

MERCURY

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Performance Triad: NEW YEAR, NEW YOU



It's Never too Late to Get in Shape



A worldwide publication telling the Army Medicine Story



★ ARMY MEDICINE 2014 ★

YEAR IN REVIEW

Army Medical Command's 2014 Flickr Photostream reveals the Best of Army Medicine as seen through images,

graphics, and artwork that tells the Army Medicine Story. Click here to view Army Medicine's pictorial 2014 Year in Review

at <https://www.flickr.com/photos/armymedicine/>

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OF



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ARMY MEDICINE PRIORITIES

COMBAT CASUALTY CARE

Army Medicine personnel, services, and doctrine that save Service members' and DOD Civilians' lives and maintain their health in all operational environments.

READINESS AND HEALTH OF THE FORCE

Army Medicine personnel and services that maintain, restore, and improve the deployability, resiliency, and performance of Service members.

READY & DEPLOYABLE MEDICAL FORCE

AMEDD personnel who are professionally developed and resilient, and with their units, are responsive in providing the highest level of healthcare in all operational environments.

HEALTH OF FAMILIES AND RETIREES

Army Medicine personnel and services that optimize the health and resiliency of Families and Retirees.

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Army Medicine in Europe Hosts High Reliability Organization Two-Day Regional Summit



Lt. Gen. Patricia D. Horoho

Lt. Gen. Patricia Horoho, U.S. Army surgeon general and commander, U.S. Army Medical Command, briefs Army Medicine in Europe leaders on becoming a High Reliability Organization (HRO) during a two-day regional summit at Landstuhl Regional Medical Center, Germany. An HRO is an organization that has continuing success in striving to achieve zero harmful events despite operating in a high-risk environment where

human error is possible and accidents can occur due to risk factors and complexity.

Army Medicine's adoption of HRO principles aligns with the recommendations of the Military Health System (MHS) Review. On May 28, the Secretary of Defense ordered a comprehensive review of the MHS. The review was to assess whether: 1) Access to medical care in the MHS meets defined standards; 2) The quality of healthcare in the MHS meets or exceeds defined benchmarks; and 3) The MHS has created a culture of safety with effective processes for ensuring safe and reliable care of beneficiaries. This was the first time the MHS had taken an enterprise view of such scope in these areas.

Key recommendations to improve healthcare safety practices include implementation of the principles of an HRO, focused on leadership, culture, and robust process improvement. Towards that end state, Army Medicine leadership will set safety culture expectations and conduct training and information sessions to establish HRO principles throughout the enterprise. (U.S. Army Photo by Phil Jones)

2014 Wolf Pack of the Year Awards

Left to right: Lt. Gen. Patricia D. Horoho, U.S. Army surgeon general and commander, Army Medical Command; Maria Serio-Melvin, program director of clinical information and decision support systems; Col. (Dr.) Philip DeNicolò, U.S. Army Institute of Surgical Research acting commander; and Joint Trauma System Director, Col. (Dr.) Kirby Gross accept the 2014 Army Medicine Wolf Pack of the Year Award Dec. 11. (Photo by Steven Galvan, USAISR Public Affairs Officer)



Enlisted Subject Matter Experts (SME)

By Master Sgt. Michael Kile, 68C Subject Matter Expert



In August 2014, over 50 enlisted Soldiers, spanning the ranks of staff sergeant to sergeant major, attended the newly established and revitalized subject matter expert (SME) training session. Upon completion, all Soldiers received certificates of training and letters appointing each as the Army Medical Department (AMEDD) SME to the MEDCOM command sergeant major and surgeon general for their respective Military Occupational Specialties (MOS) and/or Additional Skill Identifiers (ASI).

The 68 Career Management Fields (CMF) include 24 MOS and 12 ASI, each with a primary and alternate SME. The primary purpose of this training is to ensure complete oversight of, and to effectively manage, the 68 CMF MOS in relation to growth, training, advances in technology, and education.

Close coordination with AMEDD consultants and their respective Areas

of Concentration (AOC) assists in the alignment of medical services. All of the SMEs perform their daily assigned jobs in addition to managing respective MOS/ASI. The SMEs are not in the assignments management process, however their guidance can assist in ensuring Soldiers with the right knowledge, skills, and attributes are in the right positions at the right time.

The culminating results should be creating leaders through talent management, leader, and organizational development while simultaneously supporting the AMEDD, MEDCOM, and Army's missions.

SMEs accomplish these goals serving as the advisor/recommender in the following areas: Enlisted Human Capital Distribution Plan; Grade plate reviews

Validating authorized positions; Professional Filler System management; Deployment capabilities including special

skills; Critical Task Lists for respective MOS; MOS validation; Civilian certification programs; Updates to US Army Professional Development Guide-DA PAM 600-25; Updates to Enlisted MOS Specifications –DA PAM 611-21; Enlisted Career Maps Army Credentialing Opportunities On-Line; and other areas respective to MOS/ASI.

SMEs are the central point of access to the MOS for AMEDD Personnel Proponent Directorate, MEDCOM G1, AMEDDC&S, Medical Education and Training, and any other AMEDD agency requiring MOS/ASI information, as well as the link between operational and strategic levels for each MOS/ASI. They are at the tip of the spear for manpower distribution across the MEDCOM and are responsible for guiding the development and standards for the future of their MOS.

AMEDD Center and School Hosts Annual Graduate School Research Day

By Phil Reidinger, AMEDDC&S Public Affairs Office

The Academy of Health Sciences Graduate School held the 4th Annual Research Day in Blesse Auditorium, Dec 10. Dr. Sunil Ahuja, professor, Departments of Medicine, Microbiology, Immunology and Biochemistry at the University of Texas Health Science Center at San Antonio provided the keynote address.

During his presentation, Dr. Ahuja described his studies focused on genes and diseases. He said that disease is an outcome of the interaction between genes and the environment. Ahuja described the study of genes as the way ahead to predict, prevent, personalize, and initiate patient participation in disease treatment.

The Graduate School Research Day featured 32 poster presentations and seven invited podium presentations. In addition to presentations by the

Army Medical Department Center and School graduate students, faculty from University of Texas Health Science Center, University of Texas School of Public Health, Texas State University, University of the Incarnate Word, and St. Mary's University participated in the research day.

Dean of the Graduate School, Col. Josef Moore noted that during 2013 the faculty and students published 79 research papers and presented 77 invited lectures about their work. Faculty and students received 13 research awards during the year. Research grants totaled \$18.1 million.

First place for poster presentation was awarded to Lt. Col. Mark Thelen for his topic "A novel return to duty screening tool for military clinicians."

First place for podium presentation was awarded to Capt. Debra Valdivieso



Dr. Sunil Ahuja, University of Texas Health Sciences Center professor is greeted by Dr. Lawrence Johnson, Army-Baylor MHA/MBA faculty member, during the 2014 Graduate School Research Day held Dec. 10 at Blesse Auditorium, Willis Hall, Army Medical Department Center and School.

for her research topic, "Evaluation of the Anxiolytic Effects of Asiatic Acid, a compound from Gotu kola or Centella asiatica, in the male Sprague-Dawley rat."



Maj. Fred Weigel served as one of seven judges during the Graduate School poster presentation competition during the 4th annual Academy of Health Sciences Graduate School Research Day on Dec. 10 at the Army Medical Department Center and School in Willis Hall, Blesse Auditorium.

Advancing Professionalism in Global Health

The Association of Military Surgeons of the United States (AMSUS) held their annual meeting in Washington, D.C., in early December. Maj. Gen. Jimmie O. Keenan, deputy commanding general (operations), U.S. Army Medical Command, and Chief, U.S. Army Nurse Corps, joined other senior leaders to discuss “Advancing Professionalism in Global Health.” The global efforts of Army Medicine, Keenan said, include care for military personnel and civilians, infectious disease research, humanitarian assistance, and disaster response. As examples, she pointed to the U.S.

Army Medical Research and Materiel Command’s laboratory in Kenya, which allowed the global effort to get a jump start on testing in response to the spread of Ebola in Liberia and Sierra Leone. In addition in 2013, Keenan said, Army Medicine partnered with 69 other countries to help control infectious diseases, including respiratory infections, especially influenza; gastrointestinal infections; febrile illness syndromes such as dengue and malaria; antimicrobial resistance; and sexually transmitted infections. (Courtesy photo)



Soldiers Build Valuable Relationships with Japan During Training

By David Vergun, Army News Service

“The trust you build here is important because in times of crisis you can’t surge trust,” said Lt. Gen. Stephen R. Lanza, referring to Yama Sakura 67, the joint, bi-lateral exercise with Japan. Lanza, who is the commander of I Corps, headquartered at Joint Base Lewis-McChord, Washington, spoke by telephone, from Camp Asaka, near Tokyo, where he and some 2,000 U.S. service members are training with more than 4,000 Japan Ground Self-Defense Force, or JGSDF, troops. The training, which has taken place every year since the early 1980s, is a simulation-driven, joint command-post exercise involving wide-area security and combined arms maneuver for decisive action.

