

THE DUNHAM NEWSLETTER



Commander's Note:

By: COL Stephanie C. Wilcher

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HAPPY NEW YEAR!!

The year 2012 promises to be a healthy and invigorating twelve months. In the next few months, Dunham will stand up a Fit To Win clinic with the ability to assess your present state of health and then work with you to improve or maintain your current health. The staff at Dunham is dedicated to your best possible health and we think the Fit To Win program is a true means of helping you realize your healthiest state.

We will continue to work towards ensuring you have convenient access to screenings such as mammograms, cholesterol, and A1C monitoring (for our diabetics). These screenings offered on a walk-in basis promise to get you in and out as soon as possible. There are plenty of appointments for well woman and well man assessments to include pap smears and prostate exams.

If your New Year resolution was to quit smoking, let us help by signing you up for the smoking cessation program. Smokers have a higher quitting success with the combination of pharmaceuticals, counseling and social support; we offer all three in our program.

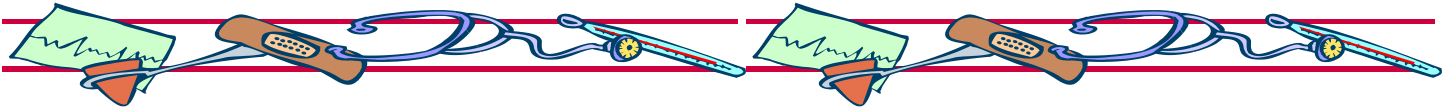
You can expect to see some changes as we fully implement the medical home care delivery system. You can look forward to dedicated time with your primary care provider. We have accomplished this by shifting some of the administrative duties to the support staff. Expect to have both your nurse and provider in the room with you for your appointment. Your nurse will record the finding of the exam and document the health assessment and interventions. This allows the provider to focus on you and not split the time between you and the computer.

We have initiated several actions to prepare for your visit. We are viewing all patients' records before the appointment for required screenings, blood draws, medication refills, and any required consults. We have established partnerships with local emergency rooms and urgent care clinics to receive notification of a visit from our beneficiaries allowing us to provide prompt follow up. In implementing the initiatives, we hope to maximize the comprehensiveness of each clinic visit, decrease the number of times you are required to come to the clinic and primarily, keep you very healthy.

The New Year is here!!! Let Dunham US Army Health Clinic help you realize your healthiest YOU.

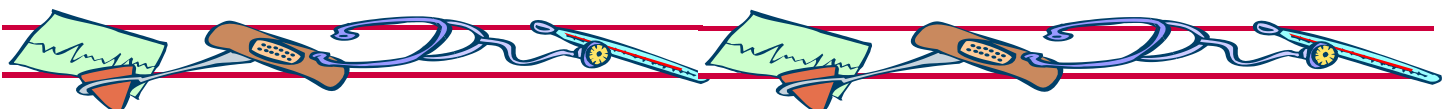


Clinic Updates

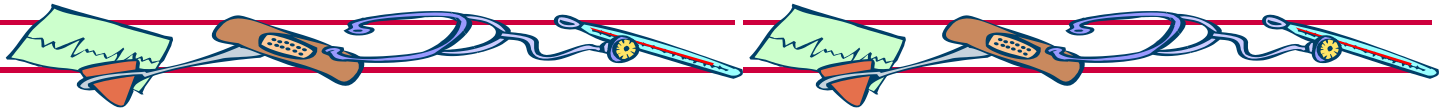


Happy New Year! Here is a quick Top 10 update on some pertinent clinic and military healthcare issues.

