was a surgeon at BAMC and professor of surgery at SAUSHEC. “It was about fulfilling that promise of the Hippocratic Oath to ‘do no harm.’”

Using the color scheme approach, patients and family members were able to determine if the appropriate person was making the suitable course

of action for medical care and treatment.

“There’s an identity crises in hospitals because everyone’s a doctor,” said Weitzel. “This helps people feel assured that the doctors who are making the crucial and critical decisions are qualified to make the right call.”

Weitzel added that this project was a practical and beneficial one that could be used at any military treatment facility. The staff at the USAISR Burn Center collocated with BAMC adopted the color badge system as well.

“I am very proud of the team that I work with,” Weitzel said. “I was fortunate to be in a leadership role in a team with great ideas from its members. Everyone was dedicated to this project.”



Col. (Dr.) Erik K. Weitzel, U.S. Army Institute of Surgical Research deputy director accepted the 2017 Department of Defense Advancement toward High Reliability in Healthcare Award (Patient Engagement) Nov. 30 for his participation in a performance improvement project while assigned to Brooke Army Medical Center.

USAISR leading the way in ‘Stop the Bleed’ initiative

Story and photos by Dr. Steven Galvan
USAISR Public Affairs Officer

The Obama Administration launched the “Stop the Bleed” national awareness campaign in 2015 to encourage bystanders in emergency incidents to get involved and stop life threatening bleeding. The campaign encourages everyone to become trained, equipped and empowered to help stop bleeding in emergencies before help arrives. To support this initiative, Col. (Dr.) Shawn Nessen, commander of the U.S. Army Institute of Surgical Research and the Army Surgeon General Trauma Consultant, has requested that all USAISR staff be trained to stop the bleed.

“The USAISR efforts to control battlefield hemorrhage have resulted in many saved lives among our wounded

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Chris Bell places a tourniquet on Staff Sgt. Luis Sanchez during a training session designed to train instructors to conduct classes for USAISR staff members on “Stop the Bleed.”

Project WOOF underway at USAISR Burn Center

Photos and story by Dr. Steven Galvan
USAISR Public Affairs Officer

Kaitlin Pruskowski was told her pet Sammy, a seven-year-old Collie-mix, would be a good candidate to be a therapy dog. The doctor of pharmacy at the U.S. Army Institute of Surgical Research Burn Center didn't give it much thought until Col. (Dr.) Jennifer Gurney, a critical care trauma surgeon, came up with the idea to establish a therapy dog program at the Burn Center. With that opportunity for Sammy and herself and a few months of training to become a therapy team, Pruskowski created Project WOOF for patients and staff at the Burn Center.

"The benefits and healing power of the human-animal relationship have long been recognized," said Pruskowski. "Animal-assisted activities and therapy programs have been implemented in both in- and outpatient settings and have demonstrated positive outcomes on patients' moods, anxiety levels, pain scores and rehabilitation efforts. They have also been shown to have a positive impact on nursing and hospital



Dr. Kaitlin Pruskowski and Sammy, along with Thomas Ball and Thomas, are two of the three trained therapy teams in the Project WOOF at the USAISR Burn Center.

staff."

Due to the positive impact on both patients and staff, Pruskowski teamed up with Therapy Animals of San Antonio and got herself and Sammy certified to be a trained therapy team. She and Sammy, along with

two other teams from TASA rotate every Wednesday to incorporate their services into patient's rehabilitation sessions specified on their rehab needs.

"To start of the program, we opened it up to outpatients or inpatients that are able to travel from their inpatient room to the rehab department," Pruskowski said. "The initial visit was a success and I believe that the presence of the dog was a great morale-booster for both the patients and the staff."

Marine Staff Sgt. Christopher Guerrero, a rehab outpatient, was one of the first patients to incorporate Sammy into his rehab regimen. Part of Guerrero's rehab routine involves walking on a treadmill in the Burn Center rehab unit. His first outing with Sammy involved walking him throughout the hospital and brushing his coat.

"I really enjoyed working with Sammy," said Guerrero. "It made me realize that I could do this at home with my two dogs. Now, when my wife takes our dogs for a walk, instead of staying inside the house, I go with her and help her with them which is good rehab for me."



Dr. Kaitlin Pruskowski, Leah Trefz, and Staff Sgt. Christopher Guerrero take Sammy for a walk throughout BAMC as part of his rehab program.

STB Continued from Page 11

service members,” said Nessen. “Implementing the stop the bleed program, initiated by the White House, gives us an opportunity to extend our leadership to the civilian sector. This program will allow anyone trained in its techniques to manage hemorrhage until help arrives.”

The first phase of the getting staff trained to stop the bleed involved two things: outfitting “Stop the Bleed” kits near every AED (automated external defibrillator) stations throughout the institute’s two buildings, and conducting hands-on classes to train instructors who will be training the staff.

