

59th MEDICAL SPECIALTY SQUADRON



LINEAGE

859th Medical Operations Squadron constituted, 5 Mar 1998
Activated, 1 Apr 1998
Redesignated 59th Maternal/Child Care Squadron, 31 May 2007
Redesignated 59th Medical Specialty Squadron

STATIONS

Lackland AFB, TX, 1 Apr 1998

ASSIGNMENTS

59th Medical Operations Group, 1 Apr 1998

COMMANDERS

HONORS

Service Streamers

None

Campaign Streamers

None

Armed Forces Expeditionary Streamers

None

Decorations

Air Force Outstanding Unit Award

[1 Apr]-30 Jun 1998

1 Jul 1998-30 Jun 1999

1 Jan 2000-31 Dec 2001

1 Jan 2002-31 Dec 2003
1 Jan-31 Dec 2004
1 Jan 2005-30 Jun 2006
1 Jul 2006-30 Jun 2007
1 Jul 2007-30 Jun 2008
1 Jul 2008-30 Jun 2009

EMBLEM

On a disc Azure, a lamp of knowledge Or, flamed Proper, emitting three lightning bolts, one bendwise, one bend sinisterwise, and one fesswise, forming an inverted triangle of the second, voided Gules, charged with a Staff of Aesculapius Argent, all within a narrow border Yellow.

Attached above the disc, a Blue scroll edged with a narrow Yellow border and inscribed "POTENTIA PER SANITATEM" in Yellow letters. Attached below the disc, a Blue scroll edged with a narrow Yellow border and inscribed "59TH MEDICAL SPECIALTY SQ" in Yellow letters.

SIGNIFICANCE: Ultramarine blue and Air Force yellow are the Air Force colors. Blue alludes to the sky, the primary theater of Air Force operations. Yellow refers to the sun and the excellence required of Air Force personnel. The lamp of knowledge symbolizes the humanistic accomplishments of the Squadron. The Staff of Aesculapius (God of Healing) represents the Air Force medical mission. The lightning bolts depict the primary parts of the unit's mission: care of patients, medical education programs and medical research.

MOTTO

POTENTIA PER SANITATEM--Healing Through Power

NICKNAME

OPERATIONS

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 AEI, Iraq in support of OIF. During that time the unit was in the 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. Maj Cody Henderson, ILt 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 NICU 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.

Three NICU nurses (Capt Dara Warren, Capt Regina Peterson, and Lt Carla Sutton) and one NICU technician (TSgt Robert Gollntx), were deployed to Iraq. The NICU acquired one new staff neonatologist, Maj Melissa Tyree. The NICU 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. 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 Mary Anne 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 (8CIB) 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.

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, Amn 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 computer software successfully in over 80% of 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 OBIGYN 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.

Air Force Order of Battle

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Sources

Air Force Historical Research Agency. U.S. Air Force. Maxwell AFB, AL.