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Occupational Therapists help Soldiers help themselves after injury

By Patricia Deal,
CRDAMC Public Affairs

Carl R. Darnall Army Medical Center's Occupational Therapy Clinic sponsored an Open House at the hospital April 12 to promote awareness about how occupational therapists help patients "Live Life to Its Fullest" after an illness or injury.

April was designated as Occupational Therapy Month to recognize the valuable contributions and achievements the profession has made throughout history to improve the quality of life for millions of people.

Occupational therapists (OTs) date back to World War I where they served as reconstruction aides. Today, Army OTs work on the front lines of combat and in military hospitals throughout the world helping Soldiers learn to care for themselves after an injury.

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Patricia Deal, CRDAMC Public Affairs



Patricia Deal, CRDAMC Public Affairs

(Above) First Lt. John McNamara, 48th Chemical Brigade, stacks plastic cones as part of his treatment at the CRDAMC Occupational Therapy Clinic for an upper arm injury. Staff Sgt. Ryan Lahr, non-commissioned officer in charge of the clinic, monitors McNamara's progress.

(Left) Major Lorie Fike, chief of CRDAMC's Occupational Therapy Clinic, helps Staff Sgt. Douglas Sharper, 1st Cavalry Division, with the clinic's functional rehabilitation system as part of his treatment after surgery for his broken wrist. The steering wheel is one of several attachments to the system to simulate motion of real-life activities and tasks to help patients with arm, elbow or wrist injuries improve functionality.

Commander's Thoughts

Surgeon General reports on her first 100 days



Patricia Deal, CRDAMC Public Affairs

March 16 marked 100 days since I assumed command of the U.S. Army Medical Command and became the 43rd Army Surgeon General. In retrospect, these first 100 days seem to have flown by. I want to take this opportunity to recap the major events my first 100 days.

Bottom line up front: Army Medicine's success is your success - all of you who deliver care and support the care delivery system. Every member

of the team is critical to mission accomplishment. Our mission focus is readiness of the Force, caring for the ill and injured, and enhancing the health of those entrusted to our care.

The 2012 Military Health System Conference in January gave me a unique opportunity to engage in a dialogue with other leaders in healthcare, both military and civilian, on my vision of the Army Medicine transformation from healthcare to health. As I met with many of our team members and young military leaders, I was reminded of the impressive caliber of leadership that exists within the AMEDD.

After a decade of war, we have the most highly trained and skillful AMEDD team in the history of Army Medicine. Additionally, this forum gave me the opportunity to interface with leaders in our sister services, as well as national healthcare leaders. We have broadened our sphere of influence beyond the Army, beyond military medicine, and out into civilian agencies and international organizations. The collaborations we forge today will power our transformation for tomorrow.

We have also partnered with private industry to enable us to move to an operating company model over the next two years; this work has already begun in earnest. While the operating company model is the engine powering our transformation, moving from healthcare to health is the strategy driving us there.

Another great example of this collaborative partnering is the initiative to move Comprehensive Soldier Fitness into the Army

Medicine portfolio. This aligns well with one of our top priorities of readiness and wellness of the Force, and presents an incredible opportunity for Army Medicine to influence the lifespan and ensure healthy, resilient Soldiers.

In February 2012, the Department of Defense released the Fiscal year 2013 Budget Request. Defense Secretary Leon Panetta said, "This budget plan represents a historic shift to the future, recognizing that we are at a strategic point after a decade of war."

The constrained budgets military medicine faces accentuate the need for dramatic change. We must move from a system of reactive healthcare, particularly when considering the incidence of preventable illness and injury, to a system of health. Our goal must be to ensure our Soldiers and Families maintain a high quality of life through activity, nutrition, rest, relationships and when necessary, healthcare.

World-class healthcare continues to be a core competency and we must deliver that care anywhere we are called. In addition, we must recognize that our interaction with patients represents a very small fraction of their lives. If we are to positively affect their health, we must venture beyond the boundaries of our medical treatment facilities and engage line leaders, Soldiers, their Families, and our military communities - both physical and virtual. By doing this, we are influencing the "White Space" to improve the lifespan.

