

RECORD VERSION

STATEMENT BY

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Mr. Chairman and Members of the Committee, I am honored to have the opportunity to appear before you today to discuss my current role and assignment as the Army Polytrauma Liaison Officer at the James A. Haley Veterans' Hospital in Tampa, Florida, and its direct relationship and impact on seamless transition and Department of Defense/Department of Veterans' Affairs partnership and collaboration.

I am Colonel Gwendolyn Fryer, a registered professional nurse for thirty years; twenty four of which have been served as an active duty Army Nurse Corps Officer and two and a half as a Reserve Army Nurse Corps Officer. During my thirty years of nursing, I have had a variety of assignments and challenging positions. However all of them pale in comparison to the fulfilling and professionally rewarding experience that this current assignment which began April 11, 2005 has been.

Currently, I am one of four Army Liaisons who are assigned to the four Department of Veterans' Affairs (VA) Polytrauma Centers located at Richmond, Virginia, Minneapolis, Minnesota, Palo Alto, California, and Tampa, Florida. Two of the liaison staff are Commissioned Officers and two are Non-Commissioned Officers (NCOs). Each of us brings personal and professional military knowledge, history and experience to our unique and evolving roles.

The assignment of "Green-Suiters" at these Polytrauma Centers was a collaborative decision between Lieutenant General Kevin Kiley, The Surgeon General of the Army; Dr. Jonathan B. Perlin, Under Secretary of Health for the VA; and staff of the VA Office of Seamless Transition. Although only in the position for a short period of time, I see enormous value in my role. After the initial assignment of six months is complete, Lieutenant General Kiley will evaluate the merits of the program.

Prior to reporting to this assignment, the four liaison staff members received a thorough and detailed orientation by the staff of the Office of The Surgeon General of the US Army (OTSG) in collaboration with the staff of the VA Office of Seamless Transition. During the orientation, several key imperatives were outlined and served as the foundational guidance for implementing this role. These imperatives were to manage and care for all active duty service members regardless of branch of service or component; to remember we are caring for the whole family not just the service member; and to remember the rehabilitation needs of the younger service member are uniquely different from the needs of the older veteran.

Since my arrival at the Tampa VA Medical Center, implementation of this role has been extremely successful due to several important factors. The first factor can be attributed to the pre-planning and development activities on the part of OTSG in collaboration with the VA Office of Seamless Transition. This plan ensured the identification of an internal VA mentor who serves as the point of contact for the Liaison Officer/NCO, assisting in all matters pertaining to the full implementation and integration of this program within the specific VA Medical Center. In addition, an external Program Manager was identified and serves to bring key leaders from US Army Medical Command, OTSG, and the VA Office of Seamless Transition to weekly conference calls with the four Army Liaisons and Marine Corps Liaison Officer. A well-defined job description and performance metrics were developed during this planning phase and also serve as the basis for program success.

The second factor impacting the successful implementation of this role is the established infrastructure and programs that currently exist within the Tampa VA

Medical Center, to specifically track injured service members from the time of initial notification, arrival, in-hospital care, and transfer to the next level of care or transition to retirement status. Staff members who are involved throughout this continuum of care are very knowledgeable about their responsibilities, and demonstrate dedication and commitment in anticipating transition needs of the service members before they are actually retired from the military.

The third factor is attributed to the Tampa VA Medical Center's Leadership and subordinate staff's receptiveness and willingness to integrate the role of the Polytrauma Liaison into the clinical, administrative, and care management activities currently in place for the active duty service members and their families. This integration includes, but is not limited to, my ability to actively participate in bi-weekly interdisciplinary rounds, weekly Operation Enduring Freedom / Operation Iraqi Freedom Director Reviews, weekly video teleconferences between the Tampa VA Medical Center and referring DOD facilities, weekly family support group meetings, monthly seamless transition team meetings, monthly volunteer service events that offer family recognition and appreciation events, and monthly Haley House meetings which ensure the family member has a place to reside for the remainder of the service member's assignment at the Tampa VA Medical Center. The leadership also ensured my inclusion in and access to database systems that provide timely patient information about current admissions and pending arrivals. The continued efforts displayed by the staff of Tampa VA Medical Center serve to promote team-building and collaboration resulting in a positive and therapeutic environment for the service members and their families. I have been embraced as a valued member of both the healthcare and leadership teams.

The fourth factor is attributed to the overwhelming positive responses to my presence from the active duty service members and their families--the most important members of the healthcare team. The types of injuries these service members sustain render them physically, mentally, psycho-socially and spiritually changed in a variety of ways depending on the severity of their injuries. The family members are integral to the rehabilitation efforts of the service members, as some cannot speak for themselves. In addition, the family members are also undergoing the shock and grief of this catastrophic event, but must continue to be strong in order to carry out their role in the rehabilitation of the service member. The Polytrauma Liaison is in a unique position to develop and sustain a relationship and bond with both the service members and family members that will instill trust and confidence in the VA system and the healthcare providers. This supports seamless transition, in that the service member and the family learn to trust the system they will be interacting with for many years to come. I perceive that the relationship and bond between the service and family members is built on their ability to trust me in this role, and instill confidence that they have an additional advocate in the facility. Family members and service members know that I am available to them twenty-four hours, seven days a week by phone, pager, and individualized patient rounds on all shifts.

