



MEDCOM striving toward sustainability

By Shannon Carabajal
Mercury Editor

Military treatment facilities across U.S. Army Medical Command are leaning forward to protect the environment for future generations and ensuring the viability of the MEDCOM mission through sustainability efforts to save our resources and save money.

Tammy Ford, the command's sustainability coordinator, said the command is committed to being financially and environmentally responsible while contributing to and protecting the surrounding community.

"It's important for MEDCOM to do this. We don't want to pollute where our children and grandchildren are going to grow up; we want to keep our natural resources pristine and available. (And) the less pollution we pass on to our air, water, and land, the less pollution (communities are exposed to)," she said.

"Plus, financially, it's a better thing to do, it makes sense. Why wouldn't you conserve water and energy and pay less for these resources?"

Over the past several years, the MEDCOM Sustainability Program has been working to attain a sustainable healthcare program through cost effective, sustainable changes; collaborative partnerships with host installations and local communities; and supply and equipment purchases that provide return on investment thru cost-savings and sustainable results.

In 2009, MEDCOM developed a roadmap to transform its sustainability vision into reality. The command conducted an extensive, web-based survey, completed by 29 MTFs, to establish a sustainability baseline. The combination of baseline and benchmark data from non-MEDCOM medical facilities is being used to develop concrete objectives, targets, and initiatives to bring sustainability to all MEDCOM facilities.

The sustainability strategy plan aligns with Executive Order 13514 directing federal agencies to meet energy, water, pollution and waste reduction targets. The Army has established a sustainability campaign plan and a Net Zero pilot program, which focuses

on energy and water conservations and waste reduction through five interrelated steps: reduction, re-purpose, recycling and composting, energy recovery, and disposal.

Armed with data from the 2009 survey to monitor progress and offer suggestions, the sustainability team is conducting site visits to help facilities around the command establish and refine programs.

"We're taking that data and going into a hospital to do a one-day walk-through of all the departments to see what's changed since then," she said.

The team provides the MTF with a progress report detailing how well the facility is doing in working toward being sustainable.

"We share best management practices discovered at other facilities, and suggest changes in product and or processes that will improve their progress toward becoming more sustainable," Ford said, adding that the team is pleasantly surprised every time they visit an MTF at the level of effort the hospital staff is making at becoming more sustainable.

"The hospitals are doing so many great things that they didn't even consider as sustainable. They were just thinking it's a good thing to do, it's good for the environment and it saves money," she said.

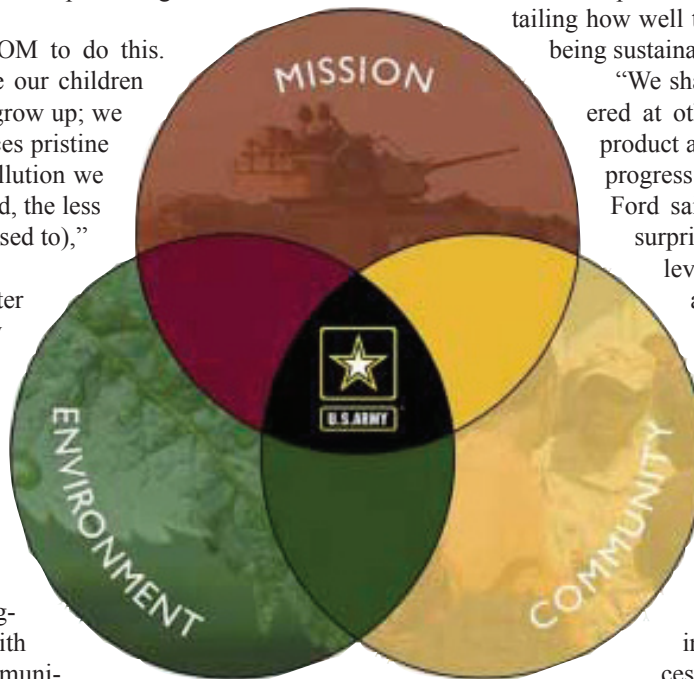
Sustainability efforts save nearly \$1 million annually at a typical MEDCOM hospital, including more than \$400,000 from green cleaning practices; \$291,000 from reprocessing single-use devices; \$38,000 from energy efficiencies; \$62,000 from solid waste

diversion and recycling; \$20,000 from regulated medical waste reductions; and \$53,000 from hazardous waste reductions.

Ford said small steps can make big impacts. For example, the sustainability team encourages MTFs to recycle clean blue wrap, heavy-duty polypropylene plastic used as a protective cover to wrap and store sterilized instruments in the operating room.

"A lot of times, in the operating room suite, they just throw that stuff in with the medical waste which is very costly; it's not medical waste if it is unsoiled. What we want them to do is start recycling blue wrap because there is a market for it in the community. We help them research those avenues and find out where they can recycle it,"

See SUSTAINABILITY P3



THE MERCURY

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INSIDE THE BUBBLES: Understanding the balanced scorecard

Throughout the Mercury, our readers will notice interactive bubbles connecting issues and topics to the Army Medicine Balanced Scorecard. The BSC communicates the mission, strategic vision and goals of AMEDD. The bubbles are the strategic objectives - the "means" and "ways" to accomplish the "ends." For more information, visit armymedicine.mil/about/BalancedScorecard.pdf.

MERCURY Comment

Putting patients at center of medical care

By 1st Lt. Ashley Gray
Moncrief Army Community Hospital

FORT JACKSON, S.C. – What is the new Patient Caring Touch System and why is PCTS important? Why would people care about what it is? Those are questions I was recently asked by Col. John A. Nerges, my deputy commander for nursing.

I thought about it and came to the conclusion that our beneficiaries and the people to whom we give care are the reason for the PCTS. This system will improve the lives of those entrusted to our care by creating a new standard of care.

By using the PCTS, the patient is the driving force, as the doctors and nurses work together to make sure that patient receives the best care.