Read the full article at: <http://www.army.mil/article/139934>



U.S. and Japanese troops interact in the combined operation intelligence center during Yama Sakura 67, a joint, bi-lateral exercise. (U.S. Army photo)

The Eight Standards of Military Immunization

By Chris Orose, Defense Health Agency Immunization Healthcare Branch

The Defense Health Agency Immunization Healthcare Branch (IHB) is committed to high quality, responsive immunization healthcare. The eight standards of military immunization are the foundation of high quality care in the Military Health System, and are the core of the IHB's quality improvement program.

The Continuous Quality Immunization Improvement Process (CQIIP) is a user-friendly tool to help military treatment facilities assess their compliance with the eight immunization standards. The CQIIP tool can be used by clinics for self-assessment, or in conjunction with an educational visit with experts from the IHB.

These standards are spelled out in the Army regulation on Joint Instruction on Immunization and Chemoprophylaxis, and allow IHB and immunization clinic personnel to look at every aspect of the immunization process, from patient screening and education to adverse events following immunization. The collective goal is to ensure not only quality clinical practices, but also a foundation for maintaining the highest standards.

The CQIIP, conducted by IHB Immunization Healthcare Specialists (IHS) located around the world, is not an inspection, but rather an internal assessment of vaccination services. After a clinic completes the assessment, they receive a visit from their local IHS to review results. This visit is designed to improve quality practices, and to form a relationship for ongoing communication and feedback.

The CQIIP tool can be used at any military immunization site, from operational shot lines to clinics in major hospitals. The CQIIP program launched during fiscal year 2012, and has grown from 61 CQIIPs in the first year to 363 conducted in fiscal year 2014. There have been 598 total CQIIPs conducted since the launch, including 214 at Army facilities, 173 at Navy facilities, 121 for

the Air Force, 56 for the Marine Corps, and 24 for the Coast Guard.

"The people in the clinics have decided this is a great tool. Everyone uses it and everyone loves it," said Lance Golder, the IHB's IHS for the Pacific Command (PACOM) based out of Tripler Army Medical Center. "It's an assessment, not an inspection, so that breeds openness and honesty that's vital to the process. No one improves if they hide what they're doing."

A CQIIP is performed in two parts. The first is a self-assessment, conducted by unit personnel, of its ability to meet each of the eight standards, using a checklist downloaded from www.vaccines.mil/ CQIIP. The unit can then electronically submit the checklist to its local IHS, who then visits the clinic to review practices and make recommendations for improvement, if warranted. After face-to-face visits, the IHS completes an After-Action Report (AAR) outlining their findings and recommendations. Organizations can use the AAR as a quality improvement resource and as a reference for best practices in the future.

"We are a second set of eyes, and we've found most clinics run good operations and meet the intent of most of the standards," said Wayne Chardon, IHB IHS for the southeastern U.S. "We've compiled best business practices from multiple clinics/units covering all of the uniformed services, with the goal of spreading the great things we see."

The CQIIP with an IHS follow-up visit is conducted every one to three years, depending on findings, although many commands choose to do the self-inspection annually. IHSs are always available for informal follow-up and consultation should the need arise.

"When we first started doing CQIIPs, self-assessments would be very inaccurate because people didn't know what they were looking for," Golder said. "Now, those assessments are about 95 percent accurate. This tool has increased everyone's understanding of the eight standards, what

they mean and why they're important."

Since each IHS is responsible for dozens of clinic facilities within a geographical region, they have been able to gather libraries of best practices and reference documents to assist with running high-quality immunization programs, such as appointment letters, standing orders, and standard operating procedures. These resources can be used as examples and templates for other locations that request help in meeting a particular standard.

"We share a lot of documents and practices from facility to facility," Chardon said. "We've amassed a lot of tools not only showing the correct procedures, but showing why these standards are so important."

By documenting their findings in an AAR, the IHSs create a template for maintaining the success achieved by the CQIIP itself, and a means for ongoing follow-up consultation.

According to Lance Golder, "It's done more to improve the quality of DOD immunization services than any other factor."

The Eight Standards of Military Immunization:

- Standard #1: Immunization Availability
- Standard #2: Vaccine Information and Education
- Standard #3: Vaccine Storage and Handling
- Standard #4: Indications and Contraindications
- Standard #5: Immunization Recordkeeping
- Standard #6: Immunization Personnel Training
- Standard #7: Adverse Events After Immunization
- Standard #8: Vaccine Advocacy to Protect the Military Family

To locate your IHS, visit www.vaccines.mil/map or contact IHB headquarters at DoDVaccines@mail.mil or 1-877-GETVACC (438-8222).

Military Veterinarians Deliver Services Globally

By Health.mil staff

If you're a pet owner or have ever owned pets you're probably familiar with services provided by a veterinarian. However, a military veterinarian's expertise goes beyond the local community caring for domestic pets. Their efforts can span throughout the world to increase livestock productivity, improve working animal performance, and decrease the transmission of zoonotic diseases to benefit societies at the local, regional, and global level.

"Our purpose within global veterinary engagement is to partner with national civilian and military personnel to build trust and relationships," said Brig. Gen. John Poppe, chief of the U.S. Army Veterinary Corps on Wednesday, Dec. 3, at the 2014 Association of Military Surgeons of the United States annual meeting in Washington, D.C.

Global veterinary engagement efforts can range from a large-scale refresher course on animal health work to a lower-scale demonstration on splint application for a demining working dog during a humanitarian operation. Efforts also encompass the relief, response and mitigation activity to deliver services and relief aid in the aftermath of disasters whether natural or manmade.

Poppe explained the importance of a health security model to identify threats of zoonotic disease along the human interface as well as health threats found between people and their environment.

Zoonotic diseases and transboundary diseases, such as SARS, MERS-CoV, Ebola and malaria, are known to threaten health, food and economic security. Healthy animals produce more food, fiber and fertilizer. They also generate power and income and serve as a savings and social status for many. However, increased productivity



Brig. Gen. John Poppe, chief of the U.S. Army Veterinary Corps (right), and Maj. Paul Hollier, U.S. Army Veterinary Corps, discuss veterinary missions on a global health platform at the 2014 Association of Military Surgeons of the United States annual meeting in Washington, D.C.

of livestock can lead to harder densities beyond what the environment can accommodate. For example, overgrazing can degrade soil leaving fields and pastures unable to support crops and livestock.

In 2013, the Department of Defense Veterinary Services added the fourth pillar of veterinary service support. The additional pillar extended the responsibility of veterinary coordination, manning, and support to plan and conduct agricultural, veterinary public health, and animal health activities across the range of military operations. Although this new responsibility was

recognized in 2013, its history can be traced back to 1949 when six specially trained Veterinary Corps Officers were assigned to support civil affairs and military government actions in Europe. The tradition carried on through conflicts in the 1950s, 60s and 70s to support unconventional warfare, counterinsurgency operations and foreign internal defense.

"We will continue to create capacity and enhance diplomacy within veterinary services on a global health platform," said Poppe.



By Ron Wolf, *Army Medicine Public Affairs*

DOD/NCAA Launch Mind Matters Challenge

By Stephanie P. Abdullah, Army Medicine Public Affairs

The Department of Defense (DOD) and the National Collegiate Athletic Association (NCAA) recently announced that their Mind Matters Challenge is accepting submissions. The Mind Matters Challenge is an alliance between the two organizations that has created a \$4 million educational challenge aimed at changing concussion safety behaviors.

The Mind Matters Challenge is two concurrent challenges. One, an educational program challenge aimed at young adults seeks to identify entities that have the expertise and capability to create compelling and impactful educational materials for service members, student athletes, and other at risk populations in the area of concussion education. The second challenge is a research initiative designed to identify key factors and methodologies for affecting change in the culture and behavior of high-risk young adult populations such as student athletes and service members.

There have been more than 300,000 reported traumatic brain injuries DOD wide since 2000. The majority of those are in the Army and a majority of those are mild TBIs, commonly referred to as concussion. Severe TBIs are often obvious. Unfortunately, concussions are not as evident, and this invisible injury often goes unnoticed and unreported. Even if they have symptoms, service members and student athletes often do not seek help due to stigmas associated with help seeking behaviors as well as fear of letting teammates down.

“To appropriately treat concussive injuries, we need to begin by knowing the injury occurred,” said Brian Hainline, the NCAA’s chief medical officer and first person to hold that position in the organization. “This may seem very basic, but it is one of the greatest challenges we face. We need to create a culture on every sideline and in every training room that

encourages immediate full reporting and treatment,” he said.