What is the lifespan? It is the other 525,500 minutes of the year when our patients are not being seen by a health care provider, where the daily decisions are made that ultimately have the greatest impact on health and wellness.

Over the course of the last 100 days we have also faced obstacles and hurdles, some of which are highly publicized. Our processes were questioned by patients, their advocates and our own staff. I appreciate the honest feedback from inside and outside of Army

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ARMY MEDICINE
Serving To Heal...Honored To Serve

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Culture of Trust comes to CRDAMC

In our efforts to improve the health and well-being of the Army and our healthcare environment, CRDAMC recognizes the single most tangible attribute that will guide this organization into the coming decades is TRUST: Trust in our focus on the health of the Army and Army Family; Trust in our patient care and the healthcare team; Trust from and in our partners; and Trust within Darnall and the Army Family.

We have consciously committed to building a Culture of Trust (COT) at CRDAMC. The COT initiative is an Army Medicine enduring effort; it is an organizational change that will support Darnall well into the 21st Century and help us live up to our vision of *Serving to Heal ... Honored to Serve*.

The systematic implementation of the COT is aimed at reducing variance; standardizing and improving our patients' healthcare experiences, outcomes and readiness; and improving the workplace environment. Implementing the COT initiative over the coming year will produce tangible and measurable improvements and results (i.e. customer service, patient outcomes, personnel satisfaction, retention, and efficiencies). We are committed to ensuring Darnall remains relevant and trusted—the keys to our long heritage of service.

The purpose of the Culture of Trust is to enhance and inspire trust throughout our Darnall Team, our patients, stakeholders, and customers. Trust is the foundation of Army Medicine. The impact of trust in patient care is profound—it goes beyond the obvious trust between patient and provider. Trust extends throughout CRDAMC and our Army family; it should characterize the relationship among fellow staff, patients, stakeholders, and customers.

What has the Army done?

Enhancing and reinforcing the Culture of Trust is a key strategic plan for all of Army Medicine. It seamlessly reinforces Army Medicine's vision of *Serving to Heal...Honored to serve*. A Culture of Trust will permeate all facets of Army Medicine and is complementary to the Comprehensive Behavioral Health System of Care; Patient Centered Medical Home;



Comprehensive Pain Management Campaign Plan; Medical Management Center. It will also infiltrate every initiative aimed at reducing variance and standardizing and improving patients' healthcare experiences, outcomes, readiness, and reinforce trust in Army Medicine.

Culture of Trust involves six lines of effort, which will be implemented throughout 2012. These lines of effort will focus on:

- Strategic management - to provide guidance, tools and infrastructure that supports the enhancement and sustainment of a culture based on trust.
- Resourcing - to provide dedicated personnel, facilities, and funding.
- Trust training - to build and further develop specific skills, behaviors, attitudes and to lead research and de-

velopment ensuring an environment where continual learning and best practices are inculcated at all levels.

- Assessment - to continually measure and analyze levels of trust, identify and recommend opportunities for appropriate improvement.
- Communication strategy - to communicate with multiple stakeholders, consistent messages through various communication methods and marketing products to facilitate awareness of the Culture of Trust.
- Coordination - to ensure full implementation, coordination, sustainment and collaboration of training and education of personnel and our stakeholders.

Why is this important to Darnall?

CRDAMC is committed to implementing the Culture of Trust that will produce tangible and measurable improvements and results (i.e. customer service, patient outcomes, personnel satisfaction, retention, efficiencies, etc.). It is our commitment to beneficiaries to deliver and provide the highest quality and access to a system of healthcare.

What efforts does Army plan to continue in the future?

Over the next year, CRDAMC will review and revise policies to ensure they promote trust; we will build and reinforce the skills and abilities throughout the command to grow and sustain trust; we will improve communications and increase transparency.