The vision of the PCTS is to provide efficient and cost-effective health care that makes a difference in a time of dwindling resources. PCTS is a resource that will guide the health care team in providing the best possible care to our patients, who deserve it. It provides us, the Army Nurse Corps, with a way to gauge our performance and ensure we are on track and to help us to assess how care should be provided.

“In maintaining a positive and caring culture, we are able to provide exceptional care and foster the growth of our newest team members.”

PCTS is built on the core values which take us as a Nurse Corps back to the basics -- how to provide our patients with amazing care.

The Army Nursing Creed defines who we are, and PCTS is how we do it. In maintaining a positive and caring culture, we are able to provide exceptional care and foster the growth of our newest team members.

With PCTS, we will proudly care for all of our patients as a team, providing compassionate and proficient care for physical and psychological wounds of our Warriors.

PCTS care teams will empower patients to be active participants in their care, providing them with the opportunity to tell the providers and nurses what they expect and what they need from them. These teams will help establish consistent care and effective communication between patients, families and their team.

This system allows team members to develop professionally. It increases aware-

ness of and attention to nursing competence by promoting nursing accountability and responsibility.

Optimized performance includes consistent data collection and reporting of different spectrums of care and tracking quality outcomes, business practices and patient/nurse satisfaction. Skill building will enhance the quality of care and the professional development of nursing staff. Shared accountability gives the nursing team voice and ability to improve the way they give care.

PCTS is represented by a five-point star with the patient at the center block. The PCTS is the perfect way to symbolize how the Army gives five-star care to its beneficiaries, who deserve nothing but the best.

Lastly, it will keep us grounded in our Army Values, the Warrior Ethos, and the Army Nurse Corps Creed.

See related article on P8.



SUSTAINABILITY from P1

she said.

Madigan Army Medical Center at Joint Base Lewis-McChord, Wash., was one of the first hospitals to implement a blue wrap recycling program and currently recycles more than 35 pounds of blue wrap every day.

Another initiative saving money and reducing waste is the reprocessing of single use medical devices, or SUDs. The reprocessing/remanufacturing SUDs program is regulated by the Food and Drug Administration. Certain medical devices are intended to be disposed of after only being used once, but many of the devices can be reprocessed to manufacturers' standards, sterilized and reused.

The command approved the use of this program in 2010. In 2011, the SUD reprocessing program at Carl R. Darnall Army Medical Center at Fort Hood, Texas, resulted in a savings of \$291,508 and reduced the center's medical waste steam by 6,000 pounds.

Additionally, several MTFs around the command have been recognized by Practice Greenhealth, the nation's leading membership and networking organization for institutions in the health care community that have made a commitment to sustainable, eco-

friendly practices:

- Madigan Army Medical Center, Joint Base Lewis-McChord, Wash., earned the Partner for Change with Distinction Award in 2010 and 2011;
- Moncrief Army Community Hospital, Fort Jackson, S.C., earned the Partner Recognition Award in 2010 and 2011;
- Brooke Army Medical Center, Fort Sam Houston, Texas, earned the Partner Recognition Award in 2010;
- Ireland Army Community Hospital, Fort Knox, Ky., earned the Partner Recognition Award in 2010;
- Kenner Army Health Clinic, Fort Lee, Va., earned the Clinic Partner for Change Award in 2010.

For Ford, these accomplishments are just the beginning as green teams are established around the command and more emphasis is placed on sustainability.

“MEDCOM must continue to act in a manner that is fiscally, environmentally, and socially responsible and embrace sustainable practices that will help support our mission into the future, understanding that the adage, “first, do no harm,” applies to the environment and community as well as to patients,” she said.

For more information about MEDCOM, visit armymedicine.mil.

National Prescription Drug Take-Back Day set for April 28

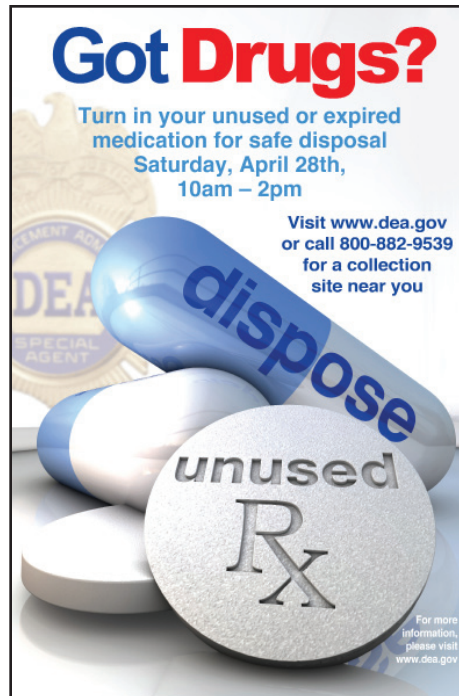
By Shannon Carabajal
Mercury Editor

Army installations across the U.S. are supporting the Drug Enforcement Administration's next National Prescription Drug Take-Back Day which will take place Saturday, April 28 from 10 a.m. to 2 p.m. This is a great opportunity for those who missed the previous events, or who have subsequently accumulated unwanted, unused prescription drugs, to safely dispose of those medications.

According to the DEA, Americans that participated in the DEA's third National Prescription Drug Take-Back Day on Oct. 29, 2011, turned in more than 377,086 pounds of unwanted or expired medications for safe and proper disposal at the 5,327 take-back sites that were available in all 50 states and U.S. territories.

When the results of the three prior Take-Back Days are combined, the DEA, and its state, local, and tribal law-enforcement and community partners have removed 995,185 pounds of medication from circulation in the past 13 months.

"The amount of prescription drugs turned in by the American public during the past three Take-Back Day events speaks volumes about the need to develop a convenient



way to rid homes of unwanted or expired prescription drugs," said DEA Administrator Michele M. Leonhart.