DOD maintains concussive care centers in theatre, and if service members in theatre experience a concussive event such as being near or in a blast, they must be seen at one of the centers and are taken out of the fight and monitored for at least a day. More than 80 percent of the Army’s reported concussions happen in a garrison environment. As a result, the theatre concussive care system is now enforced in garrison as well.



The alliance between the DOD and the NCAA known as the Grand Alliance makes sense because of the vast similarities among both populations.

“Both groups are young, ambitious, bright risk takers,” said Hainline. “They are engaged in activities that change their life...activities in the pursuit of excellence,” he said.

The Grand Alliance is also funding the most comprehensive study of concussion and head impact exposure ever conducted. The study began this fall and will enroll an estimated 25,000 male and female athletes over three years at 30 schools, including all four service academies.

Just like in the military, most TBI’s sustained among NCAA athletes are concussions. The NCAA has a level of control over their population along with more predictability of when a concussive injury is likely to occur. According to Hainline, this puts them in a unique position to be able to learn about

concussions in a way that hasn’t been studied before.

“We will find out extraordinary information that will be shared with not only the military, but with the general public as well. Concussion is a public health issue,” he said.

“We simply do not know enough about concussion,” said Hainline who also serves as councilor and chair of the strategic planning group of the Executive Committee of the American Academy of Neurology Sports Neurology Section, of which he was a founding member. “This is actually the first year that all neurology residents in the United States are required to receive concussion education.”

While the catalyst for the NCAA’s interest in concussion was an article in the New York Times and National Football League (NFL) Commissioner Roger Goodell’s 2009 congressional hearings on the subject, it was in 2007 when Congress began asking the military questions about how they were managing TBI and concussions among service members, according to Col. Dallas Hack, brain health and fitness coordinator at the U.S. Army Medical Research and Materiel Command and the DOD lead for the alliance.

Since that time, TBI has become the signature wound of the wars in Iraq and Afghanistan and as a result, the DOD has funded nearly a billion dollars in TBI research. The DOD has funded more research than anyone in regard to concussion, Hack said. Together DOD and the NCAA will pour \$30 million dollars into the research they conduct together over the next few years. Both organizations are committed to the alliance beyond the initial three years and for the long haul.

The Mind Matters Challenge is open for submissions at ninesights.ninesigma.com/web/ncaa-mind-matters-challenge.

Sleep: Your Mom Was Right

By Ron Wolf, Army Medicine Public Affairs



Turns out your mom was right all along. Army Medicine asks you to remember what Mom said and create better sleep habits for your family and to start with your children.

When children learn good sleep habits, those habits can last a lifetime. What exactly are the sleep needs for adolescents and teens? How should parents encourage them to develop better sleep habits?

According to the National Sleep Foundation, children aged 5 to 12 need 10 to 11 hours of sleep. At that age, demands for homework, sports, and social activities are increasing. Very likely, adolescents are focused on television, computers, and the Internet; they also consume products containing caffeine. Combined, these things interfere with good sleep habits. Watching television and the use of personal electronic devices right before bed can especially be a misery for parents, leading to bedtime struggles, sleep anxiety, and fewer hours sleeping.

Poor or inadequate sleep in adolescence leads to poor moods in association with behavioral problems and a negative effect on learning in school.

What should parents do to help develop good sleep habits for their adolescents? The National Sleep Foundation has the following recommendations:

- Reinforce the need with your school-aged children to develop healthy sleep habits.
 - Emphasize need for regular and consistent sleep schedule and bedtime routine.
 - Encourage sleep by keeping the kid's bedroom dark, cool, and quiet.
 - Keep television and computers out of the bedroom.
 - Monitor caffeine consumption.
- Teens fall into a special category

when it comes to sleep. They are often overwhelmed by school, sports, social interaction, and family demands. Parents need to focus on their teen's sleep habits as much as, and perhaps more than, any other age group of their children. Most parents of teens do not need to be told how combative and moody teens can be. Yet, teens who do not get enough sleep can be even more moody than normal, have conflict with friends and family, and struggle academically. According to the National Sleep Foundation, most teens need more than 9 hours of sleep each night.



Teens, on average, do not get enough sleep, however; one study found that only 15 percent of teens reported sleeping at least 8 1/2 hours on school nights, and overall 70 percent of teens do not get enough sleep.

It is perfectly normal for teens to have sleep habits that frustrate parents. During adolescence and teen years, sleep habits naturally shift toward later times for both sleeping and waking; some teens cannot fall asleep before 11 p.m.

Teens may have sleep habits that vary on different days of the week; they typically stay up late during the week when allowed to and sleep late on the weekends. Such habits hurt their quality of sleep.

You may already have a debate in your community regarding later school start

times for teens. According to an article on the Scientific American website, later school times improve academic performance, increase attendance, reduce teen depression, and decrease the number of student drivers involved in car crashes.

Lack of sleep can be downright dangerous when teens get behind the wheel. Drowsiness and falling asleep while driving are factors in more than 100,000 car crashes every year. A National Sleep Foundation survey found that 15 percent of drivers in grades 10 to 12 reported driving drowsy at least once a week. These drivers are at high risk to be in an accident.

What should you do to encourage your teens to do to improve sleep quality? The National Sleep Association also has these recommendations for parents to help teens get better sleep:

- Keep the teen's bedroom cool, dark, and quiet.
- Cut out the caffeine after dinner.
- Establish bed and wake up times and encourage teens to follow them, even on weekends to help teens feel less tired.
- Avoid the television, computer, and cell phone for one hour before bedtime.
- Limit eating or exercise close to bedtime.
- Make sure homework is not left for the last minute.

Note that getting the children to bed on time allows a benefit for the parents as well. They, too, can go to sleep earlier, improving their own mental fitness and resilience.

So Mom was right all along; it's time to bring back her advice.

Sign up for the 26-week Health Challenge



Army Medical Command personnel at JBSA Fort Sam Houston, San Antonio, Texas, can now sign up to take the 26-week health challenge, which will help with achieving your Performance Triad goals. The walk challenge encourages participants to get 10,000 steps a day coupled with 30 minutes of moderate intensity activity such as the Yoga course which supports core strength, balance, muscular strength and endurance, and relaxation or mindfulness held at the end of each session and helps with improving sleep. “People have the most problems getting enough sleep,” said Johnson. “Find a way to get 15 more minutes, because if you’re trying to make lifestyle changes, lack of sleep can hurt it.”

The health promotion team, currently located at Brooke Army Medical Center, is working with other departments and have many programs in the works with a full arsenal of classes and programs to help with the nutrition portion as well as new classes for sleep and activity.

Contact Beverly Benson, health promotion educator to register and

receive weekly tips and encouragement, or to request an email to download the challenge registration information if you want to do it on their own or as an office.



Beverly Benson, health promotion educator at Brooke Army Medical Center, presented a workshop on ‘Healthy Lifestyle Choices Over the Holidays’ in Wood Auditorium at MEDCOM Headquarters, Fort Sam Houston, Texas, Dec. 17. Benson discussed upcoming health promotion events to benefit Sleep, Activity, and Nutrition, the three tenets of the Army surgeon general’s Performance Triad.

**We Want
Your Feedback!**



Feedback is important to us. We at the MERCURY welcome any feedback on how we can improve.

If you enjoyed reading content or have story ideas, please forward comments and suggestions to our e-mail inbox at:

Your comments may be published in a future edition of the newsletter.

System for Health Toolkit

Army Medicine's System for Health and U.S. Army Public Health Command are proud to present the System for Health Toolkit (SfH) everyone has been asking for!

This toolkit upgrades and replaces the Performance Triad Toolkit that was sent out Summer of 2014.

** The toolkit has many special tools, tips, and interactive products geared toward promoting the Health Readiness and performance of Soldiers, Retirees, Families, children, and women.*

** The first part of the toolkit is organized by themes of the Performance Triad: Overview, Sleep, Activity, Nutrition, and Technology.*

** The second part of the toolkit is organized by clinic to make it easy for clinic leaderships to review and determine optimal patient education materials for their clinic. For version 2.0 of the toolkit we have focused on: Soldier Care Medical Homes, Patient Care Medical Homes, Pediatrics, Women's Health, Army Wellness Centers, Dental Clinics, and Veterinary Treatment Facilities.*

** Each clinic has their own dedicated chapter of tools to make it easier to use.*

This System for Health toolkit is super easy to use, just open your toolkit and go to the table of contents. Click on your topic of interest and it



will take you to the tools, products, and videos you need! These tools are hyperlinked to the HIP e-catalog at the U.S. Army Public Health Command so that you can easily order or download the products to support your mission!

As new products are added to the HIP e-catalog - the System for Health Toolkit will be updated.

Visit usaphcapps.amedd.army.mil/HIOShoppingCart/viewItem.aspx?id=674 for more information. STAY FIT!





