

THE DUNHAM NEWSLETTER



Commander's Note

By: COL Stephanie Wilcher

Spring is here, it's beautiful outside and a perfect time to “spring into health”. Some things to accomplish this spring are Mammography, Pap smear, Colonoscopy, and Cholesterol screenings. Spring in front of any chronic diseases such as diabetes and get your A1C drawn. If you added a couple of extra pounds this winter or you are struggling with high cholesterol, implement a healthy diet and exercise plan. One of the great things about spring is the availability of fresh fruits and vegetables. Fill half your plate with fruits and veggies to get the healthy benefit of vitamins, minerals, antioxidants and fiber. Get out and enjoy the weather, take walks or run, enjoy a bike ride, or go hiking. Try commit to 30 minutes a day and remember the sunscreen.

We had our strategic planning conference in March where we relooked the mission and vision of the clinic. We used the patient surveys and collaborated with patient representatives at the conference. Our new vision and mission statement:

Provide patient-centered care focused on the wellness of service members and beneficiaries through trusting partnerships with innovative teams committed to achieving the best possible health and readiness of those we serve.

Continually setting the MEDCOM standard for excellence in patient centered care, with an exceptionally skilled staff and empowered patients focused on wellness beyond the primary care setting resulting in a healthy population and medically ready force.

Dunham is well into implementing Patient Centered Medical Home. Some of you may have noticed that your nurse is in with you during the appointment. This is a way to give you dedicated time with the provider. The provider can concentrate on you while the nurse records the visit. Your team is reviewing records prior to appointments and identifying healthcare needs beyond the current appointment. Your RN team will become more involved in your care ensuring timely and comprehensive healthcare focused on wellness.

We are excited to bring our beneficiaries an Army Wellness Center. In January of 2013 or sooner we will offer you a chance for a wellness profile and individualized exercise and nutritional programs. We will also address stress reduction, a tobacco cessation program and many other healthy initiatives.

Your health is always at the forefront of our business. If there is something else we can do to help you “Spring Healthy” please let us know.

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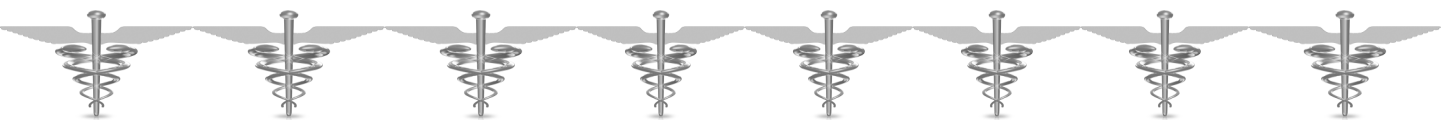


Dunham U.S. Army Health Clinic Update



Greetings! Here is a quick Top 10 update on the hot clinic and military healthcare issues.

- 1. Army Wellness Center:** We completed the Personal Wellness Profile (PWP) questionnaires for the 2012 USAWC class and put the PWP questionnaires for the spouses in student mailboxes 28 March. We have small group briefings scheduled 23-27 April and 15-17 May in Bradley Auditorium of Upton Hall. Dunham will establish the Army Wellness Center in Building 119, adjacent to Indian Field and behind the movie theater, as a permanent wellness and fitness program for all Dunham patients and Carlisle Barracks employees.
- 2. Autism:** April is National Autism Awareness Month. Autism prevalence is now one in every 110 children in America. Visit <http://www.autismspeaks.org/> for more information.
- 3. Rabies:** Due to a recent Ft Drum Soldier death from rabies and subsequent MEDCOM guidance, we reviewed all Post-deployment health assessment and reassessments since 1 Sep 2011 looking for any evidence of animal bites. We found no evidence of animal bites and have implemented a plan to continue to screen for them, as well as provide a Medical Threat brief for all deploying Soldiers.
- 4. Secure Patient to Provider Messaging:** Starting in May you can sign up for Relay Health in our clinic and securely exchange messages with your provider and their staff. Relay Health offers administrative and clinical messaging, referral and Rx renewal request, lab test request and result delivery, clinical and broadcast messaging. It is for NON URGENT communications.
- 5. Medication Take Back:** Do you have expired or unused meds to dispose of? Then come to the Cumberland County medication take back event at the US Army Heritage Education Center (AHEC) Saturday, 21 Apr 12 from 1000-1400. There is also a DEA National Collection event on 28 April, location and time are pending.
- 6. Primary Care Manager (PCM) Vacancies:** We are completing interviews for a Physician Assistant, Nurse Practitioner, or Family Medicine Physician to replace Ms. Ware. Interested providers have one last chance to send their resumes and certifications to: nancy.bie@us.army.mil, or call 717-245-4954 for additional information.
- 7. Lab Results:** Did you know your lab test results are available on TOL approximately 1 week after lab tests are done? Visit www.tricareonline.com to view them.
- 8. Patient Centered Medical Home (PCMH):** We continue to use PCMH best practices to improve your care and experience at Dunham. Our PCM's lead their teams in the following mission: take care of new health concerns as they arise, ensure delivery of preventive screening and services, manage chronic health