- 1. Inclement Weather:** Call 717-245-3700 for closures/delays due to severe weather. We may open earlier, or when other Carlisle Barracks facilities are not. We will also send Tweets (@dunhamhealth) and post on our Facebook.
- 2. Patient Satisfaction Surveys:** Go here <http://www.surveymonkey.com/s/DunhamAHC> to provide feedback on our services, hours, and much more. We will use your comments as part of our strategic planning. Please continue to complete any Army Provider Level Satisfaction Surveys (APLSS) you receive since they compare us against all other Army clinics and hospitals, and reward us financially for doing well. For immediate feedback call our Patient Advocate at 717-245-3911 or e-mail: dunham.clinic@us.army.mil
- 3. Dr. MLK Jr. Clinic Closure:** We are closed 16 January for a Federal Holiday, but open Friday, 13 Jan.
- 4. Appointment Center Hours Change:** Our new improved call center hours are 0630-1630 Monday, Tuesday, Wednesday and Friday; and Thursday 0630-1200. These are working great and in effect until further notice.
- 5. Open Enrollment:** We are seeking new TRICARE Prime patients at Carlisle Barracks, Fillmore Army Health Clinic (FAHC) in New Cumberland, PA and Fort Indiantown Gap (FIG), to include TRICARE Plus at FAHC and FIG. AD and eligible family members enroll free; Retired servicemembers and eligible family members enroll for only \$260 for one person or \$520 for two or more annually. For more info, visit the Dunham TRICARE Service Center, Heath Net Federal Services' web page at www.hnfs.com, or call 877-TRICARE.
- 6. Secure Patient to Provider Messaging:** Dunham will start Relay Health in the near future, which allows patients and providers to securely exchange **non-urgent** messages. Options include: Administrative Messaging (Note to Office, Appointment Requests and Reminders, Referral and Rx Renewal Requests, Lab Tests: Request and Result Delivery), Clinical Messaging (Note to Provider, WebVisit, Template Management Messaging) and Broadcast messaging (Flu Shots, MTF Closures, Reminders, Patient Education Library).
- 7. Pharmacy Home Delivery:** You can now receive a 90-day supply of your formulary generic medications **FREE**, and the convenience of maintenance medications delivered to your home eliminating trips to the retail or military pharmacy. **It's easy to get started, and on January 18th from 1000-1400 at Dunham and 13th and 25th at Fillmore we will help you sign up and start using HOME DELIVERY. If you can't attend you can visit www.express-scripts.com/TRICARE (click on the pill bottle), call 877-262-3390 and an Express Scripts representative will work with your doctor to transfer your maintenance medications to Home Delivery, or ask our staff for the easy to follow Home Delivery tri-fold.**
- 8. Population Health:** Start the year off right. If you need a well woman exam, book with TRICARE Online or by calling 245-3400; for mammograms please call 245-3143 or visit Radiology to schedule an appointment here in the clinic. If you had any wellness care outside our clinic, to include lab tests for diabetics, contact dunhampophealth@us.army.mil or call Population Health at 245-4285 so we can update your records.



Clinic Updates (Con't)



9. **TRICARE Young Adult (TYA) Prime:** On January 1, 2012, the TYA Prime program started for eligible young adult dependants. TYA allows adult children under 26 to purchase TRICARE coverage after eligibility for "regular" TRICARE coverage ends. They can apply for TYA Prime beginning December 1, 2011. To be eligible by January 1, 2012, enrollments must be received by December 20, 2011. For more information stop by the TRICARE Service Center at Dunham US Army Health Clinic, call 877-TRICARE. www.tricare.mil/tya/.

10. **Flu Vaccination Update:** Peak season is right around the corner. We provided more than 6,100 vaccinations so far. If you still need one, visit Dunham during the following periods: Monday – Wednesday, Friday: 0730-1130 and 1300-1600 Thursday: 0730-1130. The deadline for all military was 1 Dec 11.

ASK THE COMMANDER

Question: I called your appointment line recently and after being on hold for 20 minutes, I was cut off and had to dial back again. What do I do when this happens?

Answer: We are sorry for the wait and the disconnection. If you experience system issues with our appointment line, please call our Clinical Support Branch Chief at 717-245-3933 or e-mail: dunham.clinic@us.army.mil. Malfunctions like this are random and if we are informed, we troubleshoot them with the system contractor and apply fixes. Occasionally our wait exceeds your expectations, and if you have internet access, TOL is available 24/7 and can usually meet your appointment needs.

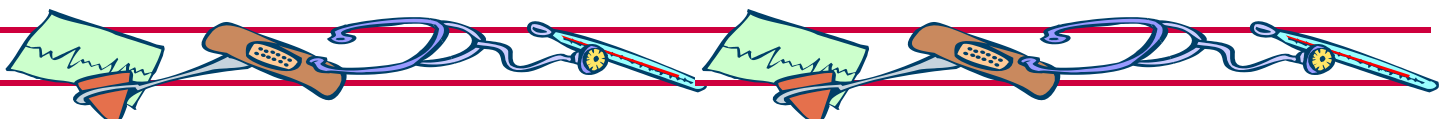
Question: What if I Have an Emergency? Or Dunham is closed and I Don't Feel Well?

