LINEAGE
59th Surgical Operations Squadron constituted, 5 Mar 1998
Activated, 1 Apr 1998

STATIONS
Lackland AFB, TX, 1 Apr 1998

ASSIGNMENTS
59th Surgical Operations (later, 59th Inpatient Operations) Group, 1 Apr 1998

COMMANDERS

HONORS
Service Streamers
None

Campaign Streamers
None

Armed Forces Expeditionary Streamers
None

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

EMBLEM
On a disc Azure, a cross couped Gules, surmounted by a wyvern sans legs, wings displayed Vert, langued of the second, teeth and horns Argent, eyed and garnished Or, supporting a globe of the first bordered and gridlined Sable. Attached above the disc, a Yellow scroll edged with a narrow Black border and inscribed “HEALING THE MASSES” in Black letters. Attached below the disc, a Yellow scroll edged with a narrow Black border and inscribed "59TH SURGICAL OPS SQ" in Black letters. (Approved, 3 Sep 2002)

EMBLEM 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 red cross is a modern day medical symbol. The wyvern is an ancient symbol of protection and strength. The globe, here supported by the wyvern, indicates the global mission of the unit.

MOTTO

NICKNAME

OPERATIONS
59th Surgical Operations Squadron: Col Martin D. Bomalaski relinquished command of the 59th Surgical Operations Squadron to Col Gary I. Arishita. Lt Col Denise L. Klapp was the Deputy Commander who retired; Lt Col Annie Jackson took over the position.

Budget Analyst. Maj Oakes' position was assumed by Capt Stacey C. Krishna.

Anesthesia Flight: Lt Col Harry Ervin remained the Anesthesia Flight Commander throughout 2005. MSgt Velinda Tharpe replaced TSgt Cassandra Reefer as the Flight NCOIC. The shortage of Air Force anesthesiologists finally ended during the summer of 2005 and the flight is 123% manned for the specialty. This year's anesthesiology graduates continued our tradition of scoring in the top 5% nationally on the intraining exam and we continue to maintain a 100% board certification rate that is the envy of most other programs. The integrated Army-Air Force residency continues to move toward a seamless system, allowing us to focus on each institution's strengths to produce some of the most capable anesthesiologists for each respective service. At Wilford Hall, the residents complete specialty rotations in cardiac, pediatric, vascular, neurosurgical and obstetric anesthesia as well as critical care medicine, pain management and research. Clinical productivity remained a concern in the presence of an unprecedented OPSTEMPO. The increased OPSTEMPO had a significant impact on the department of anesthesia as we were tasked with expanding surgical services at Balad AB, Iraq. Fondly referred to as "Wilford Hall East", the Iraqi hospital showcased the quality of anesthesia providers developed at Wilford Hall Medical Center.
The department continues to have three anesthesiologists and four nurse anesthetists deployed to Balad at all times in support of Operation Iraqi Freedom. As the year closed, the Anesthesia Flight looked back on a successful, yet stressful, year. The future of operations at Wilford Hall Medical Center remains a looming question. Despite the uncertainty the department of anesthesiology will continue to be successful in the delivery of healthcare whenever and wherever the mission dictates.