Dunham U.S. Army Health Clinic Update Con't



conditions, and promote a spirit of health and wellness. We have hired additional nurses that have an expanded role, will use Relay Health, take responsibility for care coordination across multiple health care settings, and provide evidence-based care and self-management support.

9. Patient Satisfaction Surveys: Visit here <http://www.surveymonkey.com/s/DunhamAHC> to provide feedback on our services, hours, and much more. We want your comments to help shape our hours and services. For immediate feedback contact our Patient Advocate at 717-245-3911 or e-mail dunham.clinic@us.army.mil

10. Population Health: Our new Population Health Nurse, Ms. Dee Connelly, started on 12 March and will lead our Population Health program. Contact Dee at dunhampophealth@us.army.mil for any diabetes, obesity, or cancer screening questions. If you are overdue on any of your annual health screenings, expect to hear from her soon.

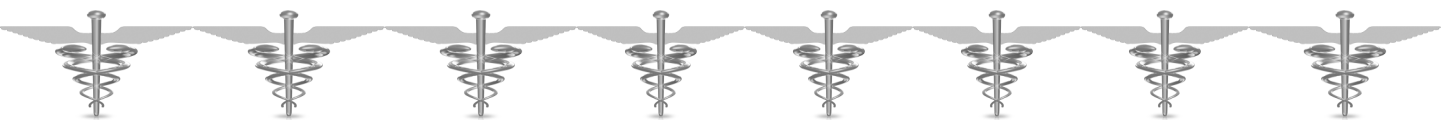
Ask the Dunham Commander Question: I am out of my meds and need more. Why do I have to come in instead of just doing it over the phone?

Answer: For your safety and the best quality care, there are some medications that require lab tests or provider evaluation before renewal. On March 26, our Clinical Pharmacist and PharmD, April Letcher, started and she can discuss medication renewals and medication management on the phone and at the clinic.

Want more info? Like us on Facebook www.facebook.com/dusahc; Follow us on Twitter: @dunhamhealth; Visit us at <http://dunham.narmc.amedd.army.mil>,

To your best health,
The Dunham Team

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Eating Disorders: Signs, Symptoms and Resources

By: Sandra Perrotta , LPCC, Behavioral Health

Eating disorders are a syndrome of disordered eating or restricting symptoms experienced by both men and women. Symptoms: Obsessions with food and weight, chaotic interpersonal relationships, depression and isolation related to food and eating. The behaviors of disordered eating are maladaptive ways to cope with painful feelings. These methods become emotionally addictive without regard or recognition to physical and emotional health.



DEFINITIONS:

Anorexia Nervosa: distortion of body image and fear of body weight and gain. Diagnostic criteria is 85% less than normal body weight. Denial of body size and risk are severe. Some are restricting food only while others binge and restrict to manage the binge episode.

Bulimia Nervosa: Binge eating followed by weight loss behavior of purging food, laxative and diuretic abuse or non purge and use of excessive restricting or exercise. "Exercise Bulimia". People being bulimic are typically within normal weight range but are preoccupied with body distortion and weight.

Eating Disorders Not Otherwise Specified (EDNOS): people meet some, but not all, of the symptoms of Bulimia or Anorexia.