Raymond Horoho Visits Landstuhl

Raymond Horoho, spouse of Army Surgeon General Patricia Horoho, talks with Capt. Gary Weir during his Dec. 17, 2014, visit with staff and patients at Landstuhl Regional Medical Center, Germany. Horoho accompanied U.S. Army Surgeon General Lt. Gen. Patricia Horoho on a two-day regional summit with Army medicine in Europe leaders

on becoming a High Reliability Organization (HRO). An HRO is an organization that has continuing success in striving to achieve zero harmful events in an environment where human error is possible and accidents can occur due to risk factors and complexity. (U.S. Army Photo/Chuck Roberts)



Surgeon General Presents Coin

Lt. Gen. Patricia Horoho, U.S. Army surgeon general and commander, U.S. Army Medical Command, presents a coin to 1st Lt. Matthew Lind on Dec. 17, 2014, at Landstuhl Regional Medical Center, Germany. Horoho visited Germany for a two-day regional summit with Army medicine in Europe leaders on becoming a High Reliability Organization (HRO). An HRO is an organization that has continuing success in striving to achieve zero harmful events in an environment where human error is possible and accidents can occur due to risk factors and complexity. (U.S. Army Photo/Phil Jones)



Community Resource Expo Facilitates fun and Friendship During Warrior Care Month

Staff Sgt. Joshua Palmer, a Soldier newly assigned to the Warrior Transition Unit, Fort Leonard Wood, Mo., receives instruction from Kimi Peterson, founder and fitness instructor of a paralympic sport club from Saint Louis, Missouri. Jen Hefner, an occupational therapy school student and intern with the club, watches the cycle demonstration during the 2014 Warrior Care Month Community Resource Expo held at the Fort Leonard Wood USO. (U.S. Army photo by John Brooks, Army Medicine)





Updates from the MHS and Partners: TRICARE Meets Affordable Care Act Requirements

By MEDCOM TRICARE Office

Almost all TRICARE plan options meet Affordable Care Act (ACA) requirements for minimum essential coverage (MEC). However, people who are losing TRICARE eligibility, or transitioning to a new type of TRICARE coverage, need to know their options so they avoid any penalties for not having minimum essential health coverage under the ACA.

The ACA's MEC requirement means most Americans need to have basic health care coverage, or they will have to pay a penalty fee. If you are eligible for premium-free TRICARE Standard, you meet the ACA's MEC requirement. This includes active duty service members and their Families, military Retirees and their Families, and others. People who qualify for TRICARE For Life and purchase Medicare Part B also meet MEC requirements. Those who are only eligible for premium based coverage, like TRICARE Young Adult (TYA), TRICARE Retired Reserve (TRR) and TRICARE Reserve Select (TRS), must purchase one of these options (or have other qualifying health coverage) in order to meet the MEC requirement.

Simply being eligible for premium-based coverage or space-available care in a military hospital or clinic does not meet the MEC requirement. There are several reasons you can lose TRICARE coverage, such as separating from military service, aging out, or choosing to stop paying for TYA, TRR, or TRS. When that happens, you may be eligible for transitional benefits, like the Transitional Assistance Management Program (TAMP) or Continued Health Care Benefit Program (CHCBP). However, TAMP and CHCBP only last between six and 18 months, and once this coverage expires, you will need other health care coverage or you may be in violation of the MEC requirement. If you are losing TRICARE coverage for any reason, you are encouraged to explore additional health coverage options, including the Health Insurance Marketplace at www.healthcare.gov.

The "Life Events" section of the TRICARE website has lots of information on times in your life when you might find yourself without TRICARE coverage. Most service members, and even their Families, don't have to think much about health coverage while they have TRICARE. It's important to educate yourself on your options if your TRICARE eligibility ends, so that you don't find yourself without health coverage.

Visit from Actor Tommy Lee Jones



Actor Tommy Lee Jones is greeted by August O'Neil and his service dog, Kai, Nov. 26 at the Center for the Intrepid (CFI). Jones and his wife, Dawn, stopped by the center to deliver some treats and holiday cheer to the patients and staff at Brooke Army Medical Center and the CFI. (U.S. Army photo by Robert Shields)

SYSTEM FOR HEALTH.



United Airlines' flight attendant Tracy Horne joined other flight attendants in providing holiday cheer for children participating in this year's Fantasy Flight by clapping, singing, blowing bubbles, and passing out candy and other likeable treats. The duration of the Fantasy Flight is estimated at only a half hour, but getting the opportunity to fly to the "North Pole" to see Santa will surely last a lifetime. This year's Fantasy Flight featured 310 guests, including 70 terminally ill patients, 77 siblings, and 163 parents. (U.S. Army photo by Marlon J. Martin, OTSG)

Office of the Surgeon General Supports 'Fantasy Flight 2014'

By Marlon J Martin, Army Medicine Public Affairs

United Airlines recently celebrated its 25th anniversary of "Fantasy Flight" at Washington Dulles International Airport to bring the joy of the holiday season to local disadvantaged and sick children.

United Airlines Fantasy Flights are charitable events that usually take place around Christmas in several United Airlines cities for a select group of deserving children. At Washington Dulles, the crew members and employees of United Airlines augmented by volunteers from the Army's Office of the Surgeon General (OTSG), Fort Belvoir, the U.S. Marine Corps and local high schools, created a holiday wonderland and made it appear as if the kids were visiting the "North Pole" where

they met Santa and shared their Christmas wishes.

The day began with the children and their families arriving at the airport, and boarding an airplane unlike any other they've seen. Once on board, the pilot announced that the plane would soon be taking off for the North Pole.

After the children landed at a terminal decorated like the North Pole, they entered into a bright, colorful world with such characters as Big Bird, Elmo, SpongeBob SquarePants, and McGruff the Crime Dog. Christmas melodies and caroling were provided by local bands and choral groups.

This year's flight featured 310 guests, which included 70 terminally ill patients,

77 siblings, and 163 parents. Through its partnership with Children's Hospice International (CHI), United Airlines was able to identify which of these deserving children was well enough to participate in this annual flight to see Santa.

To coordinate an event of this magnitude not only requires participation but also a lot of manpower and volunteer support. Noting how exhausted she was at the end of the 4-hour event, United Airlines' flight attendant Christine Smith said it would be a real challenge to host this event each year without the volunteer support provided by the U.S. Army and other local agencies.



Surgeon General Supports Flight

"The support the Army provides is HUGE! The Soldiers and volunteers bring a lot of muscle to the table, and they help us tremendously with staging our equipment and with the overall setup," Smith said. "We love the Army support we have received through the years. This is the 5th year and we always appreciate the assistance."

Military support for this year's Fantasy Flight included 81 volunteers, comprised of civilian and military personnel and their family members. Of this number, 21 volunteers came from the OTSG headquartered at Falls Church, Va. Along with a group of 29 high school students, the other volunteers were from the Army's Project Manager Soldier Sensors and Lasers unit and the Marine Corps' Chemical Biological Incident Reaction Force.

While waiting for Santa to arrive, the children engaged in various activities which included: mailing a letter to Santa, cookie decorating, face painting, ornament crafting, jumping around in a bounce house and ball pit, shooting at targets with the Nerf guns, and a bean bag toss. They also took photos and played with Ronald McDonald, the Washington National's baseball team's huge puppets of President Washington, Lincoln and Teddy Roosevelt, and various others who helped make this event such a festive occasion.

Soldiers with the Program Executive Office (PEO) and a few Marines excited the children with static displays of their own. The Marines brought a couple of the robots they use to detect and identify chemical and radiological hazards, and PEO Soldiers showed the children how to see in the dark with their night vision equipment.

"This was my first year volunteering.

I didn't know what it was, but was told it involved volunteering with kids. I love Christmas, and I love kids so I thought it would be a fun opportunity," said Capt. Angela B. Samosorn, an Army Nurse Corps intern at OTSG. "I didn't fully grasp what the event was, how big it was, and how meaningful it was until I was there. When the kids and their families arrived at the North Pole, it was such a moving experience. I actually cried."

"I was involved in cookie decorating. I had an opportunity to speak with one parent who talked a bit about her family's experience since their child's cancer diagnosis this past summer," she continued. "She mentioned that they hadn't had the opportunity to travel, and she thought the chance to fly around for a bit was nice. There were opportunities for the parents to write down something they would like for themselves, and I overheard one mother say she hadn't thought about herself in so long she didn't know what to ask for. What this event did was make the entire family feel special. For some, we didn't know exactly which children were ill and which were siblings. But, it didn't matter because the entire family unit is dealing with a terminal diagnosis. We showered all the kids with attention and excitement!"