Patricia Deal, CRDAMC Public Affairs

At one of several four-hour sessions presented to CRDAMC staff, Jonathan Tilley (left) and Kenneth Rivers, members of the Trust Enhancement and Sustainment Taskforce, give a general overview of the Culture of Trust initiative.

OCCUPATIONAL THERAPY | CONTINUED

Despite its long history, many people may be unfamiliar with the specific treatment and services offered by occupational therapy, and often confuse it with physical therapy.

Maj. Lorie Fike, chief of CRDAMC's OT clinic said there is a clear distinction between the two professions. She explained, "Physical therapy helps patients recover normal range of motion and control after injury or surgery. Occupational therapy goes beyond that and focuses on improving the patient's functional abilities. We help them return to normal functioning, where they are able to do all the life skills they were able to do before their injury or surgery."

Functional activity can be anything from performing specific job tasks, typical personal hygiene activities or sports and other leisure activities.

"Some injuries can be debilitating for the Soldiers. We want to help them recover and regain as much independence as possible," Fike added. "It's so rewarding to be able to help Soldiers regain the ability to perform simple things like brushing their teeth or feeding themselves so they don't have to rely on someone to take care of them."

The therapists at CRDAMC's OT clinic primarily work on upper extremities such as hands, wrists and elbows. They normally see injuries from sports activities or training accidents. They help Soldiers recover from common injuries such as finger fractures, overuse (tenosynovitis) and nerve compression (carpal tunnel). They also perform post-operative care for any elbow and wrist surgery.

"We have a variety of treatment options, depending on the injury. We look at the best way to return functionality, which may mean looking at different positioning or lifting techniques," Fike said. "The purpose is to go beyond the problem(s) and find the solutions that help a client live life to the fullest."

Currently the clinic handles approximately 900 to 1,100 cases a month. Fike said they currently see only active-duty Soldiers but hope to see family members in the future.

Occupational Therapy Month coincides with the Army Medical Specialist Corps 65th anniversary on April 16. Occupational therapists, physical therapists, physician assistants, and dietitians comprise the Corps whose mission is to return Soldiers to duty and/or their optimal level of function.



Jeri Chappelle, CRDAMC Public Affairs



(Above) Amy Beaubien, occupational therapist, demonstrates upper extremity strengthening with the "Forarms" system at the CRDAMC Occupational Therapy Clinic's Open House April 12. As part of Occupational Therapy Month, the open house promoted awareness of Occupational Therapy and how therapists help return Soldiers to duty and/or their optimal level of function.

(Left) Richard Maywood, a retired first sergeant, and 1st Sgt. Rebekah Lair, 3rd Squadron, 3rd Cavalry Regiment, play a game of ping pong as part of their treatment at the CRDAMC Occupational Therapy Clinic for their arm injuries. Captain Bernice Sandelin (center), occupational therapist, says the game is ideal to help Maywood and Lair increase their range of motion and functional movement in their arms, while having fun.

Darnall hails new CSM

Welcome Command Sgt. Maj. Roger Velarde, farewell Command Sgt. Maj. Christopher Walls

By Patricia Deal,
CRDAMC Public Affairs

CRDAMC welcomed Command Sgt. Maj. Roger Velarde and bade farewell to Command Sgt. Maj. Christopher Walls as the senior-enlisted adviser in a change of responsibility ceremony April 5.

The change of responsibility ceremony is



Patricia Deal, CRDAMC Public Affairs

Outgoing Command Sgt. Maj. Christopher Walls (left) and incoming Command Sgt. Maj. Roger Velarde flank CRDAMC Commander Col. Patrick Sargent during a change of responsibility ceremony in front of the MEDCEN April 5.

held when a senior noncommissioned officer leaves a position of leadership and a new NCO takes his place.

In his opening remarks at the ceremony, Col. Patrick Sargent, CRDAMC commander, expressed his thanks to Walls for his “unconditional loyalty to me and the Soldiers of CRDAMC.”

“It’s been an honor to serve with you.