Binge-Eating Disorder or Compulsive Eating: Binge eating episodes can be defined as gorging food or continuous eating without any type of behavior to expend calories.

CULTURAL AND SOCIETAL THOUGHTS:

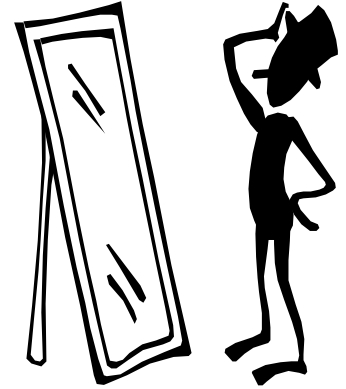
Eating disorders have risen in the last 30-40 years by 50%. The disordered eating of girls and women can be seen in print and media by thinner representations of bodies. Eating disorder symptoms are being observed in girls as young as 3rd, 4th and 5th grade. "I'm fat" is heard in girls talking with one another. Young women are diagnosed with bulimia and anorexia. A 2007 Harvard University study revealed that men account for 25% of the eating disorder population. The increase may account for men being properly diagnosed and their opening up about their own struggle for perfection. Symptoms in boys and men are motivated by different emotional factors and can be more difficult to diagnose. Losing weight and attempting to bulk up can become its own body dysmorphia and lead to eating disorder. Eating disorders have profound impact on a person's quality of life. Self-image, esteem, social and interpersonal relationships, and job performance are severely impacted. Eating disorders can be associated with other co-existing psychiatric disorders, mood disorders and anxiety disorders.

What is body image? Generally defined, it speaks to our subjective perception of how our body appears to us. Across cultures there are unique differences about what beauty is. Samoan culture reveres the large women as the most beautiful and to greet visitors as they come to their island. Women of color in western society have had lower incidences, though that has reversed itself as clinicians are reporting disorders in all socio-economic groups, races and ethnic background. For both men and women in this culture, the challenge of aging can begin or restart disordered eating. The "Boomers" are experiencing a disconnect between their actual age and their emotional age. The perception of youthfulness is wonderful; society values youth? What has happened as a result is a challenge to youth, attractiveness and esteem...all leading to the possibility of increased body image disturbance. A 2012 study at the Oregon Health and Science University, women ages 65-80 were just as likely as young adult women to feel fat or concerned about body shape.

Eating Disorders: Signs, Symptoms and Resources Con't

SIGNS AND SYMPTOMS OF DISORDERED BODY IMAGE:

1. Do you believe that your body is 'fat' despite being described as thin?
2. Do you look in the mirror continuously and add disparaging remarks?
3. Do you believe that worth is directly influenced by the number of pounds on the scale?
4. Do you feel the need to escape/avoid places, situations, people or groups to control thoughts and urges around food?
5. Are you preoccupied about specific body parts that are considered ugly by you?
6. Do you spend more than 3 hrs per day thinking about your body and imperfections?
7. Do you think people are thinking negative thoughts about you or making fun of you due to appearance?
8. Do you have panic or anxiety when you observe yourself in a mirror or window?



CONSIDERATIONS FOR TREATMENT:

A team approach is most effective in working towards a balance of healthy weight, a healthy relationship with food and eating, appropriate exercise levels and elimination of binge purge cycles or restrictions of food. A multi-disciplinary team of psychiatry, dietary, psychotherapy and internist to work with the whole person. A person's personal relationship with their faith is also important to incorporate when appropriate.

Psychotherapy: Cognitive Behavioral Therapy challenges unrealistic thoughts and develops more productive thought patterns. CBT appears to be most effective with Bulimia with younger women.

Other psychotherapies are: Interpersonal and Psychodynamic, which can help you gain insight into issues such as transitions of life, loss and unresolved relationships that may underlie the disordered eating.

Nutritional Counseling: Learning healthy foods and lifestyle with food. Often in serious eating disorders it is necessary to work with planning on how to eat during recovery.

Medication: It is important to discuss medication with a physician who can guide the process. Prozac has been approved as the only medication to treat Bulimia. (US Food and Drug Administration) NIMH, nimh.nih.gov.