"As I was leaving the airport and many of the families were toting their bounty from the event, and their child in a wheel chair along with other forms of medical equipment, they thanked me profusely for giving up my Saturday morning to make their family's holiday special," she said. "All I could say was 'you're welcome' because I got just as much out of it. It felt good to ask the caregivers if I could get them anything when

they sat at the cookie table. I think being a nurse helped in realizing that the caregiver or parent needs someone to acknowledge them and give them a minute to sit and not worry about getting up for a spoon or a bottle of water. Those simple things can be daunting when your attention is 100% focused on a sick child. This event was a great way to start the holiday season. I was able to give and receive joy, which has no monetary value but still makes you feel good!"

While this event is organized for the kids, it benefits the parents as well, according to Bill Watts, director of United Express Operations and Performance at Washington-Dulles and Fantasy Flight chairman/coordinator. Said Watts, who has been involved with Fantasy Flight for the past seven years, "I think that this event allows these families who spend so much time in hospitals or care units or in treatment three to four hours to really enjoy the holiday and forget about everything else that goes on in their lives. I like to think of it as three to four hours of joy."

He added, "From the feedback I get every year, I believe these families are thrilled to be able to bring their children, both their children who are patients and their siblings, to an event like this and really enjoy it."

Fantasy Flight continues to be a great success. Now in its 25th year of hosting this special trip to the North Pole, United Airlines has expanded the Fantasy Flight to Chicago, Cleveland, Houston, Denver, Los Angeles, Newark, N.J., and San Francisco. Fantasy Flights are also hosted in Boise, Idaho; Phoenix, Ariz.; San Antonio, Texas; and Sydney, Australia.

AMEDD School Reaps Benefits from Project Warrior NCOs

By Pablo Villa, NCO Journal

Knowledge sustainment is a key tenet of today's Army. That notion is not only harbored by the noncommissioned officers (NCOs) that are part of the Project Warrior program at the U.S. Army Medical Department Center and School (AMEDDC&S) at Joint Base San Antonio-Fort Sam Houston, Texas, it is practiced on another level.

The program is geared toward taking battle-experienced Soldiers and putting them in positions where they can pass on the insights and knowledge they've gleaned from combat training centers (CTCs) to benefit Army schools as well as the rest of the force. One vital component to foster this learning is the Lessons Learned program, a compilation of reviews and research that helps provide combat health service support on the battlefield.

Project Warrior, which was introduced in 1989, garnered the spotlight again in May 2013 when the Army Chief of Staff, Gen. Raymond T. Odierno, announced its re-establishment in an effort to infuse the force with seasoned officers who had completed rotations as an observer, coach and trainer, or OCT, at a combat training center.

Though, the program had previously been largely suspended throughout several Army disciplines because of the operational requirements of Iraq and Afghanistan, it never stopped at Fort Sam Houston, where up to 42 AMEDDC&S NCOs at a time have continued honing the skills necessary for success in the highly technical world of Army medicine.

"We haven't stopped in the NCO realm," said Master Sgt. Mike

Eldred, the senior enlisted advisor for AMEDDC&S's Center for Pre-Deployment Medicine. "The officers kind of lulled. In the rest of the Army, they're re-establishing. But we've been doing it the whole time.

"Basically, what we're doing with the program is we're taking experienced Soldiers who have already taken a little bit of 'baptism by fire,'" Eldred said.

"When the rest of the Army stopped their programs, AMEDD decided to keep it, because it was beneficial for the way ahead into the future for 2020-type Soldiers," he said. "They would learn and be able to apply those lessons learned and those insights that they've gained from their peers that have been gone that could be applied to training down here."

Project Warrior, which has had a presence at the post since the mid-'90s, has been a vital part in helping Soldiers evolve with constantly changing tactics and technology, Eldred said, ensuring AMEDDC&S can meet its mission to "envision, design and train a premier military medical force for full spectrum operations in support of our Nation."

"Basically, what we're doing with the program is we're taking experienced Soldiers who have already taken a little bit of 'baptism by fire,'" Eldred said. "They've been out there in a combat zone or in some significant training events that really set them apart as experienced Soldiers. We draw them in

through a voluntary program. We go out and advertise and recruit. Once we bring them in, they go to the CTCs. They basically get those big wrinkles knocked off; their tactical and strategic skills are refined. Then they come here

for two years and start to spread that higher education and are better able to articulate the needs of advanced training."

"A lot of times, they'll look to try to get [Project Warrior graduates] into those brigade positions or somewhere with a higher position, if possible. Sometimes it may not be possible, and that's just where the cards may fall. But their knowledge won't be lost, because it's like a virus. If I teach my 38 soldiers in my platoon what I know, as they grow up, they're going to take their knowledge and spread it. So it just festers like a virus."

To ensure knowledge sustainment and adaptability, Cluette said, Project Warrior candidates must be well-rounded and not focused on one role of care.

"We don't want somebody who has only been in a CASH (combat army support hospital). We don't want somebody who has only been mechanized," Cluette said. "We need to

School Reaps Benefits

get that soldier and that medic who has diversified and not just somebody who is in that tunnel.”

The diversification proves helpful in tying together the multiple medical assets on a battlefield, knowing their respective expectations and how those assets work together.

The resurgence of the Project Warrior program Armywide comes during a lull in the near constant deployments that have been a fixture throughout the past 13 years. As the Army shifts focus away from Iraq and Afghanistan, Eldred and Cluette said, it is a prime time to get a firm grasp on lessons learned during the past decade and prepare to apply them to future conflicts.

“The different platforms for lessons learned are expanding. We’re trying to reach the individual,” Eldred said.

“We’ve been able to assist in creating programs like the BCT3 (Brigade Combat Team Trauma Training course), which is a mandatory train-up for all 68Ws before they deploy. So the combat medic gets this training because of Project Warrior’s influence. Down the road, we want to put a lot of the lessons learned straight from the field — not just into the manuals that people sometimes read — but into training at the lowest level. We’re trying to inject that information and keep people relevant, keep their tactics and their concept of combat relevant.

“The future is mobility and flexibility,” Eldred said.

Ensuring that an eye is fixed keenly on the future will pay dividends for the Army’s future Soldiers, Cluette says.

“I think the CTCs are going to be

very advantageous to all the brigade combat teams,” he said. “This time around was a COIN fight; the next time around, we might be back in a linear battlefield. These Project Warriors are going to be those guys who learn how to do the strategic linear battlefield. But we’re going to be gone. So as we phase out, those younger Project Warriors are going to have to pick up that knowledge and be able to push that out. There’s so much that we do, medically, to support the warfighter that the Project Warriors have a wider, strategic grasp on then, say, maybe one of the Soldiers down in the trenches. The Project Warriors just understand it better. And that’s why we’ve pulled them in to teach that at the CTCs to teach that.”

2015 HEALTH GOAL

Too much sodium is bad for your heart. Skip the salt shaker & try herbs & spices to liven up your food.



Thank You for Giving to the Red, White and Blue: ASBP Celebrates National Blood Donor Month

By Armed Services Blood Program Public Affairs

January is National Blood Donor Month, and this year, the Armed Services Blood Program would like to thank you for “giving to the red, white and blue.”

“2014 was a great year for the Armed Services Blood Program,” Navy Capt. Roland Fahie, ASBP director, said. “We have you – our donors, volunteers, staff members and supporters to thank for it.”

Each year, the ASBP celebrates National Blood Donor Month to thank donors for their selfless donations. All blood collected by the ASBP directly supports ill or injured service members, Retirees and their Families worldwide – whenever and wherever they need it the most.

“We couldn’t save lives without our donors,” Army Lt. Col. Jason Corley, ASBP deputy director of operations, said. “As a program, we have saved thousands of lives this year and that happened because of our donor’s support.”

Many of the Armed Services Blood Program blood donor centers across the nation will hold special ceremonies to thank the many men and women who have worked hard to ensure that blood and blood products are available for military Families year-round.

Joining in on the celebration is as easy as visiting your local blood donor center or www.militarydonor.com to schedule an appointment to donate blood at a local ASBP blood drive.

“Thank you for your selfless donations, your time and your support of the military blood program,” said



Air Force Maj. Jerome Vinluan, ASBP deputy director of policy. “Donors are the heart and soul of the Armed Services Blood Program.”

In 2014, the support of our donors allowed us to accomplish so much — U.S. Military Academy cadets broke blood donation records, Dover Air Force Base conducted a very successful blood drive, and the ASBP provided blood for a critically wounded patient at a local hospital in the Philippines. Now that 2014 is behind us, we are

eagerly looking forward to what the New Year will bring, and it starts now. Donating blood takes less than 10 minutes to complete and a single donation has the potential to save up to three lives.

“Thank you for giving to the red, white and blue,” Fahie said. “Without hesitation, you came out by the thousands to donate blood, platelets and plasma for our ill or injured service members, Retirees and their Families worldwide, and we are very grateful.”