"DEA remains hard at work to establish just such a drug disposal process, and will continue to offer take-back opportunities until the proper regulations are in place," she said.

For exact turn-in times, locations and details, visit www.dea.gov and click on the "Got Drugs?" banner on top of the home page. This directs beneficiaries to a database where they can find convenient collection locations in their zip code area, county, city, or state.

For those unable to make it to a collection location, unused or expired medicines can be disposed of safely in the household trash by:

- Mixing them with something that will hide the medicine or make it unappealing, such as kitty litter or used coffee grounds.
- Placing the mixture in a container such as a sealed plastic bag.
- Throwing the container in your household trash.

The FDA recommends flushing as a means of disposal for a limited number of medications, including Oxycontin, Demerol and Percocet, to prevent danger to people and pets in the home. Flushing these medicines will get rid of them right away and help keep your family and pets safe.

For a list of these medications, visit <http://www.fda.gov/drugs/resources-for-you/consumers/buying-using-medicines-safely/ensuring-safe-use-of-medicine/safe-disposal-of-medicines/ucm186187.htm#MEDICINES>.

Show and tell

Sgt. Jared Stenger, Army Medical Department Center and School, takes the vital signs of Lana Rosado during Wellness Day at Watts Elementary in Cibolo, Texas.

Stenger and Staff Sgt. David Pring, AMEDD Center and School, taught more than 100 children about wellness and answered questions about serving as an Army Medic.

The Soldiers also teamed up with the school nurse to perform blood pressure checks, take body mass index measurements and talk with students about maintaining a healthy weight.

Lana is the daughter of Capt. Hali Picciano, a health care administrator with the U.S. Army Medical Command TRICARE division.

(Photo by Capt. Hali Picciano)



Second chance at life

SimCenter offers unique training environment

By Christine Creenan

Uniformed Services University of the Health Sciences

Things go wrong in operating rooms every day. Doctors' blades slip, poor communication leads to complications, patients receive too much anesthesia – the list is endless.

These results can also be deadly, except on Army doctor Lt. Col. Shad Deering's tables at the Uniformed Services University of the Health Sciences National Capital Area Medical Simulation Center in Silver Spring, Md. In his operating rooms, everyone gets second and third chances.

A flat line or too much bleeding here simply means USU's up-and-coming medical students need more practice. With the push of a button and a little reprogramming, patients at the SimCenter – computerized mannequins and specialized task trainers – are ready for round two.



Lt. Col. Shad Deering uses the full-sized birthing mannequin he created to teach military medical students at the Uniformed Services University fundamental skills like proper surgical techniques. Deering's patient simulator, patented and licensed by the Army, is also being used in military hospitals around the world. (Photo by Tom Balfour, Uniformed Services University)

About USUHS

The Uniformed Services University of the Health Sciences is the nation's federal health sciences university. USU students are primarily active-duty uniformed officers in the Army, Navy, Air Force and Public Health Service who are being educated to deal with wartime casualties, emerging infectious diseases, disasters, and other public health emergencies. The vast majority of the university's more than 4,700 physician and 500 advanced practice nursing alumni are supporting operations in Afghanistan and elsewhere, offering their leadership and expertise. For more information, visit www.usuhs.mil.

"Our simulators respond to treatment the way real patients do, except there are no serious consequences if things go awry," said Deering, who came onboard recently as the center's new director of the human patient simulator division. "That's why the SimCenter is a good place to make mistakes and learn from them, so we can perform better in hospitals – where it matters most."

It's also a place to learn important fundamentals like surgical technique and teamwork in multidisciplinary settings. Honing these skills, under the watchful eyes of seasoned instructors like Deering, a USU alumnus himself, has proven, long-term benefits.

"Simulation education is a very dynamic, hands-on way of learning important concepts. It can also lead to better, safer patient care, according to recent data," he said. "Training students with this technology, therefore, is not only an effective learning modality, but it's also the right thing to do."

Deering's advocacy is also his life's work. The experienced obstetrician is a simulation pioneer, responsible for the creation of systems like the Mobile Obstetric Emergencies Simulator, or MOES.

The MOES, patented and licensed by the U.S. Army, is a full-size birthing mannequin complete with a standardized curriculum. The comprehensive package is currently being used in every hospital with a labor and delivery ward across the Military Health System, which includes hospitals in 14 countries and 41 states.

Like the technology available at the USU SimCenter, MOES provide emergency training for medical professionals without real-life collateral damage.

"Textbooks alone don't give individuals and teams the confidence they need to perform well under stress," Deering said. "Lots of experience does, and that's what simulation training provides."

With access to one of the nation's most advanced simulation centers, that's exactly what USU students get. The campus community spends more than 300,000 hours inside the SimCenter every year, with each student completing at least 40 simulated experiences before graduation.

"Education here is truly cutting-edge because of places like the SimCenter. I know this from my own personal experience as a former medical student, current faculty member and simulation expert," Deering said.

"At USU, there is no such thing as an inexperienced graduate."

Website helps Soldiers maintain dental readiness

By Shannon Carabajal
Mercury Editor

A new comprehensive website is helping Soldiers maintain their dental readiness.

The information site, the Dental Readiness Information Center, or DRIC, contains up-to-date information on dental readiness requirements, available resources for examinations and treatment, and procedures to update a Soldier or unit's dental readiness status. Soldiers can access the website from anywhere via smartphone or by any other internet connection device.

According to Col. Mark Bodenheimer, a consultant with the U.S. Army Dental Command, the website is a great way for Soldiers to stay up to date on dental readiness requirements.

"Various dental readiness entitlements and programs have been initiated during the last ten years. These programs can be confusing to the individual Soldier and their command. The DRIC organizes the various programs into a logical sequence dependent upon the Soldier's active duty status and Army component. The DRIC also tells Soldiers the current deployment dental readiness requirements; what program they are eligible to access; and upon accessing the program, how their dental readiness status will be updated in the Medical Protection System database," he said.