RESOURCES:

Academy of Eating Disorders: 1-847-498-4274 www.aedweb.org

Harvard Women's Health Watch: February 2012; Disordered eating in mid life and beyond

Binge Eating Disorder Association-BEDA bedaonline.com 1-410-570-9577

The Elisa Project: 1-214-369-5222; theelisaproject.org; listing of therapist, treatment centers and informative materials.

Cultural Expectations of thinness in women, Psychological Reports,(1980) 47,483-491, Garner,D,Garfinkel,P.E., Schwartz,D.,&Thompson.

TEAMSTEPPS

(Team Strategies and Tools To Enhance Performance and Patient Safety)

By: Jo Stepp, RN, Triage Nurse

What word pops into your mind when you think of the characteristics of a good team? If you thought of any of the words surrounding the penguins below you are on the right track! TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety) incorporates these characteristics along with others to optimize team performance throughout healthcare organizations.

Communication

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Accountability

The Joint Commission reports that ineffective communication is the root cause for nearly 72 percent of all sentinel events. The implementation of TeamSTEPPS is a Surgeon General driven initiative to improve teamwork and communication throughout all branches of the service. Improving teamwork skills and effective communication will reduce errors, improve patient and process outcomes, and increase patient and staff satisfaction. Each MTF in the Meade MEDDAC has begun training with the goal to have 100% of the staff trained by December 2012.

Why penguins? They work in teams! They may have their squabbles like humans do but they work together to protect their own. Therefore the mascot for TeamSTEPPS is a penguin.

CONTINUE READING FOR MORE INFORMATION ABOUT THIS PROGRAM.

TEAM STEPPS (CON'T)

The Problem:

- Health care is becoming increasingly complex.
- Humans are fallible.
- Teamwork skills are not innate.
- Most health care professions curricula do not include teamwork.
- Without teamwork, the consequences of error are greater.
- Teamwork failures are #1 cause of adverse events, including death.

Public reaction to problems associated with PATIENT SAFETY reached a critical mass with the 1999 publication of To Err is Human which concluded that preventable medical ERRORS cause up to 98,000 deaths yearly! The core message in To Err is Human was to “train in teams those who are expected to work in teams”. Health care organizations were urged to establish team training programs using proven methods such as the crew management techniques employed in aviation and other High Reliability organizations.

The Solution:

The Department of Defense (DoD) introduced medical team training in the late 1990's.

In 2003, TeamSTEPPS was initiated when DoD and Agency for Health Care Research and Quality (AHRQ) convened a national panel of experts on human factors, human error, and medical team training. At this meeting, approximately 30 of the nation's leading experts discussed the needs, requirements, and strategies for effective teamwork in health care. The result was a roadmap that helped guide the research that followed.

A curriculum which identifies essential competencies and skills was developed and the TeamSTEPPS program released as the national standard for team training in health care. For example, the skill of adaptability/flexibility is required when responding to unpredictable situations teams may encounter but it is difficult to directly train persons in the skill. TeamSTEPPS teaches team members to monitor the performance of others and provide assistance, plan and organize team roles, and communicate with one another efficiently and effectively. Combined, these skills yield a highly adaptable and flexible team.

Numerous Military Treatment Facilities (MTF's) throughout the Military Health System (MHS) are in various phases of the TeamSTEPPS initiative. Dunham has implemented morning “Team Huddles” and other tools within the last 6 months and is proceeding with other aspects of TeamSTEPPS. The program has been incorporated into several other curriculum milieus within DoD to include training at simulation centers, education courses at the Uniformed Services University of the Health Services (USUHS), and military operational units. Varied civilian institutions and facilities are also implementing the TeamSTEPPS program for teamwork training and are studying how to embed TeamSTEPPS principles into medical education.

TeamSTEPPS—rooted in science, research-based, and field-tested—is designed to improve the quality, safety, and the efficiency of health care. It is not just a training program. It is a TEAMWORK SYSTEM. The progress that has been made in patient safety since the 1999 IOM report (To Err is Human) is tremendous, but there is still much to learn, particularly in health care. Your clinic health care team continues to strive to be in the lead!