“We couldn’t save lives without our donors,” said Army Lt. Col. Jason Corley, ASBP deputy director of operations.

U.S., German Military Medical Leaders Meet to Discuss Increased Partnership Opportunities

By Ed Drohan, Europe Regional Medical Command Public Affairs

German and U.S. military medical leaders from units across Germany came together for two days recently in an unprecedented meeting to discuss the future of cooperation between the international partners.

The Army Medicine in Europe Senior Leader Forum, which kicked off with a social get-together Nov. 19 and continued through Nov. 21 at Landstuhl Regional Medical Center, included leadership teams from Europe Regional Medical Command, Europe Regional Dental Command, Public Health Command Region-Europe, U.S. Army Medical Material Command Europe, 30th Medical Brigade, U.S. Army Medical Research Unit-Europe, and the Bundeswehr Medical Service. The conference's theme was "partnerships," and it was hosted by Brig. Gen. Norvell V. Coots and Command Sgt. Maj. Ly Lac, the ERMC commanding general and command sergeant major.

The Senior Leader Forum is an annual conference, but this was the first time in many years -- more than most who attended the conference could remember -- that the Bundeswehr Medical Service leadership teams had been invited to participate. While medical units from the two countries have worked together in various exercise and deployments in the past, this conference specifically targeted the future opportunities for increased cooperation between the two allies.

"I am grateful for this meeting to take place and for the opportunity to discuss issues of mutual interest," said Rear Adm. Dr. Stephan Apel, Bundeswehr Medical Service deputy chief of staff. "We consider the United

States our most important ally, and we don't forget the support you've given us through the Cold War and up to now. I'm happy to see this opportunity for renewed cooperation, and this meeting is the starting point."

Forum attendees heard mission briefings from each of the units in attendance — U.S. and German — so they could better understand their counterparts and identify units with similar missions for partnering possibilities. Several U.S. units also set

in Koblenz and working together to build up a generic Role 3 medical facility that can be used by both countries during deployments.

By the end of the conference, representatives from both countries said they felt it was a worthwhile endeavor.

"Thank you for this opportunity... this was a perfect planning meeting," said Col. Dr. Jens-Peter Evers, Bundeswehr Operational Medical Support Command executive officer. "Our goal was to strengthen



Maj. Jodi Sangster, 64th Medical Detachment Veterinary Service Support, talks with U.S. Army and German Bundeswehr medical leaders about the deployable veterinary treatment facility static display during Senior Leader Forum at Landstuhl Regional Medical Center Nov. 21. U.S. and German military medical leaders came together for a two-day conference focusing on future opportunities for cooperation and partnerships. (U.S. Army photo by Ed Drohan)

up static displays to graphically explain their operations and were able to tour LRMC, the largest U.S. military medical facility outside the continental United States.

Breakout sessions on the second day of the forum allowed leadership teams, clinical staff and noncommissioned officers to each discuss their ideas for future partnering opportunities. Suggestions included rebuilding and increasing cooperation between Landstuhl Regional Medical Center and the Bundeswehr Central Hospital

partnerships, and we reached that goal."

The ERMC commanding general agreed.

"This meeting accomplished my personal goal and what I've spoken with (Army Surgeon General Lt. Gen. Patricia Horoho) about -- friendship, partnership and comradery. With those three things we can overcome any obstacle" Coots said. "I look forward to continued partnerships, continued relationships, and one day we'll all be alten Kameraden (old comrades)."

Clinical Trials in Burn, Trauma Task Area at USAISR Steadily Progressing Since 2010

By Steven Galvan, USAISR Public Affairs Officer

The goal that was set was simple: to revolutionize burn and trauma care; prevent, detect and treat organ failure; and accelerate the full functional recovery of the severely injured. That's the goal that the Clinical Trials in Burns and Trauma (CTBT) Task Area at U.S. Army Institute of Surgical Research (USAISR) Burn Center has been aiming at since its reorganization in 2010. As a active participant of a multi-center Food and Drug Administration regulated clinical trials and four more being developed, the CTBT is on track at achieving its goal.

Lt. Col. (Dr.) Kevin Chung, the CTBT task area manager and an intensivist at the Burn Intensive Care Unit, said that burn outcomes has remained relatively unchanged for decades and that prior to 2010 there were no FDA clinical trials that were being conducted at the Burn Center.

"We are now a desirable and sought after clinical site for participation in FDA clinical trials," said Chung.

"This is a huge step for us," said Col. (Dr.) Booker T. King, director of the USAISR Burn Center. "We care for some of the most severely injured and ill patients in the world, so this platform is the best to find solutions that are needed for the battlefield wounded."

The clinical trials that have been conducted at the Burn Center include protocols to evaluate a dressing to minimize scar formation; a comparison of an engineered allogeneic human skin graft a device that allows cells to be sprayed on an excised burn wound; and an extracorporeal hemoperfusion device to treat rhabdomyolysis—damaged skeletal muscle cells in the bloodstream that may lead to kidney failure. Hemoperfusion is an extracorporeal device that filters tainted blood and returns it to the body.



Members of the Clinical Trials in Burn and Trauma Task Area at the U.S. Army Institute of Surgical Research Burn Center. Back row: Michael Perez, J. Alan Waters, Matt Rowan, Javance Tercero, and Reg Richard. Middle Row: Lt. Col. Sandra Escolas, Debra Archuleta, Doug Johnson, Sue Walker, Dora Lugo, Dina Pina, Gene Martiny, Manuel Hernandez, Lt. Col. (Dr.) Kevin Chung. Front row: Cathy Rauschendorfer, Elsa Coates, Gale Mankoff, Sonya Charo-Griego, and Vicky Hatem.

"That's because we have the capabilities and personnel to conduct these types of clinical trials," said Clinical Research Coordinator Vicky Hatem.

According to Hatem, the CTBT task area has been steadily growing and consists of a staff that includes clinical research coordinators, quality control and quality assurance specialists, administrative assistants, research managers and primary investigators like Chung.

"We all have our distinct strengths," Hatem said. "We all play off of each other's strengths and that is what has made us a strong and successful task area."

Hatem said that the ongoing and future clinical trials were made possible through the Armed Forces Institute of Regenerative Medicine. Future clinical trials will include a biological skin substitute to treat severe burns; an extracorporeal device to treat sepsis; a drug to treat muscle atrophy in burn patients; and the use of a mesh graft with spray on skin.

"We not only test what is available in the market, but have the researchers at this Institute that are able to develop solutions parallel to what is available to fill in the gaps in burn care," said Chung. "The Army is good at identifying those gaps, but it takes a strong collaboration with industry and academia to get the best and brightest people to find the solutions to fill those gaps."

"I'm proud to be part of this talented team," said Hatem. "I believe that we are doing great work and it takes an innovative team to find novel solutions to treat patients with severe burns and injuries."

"Only the most adequately resourced sites are able to execute these trials," said Chung. "And we are able to do it because our organization has resourced us to support the right staff for the right jobs making all this possible."

Tripler Army Medical Center (TAMC) Highlights 2014 Mission in the Pacific Region

By Tripler Army Medical Center Public Affairs

TAMC kicked off 2014 by establishing a smoke-free campus policy.

“Tripler’s proactive adoption of a tobacco free campus puts us at the tip of the spear,” said Col. Lawrence Connell, then chief of staff for the Pacific Regional Medical Command (PRMC). “The Department of Defense hopes to launch a new initiative transforming all military installations into tobacco free facilities by 2020,” he said.

In February, TAMC’s Family Practice Clinic (FPC) completed construction on a pharmacy located right at the Family Practice Clinic. “We foresee the Family Medicine Pharmacy benefiting all TAMC Patients. Patients seen within the Family Medicine Clinic will no longer have to make the trip to the main pharmacy. At the same time, the patient load at the main pharmacy will be diluted resulting in less congestion and shorter wait times,” stated Lt. Col. Tou Yang, Department of Pharmacy chief of TAMC.

In March, Tripler earned accreditation from The Joint Commission, the nation’s oldest and largest standards-setting and accrediting body in healthcare, by demonstrating compliance with national standards for healthcare quality and safety.

To receive this recognition, Tripler underwent a rigorous five-day survey where important functions relating to the care of patients and hospital management were evaluated.

The month of June is typically known for graduation dates, and TAMC was no exception.

The 121 members of the Graduate Professional Health Education Class of 2014 participated in a commencement ceremony, June 13.

July was a big month for TAMC with the completed installation of 41 patient

lift systems into private and semi-private patient rooms enhancing the quality of care provided to patients.

That same month, TAMC also partnered with Naval Medical Center Portsmouth (NMCP) to help them establish their own virtual specialty consultation system, called Health Experts online at Portsmouth (HELP), similar to TAMC’s Pacific Asynchronous TeleHealth (PATH) system.