I’m grateful for your outstanding service to CRDAMC and your unyielding commitment in helping us become the premier healthcare system in America,” he said.

Sargent also praised Walls for his leadership efforts and “successes he blazed during his tenure at the MEDCEN (Medical Center).”

“I’m most impressed with his mentoring and teaching Soldiers. He developed a robust NCO leader development program, allowing NCOs to play an active role in managing the delivery of healthcare throughout the health care system,” Sargent said. “He is an AMEDD (Army Medical Department) ambassador, brilliantly representing CRDAMC and the AMEDD across the corps and local communities, always advocating for warriors, Families and veterans.”

Sargent also welcomed Velarde to the CRDAMC Family, appreciating his many years of experience in Army medicine.

“He understands our mission. He has first-hand knowledge on how we provide quality medical care to our patients,” Sargent added. “I’m looking forward to having him work with us to provide compassionate world-class healthcare one patient at time.”

Velarde started his Army career as a combat medical specialist for the Army in 1987. Since then, he has held numerous



CRDAMC Commander Col. Patrick Sargent (center), passes the symbolic sword of leadership to Command Sgt. Maj. Roger Velarde (right) during a change of responsibility ceremony April 5. Velarde assumes the senior-enlisted advisor role from outgoing Command Sgt. Maj. Christopher Walls (left).

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Social workers applauded

By Patricia Deal,
CRDAMC Public Affairs

More than 150 social workers and support staff from across post took a day to enjoy a free lunch, fellowship and education at CRDAMC's third annual social work luncheon at the Community Events Center here March 29.

The 2012 National Social Work Month slogan, "Social Work Matters," was also the focus of the luncheon's keynote speaker, Rear Adm. Epifanio Elizondo, chief health services officer from the U.S. Public Health Service Commissioned Corps.

Throughout his long, multi-branch, multi-disciplined career, Elizondo told attendees he has seen many social workers go above and beyond to help the people and communities they serve.

"In whatever field you work in, whether you're helping families that have experienced domestic violence, the child who has been abused or neglected or Warriors who are struggling with the wounds of war, your contribution is significant and valued," he said. "You make a big difference in people's lives. You matter more than you think you do."

Public Health Service officer Lt. Cdr. Alysa Jackson, CRDAMC social worker and Social Work Month committee co-chair, agreed.

"Social workers typically work hard, dedicate much of their personal time to their patients, and the only reward they expect is seeing their patients get better," she said. "They often don't take the time to take care of themselves. Yet for social workers to continue to provide quality care to Soldiers and families, they have to take care of themselves. This event is our way of taking care of the provider and help build their resiliency. It's time just for themselves where they can talk to their peers, have a nice lunch, maybe win a door prize, and knock out some of the required training."



Patricia Deal, CRDAMC Public Affairs



Also at the luncheon, Social Work Month committee members shared highlights of this year's "Social Workers Give Back" project for veterans at the Veterans Affairs Hospital Temple, Texas. Through their fund raising efforts, the Department of Social work donated \$700 worth of books and magazines and gave signed Thank You cards and flags to the vets.

"The social worker's mission is to 'give back' to the community and everyone pitched in to make this year's give back project a success," said Public Health Service officer Lt. Cdr. Allah Sharrieff, CRDAMC social worker and committee co-chair. "We don't always have time to show appreciation to others, but it's an important gesture to help boost morale and make people feel better about themselves and what they do. While we were thanking the veterans for their service, they were thanking us for doing what we do. While we were recognizing the hard work of our social workers, they were thanking us for hosting such a luncheon. Plus, when someone of the magnitude of Admiral Elizondo gives a personal "thank you," it enforces the idea that what you do matters."

Also as part of the luncheon, participants attended a three-hour course for continuing education units on "Life Endings and Ethics" presented by Dr. Helen Harris from

In his keynote address, Rear Adm. Epifanio Elizondo (left), chief health services officer from the U.S. Public Health Service Commissioned Corps, tells social workers and support staff attending the third annual social work luncheon to congratulate themselves for what they do for the military. The annual event with its free lunch, fellowship and training, honors the hard work and dedication of social workers and helps build their resiliency.