***“But Why Do I Have to Talk About it... and Relive it Again?:
Understanding the Basic Neurobiology of Post Traumatic Stress
(PTSD/PTSD)***

Mary Heck, MSW, Licensed Social Worker

Many of our Soldiers will wonder why talking about a specifically painful event will actually ‘help’ them to resolve the pain associated with the specific memory(s). We often hear, “I already have the memory, why do I have to talk about it and feel the pain all over again?” That makes sense; however, let me tell you how our amazing brains assess, process, and store information – all in an effort to keep us safe. We’ll start with a short scenario.

Let’s just say you’re in the woods, hunting for food. Then, all of a sudden, you hear this low growl. You quickly turn to see where the threat is coming from. In an instant, a part of your brain called the Thalamus assesses the situation as “potential death!” The Thalamus then sends a signal to another part of your brain, called the Amygdala, which is responsible for activating your ‘fight or flight’ response.

According to Dr Daniel Siegel, a psychiatrist who teaches on the neurobiology of the brain, when your amygdala is activated by either a perceived danger or intense stress, it triggers the kidney to release cortisol, which is a stress response hormone. Your kidneys also release adrenaline. This is an arousal hormone which surges through your body in order to prepare you for fight or flight by causing your heart to beat faster in order to pump the blood in to your legs/arms to get the ‘job’ done. Unfortunately, when this process occurs, another part of your brain, called the Hippocampus, shuts off. The hippocampus is responsible for creating a coherent, meaningful memory, but when you are running or fighting, your job is not to THINK. Your job is to SURVIVE!

In addition, when your amygdala is activated, it also takes a ‘snapshot’ of all 5 senses of the memory (sight, sound, taste, smell and touch) and is recorded WITH the memory. This is what we call a ‘trigger’. So later on in life, when you experience any of these above senses (triggers) that were attached to the traumatic memory, you may find yourself experiencing the same physiological response (heart racing, nausea, body constriction, sweaty palms) you had at the time of the trauma. This is our brain’s instinctual way of protecting us to alert us to potential danger that ‘mimics’ the original memory.

Remember the hippocampus shuts off at the time of adrenaline/cortisol release? The hippocampus, in essence, is really the gateway to creating a meaningful memory that will store *properly* in your brain in order for your pre-frontal cortex (behind our forehead), the part of your brain that makes executive decisions and controls inhibition and rational thought, to access the ‘story’ in order to gain the ability to reason and make a GOOD decision. Our perceptions change when our prefrontal has access to memory which has been processed through the right and left side of our brains.

So, here is the kicker. IF WE TALK ABOUT IT, we first assign language to the emotional memory that is now only being stored in the amygdala and triggering us. Our ears are connected directly to our hippocampus. Get where I’m going with this? WE HAVE TO TALK ABOUT IT SO WE ARE FORCED TO RETRIEVE THE MEMORY and allow the words to start to travel THROUGH OUR HIPPOCAMPUS to start the process of neural rewiring and sending the information to the right side of the brain and then over to the left side of the brain; completing the circuit in order for the pre-frontal cortex to use and behave appropriately.

Again, if our memories do not complete the circuit, our traumatic memory(s) will continue on as a ‘here and now’ experience because it will remain STUCK in the amygdala leaving us to feel triggered to ‘fight or flight’ every time we experience one of the 5 senses that were experienced at the time of the trauma. This “stuckness” may result in sleeplessness, intrusive and repetitive thoughts, nightmares, hyper-startle responses, avoidance and hyper-vigilance (constant focus on your surroundings). Post traumatic stress is a NORMAL response to ABNORMAL events. But when we start to recognize these symptoms and they are affecting our quality of life, this is the time to seek help.