“I think it will be important for Navy Medicine East. We’ve found that two-thirds of the clinical questions in PATH can be answered quickly and without that face-to-face visit with the specialist,” stated Lt. Col. C. Becket Mahnke, TAMC PATH director.

He also added that 97% of consults are answered within a week.

July also marked a new chapter in the growth of the regional medical command with the official split between TAMC and PRMC.

This split enables expanded and enhanced medical support and partnership throughout the area of responsibility.

“Tripler Army Medical Center will have a colonel commander like all other Army Medical Centers but will retain its unique position however—as the Tertiary referral center in the Pacific, as a top producer of healthcare for the AMEDD and as a critical partner in the Pacific with other service facilities, civilian hospitals and our long standing Joint Venture partner, the VA,” stated Brig. Gen. Dennis Doyle, previous commander of PRMC.

TAMC introduced a new approach to pregnancy, from first visit to birth, that helps put expectant mothers in charge of their pregnancy and aids them in having a more active role throughout the

pregnancy known as Centering Pregnancy.

Legacy of Life Hawaii (LLH) presented TAMC with its highest honor, the Health and Human Services Medal of Honor Award, for organ and tissue donation best practices during an outdoor ceremony on Sept. 25.

TAMC was also recognized for its homeless outreach and community involvement by Kymberly Pine, council member, District One, who presented Col. David Dunning, TAMC’s commander, with a Council of the City and County of Honolulu Certificate of Declaration on Oct. 25.

Wrapping up October, TAMC’s Warrior Transition Battalion (WTB) held a ribbon cutting ceremony, unveiling the \$60 million construction project that included a 120-room, five story barracks constructed and designed by the U.S. Army Corps of Engineers, as well kicked-off Warrior Care Month.

TAMC Soldiers shined throughout this past year with four Expert Field Medical Badge (EFMB) graduates, seven Sargent Audie Murphy Club (SAMC) inductions, and 20 Air Assault graduates.

TAMC was also part of a larger achievement.

The Pacific Regional Medical Command (PRMC) finished the year with all 14 Medical Homes being recognized by the National Committee for Quality Assurance (NCQA) as Army Patient Centered Medical Homes.

TAMC not only promotes, sustains and enhances service members’ health while training, developing and equipping a medical force that supports full-spectrum operations; but it delivers leading-edge health services to warriors, military Families and Veterans.

BAMC Nurses Complete Annual Training, Sharpen Skills

By Lori Newman, Brooke Army Medical Center Public Affairs

More than 600 nurses participated in Brooke Army Medical Center's Nursing Skills Validation (NSV) training Nov. 17-21.

NSV training provides nurses a refresher in various skills specific to their work area, such as infection prevention and control, proper patient restraint and blood administration.

This semi-annual event to assess competency helps meet Joint Commission requirements and takes about four hours to complete. Once the nurses - check in, they receive a list of skills applicable to their specific unit. Upon completion, they receive credit in the Army Medical Department Personnel Education and Quality System or APEQS.

"There are core skills that are universal and applicable to everyone, and then there are skills that are specialized, or specific to their department," said Scott Strater, nurse educator.

All the nurses must complete 14 core skills along with additional skills specific to their particular work areas.

"One of the featured skills this time was when to alert the Rapid Response Team," Strater said. "The BAMC policy



Brooke Army Medical Center nurses complete annual training on patient restraint techniques during Nursing Skills Validation Nov. 19 at San Antonio Military Medical Center. (U.S. Army photo by Robert Shields)

recently changed so we wanted to include up-to-date information on the RRT."

The RRT is a patient safety initiative to speed the identification of and care of patients with clinical factors suggesting impending deterioration. The RRT is comprised of staff members from critical care nursing services, the respiratory therapy section and the patient's primary care team.

Previously NSV was only a requirement for registered nurses and licensed vocational nurses. This year

it's evolved to the entire nursing staff, explained Strater.

The NSV is held twice a year, in May and November, and involves almost every department within the hospital.

"It takes about four months to prepare for this event," Strater said. "We review the training each time to make sure it is current with BAMC policy changes and we are the only one's doing live skills validation like this within the Army Medical Command."

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STEM Expo Draws Area Students

By Jane Gervasoni, Public Affairs Office, U.S. Army Public Health Command

More than 250 students from three Maryland counties learned a lot about the Science, Technology, Engineering and Mathematics that fuels what goes on inside the gates of Aberdeen Proving Ground South during the 2014 STEM Expo.

Technical experts in many fields from the U.S. Army Public Health Command contributed to the success of the TEAM APG STEM Expo Nov. 18.

Students from Perryville and North East high schools in Cecil County, Harford County's Edgewood and Fallston high schools, and the Paul L. Dunbar High School in Baltimore City attended the event at the Chemical Demilitarization Training Facility in APG South (Edgewood).

Suzanne Milchling, director of program integration for the Edgewood Chemical Biological Center, welcomed the students and educators telling them about the interesting careers at APG.

Milchling said the scientists and engineers of Edgewood collaborate with each other as well as other agencies around the nation and the world on projects large and small to make the world a better place.

In addition, Lt. Col. Cindy Landgren, veterinarian and military deputy of the Defense Threat Reduction Agency and former director of the Toxicology Portfolio at USAPHC, talked to the students about her career path and how much she enjoyed biology and the sciences.

A member of the team that is developing a vaccine for the Ebola Virus Disease, Lundgren shared how she started out as a veterinarian and never envisioned herself in a

potentially life-saving position.

"Don't think that what you start out doing after high school or college is all you'll ever do," she said. "You never know what spark is going to take you to the next level. I had no clue where I would end up when I first joined the Army. But with the right training and education opportunities, I figured out over time that there are a lot of things I can do. And so can you."

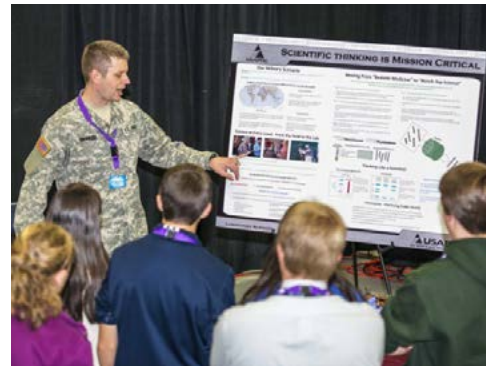
The USAPHC experts featured hands-on demonstrations in areas from ergonomics and hearing to laboratory sciences and trash and recycling.

Col. Joanna Reagan, Health Promotion and Wellness Portfolio dietitian, armed with five pounds of sugar and a box of sugar cubes, challenged the students to guess how much sugar was found in various sodas and drinks that they consume every day while Maj. Thomas Jarrett, HPW behavioral health officer, led students through demonstrations about resiliency, thriving and health.

The epidemiology team, Esther Dada and Robert Cosgrove, had students looking at a fictional food-poisoning outbreak at a picnic. Students compared possible foods and who had eaten what foods to determine what caused the problem. The students saw how computers, mathematics and research were important to keeping people healthy in a real-world situation.

Students repeated words like "really neat," "WOW," "I didn't know that," and "this is great," according to Mary Nicholson a biology and environmental science teacher from North East High School in Cecil County.

"This was such a great opportunity



Capt. Thomas Sherwood, biochemist in the U.S. Army Public Health Command Quality Systems and Regulatory Compliance Office, explains how air, water and soil samples are analyzed during the 2014 Team APG STEM Expo on Nov. 18. (U.S. Army photo by Christina Graber, U.S. Army Public Health Command)

for these students," Nicholson said. "They are really interested and engaged."

One of the hits of the expo was veterinarian, Dr. Rebecca Benisch, and her cat, Gandalf--as the students called him the "military working cat." Benisch not only explained what you needed to study to become a veterinarian, but she also showed students how to do a hands-on exam of Gandalf.

More than 20 technical experts from USAPHC provided the hands-on demonstrations, and all enjoyed the experience of interacting with the students. They agreed that it was a worthwhile event for all participants.

Other organizations participating with the USAPHC at the STEM Expo included ECBC; DTRA; Joint Program Manager-Elimination; Program Executive Office - Assembled Chemical Weapons Alternatives; Chemical Materials Activity; and the Army Educational Outreach Program.

Pediatrics Gets new Pharmacy, new Look

By Suzanne Ovel, Western Regional Medical Command Public Affairs

Families can now pick up their children's medications just a few steps away from their pediatrician's office, thanks to some recently completed renovations at Madigan Army Medical Center's Department of Pediatrics.

The department hosted a ribbon-cutting ceremony on Nov. 25 for its new embedded pharmacy and its newly renovated lobby.

"We have the opportunity to pause and celebrate a new chapter in our department and the start of a new way of delivering care to our patients," said Col. Aaron Pitney, the chief of the Department of Pediatrics.