In addition, I have insured collaborative working relationships with the assigned Social Workers who are intimately involved and aware of the service member's case. They are trusted members of the team as well. We work together to solve administrative issues that include: invitational travel orders for family members; transfer, attachment or travel orders for the service member; reimbursement and pay issues;

transportation and/or shipment of household or personal goods; lodging accommodations while at the Tampa VA; line of duty investigations and medical evaluation boards. I am an important military link for the social worker staff.

Clinical interventions are also necessary when the service members decide they do not want to comply with or do not participate in the required rehabilitation regime. This information is routinely obtained through my daily interactions and observations or by physician or staff requests for me to assist the VA social workers in encouraging the service member to cooperate and comply with their therapy. The service members seem to respond to a gentle, therapeutic reminder that “they can do it because they are a Soldier, Sailor, Airman, Marine, or Coast Guard” which is often a factor needed to get them motivated and energized to begin their long road to recovery. I have now seen service members who were withdrawing, or too weak to walk, begin to wheel themselves distances of 1-2 miles and eventually begin to walk with their therapies. I have also experienced service members who can not communicate in the traditional manner, use their eyes to communicate to me as instructed. And, I have been extremely touched when a specific sailor who has a diagnosis of both traumatic brain injury and spinal cord injury responded appropriately with his eyes when asked if he wanted to render a salute. When told to close one eye if he wanted to salute, he followed the command. Then when told to close both eyes to execute his salute, he followed that command. Of course it was my honor to render a salute to him.

My presence seems to bring a ray of hope for the family members and the service members. It signals to the service member that the military still cares about their transition to retirement status or return to active duty. It offers an opportunity for

service members who are aware of their current situation, to recall and demonstrate their military training, and perhaps draw strength from that training, making progress towards their next level of rehabilitation.

The fifth factor is attributed to the creation of the Army Polytrauma Liaison role itself and ultimately the way the Liaison operationalizes the role at the VA Medical Center. The overall inclusive mission of this role is to provide transition assistance and advocacy services to all active duty service members and their families. In a spirit of open communication, mutual respect, and a deep appreciation for the efforts of a superb healthcare team, I assured the leadership of the Tampa VA Medical Center that I am a team player. To this end, I have operationalized these duties by serving as the healthcare team's military subject matter expert on military matters; serving as the advocate for the service member and family on clinical issues, and when necessary; working with the healthcare team and the family; to bring resolution to clinical concerns and enhance staff; patient communication; attending selected nursing staff meetings and introducing the role and functions of this position; serving in a collaborative and support role to the Chief Nurse; attending leadership meetings held for the Chief of Staff and Hospital Director to review clinical issues and other concerns of the service member and family; working collaboratively with the facility's Public Affairs Officer to plan and execute a Purple Heart Ceremony, facilitating and executing VIP visits to the service members, and planning future retirement services for applicable service members; partnering with the Social Worker to attend selected family support group meetings which are held every Saturday; collaborating with Veterans' Services Organizations and where applicable, attending morale enhancement and recognition

activities for family members, such as the Military Officer's Association of America; serving as a member on selected committees or teams that focus on quality of life issues for the service members and their families such as the Haley House Committee, which insures lodging and financial support free of charge when necessary; and establishing professional working relationships with the line leadership team of the service member's assigned military unit, to enhance communication about and support to the service member. I have made initial contact with organizations (such as the Military Severely Injured Joint Support Operations Center, Marine for Life Program, the Army's Disabled Soldier Support System and the Polytrauma Center's Veterans' Services Organizations Office) in order to identify myself as a member of the team through which support to the service members and families can be coordinated; and ensuring a constant and abiding presence in the facility during every tour of duty.

As the Polytrauma Liaison I am a facilitator for military issues impacting the quality of life of the service member and his/her family.. As the role continues to evolve, it should become like the "military one source" for the service members and their families receiving care in Polytrauma Centers. Today, however, the Polytrauma Liaison role sends a clear statement to the service members and families that we are their real time and real life helpers, representing their "boots on the ground," and working as an integrated member of their healthcare team, to expeditiously manage, anticipate and move all pre-transition requirements along in a coordinated manner. In like manner, the Polytrauma Liaison is the voice for service members and their families, reminding those involved in their care that the service members volunteered to serve the nation, but this

transition is unplanned, and represents a psychological transition which is over and above the physical trauma.

As the program and the Polytrauma Liaisons' duties are reviewed and mature, the full impact of the Liaison role should be realized. The ability to respond more quickly to family issues and needs through a coordinated system of organizations and processes will enable the Polytrauma Liaisons to execute their key responsibilities in a more efficient manner and generate a wider range of options and support systems from which to choose. As we approach the future, I recommend DoD and VA expedite their development of interoperable data repositories that will support bidirectional exchange of computable data between the agencies. The highly successful Federal Health Information Exchange (FHIE) supports the one-way transfer of electronic military health data to the VA Computerized Patient Record System for review by VA clinicians. As I close this discussion, I would like to echo the comments made by a field commander while working with him to review the future disposition of his service member. I paraphrase, "COL Fryer, it is good to have a liaison in a role like yours assigned to a civilian facility where my service member is receiving care. Your role brings energy and clarity to complex issues that are more easily resolved because you understand the military system."

Mr. Chairman, again I want to thank you for providing me the opportunity to share information about the Army Polytrauma Liaison role, and its impact on supporting seamless transition and DOD/VA collaboration, as we join efforts to support our wounded American heroes.