Answer: **If you have an emergency, "a sudden illness or injury that if not treated immediately could result in death, long-term impairment or serious jeopardy to your health," call 911 or go to an Emergency Room. You do not need to call your PCM before receiving emergency care.** In all emergency situations where you go to an ER, notify your PCM as soon as possible to coordinate ongoing care.

For minor illnesses or injuries after Dunham is closed you can call (717) 245-4047 to speak with the on-call PCM – Primary Care Manager. The on-call PCM can help you decide if you should go to an Urgent Care Clinic (UCC) or wait until Dunham reopens to see a healthcare provider. If you decide to go to an UCC be sure the on-call PCM knows so a referral for that visit can be entered into your Electronic Health Record. Health Net Federal Services, our TRICARE partner, has developed relationships with several local Urgent Care Clinics.

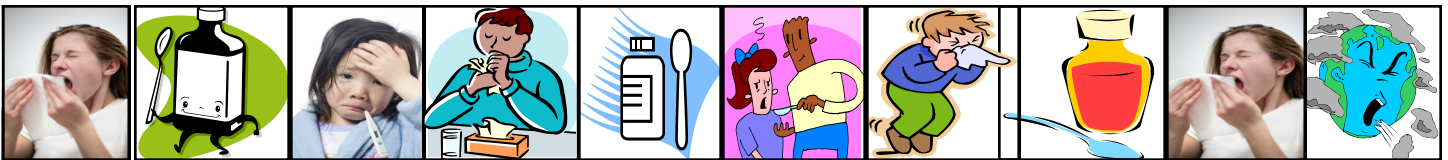
Want more info? Like us on Facebook www.facebook.com/dusahc; sign up for us on Twitter: @dunhamhealth; visit us at <http://dunham.narmc.amedd.army.mil>

To your best health,
The Dunham Team



Health Question: How Do I Know the Difference Between a Cold and the Flu?

<u>SYMPTOMS</u>	<u>COLD</u>	<u>FLU</u>
Fever	Rare	Characteristic, high (100-102 deg F); 3-4 days
Headache	Rare	Prominent
General Aches, Pains	Slight	Usual; often severe
Fatigue, Weakness	Quite mild	Can last up to two to three weeks
Extreme Exhaustion	Never	Early and prominent
Stuffy Nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore Throat	Common	Sometimes
Chest Discomfort, Cough	Mild to moderate; hacking cough	Common; can become severe
Complications	Sinus Congestion or earache	Bronchitis, pneumonia; can be life-threatening
Prevention	Good hygiene	Annual flu shot or FluMist
Treatment	OTC/Temporary relief of symptoms	Antiviral drugs within 24-48 hours of onset



Cancelled Scheduled Appointments



In order to be respectful of the medical needs of the Dunham Army Health Clinic Community, please be courteous and call the Appointment Cancellation Line (717-245-3400) promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. This is how we can best serve the needs of the Dunham Army Health Clinic Community. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

Dunham's Voting Assistance Officers



SSG Chad Farmer is the Primary Voting Assistance Officer for the clinic and the Alternate is SSG Maria Morris. If personnel need to contact the assistance officers, please email Carlisle.Vote@amedd.army.mil, or contact by phone at 245-3075 (SSG Farmer) and 245-3756 (SGT Morris).

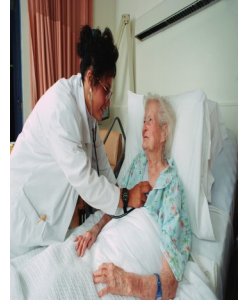
How To Protect Loved Ones From “Adverse Events” at Hospitals

Published: Monday, October 03, 2011, The Patriot-News, By Linda Rhodes



Q: My dad’s best friend recently told him he had an “adverse event” during his hospital stay and wasn’t too happy about it. What might he be talking about?

A: It could be any number of things. It’s a term used to describe hospital errors that the Centers for Medicare and Medicaid consider preventable. Not too long ago, the Office of Inspector General (OIG) of the Department of Health and Human Services released a report highlighting the alarming number of medical errors taking place in U.S. hospitals.