The new pediatrics pharmacy serves only pediatrics patients, and is staffed full-time from 8 a.m. to 4 p.m. Monday through Friday. Being located within the pediatrics

be a hassle when they include a whole family including the sick child, said Del Campbell, the administrative office for the Department of Pediatrics.

"We want to make it as convenient, as pleasant as possible," said Col. Ramona Fiorey, Madigan's commander.

"The model of care has changed, and our focus is changing to bring the care to where the patient is," she said.

This increased focus on the patient experience also played into the renovation of pediatrics' main lobby. Not only did the renovation bring new furniture, new paint, and new toys, it also improved the flow of traffic tied to patients' check-in experiences. A more conveniently-located check-in desk, additional rooms to check vitals, and other changes means less back-and-forth traffic for patients and

centered medical home model, which focuses on areas such as patient care flow, access to care and continuity of care, said Campbell.

A key component of the PCMH model is approaching healthcare as teams. Before pediatrics moved to the PCMH model last year, their providers would be matched up with new nurses every day. Reorganizing the department into five teams, each with three to five providers and nurses aligned to support them, builds confidence within the medical teams and helps ensure that patients see the same doctor and nurse at every appointment, Campbell said.

"It should be like 'Cheers', where everyone knows your name from the time you're born until the time you're 23 years old," he said. (Patients with military benefits can be seen in pediatrics until they are 23, although they can transfer to adult care at 18 if they prefer.)

In order to fully support this healthcare team concept, pediatrics hired additional providers, nurses and medical support assistants; they also brought in additional behavioral health and administrative staff. Pediatrics also got a lot more support behind the scenes from other Madigan departments, to include its Informatics Division which, along with an external Joint Strategic and Operational Planning Process team, analyzed pediatrics' flow of business and evaluated everything from staffing numbers to space allocation to the overall patient experience.

This focus on the overall patient experience has been the constant beacon these past few years as pediatrics moved to the PCMH model.

"It's all about our patients; we go above and beyond to take care of them," said Campbell.



Pharmacist Kim Radank helped set up the new pharmacy in Madigan's Department of Pediatrics. The pharmacy serves pediatric patients only, and operates Monday through Friday, 8 a.m. to 4 p.m. (U.S. Army photo by John Liston)

clinic allows better coordination with the pediatric providers, whether outpatient or specialty, and is vastly more convenient for pediatric patients, especially since pharmacy stops after pediatrics' visits can

a smoother appointment overall, said Campbell.

Making pediatrics more patient-friendly puts it into greater compliance with the U.S. Army Medical Command's patient-

Army Warrior Transition Command Mythbusters: Part Two

By Lauren McCullough, Warrior Transition Command Public Affairs

Last month, we busted three myths that have emerged since the Army Warrior Transition Command (WTC) and Warrior Transition Units (WTUs) were established. As we continue to honor WTC's fifth anniversary, we are busting three more myths.

Myth #4: Serving as Cadre will hurt your career.

Fact: Cadre are the front line leaders for WTUs. The leadership, time, education and experience required to become a Cadre is a strenuous process. Our units only select the best qualified as Cadre. "When taking care of Soldiers is your primary mission, there's nothing more rewarding than that," said Capt. James Mooney, Commander, Balboa

Warrior Transition Unit, California. Many Soldiers seek out Cadre positions, including Squad Leaders and Platoon Sergeants, because they are high-level, challenging jobs.

Additionally, these positions have a positive impact on a Soldier's record for promotions, education opportunities and reviews. Cadre are carefully reviewed and selected to ensure we have the best personnel interacting with wounded, ill and injured Soldiers and their Families.

Myth #5: All WTU Soldiers were seriously wounded in combat.

Fact: Soldiers may enter a WTU for combat-related injuries, injuries sustained in training accidents or for

sustained behavioral health treatment. In fact, only 5.5% of WTU Soldiers are battle injured. Soldiers must meet certain criteria to be considered eligible for entry into the Warrior Care and Transition Program (WCTP), regardless of where the wound, illness or injury occurred. Most Soldiers come to WTUs because they received a medical profile of more than six months duration with complex medical treatment. Other Soldiers enter WTUs for behavioral health treatment and other illness. A Soldier is evaluated by a qualified health provider and a packet is submitted for entry.

Myth #6: WTU Soldiers stay too long, taking advantage of the system.

Fact: Each WTU Soldier benefits from a Triad of Care, comprised of a squad leader, nurse case manager and primary care manager. The Triad of Care surrounds the Soldier and Family with comprehensive care and support, ensuring the Soldier is progressing at the best pace for his or her recovery. Soldiers may exit the WCTP by returning to the force, or transitioning into civilian life. While at a WTU, Soldiers create a Comprehensive Transition Plan (CTP), which serves as a plan of action for the Soldier's future and the Soldier's day-to-day work. The CTP enables each Soldier to complete a successful transition to achieve his or her desired goals. Similar to entering the WCTP, Soldiers must meet certain exit criteria.

Visit WTC's website, WTC's Facebook or Twitter to get the facts.



Sgt. 1st Class Michael D. Smith finishes his race after his prosthetic arm broke off during the 2014 U.S. Army Warrior Trials cycling challenge. Sgt. 1st Class Smith was the victim of a hit-and-run accident in 2011, which led to the amputation of his right arm. In the summer of 2014, he was determined fit for duty by his medical board and became the first above the elbow amputee to remain in the Army. (U.S. Army Photo by Sgt. Eric Lieber)

U.S. Army Medical Command Names top Career Counselor of the Year

By Esther Garcia, AMEDDC&S Public Affairs Office

The U.S. Army Medical Command named its top Career Counselor of the Year following a daylong competition held Nov. 18.

Sgt. 1st Class Kenneth Parrish, representing the Southern Regional Medical Command, was named the U.S. Army Medical Command Career Counselor of the Year.

Staff Sgt. Kindra Ford, representing the Western Regional Medical Command, was named second runner up.

Parrish received the USAMEDCOM Career Counselor trophy and the Meritorious Service Medal award signed by Lt. Gen. Patricia Horoho, the Army Surgeon General and USAMEDCOM Commanding General.

Ford received the Eagle trophy from the USAMEDCOM Retention Office.

The announcement was made in front of more than 300 senior NCOs and officers attending the USAMEDCOM/Office of the Surgeon General Advances in Military Medicine Conference at the Gateway Club, Lackland Air Force Base on Nov. 19.

Career Counselors Staff Sgt. Joseph Moore, European Regional Medical Command, Staff Sgt. Demar Bowman, Northern Regional Medical Command, and Sgt. 1st Class Tamara Price, Materiel Regional Medical Command also competed in the competition.

The competition began with an early morning physical fitness test, followed by a 50- question written exam, and the most grueling of all, facing a selection Board which consisted of senior Noncommissioned Officers asking a variety of questions from current events

to questions that covered subjects such as the Noncommissioned Officers Creed, the MEDCOM Career Counselor Creed, retention policy, retention operations and incentives, reenlistment, training, Reserve Component guidelines and much more.

Parrish, assigned to Blanchfield Army Community Hospital, Fort Campbell, Ky., has been a Career Counselor for nine years.

He said, "I am excited. I did not expect to win. I studied hard. It was a great competition, competing with my counterparts."

Parrish describes a typical day in his office.

He said, “Soldiers come to his office and sometimes they just want someone where they can go and vent their frustrations about their unit.”

“But, I also help them get ready for the next step in their life, whether it be in the Army or civilian life. I make sure to steer them in the right direction,” added Parrish.

Career Counselors are noncommissioned officers and are usually assigned at battalion levels or above. Career Counselors advise commanders and command sergeants major about the organization's Army Retention Program and advise Soldiers and their Families about the benefits and opportunities the Army as a career has to offer. Career Counselors are subject matter experts in reenlistment, education benefits and reclassification.

Parrish will represent the USAMEDCOM at the Secretary of the Army Career Counselor of the Year Board competition to be held in Virginia in January 2015.

WINNER ★★★★★★



Sgt. 1st Class Kenneth Parrish, representing Southern Regional Medical Command, is the winner of the U.S. Army Medical Command Career Counselor of the Year. Parrish is assigned to Blanchfield Army Community Hospital, Fort Campbell, Ky. The day long competition, held Nov. 18, included a physical fitness test, a written exam and a selection board.

RUNNER-UP



Lt. Gen. Patricia Horoho (right), Army surgeon general and commanding general, U.S. Army Medical Command, presents a trophy to Staff Sgt. Kindra Ford, runner-up for the USAMED-COM Career Counselor of the Year. The day long competition, held Nov. 18, included a physical fitness test, a written exam and a selection board.

NCQA Recognized Medical Homes

Conner Troop Medical Clinic, Fort Drum New York, is now recognized as an Army Medical Home, NCQA Level 2.





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