Created by the DENCOM, the website is available to any Soldier - active, Reserve, or National Guard - and supports the U.S. Army Medical Command's Soldier Medical



Readiness Campaign Plan.

"With today's high tech Army, each Soldier is critical to mission success. Dental studies indicate that a Soldier who is not dental ready prior to deployment has a greater than 75 percent chance of a dental emergency within the next 12 months. A Soldier with a dental emergency can be a loss to their unit for days," Bodenheimer said.

Additionally, deployed Soldiers with oral disease often require medical evacuation for treatment, endangering themselves and others.

Bodenheimer said dental readiness is especially important for Army Reserve components (Army Reserve and Army National Guard), because Reserve components (RC) Soldiers, as an operational force for the Army, must be able to deploy just as quickly as their active component counterparts.

The Department of Defense goal is to have active and RC Soldiers maintain a 95 percent dental readiness status at all times. Currently, the Army's active component maintains a 92 percent readiness dental

readiness status while the RC dental readiness has improved to 80 percent, a dramatic improvement from just five years ago.

"During the first Gulf War, between 35 and 45 percent of RC Soldiers mobilized needed some type of dental work before they could deploy. This trend continued during the initial mobilization of RC Soldiers for the Global War on Terrorism.

The increased use of RC Soldiers for operational requirements necessitated a different approach to the issue. By late 2008, DENCOM, in conjunction with multiple stakeholders, led the development of a funded, year round, RC dental readiness program—the Army Selected Reserve Dental Readiness System," he said.

Bodenheimer added that the DRIC is a great way for commanders in all components to enhance Soldier readiness and combat effectiveness.

"Officers within Army commands change constantly. The DRIC permits a new commander, as well as present commanders, to instantly access the most current information on dental readiness. Dental readiness is a commander's and individual Soldier's responsibility. The DRIC is another tool in the commander's tool box to assist in the decision making process of commanders," he said.

The DRIC is located at <https://www.dencom.army.mil/dric/index.html> or in AKO under the "Dental Readiness" drop down box found in the My Medical Readiness Status section under the Soldier's My Professional Data subject line.

Schoomaker receives top government service award

WASHINGTON – The American Medical Association presented retired Lt. Gen. Eric B. Schoomaker, M.D., Ph.D., former U.S. Army Surgeon General, with the Dr. Nathan Davis Award for Outstanding Government Service. Dr. Schoomaker was selected for the AMA's top government service award for his work leading the Army medical community to improve the access, delivery and quality of health care while reducing unwarranted administrative and clinical variation.

"Throughout his stellar 32 year military career, Dr. Schoomaker improved the Army medical community, and his dedication to the welfare of soldiers and military families is remarkable," said AMA Board Chair Robert M. Wah, M.D. "His outstanding leadership has led to advanced battlefield care and improved quality care and patient satisfaction."

Dr. Schoomaker is one of six honorees chosen to receive the Dr. Nathan Davis Award for Outstanding Government Service.

The award, named for the founder of the AMA, recognizes elected and career officials in federal, state or municipal service whose outstanding contributions have promoted the art and science of medicine and the betterment of public health.

"The Nathan Davis Awards allow the AMA to honor government officials who are committed to using their important positions to improve public health in our nation," said Dr. Wah. "The recipients of this award represent various branches of government and have a unique ability to improve the health of Americans and protect the patient-physician relationship."

Dr. Schoomaker was nominated for the AMA award by the Thomas R. Lamont, assistant secretary for manpower and reserve affairs, U.S. Army. This year marks the 23rd anniversary of the Dr. Nathan Davis Awards. The awards were presented last evening in Washington, D.C., as part of the AMA's National Advocacy Conference. (Courtesy AMA)

Ergonomics program focuses on worker safety, comfort

By Chanel S. Weaver
U.S. Army Public Health Command

Whether it's staying in a marriage, living in the same community, or raising a child, when people stick with something year after year, they demonstrate they are in it for the long haul. They learn to take the good with the bad.

That's why David Alberth, a radiation safety expert at the U.S. Army Public Health Command, kept working for the Army for nearly 40 years. Although his office chair was uncomfortable, his computer screen was getting harder to see, and the space in his office was getting increasingly narrower, he hung in there because that's what he felt devoted employees do.

"I knew the work I was doing to keep our military safe from the harmful effects of radiation was important," said Alberth, a senior health physicist. "I enjoy using my institutional memory and knowledge of historical examples to solve current problems."

Alberth kept files in his office that covered more than 20 years of history. He was so efficient at what he does that employees at the USAPHC as well as Army and DOD scientists often consult him on radiation issues. He was recognized as a master consultant on radiation issues a few years ago.

But recently, his coworkers and supervisor began to notice a problem.

"David had a huge collection of files, and his office space was so constrained that he could barely move around," said Lt. Col. Constance Rosser, a program manager in the USAPHC health physics program.

Mobility was getting more difficult for Alberth, who suffers with arthritis and other orthopedic problems from his activities as a long-distance runner in earlier years.

With a few phone calls, even more paperwork and a lot of heavy lifting, Alberth's coworkers voluntarily reconfigured his office. The office's reconfiguration and design was completed under the professional direction of USAPHC's Ergonomics Program members.

Today, Alberth's new workspace boasts state-of-the-art amenities including an adjustable keyboard, an oversized monitor, a workstation that allows him to stand at intervals, and of course, plenty of space for him to maneuver around effortlessly.

John Pentikis, an ergonomist, said the program is in high demand for office reconfigurations from customers throughout the federal workforce, completing an average of two a month.

"The teams identify risk factors in an office and come up with solutions to mitigate those factors," said Pentikis.

The make-up of these office reconfiguration teams varies, but they often include ergonomists, physical therapists, occupational therapists and engineers. A key goal of the program is injury reduction.