Baylor University School of Social Work and Dr. Isaac Gusukuma from the University of Mary-Hardin Baylor.

The Department of Social Work offers a variety of individual and family counseling services to include:

- Outpatient Social Work: Building 424, 761st Tank Battalion Road, (254) 618-8582. Provides therapy for deployment related stressors, anger management, grief and loss and emotional trauma.
- Family Advocacy: Building 2255, 761st Tank Battalion Road and 52nd Street, (254) 288-6474. Provides domestic violence and child abuse intervention and treatment, Batterer's Intervention Program, command consultation and education and parenting groups.
- Marriage and Family Therapy Clinic: Building 415, 761st Tank Battalion Road, (254) 287-1893. Marital and family counseling services.
- R&R Center: Building 39003, Tank Destroyer Boulevard and Wratten Drive, (254) 553-2288. Deployment related issues or other mental health needs.
- Addiction Medicine Intensive Outpatient Clinic: Building 39003, Tank Destroyer Boulevard and Wratten Drive, (254) 553-2288. Four-week long intensive outpatient substance abuse treatment program.

For more information, call (254) 288-6474 or visit www.crdamc.amedd.army.mil/default.asp?page=social_work.



Customer Service Spotlight features staff members who have received positive comments (via ICE/Strive for Five comment cards/APLSS) for going above and beyond to provide excellent care and concern. Comments have been edited for space.

“ Russell Collier Health Clinic
Mar. 14: This is my first visit here to the clinic and the service was outstanding I recommend Pharmacy Tech Pal Parekh for her outstanding service and knowledge. She educated me on all clinics and pharmacy and the services. Thank you very much Pal Pareh. ”

“ Occupational Health
Mar. 14: I wanted to make sure that the staff, nurses and Dr. Mills at the Occupational Health Clinic received a much deserved pat on the back for ensuring that my physical was completed in a timely and professional manor. Thank you to all. ”

“ Public Affairs
Mar. 14: Not sure how Mr. Howell keeps up with the requests and numerous changes that come his way, but he always remains upbeat and cheerful...even when most of his phone calls or emails probably begin with “could you just.....”.

“ Women’s Health Clinic
Mar. 14: Melanie Benson is an absolute asset to the Women’s Health Clinic here at CRDAMC. I have only seen her twice so far in my pregnancy, but I am elated to have her as my provider. Her care has been extremely expedient and efficient, yet she takes extraordinary care in providing enough time for my concerns and is a wonderful listener. After I contacted her, she responded to my questions/requests within less than one-half business day and was ready with the needed supplies. Each time we have interacted, she has treated me with compassion and definitely fulfills CRDAMC’s mission by making me feel like I am her only patient. Please continue to provide Ms. Benson the time and freedom to treat her patients with such care! ”

“ Addiction Medicine Intensive Outpatient Program
Mar. 15: I think this is one of the best programs I have ever been in. Thank you for having the AMIOP. ”

“ Mar. 15: The AMIOP is by far the best treatment I have ever received and the staff cares. Tina (Cho) has helped me in so many ways and the fact that they (staff) implement our suggestions is great. ”

“ Harker Heights Medical Home
Mar. 14: Mr. Amaya and Alicia are fantastic. They are so caring & nice. They always take good care of me & make me feel special and welcome. Good Army medicine for families! ”

“ Mar. 16: I have worked for the government for over 20 years and have been receiving military health care for 11 years since

being married to a military woman. Never have I seen professionalism and received health care like I have from Dr. Doherty. He is the first provider in 11 years that didn’t make me feel rushed in an appointment. He has showed nothing but concern for not only me, but my entire family. Not sure if it’s because of this new medical home, but his efforts should be praised and recognized. So tired of the numbers game and feeling like cattle being herded. Thank you Dr. J. Doherty!! ”