To better understand what’s going on, I once met with a team of physicians at a large urban medical center to discuss the growing rate of adverse events. At the end of the meeting, I asked them what one piece of advice they’d give my readers on how to remain safe in a hospital. One doctor promptly quipped, “Don’t come.”

He went on to say that patients can do a lot to stay clear of hospitals: Don’t smoke, lose weight, eat healthy, exercise and take required medications that maintain your health. In other words, he felt patients were partly to blame for placing themselves at risk of being hospitalized, in the first place.

Good point. But that’s certainly not the whole story. There are times when we absolutely need the care that’s only provided at a hospital and under those circumstances, we need everyone at that hospital to be accountable.

But startling statistics tell us otherwise. Every month, one in seven hospitalized Medicare patients suffers at least one “adverse event” due to a medical error. This means, according to the Office of Inspector General (OIG) report, that 134,000 people a month or 1.6 million a year become victims of hospital mistakes. And tragically, 15,000 people a month —amassing to an astounding 180,000 people a year — die as a result of those errors.

And what are those adverse events? According to the OIG they include infections from surgery and catheters, giving the wrong dose of a drug, severe bed sores, inadequate wound care, patients falling, IV fluids given incorrectly, equipment failure and the sensationalized surgical mistakes we’ve all read about — a surgeon operates on the wrong patient or wrong body part.

Here are some steps you can follow to prevent your loved one from becoming one of those adverse events:

1. Be at your loved one’s bedside for as much as possible, especially during the first few days after surgery. You can speak up for them, observe symptoms to tell the nurse, be available to talk with doctors and make sure their call button is being answered.
2. Question whether or not a catheter is absolutely necessary as they increase the risk of bladder and kidney infections. If one is required, ask if it’s still needed every few days, just to make sure no one has forgotten to remove it.
3. Anyone who enters the room and intends to touch your loved one should have washed their hands in front of you, put new gloves on or used an alcohol gel. If they haven’t, ask them to do so. Hospital acquired infections are lethal and are readily passed onto patients from doctors, nurses and aides who’ve touched an infected patient.

How To Protect Loved Ones From “Adverse Events” at Hospitals

(Cont’d)

4. Always ask what medications are being given, why and what for. Make sure that a list of all the medications your loved one is allergic to is in their chart and on their wrist band.

5. If your loved one has a wound, keep an eye out for dressings that haven’t been changed, have become loose or emit a foul odor.

6. Elderly patients have very fragile skin and if they are confined to a bed for a few days, a small red sore on bony areas such as knees, heels, elbows and buttocks can turn into a gaping wound. Make sure they are on an air flow mattress and are being repositioned every two hours.



7. Check out how well a hospital is doing when it comes to infections and medical error rates by going to www.hospitalcompare.hhs.gov or go to the Pennsylvania Health Care Cost Containment Council’s site at www.phc4.org, click onto “Reports” and then choose “Hospital Performance.”

One of the most feared complications following surgery or from being confined to a bed for prolonged periods is the formation of a blood clot. They form in leg veins known as DVT (deep venous thrombosis) causing pain, redness and swelling. If the blood clot breaks off, travels and lodges itself into a lung, then a pulmonary emboli occurs and can cause respiratory failure.

Ask the doctor what steps he or she is taking to make sure your loved one won’t develop a blood clot. Three of the most common treatment strategies are: heparin (blood thinner) injections, pneumatic boots that continuously inflate and deflate around the calves of the legs and walking, as soon as possible.

Following my father’s surgery, an aide helped him with his first walk down the hall and I accompanied her. Something just didn’t seem right about my father. He appeared pale and troubled. She asked him if he was okay, and he said “sure,” and kept walking. But I told her something was wrong and felt he should go back to bed and get the doctor. Once in bed, this WW II veteran told me he didn’t want to appear like a “sissy” and felt he should tough it out and keep walking. He ended up in the Intensive Care Unit; the doctor diagnosed him with a pulmonary emboli.

Lesson learned? Family members should speak up and please, gentlemen, don’t play John Wayne when you’re feeling pain. It’s your body telling you something that you, in turn, need to tell your doctor or nurse.