"We want to prevent injuries to our workforce," said Pentikis. "Research shows that virtually all musculoskeletal injuries can be prevented."

The goal is also to ensure employees can perform their jobs safely and comfortably, according to Col. Myrna Callison, Ergonomics Program manager.

The ergonomics team frequently travels both stateside and abroad to assess employee working conditions and offer interventions to decrease injury risk.

"We frequently perform ergonomic studies on offices, ware-

houses, hospitals and other places where federal employees work," said Callison. Recently, the Ergonomics Program was instrumental in the development of a safe-patient handling program that uses ergonomically-sound equipment to help hospital staff lift patients in ways that do not cause injuries. The program is being tested in the Madigan (Joint Base Lewis-McChord, Wash.) healthcare system, with an ultimate goal of being implemented in various Army medical treatment facilities.

Alberth said he is grateful that the USAPHC ergonomics team and his coworkers took actions to preserve his safety and health.

"The renovation made me realize that there are many USAPHC personnel who care about my welfare," said Alberth.

Pentikis said it was a pleasure to serve.

"I like what I do because I have an opportunity to interact with other people ... and help them work in an environment that suits them," said Pentikis. "It doesn't benefit an agency to have an employee who is uncomfortable and at risk of injury."

Rosser agreed.

"Mr. Alberth has spent the majority of his career assessing and mitigating the health risks of radiation to secure the safety of our military personnel in both deployed and garrison locations," said Rosser. "The steps we took to ensure he could perform his job easier were just a token of our gratitude for his service. It is our duty to ensure that all employees have reasonable accommodations."

For more information, visit <http://phc.amedd.army.mil/topics/workplacehealth/ergo/Pages/default.aspx>.



John Pentikis, an ergonomist at the U.S. Army Public Health Command, conducts an ergonomics office assessment for a Soldier at the USAPHC. (Photo by Christina Graber)

Nurses' new approach to care improves patient satisfaction

Story and photo by Patricia Deal
CRDAMC Public Affairs

FORT HOOD, Texas – Since implementing a new approach to its system of care last year, Carl R. Darnall Army Medical Center, or CRDAMC, nursing professionals boast to having successfully created a positive culture change, resulting in improved patient satisfaction.

The Army rolled out the Patient Care Touch System, or PCTS, throughout all Army medical treatment facilities in April 2011. The five-element model was developed after a multi-year study which reviewed best practices for health care delivery in the civilian and military sectors, and combined those best-practices to form a patient-driven and family-centered care system.

“Any time you initiate change in an organization, you will meet with some resistance. But the concept has gone over well at Darnall. We’ve had some really positive outcomes - improvements for patients and staff, and only expect more good things to happen,” said James McPherren, CRDAMC nursing supervisor and PCTS ambassador. “With improved working conditions, you have a happier staff. A happier staff means happier patients.”

Changes and policies that have been developed through PCTS have helped improve patient care and reduce wait times, resulting in an increase in the number of positive Interactive Customer Evaluation, or ICE, comments and Army Provider Level Satisfaction Surveys, also known as APLSS, for the hospital.

All clinics and departments have been empowered to bring about positive changes through the shared governance component of PCTS, which establishes formal nursing practice councils at unit, facility, region, and Army Nurse Corps levels.

Unit Practice Councils, or UPC, consist of elected representatives from within a unit and include all staff from the front desk clerk, staff nurses, to doctors to technicians. All issues that affect a unit’s operations are addressed and shared across the board.

“The best thing about the UPC is that everyone at the unit has a voice in the



Standardized use of a color coded triple IV port system as shown here, helps reduce medication submission errors for Carl R. Darnall Army Medical Center Labor and Delivery patients. The policy to standardize the use of the color tubing is one example of patient care improvements resulting from the new Patient CaringTouch System implemented at Darnall.

way they care for patients and how staff is treated,” said McPherren. “UPC meetings are more than gripe fests and comments don’t just get lost in a suggestion box. The council considers all input and keeps the unit and higher levels informed as to what they’re working on.”

Many clinics have already achieved positive outcomes, or “quick-wins”, according to McPherren.

Labor and Delivery’s “quick-win” was implementing a policy to use color-coded triple lumbar tubing to reduce potential for medication submission errors.

“Our patients may receive different medications intravenously, typically magnesium and pitocin, in addition to their mainline fluids. Now that we consistently

use a specific color tube to identify the medications, any nurse can check a patient and know at a glance what specific medicine that patient is receiving. It saves time and eliminates any confusion,” said Jenni Irby, nurse and UPC member.

She added that since instituting this policy, there have been zero medication errors with patients receiving infusions amongst patients utilizing the color coded

tubing system.

Bennett Health Clinic’s “quick-win” resulted in an improved check-in process for its patients. The UPC initiated a new procedure that reduces the amount of paper documentation required for each patient at check-in.

“It was really a simple change, but really effective. Patients are checked-in quicker and there’s an increase in the face time between patient and provider,” stated Angela Jones, registered nurse at the clinic. “Plus, we have the added benefit of less infection control issues, as there’s less paperwork passed from hand-to-hand.”

Other “quick-wins” recently recorded include providing viable lunch options for Thomas Moore Health Clinic staff and an improved means of internal communications at Troop Medical Clinic 12.

“The wheels are in motion now and that momentum will carry on. Darnall is among the first of the military treatment facilities to successfully complete the implementation phase and move into the sustainment phase, he said.

“We’ve embraced the concept, and have truly succeeded in putting the patient as the ‘center’ of care.”

IP 1.0
Implement
Best Practices

Physical therapy gets Soldiers back in the fight

Story and photos by Sgt. Dustin Gautney
2HBCT Public Affairs

FORT STEWART, Ga. – For the Soldiers of 2nd “Spartan” Heavy Brigade Combat Team, Third Infantry Division, recovering from various injuries, have a new place to go for physical therapy as the Spartan Brigade welcomes their first “in-house” Brigade Therapist.