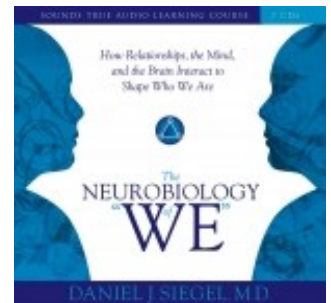
“But Why Do I Have to Talk About it... and Relive it Again?: Understanding the Basic Neurobiology of Post Traumatic Stress (CON’T)

As an aside, over time, as the process of adrenaline production repeats over and over due to our consistent assessments of danger and reacting to survive, such as in a combat zone, the adrenaline/cortisol rushes burn out our nervous system, depleting our system of our crucial ‘feel good’ neurotransmitters leaving us feeling depressed and anxious. This may be cause to consider potential anti-depressants in order to replace that which our system is no longer creating so that we CAN start to feel good again.

Unfortunately, we can’t move *past* until we move *through*. And talking about our uncomfortable, traumatic memories with someone will help us to move through the process to healing. There are also other researched based techniques for processing these memories.

If you feel like you can relate to the above, please consider contacting Dunham Behavioral Health at 245-4602. Just a reminder, current policy is that you **do not** need to report any counseling if you seek BH treatment for family or personal issues as a result of deployment, when renewing your security clearances.

***For more information about neurobiology and the brain, see “The Neurobiology of We” by Dr Daniel J Siegel



Irritable Bowel Syndrome

By: Dr. James. Bruckart, LEAD OH Clinic



Irritable bowel syndrome (IBS) or spastic colon is a symptom-based diagnosis characterized by chronic abdominal pain, gas, cramping, bloating, and alteration of bowel habits. Studies estimate that up to 15% of Americans may have these Irritable Bowel concerns. Constipation or diarrhea may be the predominant symptom or they may alternate. As a functional bowel disorder, IBS has no known organic cause. A diagnosis of IBS can be made on the basis of symptoms alone. More testing may be needed for persons with onset after 50 years of age, weight loss, frequent vomiting, gross blood in the stool, fever and rigidity or other signs of GI infection, or family history of inflammatory bowel disease. Onset of IBS is more likely to occur after an infection, a stressful life event, or onset of maturity.

The exact cause of Irritable Bowel Syndrome is unknown. The most common theory is that IBS is a disorder of the interaction between the brain and the gastrointestinal tract, although there may also be abnormalities in the gut flora or the immune system. Treatments for IBS are targeted to relieve symptoms; including managing your diet, lifestyle, reducing stress, and sometimes medications. Irritable Bowel Syndrome should not affect life expectancy, but it can be the source of chronic pain, fatigue, and other symptoms that interfere with work and social functioning. Keeping a diary of diet and bowel habits may be a good starting point for a discussion with your Doctor. Most IBS patients find that their symptoms improve as they learn to control their condition.

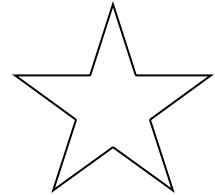
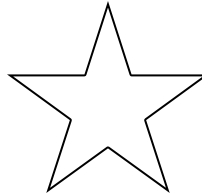
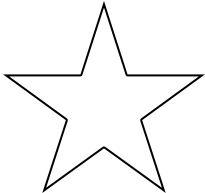


Clinic Stars of FY-12 1st Quarter

By: Nancy Bie, Administrative Officer, Business Office



Ms. Patti Grove always has a positive upbeat attitude and is perceived by staff, co-workers and patients to be warm, friendly, cooperative and eager to help. From volunteering to be a part of the morning Army Medical Home huddle to mastering the processes involved in the automated Family Advocacy System of Records, Ms. Grove is always there volunteering to do whatever is required to assist her supervisor and support the Behavioral Health (BH) Clinic. During the period of 1 Oct - 31 Dec 2012, Ms. Grove is commended for her dedication, perseverance and adaptability to the changing conditions in the Behavioral Health Clinic. In addition, to the Clinic losing its Family Advocacy Program (FAP) Social Worker, Behavioral Health was preparing for a pre-accreditation visit from the Northern Regional Medical Command Social Work Consultant. FAP was evaluated on 64 comprehensive program standards with multiple sub-standards involving both installation and community agencies. Ms. Grove made herself available to support this preparation working nights and weekends. The regional Social Work Consultant stated in her final report, this was the “best pre-accreditation visit she had ever seen in many years.” Ms. Grove is truly an asset to the BH team.