Opera tin^ Room Services Flight: Lt Col Donna Smith was the Flight Commander. Maj Stetson was Deputy Flight Commander. We were tasked beyond comprehension in support of the global war on terrorism and deployed 46 individuals in 2005 to Camp Anaconda, Balad AB, Iraq. In addition to contingency deployments, we prepared relief medical teams for Hurricane Katrina and Rita relief for deployments to New Orleans and Mississippi. Personnel volunteered numerous hours to support the 8,000 evacuees at Kelly Air Base. We supported many humanitarian missions throughout the world; two-ENT Plastics missions to Ecuador, two- Eye missions to Honduras, ENT Eye mission to Paraguay, and oral Surgery Maxillo-facial mission to El Salvador. All of these missions were maintained even with the loss of those who PCS'd or separated this year, which totals 22 technicians and 17 nurses. Our many achievements throughout the year include SrA Dallin Bastian winning 2005 Surgical Tech of the year for the Air Force and the Humanitarian Award for AETC. MSgt Colette Sazil won NCO of the Quarter in March, A1C Charles Orphe won Airman of the Quarter in December, and SSgt Andy Nobles won NCO of the Quarter in September. Capt Kirkpatrick was selected out of 54 nurses as the CGO Nurse of the Year for the Surgical Flight and Lt Diaz was the Group CGO of the Quarter. Four of our OR nurse officers were selected for Lt Col: Maj White, Maj Stetson, Maj Hamilton, and Maj Perez -- once unheard of in the OR realm. Capt Holley and Capt Lopez were selected to the rank of Major which marked a huge milestone. The OR saw many patients with infections who needed to be under strict contact precautions. We had a new organism introduced to us from Iraq called Acinetobacter Baumannii. Our caseload increased from 8,036 to 9,557 with less staff, due to deployments.

Post Anesthesia Care Unit (PACU): Maj Karen Ottinger relinquished command as the Surgicenter Flight Commander to Maj Flavia Casassola. MSgt Angel Nunez assumed duties as the Flight NCOIC, replacing MSgt Dale Kirby who became a full-time Independent Duty Medical Technician (IDMT) due to the AF's creation of an IDMT career field. Maj Cunningham and TSgt Caldwell were appointed as Nurse Manager and NCOIC of the PACU. The PACU staff recovered over 13,000 surgical and special procedure (pediatric and adult) patients this year include patients from MRT, Interventional Radiology and Cardiac Catheterization. The PACU supports the OR and ancillary departments within the facility. The PACU recovers C-section patients and covers conscious sedation cases two days a week.

Pre-Anesthesia Clinic: The Pre-Anesthesia Clinic was moved on the Unit Manning Document from the Anesthesia Services Flight to the Surgicenter Flight in preparation for re-alignment under MAPPG 06. The Pre-Anesthesia Clinic aligned with the Same Day Surgery Unit under Capt Caballero as the Element Chief. SSgt Edmundson assumed Shift Leader duties on Same Day Surgery Unit when MSgt Goff deployed in support of OIF. SSgt Halford moved to the PACU to assist with manning. Pre-Anesthesia staffing consisted of three 4Ns, one 46N3 and one 4A. Pre-Anesthesia is in the process of moving to a one-stop shop.

Same Day Surgery Unit (SDSU): Capt Edward Caballero remained in command of the Same Day
Surgery Unit. TSgt Fuller Aminda was chosen as the Shift Leader for the Pre-Anesthesia Clinic. MSgt Goff and Capt Caballero earned the Unit Organizational Excellence Ribbon with V device during their deployment to the Middle East in support of OIF. Lt Rebecca Shable was accepted to Flight School to be an Aero Medical Evacuation Nurse with a follow-on assignment to Kadena AFB. Capt Caballero, Lt Solghan and MSgt Goff were deployed to Iraq in support of OIF. Same Day Surgery processes 80% of all patients requiring surgical services, equating to over 13,000 patients annually. Same Day Surgery increased their services to include, pre/postoperative interventional radiology patients. Quality improvement efforts continued to enhance staff proficiency and customer service. Same Day Surgery clinic hours are from 0400-2100 five days a week. Teamwork, communication, leadership, and excellent performance were common topics during monthly unit meetings and quarterly training days. SDSU technicians (4NOX1) focused on getting patients ready for the operating room without delays in service. The SDSU continued to focus on "no delays to surgery" and persistently tracked metrics on reasons for patient delays to the operating room. Initiatives included faster centralized processing of first cases, which allowed processing of four patients simultaneously, instead of three. Process improvement initiatives resulted in eliminating patients without escort problems. One big surgery showstopper was patients without escorts. This led to a wing-wide consensus for educating APV patients and providers on the requirement of having an escort available during procedures. Patients were notified to have an escort available prior to scheduled procedures. Reinforced performance improvement initiatives and metric surveillance reduced needless admissions of APV patients by 90%.