“While unit physical therapists have made their way to various combat brigades throughout the Army, it has not been until recently that the Marne Division has acquired the position,” said Capt. Patrick Casey, the newly appointed brigade physical therapist for the “Spartan” brigade.

Casey said that the transition to having appointed unit physical therapists has been a long coming transition for combat units.

“The position originated in Army Ranger units and worked its way to all of the modular combat brigades,” Casey said.

The addition to Physical Therapists inside combat brigades is a combat multiplier according to Casey.

“Previously for Soldiers, they would have to attend physical therapy from the base hospital or even be outsourced as far as Savannah,” Casey said. “Now much of the physical therapy can be done inside brigade’s themselves. This allows Soldiers to stay closer to their units.”

While each Soldier’s individual physical therapy needs differ depending on each Soldier’s injuries, the goal remains the same, explained Casey.

“The ultimate goal is to keep Soldiers in shape while still progressively treating injuries through the recovery process,” said Casey. “As Soldiers heal we move up the intensity of the training to ultimately get them back into the fight.”

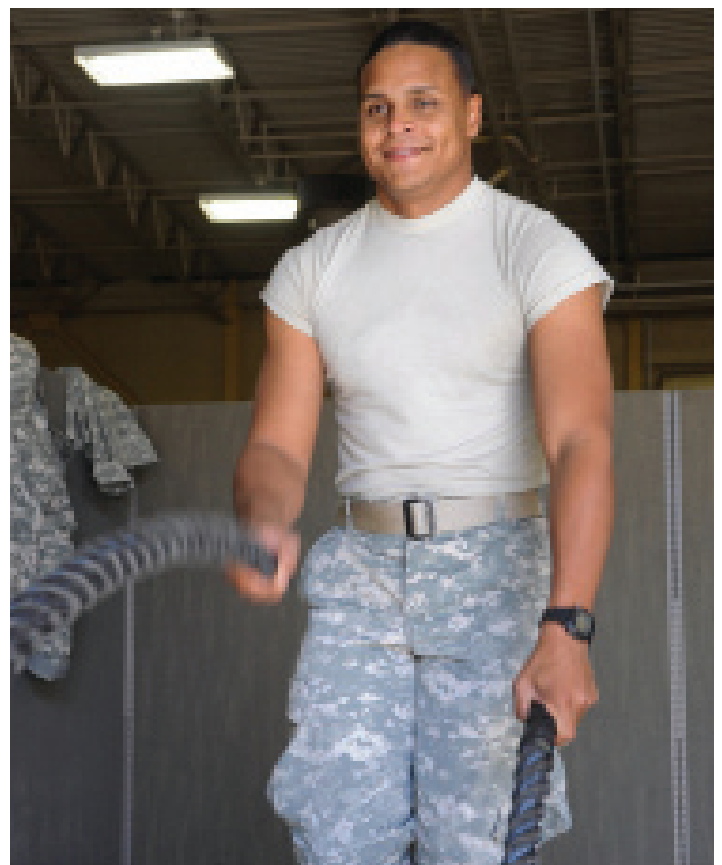
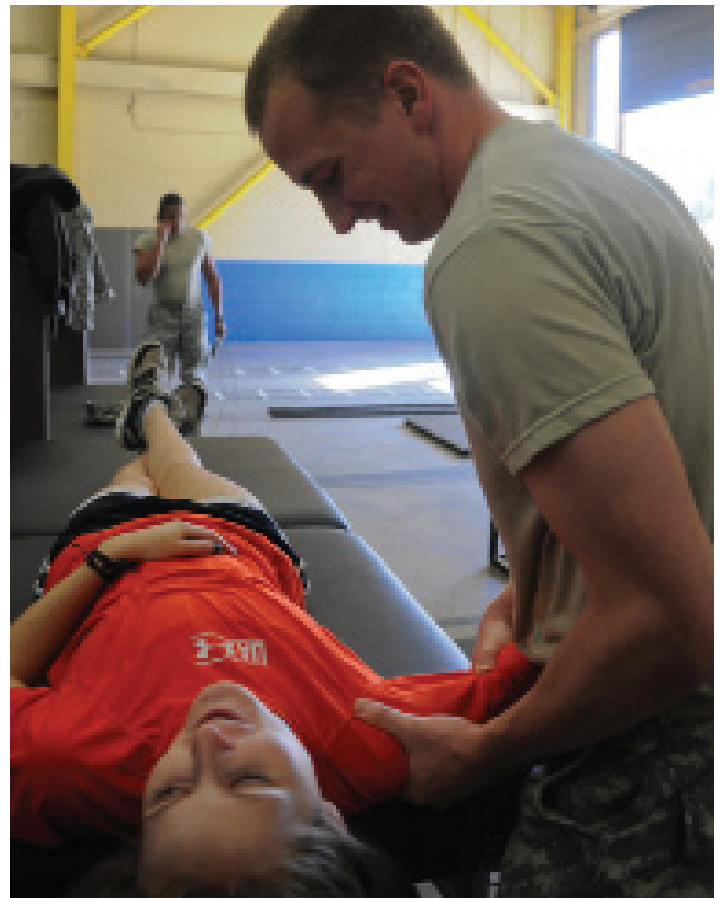
During the physical therapy process, Soldiers attend one-hour sessions, two to three times a week along with Soldiers with similar injuries.

“With the group sessions we like to encourage Soldiers to motivate each other in the healing process; this helps keep the sessions physically intense and provide the moral for a speedy recovery,” added Casey.

However, Casey said that the continued healing process for Soldiers does not just stop with hour long physical therapy sessions, but at the units themselves.

“We began training units on how to conduct rigorous physical training during morning physical training for Soldiers on profile as well,” said Casey. “Designing PT around various injuries allows Soldiers to still be part of their units, and ultimately will keep the rest of their body in shape while they continue the healing process.”