Winter Weather Policy



During winter weather conditions, please call the **POST OPERATIONS LINE** at **(717) 245-3700** for updates regarding base/clinic delays and closures before departing your home for an appointment. If travel becomes unsafe for patients and employees, medical appointments may be affected.

When the Post is closed, please check the Post Operations Line to see if Clinic will open or remain closed as well.



Protecting Vision in the Workplace

By: Dr. James Bruckart, Letterkenny Occupational Health Clinic



2000 persons suffer a workplace eye injury every day; up to 20% suffering temporary or permanent vision loss. Most of these injuries can be prevented with attention to vision protection.

Most work site eye injuries are caused by flying objects (bits of metal or glass), tools, chemicals, or harmful radiation. The three things needed to prevent eye injuries are 1) complete an eye hazard assessment to identify the risks, 2) eliminate hazards before starting work (usually with machine guards, screens, or engineering controls), and 3) use eye protection (usually safety spectacles).

Safety glasses can be manufactured with glass, plastic, or polycarbonate lenses. While each has advantages and disadvantages, the most important consideration is that safety glasses are certified to protect the eyes from the specific hazards in the workplace.

Prevent Blindness America recommends 10 steps to prevent eye injuries at work:

- * Assess – Look at plant operations, inspect work areas, study eye injury reports, and identify operations that present eye hazards.
- * Test – Poor vision can cause accidents; be sure your corrective lenses provide the best available vision when working.
- * Protect – Select protective eye wear designed for the particular hazard.
- * Participate – attend training and participate in eye protection activities at the work site.
- * Fit – Protective eye wear is more likely to be worn if it fits properly and is comfortable.
- * Plan for an Emergency – Practice first aid procedures for eye injuries including practicing moving to an eyewash station, especially where chemicals are used.
- * Educate – eye safety training should be part of new worker and continuing training at the work site.
- * Support – Management should actively support the eye safety program; including wear of protective eye wear when at the work site.
- * Review – Periodically review your eye protection performance and update policies. Goal should be NO eye injuries or accidents.
- * Put it in Writing – Put the eye safety policies and program elements in writing and display in worker gathering areas. Be sure it is discussed with new worker orientation.
- * Prevention and protection are critical in avoiding an eye injury; at home or the workplace.



FEBRUARY is National Children's Dental Health Month

Catherine Byrnes, RDH, BSDH, Dental Clinic



Mothers to Be: Take Care of Your Teeth

The length of pregnancy lasts about nine months and it's important to stay abreast of your health, which also affects your baby's health as well. With that being said, your pearly whites need to remain on top of your to-do list. In case you didn't know, mothers and caregivers can pass on bacteria to their baby that can develop into early childhood caries. **“According to the American Academy of Pediatric Dentistry, caries is a transmissible infectious disease and the major reservoir from which infants acquire cariogenic bacteria is their mother's saliva.”**

Tiny Teeth Have a Big Future

Dental decay is the most common childhood chronic disease according to the Centers for Disease Control. Cavities affect half of children by middle childhood and nearly 70% by late adolescence.

Your child's baby teeth are important. Children need strong, healthy teeth to chew their food, speak and have a good-looking smile. Baby teeth also keep a space in the jaw for the adult teeth. If a baby tooth is lost too early, the teeth beside it may drift into the empty space. When it's time for the adult teeth to come in, there may not be enough room. This can make the teeth crooked or crowded. Starting infants off with good oral care can help protect their teeth for decades to come.

Because of their softer enamel, baby teeth are more prone to cavities than adult teeth. In addition, small children may neglect or do a poor job with brushing. The result is that kids aged 5-9 years old have more cavities in baby teeth than adult teeth. The good news is that decay is almost always preventable and is on the decline. The cavity rate for youngsters' ages 5-17 has decreased 67% compared to 35 years ago! This is a huge success story in modern preventative dentistry and the use of fluoride. The American Dental Association states that fluoride is “the single most effective public health measure we have to prevent tooth decay and improve oral health for a lifetime”.

Issues of Children's Health and Fruit Juice

Parents should limit juice consumption for a lot of reasons:

Risk #1: Childhood Obesity

One of the main concerns that medical professionals have with kids over-consuming fruit juice comes from it having predominantly empty calories. Although 100 percent juice can be a good source of certain vitamins (especially if they are fortified), allowing children to drink too much, too often, doesn't bode well for the child's health.