“ Emergency Department
Mar. 14: My employee had a issue with crashing from his diabetes. The fire department and Darnall Hospital did an excellent job of taking care of my employee. It is good to know we have the professionals to handle emergency situations and can take care of our employees. ”

“ Mar. 20: I recently went to the ER with chest pains and was very impressed with the customer service that I received while there. I felt that everyone from the front desk staff to the triage nurse and my doctor were all concerned about my condition. The Triage nurse, Kim, even took some time to talk to me about how my current level of stress and how that may be negatively impacting my health. I was very impressed with the time and care that the staff took for me. Not once did I feel rushed or like “just another patient.” Thanks ER staff for making a stressful situation as pleasant as possible for my family & me. ”

“ Killeen Medical Home
Mar. 27: I am new having Prime, I did like knowing I had the choice of who I seen with standard. After listen to several friends, I decided to let go of control and trust in the Prime program. I wish I started out with Prime! The care my daughter and I received at Killeen Medical Home is the best care I have ever received. I haven’t waited 5 minutes to be seen. The staff are so friendly and understanding of a pre-toddler its amazing. They take the time to get to know Gabriela (my daughter 15mth old) they try playing with her to warm up to checking her throat, Ears, and eyes! I was so amazed how she reacted to them she was calm the calmest I have ever seen her in a doctor visit! All I can say is when we PCS I will differently miss this staff. They are the best team I have seen! I am absolutely pleased with everyone there! I really Hope there are more places like this around other Post if not you should really start building more Medical Homes like this one!!!! They deserve a big HOOAH!!!!!!!!!!!! ”



Staff earns awards for achievements



Congratulations to the following staff members who were recognized at April's award ceremony:

Promotion

GS-09

Ytaga Fields, MEB Clinic

GS-06

Joyce Jones, DFCM Harker Heights Clinic

PCS Award

MSM

Staff Sgt. Christy Chenault, Troop Command

Physician of the 1st Qtr

Thomas Dove, Department of Medicine

Order of Military Medical Merit

Master Sgt. Alexander Poutou, Patient Admin Division

Federal Service

30 Years Federal Service

Patricia Bell, Dept of Pathology

25 Years Federal Service

Denise Turner, Resource Mgmt Division

20 Years Federal Service

Beverly Fisher, Dept of Pharmacy

15 Years Federal Service

Angela Young, DFCM/Harker Heights Clinic

Group Awards

SRMC Expert Field Medical Badge Support Recognition

Army Achievement Medal

Sgt. Brandon Salinas

Sgt. Frank Sanchez

Sgt. Jebrina Williamson

Spc. Nicholas Bankston

PFC Carl Geiger

Certificate of Achievement

Sgt. Harold Jacobs

Sgt. Jebrina Williamson

Spc. Felipe Arreola

Spc. Daniel Lester

Pfc. Jyvaris Wooden

CSM | CONTINUED

duty positions and assignments throughout the U.S. and Germany. His most recent assignments were Command Sergeant Major for Irwin Army Community Hospital, Fort Riley, Kan., and 1st Medical Brigade at Fort Hood.

“It is a privilege and honor to take responsibility of this organization. I know we provide quality care to our patients, and we’re doing many good things in Army medicine,” Velarde said. “But just as our surgeon general asks us all to consider ‘are we good enough,’ my charge to you here today is that we can be better. I know that as a team, we can do better and I’m looking forward to helping us accomplish many more great things.”

Walls’ new assignment will be the commandant of the Army Medical Department NCO Academy at Fort Sam Houston.

“It was truly a privilege and honor to be the (command) sergeant major for CRDAMC. I spent most of my career as an infantry medic. While I was out in the field or at the motor pool, I always wondered what hospital medics do,” he said. “Well, now I know they’re just not sitting around all day. Hospital medics do the most important job – patient care – every second of every day. I’m impressed with everyone’s dedication to taking care of Soldiers and their Family members.”

Medical Libraries Impact Patient Care

Why does the Army invest in medical libraries? What is the value to you, our patient, and to you, a taxpayer?