“We took ownership of our own competence in that we are making ourselves more ready to respond to problems like violence like at the Navy Yard, and twice at Fort Hood,” said Dr. John Kragh, an orthopedic surgeon and tourniquet researcher, who assisted with the initial training. “We are also stewards of the community on this issue, and therefore, we are role models. Col. Nessen has emphasized these points well.”

Kragh stressed that the most important thing that staff members learn is when they see a need; they can intervene and stop the bleed.

“See a need? Stop the bleed! They get information on how and when to intervene so they can better judge, and they demonstrate the skills,” added Kragh.

Staff Sgt. Luis Sanchez, logistics noncommissioned officer, was among the first staff members to undergo the instructor training.

“The training was very good, especially for the staff members who have never encountered this type of situation where they need to know what to do and act quickly,” he said. “I learned how properly pack a wound on a casualty mannequin. This training was beneficial because it keeps us sharp and ready.”

Stephanie Truss, USAISR Health,



Stop the Bleed kits have been installed throughout the USAISR buildings next to the AED stations.

Safety and Environmental manager, coordinated the instructor training and attended the initial class.

“The installation of the “Stop the Bleed” kits along with the rapid deployment of a diverse training team are all integral parts of the commander’s initiative,” said Truss. “We are the leading edge for the methods of stop the bleed and we hope to not only increase the amount of skilled trained staff but for each of them to share the knowledge in the community.”

Truss will coordinate another iteration of instructor classes before initiating training for the staff in 2018.

“It’s important for our staff to be trained, because we never know what

can happen,” said Sanchez. “The more prepared we are as a staff, the better our chances of surviving in a situation where we need to apply these skills and save lives.”

“We are changing the world,” added Kragh. “In my experience, it’s really slow and hard to substantially improve the world. It’s most gratifying to have improved first aid which potentially affects learners and patients globally. We continue this effort in service of the 7.5 billion people on the planet today and the next 7.5 billion to come. This is as good as it gets, the work of our lifetime to help others hold onto their lifetimes.”

In-house Good Clinical Practice Class (GCP)

Feb 12th all day
0800-1600 -first timers
or all day refresher
Feb 13th 0800-1200
refresher

BHT 1 - 2nd floor
conference room



Back When...



Can you guess who this ISR staff member is? This photo was taken in 1994 when she was a cadet assigned to Walter Reed Army Medical Center.

Last Month's Answer:



Sgt. 1st Class Daniel Peters
Senior Clinical NCOIC

Submit your photo to PAO for publication in upcoming issues.

For the Record

By Glen Gueller
Records/
Knowledge
Manager



This morning as I am writing this I am taking a break from searching for some records from 2004. The records consist of data that was used in a publication. The publication it states the Institute has the data (records) and the data will be available upon request. The hard part is the author has been gone for over ten years.

The reality is the Institute's credibility is on line. Where was the data kept? Who knows of its existence or how to access it?

Placing records on a computer or in a filing cabinet does not assure the

records will be available when the records are needed later. Assuring records are available requires an organized method to managing the records we generate. Ensuring this is understood over time dictates the use of a well-documented approach that will be known in the years to come.

Fortunately the planning has been done for us. The hard part is making the effort to use what is in place and making this a familiar practice within the office.

January brings to mind the New Year's resolutions we intend to do. Resolutions require time and the willingness to change. Recordkeeping is like that. We know there is a need but making the time and having the willingness is the challenge. But unlike most New Year's resolutions not following through can have bad consequences.

So this leads me back to those 2004 records. Someone dropped the ball.

They assumed putting the records on a CD would assure the future requests would be honored. Someone will remember where the CDs are and how to get that information released to the right people. I would ask you what are the odds of that happening but I think you already know the answer.

So before resuming my search I leave you with this thought: If your work is credible and your efforts truly worthy the wages you earn, why not ensure your records are maintained properly?

Come talk to me about recordkeeping. I am willing to help.

SAFETY Continued from Page 8

- Hazard prevention and control
- Information and training
- Evaluation of program effectiveness

So we will start small talk about safety within your offices, work areas, labs, clinics, warehouses and wards. We will change one behavior at a time. If you see it and it is wrong bring it to the persons attention and explain how it is wrong. Remember I'm here to assist and support. Talk about in a group setting this is sharing a lesson learned or new innovative ideas to accomplish a task safely. Don't forget to strive to hear, facilitate or incorporate the input for others as much as possible. Even if it is as simple as them reviewing or developing steps in an SOP. We are a plethora of information of all types.

Don't beat yourself up mistakes happen learn from them by sharing and taking the appropriate steps in correcting. Ask for support from your leadership and don't forget I'm here too. Safety can't improve without support from leadership and management. Safety is a Commanders Program. I'm here to promote, train, support and sell safety to all to help the USAISR/BHT to get to the Safety resolution of Recertifying the ASHMS star site and this time put a flag in the USAISR Burn Center as the only star site on the BAMC Property and the bring back the Army Safety Centers Safety Excellence Streamer to be flown on our colors and guide on. We Can Do It and We need you!