Childhood obesity has been a hot button issue in the United States for a number of years. In the last 30 years, the obesity rates for children have nearly tripled, with 17 percent of children and teens ages 2 to 19 considered medically obese. Many children are, quite simply, consuming too many calories. As many fruit juices are marketed under the banner of good health, it's easy to forget that juice contains a lot of sugar naturally, and that many bottled juices and fruit drinks contain a significant amount of added sugars. And when it comes to calories, most juices aren't much better (if at all) than sodas. Many parents wouldn't allow their children to carry around a sippy cup of soda all afternoon - so why juice?

Parents are under the impression that somehow juice is better than soda. It's a little better, but not enough. Parents really need to limit their children's intake of these sweet liquids just like other sweet liquids.

Risk #2: Poor Oral Health

The sugary content of fruit juice isn't just detrimental to kids' waistlines, but also to their teeth. One of the major contributing fact with juice is that it has a high sugar content and also is very acidic. The combination



Take a Bite Out of Tooth Decay (Con't)



definitely has an impact on teeth," says Dr. Rhea Haugseth, President of the American Academy of Pediatric Dentistry.

It is the acidity of the juice that becomes extremely problematic for children's oral health -- especially when kids are drinking it all day long. The bacteria that live in our mouths feed on sugar, producing even more acid. Dr. Haugseth described the "natural buffering" process that occurs to counteract the effects of this acidity. However, it takes about 20 minutes to become effective. Therefore, if a child is taking sips of juice frequently throughout the day, it's bad news. "[His or her] teeth are constantly being bathed in acid."

To counteract the negative oral health effects of juice, Dr. Haugseth suggests that parents cut juices' acidity by diluting it with some water -- especially when it comes to infants and toddlers -- as well as making sure that their kids only consume juice a few times a day.

Everything In Moderation

The lesson seems to be that parents should avoid giving their children too much of a good (and delicious) thing. "I don't say that parents should never offer their kids juices," says Dr. Paulson. "Occasionally they're fine and if [the kids] are otherwise eating a well-balanced diet that has a reasonable amount of calories in it, [and] juice is not their primary source of liquids, then fine. That's okay."

The American Academy of Pediatrics and the American Heart Association both recommend limiting children's intake of fruit juice to the following amounts: Birth to 6 months—No fruit juice, except in cases where it is used as constipation relief; 6 months to 6 years—(4-6) ounces per day; 7 years and older—(8-12) ounces per day. And when all else fails, simply turn to old faithful -- tap water. All of the medical professionals to whom we reached out said that they recommend that parents encourage their children to hydrate the old-fashioned way, avoiding extra calories, extra environmental impact and extra toxins. "Tap water is among the most regulated of liquids in the United States," says Dr. Paulson.

Healthy Habits Start Early

Cavity prevention is not the only concern parents should have when considering their children's oral health. Recent studies show that periodontal disease continues to plague millions of Americans, including children. Gingivitis is the mild early form of gum disease, which when it becomes chronic, leads to periodontal disease.

Tooth decay in infants and toddlers is often referred to as "baby bottle syndrome". It can occur from putting a child to bed with a bottle. This problem is most acutely observed in small children who are bottle-fed fruit juice or milk between regular feedings also. To avoid this heartbreaking condition, bottle-fed children should be given only plain water as a beverage between meals.

The best way to ensure that your child does not get cavities or gingivitis is to instill proper oral habits early. Good oral hygiene routines should be established as early as infancy and continued throughout life. Children mimic parental behavior; be the best role model for your child. This includes nutritional habits as well as brushing and flossing behaviors.

Parents should clean infant's gums with a damp washcloth after each feeding to remove plaque and food residue, and to get the child used to the sensation of having their mouth cleaned. This de-sensitization makes the move to a toothbrush an easy transition. When the baby's teeth begin to erupt, brush them gently with a small, soft-bristled toothbrush using a pea-sized amount of fluoridated toothpaste. A small amount of fluoridated toothpaste will help to inhibit decay. Fluoride is also found in mouth rinses, community water supplies, and in some foods. The water on Carlisle Barracks and in Carlisle is fluoridated.