(Above) Capt. Patrick Casey, 2HBCT, 3rd ID, physical therapist works on the shoulder of 1st Lt. Jen Wardinski, 3/7 Cav., 2HBCT, during her weekly 45-minute physical training session. Unit physical therapists have begun to make their way into the various combat brigades throughout the Army. (Right) First Lt. Simon Israel, 2-3 Brigade Troops Battalion, 2HBCT, balances on his injured knee while lifting ropes as part of his physical therapy session.



Evolution coming for DOD vaccine services

By Chris Orose

Military Vaccine Agency

The state of the Military Vaccine Agency is always evolving, and will undergo perhaps its most vital evolution soon as it welcomes a new director and integrates with the Vaccine Healthcare Centers Network.

Col. Richard Looney took over as MILVAX director in September 2011, coming from his previous assignment as Director of Logistics for the AMEDD's Pacific Regional Medical Command. His No. 1 priority is to integrate MILVAX, the executive agency for vaccine-related policy, with the VHCN, which provides clinical support, consultation, education and investigation on vaccine-related issues and concerns, particularly as related to efficacy, safety (adverse events) and medical exemptions.

"As one agency, we will be faster, stronger and better than we were, and we can ensure that one agency will be able to support the entire immunization continuum," Looney said.

Immunization is a key part of total Force Health Protection and Medical Readiness, and both MILVAX and the VHCN are refining their missions to provide a "one-stop shop" for the Department of Defense as it relates to vaccines, immunization healthcare and vaccine relevant evidence based science.

"We will continue to support our stakeholders around the clock," Looney said. "Yet we will take a step back and refine our mission at the same time. We have to constantly communicate as to who we are, what we do, and why it is valuable."

This integration comes as both MILVAX and VHCN are re-aligning under the U.S. Army Public Health Command. Despite being aligned with an Army Command, MILVAX and the VHCN will continue to provide vaccine-related support to all Services and all DOD beneficiaries throughout the world.

"We have a common mission and shared values, and we are a partner to everyone, in all branches of service," Looney said. "We have to think from a joint perspective, recognize that each Service has



Col. Richard Looney took over as Military Vaccine Agency director in September 2011, coming from his previous assignment as Director of Logistics for the Pacific Regional Medical Command. The MILVAX, located in Northern Virginia, supports DOD vaccination programs protecting military Service members, their dependents and beneficiaries; and provides educational support and training resources for DOD healthcare providers and clinicians.

unique needs, and perceive the impact of our actions across all branches."

The most critical part of the new MILVAX mission will be constant trust and mutual respect among all stakeholders. Looney believes the successful execution of the MILVAX mission is dependent on the success of all of its parts, and each part has a greater likelihood for success as a part of MILVAX than as independent parts.

Looney recognizes there are distinct sensitivities and issues related to the sustainment of clinical trust in the VHCN and its unique services and advocacy responsibilities.

Reorganization and integration of MILVAX and the VHCN is ongoing, and once completed, will eliminate redundancies yet still cover all mission requirements. MILVAX Regional Analysts and health educators from the VHCN's re-

gional sites will redefine their areas of responsibility and expand the scope of the agency's reach.

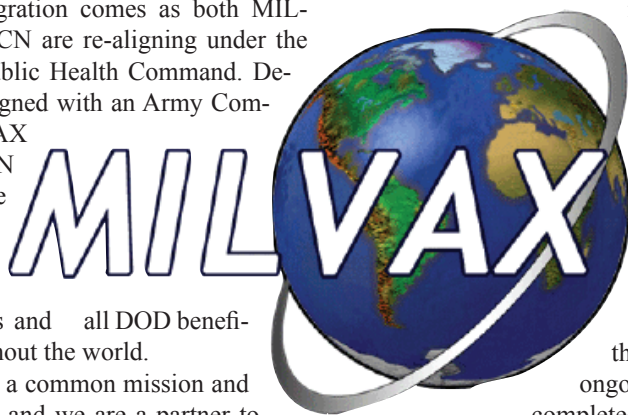
Looney's past leadership opportunities, to include those with PRMC, the XVIII Airborne Corps, U.S. Forces Korea, the 8th Army, and DLA Troop Support (formerly Defense Supply Center Philadelphia), has given him insightful perspective for the strategic vision of the entire organization.

"We want to look at our integration at the enterprise level, validate its construction and roles and responsibilities, so we can continue to serve our stakeholders in the best way possible," Looney said.

MILVAX was founded on the scientific understanding of vaccines, and synchronization of policy across DOD among leaders, healthcare providers and patients under the light of education in order to ensure quality immunization healthcare.

"There is no one else out there with this mission," Looney said.

"With evidence-based design, communication, risk reduction, and continual assessment of our goals and what has worked in the past, we will be able to fully cover all bases in regards to vaccine-related healthcare."



MEDICAL PIONEERS

Akeroyd: the man behind the blood donor center

By Andy Watson

Office of Medical History



An innovator in Army medicine and a pioneer in the field of hematology, Col. Joseph H. Akeroyd improved the storage, collection, and distribution of blood and blood components. Serving as a dedicated advocate, Akeroyd's research and publications had a direct effect on saving lives. Appropriately, the blood donor center at Fort Sam Houston, Texas, is memorialized in his honor.

Akeroyd was born in Morgantown, W.Va., in 1909. He attended the University of Pittsburg from 1928 through 1930. He received his Bachelor of Science degree, majoring in organic chemistry from the University of Michigan in 1932. After earning his degree, Akeroyd worked as a research chemist in the Department of Medicine at Vanderbilt University from 1932 to 1935. His next stop was Ohio State University where he served as a research hematologist in the Department of Medicine and continued his education, obtaining a Master of Science degree in 1937.