A four month survey conducted by the Tripler Army Medical Center and the Medical Library Association’s Federal Libraries Section, recently reported that survey respondents received benefits from library services in terms of improvements to care and cost savings.

Survey participants reported that as a result of the information that their medical library provided

- 61.0% said that information provided by the library improved patient management
- 50.0% reported that costs of patient care were reduced
- 46.6% received standard-of-care information
- 19.2% information received reduced the need to order additional diagnostic tests
- 16.0% felt that adverse events or complications were averted

Providers saved about four hours per patient per item received from the library. The total time savings in the survey was 6,288.5 hours.

In 2011, the CRDAMC Medical Library checked out 1,151 books and provided 811

documents for our health care providers through interlibrary loan services. Providers received at least one article in answer to the 1,586 reference questions that we received during the year.

Applying the figures revealed in the survey, the collective value to CRDAMC health care providers was 14,192 hours saved. The time saved is equivalent to having almost seven more healthcare providers available to serve patients.

CRDAMC invests in its medical library to ensuring providers have access to the most recent and most relevant information possible, as a part of the MEDCEN’s continuing commitment to provide world-class, compassionate health care one patient at a time.

Seventy five medical and research libraries from each of the three branches of military service, Department of Health and Human Services’ National Institutes of Health, and the Department of Veterans Affairs participated in the research project.

For more information on the Rethinking Our Value: Federal Libraries Value Project, visit www.mla2011.sched.org/event/5fdcd5b186e92ed0f32c72cdf4f2544.

100 DAYS | CONTINUED

Medicine, and we can do better. As a result, we have identified systemic vulnerabilities and are developing new battle drills that will ensure better outcomes.

I know that challenges are inevitable, and we must remember the lessons of the past and maintain the drive forward while we accommodate these challenges and change. The most demanding challenge facing us as we transform will be to balance the need for change while not breaking faith with those principles that have defined us as caregivers for Soldiers and their Families for over 200 years.

These principles are the bedrock of the Army Medicine Promise and delineate not only how we want to morally and ethically provide care -- they describe who we are and what we believe as caregivers for the best Army in the world. Reading it reminds me of the impact every member of the team has on our Soldiers, our Families, and on one another. It makes me proud of the team I am leading, and it motivates me to maintain this pace towards transformation.

I encourage every member of the team to read the Army Medicine Promise, both from the perspective of a care provider as well as that of a patient. I want you to read it and give me feedback.

The next 100 days promises to be as full as the last 100. We started and are finalizing the reorganization of the Office of the Surgeon General and U.S. Army Medical Command staff to better align with conventional Army structure. This reorganization of AMEDD General Officers will best position us to decrease strategic vulnerabilities and strengthen our posture. We will position senior medical leaders to optimize the scope and influence of Army Medicine within the Department of Defense and the Federal Government.

The challenges facing the Department of Defense, the Department of Veterans Affairs, and the Nation's healthcare system will require our best leaders to share, collaborate and innovate. We can be proud of who we are and what we have accomplished, but I hope you are feeling the same sense of urgency for transformation that I am feeling.

Four years is a blink of an eye, and we have a lot of work ahead of us - let's go!

Serving to Heal ... Honored to Serve



We Believe Our Patients Deserve...

A VOICE in how Army Medicine cares for them and all those entrusted to our care.

MAXIMUM HEALTH VALUE as defined by timely, appropriate, and reliable care provided by a compassionate, competent Army Medicine Team.

A HEALTHCARE TEAM that thoughtfully listens, believes, and honors what is shared in confidence with us when seeking our expert care.

A HEALTHCARE TEAM who believes it is their duty to assist patients in every way possible to ensure accurate patient care documentation that correctly and fully tells their unique patient story.

AN ENHANCED CARE EXPERIENCE that includes our belief in their desire to heal, be well and have an optimal life.

A HEALTH SYSTEM that focuses on their LIFESPACE in order to optimize health and wellness.

A HEALTH SYSTEM they trust and take pride in as their system of choice.