Take a Bite Out of Tooth Decay (Con't)



At age two or three, you can begin to teach your child proper brushing techniques. But remember, you will need to follow up with brushing and gentle flossing until age seven or eight, when the child has the dexterity to do it alone. Regularly scheduled oral health appointments should start around your child's first birthday. Your oral health professional will check for cavities in the primary teeth and watch for developmental problems, as well as help to create a positive experience that may alleviate fear at future visits. Allow and encourage your child to discuss any fears he or she might have about oral health visits, but do not mention the words 'hurt' or 'pain'. Saying "it won't hurt" instills the possibility of pain in the child's thought process. There are a number of fun books about dental visits at the local library, I encourage parents to explore the shelves to find a child centered story to help alleviate uncertainty or fear the child may have about a dental office visit.

The following three dental hygiene and oral care videos for parents to help their children are available at:

How to Care for Your Baby's Teeth and Gums: http://www.babycenter.com/2_how-to-care-for-your-babys-teeth-and-gums_10342493.bc

How to Brush and Floss Your Preschooler's Teeth: http://www.babycenter.com/2_how-to-brush-and-floss-your-preschoolers-teeth_10342496.bc

How to Brush and Floss your Child's Teeth: http://www.babycenter.com/2_how-to-brush-and-floss-your-childs-teeth_10340124.bc

American Academy of Pediatric Dentistry, http://www.aapd.org/media/pediatricdentistryarticles.asp?NEWS_ID=1257; Centers for Disease Control and Prevention-Fact Sheet: Key Findings from NHANES 1999-2002; American Dental Association, www.ada.org/3034.aspx; Lexi-Comp Online. <http://online.lexi.com>, Fact Sheet: Taking a Bite Out of Tooth Decay; American Dental Association, Fluoride and Fluoridation, www.ada.org/fluoride.aspx; American Academy of Pediatric Dentistry http://www.aapd.org/media/pediatricdentistryarticles.asp?NEWS_ID=1386; American Dental Hygienists Association, www.adha.org/oralhealth/children.htm Fact Sheet: Child Oral Health

Clinic Star of FY-11 3rd Quarter

By: Nancy Bie, Administrative Officer, Business Office



Mr. Joe Vancosky performs all his duties in a superior manner as Chief of the Business Office. Mr. Vancosky has a fantastic attitude towards his duties, as well as supporting the clinic's mission. He is extremely loyal to superiors, subordinates, and peers alike. He and his staff exceed and help Dunham exceed numerous MEDCOM, NRMCM, and KACC standards for performance, to include DMHRSi, timecards, personnel actions, audits, and other taskings. Joe increased the Clinic's efficiency by ensuring all General Fund Enterprise Business System (GFEB) transactions were done correctly and at the highest cost savings. He provides outstanding and unbiased support to clinic supervisors and the Command Group with sensitive personnel actions, to include EEO, Physician Pay, and sub-par performance. Mr. Vancosky recently rose to the challenges of two key issues. The first was with the announced closure of APFRI, when he took the initiative to staff and develop a plan for the Dunham Fit to Win clinic that the Commander briefed to the Army War College Commandant. He worked tirelessly, to include outside of his normal duty hours and on weekends. Joe also fully embraced GFEB, a completely new accounting system, and ensured his budget analyst and the Logistics sections were fully synchronized internally and externally with Carlisle Barracks and MEDDAC Resource Management staff. He ensured all end of year budget actions were done professionally and before the MEDDAC, despite having a new budget analyst and being vacant a budget tech. Joe provided his vast RM knowledge to ensure Dunham had sufficient funding for Pharmacy, CEEP, and TDY, and mentored the MEDDAC RM staff to help them through an unexpected \$5,000,000 budget deficit.

Smoking Cessation Classes

By: Dunham Nursing



Upcoming On-Site Classes at Dunham U.S. Army Health Clinic are scheduled for February 08, 2012, March 07, 2012, and April 11, 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:
February 07, 2012, March 13, 2012, and April 10, 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

January 2012

- 2 – New Year's Day Holiday (Federal Holiday observed)
- 16 – Dr. Martin Luther King, Jr. Day Holiday

February 2012

- 20 – President's Day 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.

***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***

DUNHAM U.S. ARMY HEALTH CLINIC

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GOT COMMENTS?

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