

959 SURGICAL OPERATIONS SQUADRON



MISSION

LINEAGE

959 Surgical Operations Squadron constituted, 5 Mar 1998
Activated, 1 Apr 1998
Redesignated 59 Emergency Medicine Squadron, 31 May 2007
Inactivated, 16 Nov 2012
Redesignated 959 Surgical Operations Squadron, 30 Nov 2020
Activated, 15 Dec 2020

STATIONS

Lackland AFB (later, Joint Base San Antonio-Lackland), TX, 1 Apr 1998-16 Nov 2012
Joint Base San Antonio-Fort Sam Houston, TX, 15 Dec 2020

ASSIGNMENTS

59 Surgical Operations (later, 59 Inpatient Operations) Group, 1 Apr 1998
59 Medical Operations Group, 28 Oct 2010-16 Nov 2012
959 Medical Group, 15 Dec 2020

COMMANDERS

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

Air Force Outstanding Unit Awards

[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

1 Jul 2009-30 Jun 2010

1 Jul 2010-30 Jun 2011

EMBLEM

59 Emergency Medicine Squadron emblem: On a disc per bend Azure and Gules, charged with a cloud formation in sinister side and base Argent fimbriated and detailed Or, a stylized representation of an electrocardiogram tracing Sable, in dexter side extending horizontally to sinister side a lightning bolt of the fourth issuant from chief toward dexter side, all within a narrow border Black. Attached above the disc, a White scroll edged with a narrow Black border and inscribed "CURATIO CUM CELERITAS" in Black letters. Attached below the disc, a White scroll edged with a narrow Black border and inscribed "59TH EMERGENCY MEDICINE SQ" in Black 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 clouds symbolize the unknown yet unlimited potential of aerospace forces to project air power and aerospace medicine wherever needed. The clouds are also emblematic of the Squadron's parent wing, the 59th Medical Wing, and are similar to its emblem. The bottom right portion of the disc represents wounds bleeding of life, death throes, and other emergent threats to life and limb to which the emergency department responds. The stylized electrocardiogram tracing initially shows a chaotic life-threatening rhythm and then a normal rhythm. The lightning bolt extends to the electrocardiogram tracing, terminating the chaotic rhythm and initiating a normal rhythm. This is representative of the rapid response of emergency department personnel in response to a life in peril. (Approved, 9 Sep 2008)



959 Surgical Operations Squadron patch

MOTTO

CURATIO CUM CELERITAS--Healing With Speed

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.

The Squadron Commander, Nurse Flight Commander, and newly arrived Squadron Administrator deployed simultaneously in September.

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 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.

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.

USAF Unit Histories
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Sources
Air Force Historical Research Agency. U.S. Air Force. Maxwell AFB, AL.