Laura Elovich, LPN at Fillmore U.S. Army Health Clinic

During the 1st Quarter of FY12, the Fillmore U.S. Army Health Clinic (FUSAHC) had challenges within its Lab. Mrs. Elovich volunteered and accepted the responsibility of improving the Lab at Fillmore. Mrs. Elovich also helped with catching up on HEDIS documentation by personally sending out 857 letters to Fillmore patients who fell into the HEDIS measures. At times Laura would spend endless hours just on the improvement and data tracking of these HEDIS patients.

Mrs. Elovich is a bright spirited employee who accepts, meets, and exceeds the challenges of the day as a professional.

SMOKING CESSATION CLASSES

By: Dunham Nursing



Upcoming On-Site Classes at Dunham U.S. Army Health Clinic are scheduled April 11, May 9, and June 13, 2012. Class time is 1500-1600. To register, call (717) 245-3630 or send an email to dunham.clinic@us.army.mil. Classes are free and open to active duty, retirees, dependents and DOD Civilian employees. On-Line Classes are available at <http://www.ucanquit2.org>

The Smoking Cessation Triage Program provides toll-free triage telephone services to assist all non-Medicare eligible beneficiaries in obtaining resources to quit smoking. The Program provides beneficiaries access to smoking cessation educational materials, web information and interactive “chat” services. For beneficiaries without web access, the Program provides smoking cessation materials via U.S. mail. The new Smoking Cessation Triage Program toll-free telephone line is 866-459-8766. The Program’s services are available 24 hours a day, seven days a week (during business hours, after business hours, weekends, and holidays). This beneficiary service is staffed with specially trained, smoking cessation contact representatives who possess an understanding of the processes or stages of smoking addiction and smoking cessation and the ability to triage callers and recommend resources for treatment. These contact representatives will also advise beneficiaries of the additional web-based information and interactive chat services available on the Government’s website <http://www.ucanquit2.org>.

The Smoke-Free Quit Plan – Provides beneficiaries with an important tool in determining the triggers for smoking, the methods that will help them successfully quit, a guide to developing a support plan, and information on how to prevent a relapse. With the support of this new Smoking Cessation Triage Program beneficiaries can get started with their quit plan today by calling 866-459-8766 or by logging on to: <https://www.hnfs.net/bene/healthyliving/ThatsitProgramMain.htm> and clicking on the “Healthy Living” page.



SELF CARE CLASS

By: Dunham Nursing

Self Care Class —this briefing will address health topics, lifestyle changes and prevention services. The class will provide recommendations for proper use of over the counter medications and conclude with the issuing of a FREE Over The Counter Medical Card for use at Dunham Clinic and the “HEALTHWISE” Handbook. Class available on-line as well at: <http://dunham.narmc.amedd.mil> under the link “Services”.

Classes will be held Tuesdays, 1430-1600 on the following dates:

April 10, 2012, May 08, 2012, and June 12, 2012

To register, please call 245-3630.





We hope you found this newsletter to be helpful and encourage you to provide feedback on our performance to our Patient Advocate at (717) 245-3911 or send us an email at dunham.clinic@us.army.mil

DUNHAM CLINIC UPCOMING CLOSURES

April 2012

May 2012

28—Memorial Day

Jun 2012

Jul 2012

04—Independence Day

05—Training Holiday

PLEASE NOTE

All holiday hours are subject to change. Please check the Dunham web site for changes to the holiday calendar and/or hours of operation. Changes will also be posted in the waiting area of the main clinic at Carlisle Barracks.

REMINDER

The clinic closes at 1200 every Thursday afternoon to complete mandatory training and administrative requirements. This dedicated weekly closure time optimizes our ability to care for our patients. We appreciate your understanding and patience.

DUNHAM U.S. ARMY HEALTH CLINIC

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GOT COMMENTS?

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www.facebook.com/dusahc

<http://dunham.narmc.amedd.army.mil>

**TriCare Phone Inquiries
1-877-874-2273**

**Health Benefits Advisor
717-245-4112**

**Appointment Line
717-245-3400
www.tricareonline.com**

**Patient Advocate
717-245-3911**

**NEW PHARMACY REFILL NUMBER
1-800-377-1723**