During World War II, Akeroyd was called to active duty on May 13, 1943. He served as a clinical laboratory officer and a biochemist. One of his first assignments was with the U.S. Army's Ashburn General Hospital at McKinney, Texas, in August 1943. Then 1st Lt. Akeroyd served as assistant chief of the laboratory section for the hospital. Akeroyd would also serve with the 178th, 197th, and 124th General Hospitals in the European Theater. Serving in Austria with the 124th at the close of hostilities, Akeroyd also performed further study and research at the University of Vienna.

From 1947 to 1952, Akeroyd served as a laboratory officer at Brooke General Hospital on Fort Sam Houston. During this assignment, he began testing the utilization of plastic blood storage bags. His work led to improved transportation and storage as well as blood component separation. Instead of whole blood, plasma or platelets could be managed as needed for patient care.

After his tour at Brooke General Hospital, Akeroyd became the chief of immunohematology at the Walter Reed Army Institute of Research in Maryland. Continuing his studies and advocacy, Akeroyd reviewed transfusion records for World War II and the Korean War seeking improvement. He strived for the elimination of waste and enhanced distribution of blood components for both military and civilian organizations.

Akeroyd served as the Army representative to the Task Force on Military Blood Collecting from 1957 to 1958. In 1958, he established the Blood Bank Fellowship at the Walter Reed Army Institute of Research. In addition to his support for blood collection and research, Akeroyd discovered President Abraham Lincoln's blood type from bloodstains preserved at the Armed Forces Institute of Pathology (type A).

In 1961, Akeroyd returned to Brooke Army Hospital as chief of the blood bank until his death in September 1963. Serving in both active and reserve capacities, his research, instruction, and publications greatly enhanced Army and civilian medicine in the fields of blood banking and transfusions. The blood donor center at Brooke Army Medical Center was memorialized in his honor in April 1993.

Col. Joseph Akeroyd examines early versions of plastic blood storage bags. His work led to improved transportation and storage of blood products. (Courtesy photo)

Medical history of World War I at Fort Sam Houston

By Andy Watson

Office of Medical History

The AMEDD Center of History and Heritage (ACHH) recently hosted the medical history of World War I as it sponsored the first in a series of biennial conferences. The first gathering, "World War I Medical History" took place February 23-25, 2012. The AMEDD Center of History and Heritage, Uniformed Services University of the Health Sciences, and the AMEDD Museum Foundation worked together to organize the successful event.

The conference was well-attended, with nearly 60 presenters arriving from Australia, Britain, Canada, and the Netherlands as well as the United States.

Medical knowledge was shared providing the history of several US Army hospitals and their actions during the war. Subjects and papers discussed included topics that current medical professionals still struggle with such as "shell shock" known to current health providers as post traumatic stress disorder and facial reconstruction surgery.

Other items were more specific to the time period like the effects of chemical warfare. Preventive medicine, facets of the nurse profession, and recruiting and training of Army doctors were also featured elements of presentations. Some lectures were requested for inclusion into the AMEDD Center and School's Program of Instruction.



119th Ambulance Station, 30th Division, Molain, Aisne, France October 18, 1918. (Courtesy photo)

(POI)

The AMEDD Museum served as the primary location for the sessions. The museum also featured a temporary display of World War I artifacts. Similarly, the medical history archive was able to assist attendees with onsite research. Contemporary books and other documents were readily available for perusal.

Robert Dalessandro, Chief of the Center of Military History, made opening re-

marks and commented about the superb venue for the conference. A reception and banquet rounded out the activities for the gathering. The history conference series will continue in 2014.

Learn more about the Office of Medical History at <http://history.amedd.army.mil>.

Army Medical Specialist Corps celebrates 65 years

On April 16, 2012, the Army Medical Specialist Corps (AMSC) will celebrate its 65th anniversary. Established by Public Law 80-36 on April 16, 1947, as the Women's Army Specialist Corps, AMSC was comprised of officers from three professions; dietitians, physical therapists and occupational therapists. The law was amended in 1955 to allow commissioning of males and the corps was renamed the Army Medical Specialist Corps (AMSC) as it is known today.

Prior to World War II, Occupational Therapists and Physical Therapists (formerly known as reconstruction aides) and Dietitians served the Army in a civilian capacity.

In 1992, Physician Assistants (PA's) were converted from warrant to commissioned officers and added to the corps' skill inventory. By providing direct medical care as independent practitioners and physician extenders, AMSC officers play a key role in ensuring military medical readiness both on and off the battlefield. AMSC officers have served in every major conflict and humanitarian mis-

sion since the corps inception.

The AMSC operates nationally recognized education and training programs as well as innovative programs that focus on unit-level health and fitness promotion, disease and injury prevention and outcomes research. AMSC health professionals excel in clinical, research, academic and health administration arenas. Many have worked in more than one career track throughout their time in the Army and have held leadership positions ahead of their private sector counterparts.

Today, AMSC officers continue to provide first class health care to Soldiers, Families and other beneficiaries around the world.

For more information about the Medical Specialist Corps, visit <https://amsc.amedd.army.mil>.



AROUND ARMY MEDICINE

1. Staff Sgt. Krisell J. Creager-Lumpkins of Fort Carson, Colo., (left) coaches Spc. Jasmine Perry of Fort Campbell, Ky., through the problems of starting to run on her new prosthetic leg. (Photo by Rob McIlvaine)

2. Lt. Gen. Patricia Horoho, The Surgeon General and Mr. Gregg Stevens, AMEDD Civilian Corps Chief (Right), present the first quarterly Army Medicine "Wolf Pack Award" to Cynthia Robertson and Kenneth Kovats receiving the award on behalf of the co-winning HQ MEDCOM Biz Ops Bowl Team. (Courtesy photo)

3. Sgt. Matthew Archilla (center), a medic assigned to the 228th Combat Support Hospital, works with Belize Defense Force soldiers as they prepare to rappel down the side of a cliff during a simulated high angle casualty evacuation near Belmopan, Belize, Feb. 11, 2012. (Photo by Eric R. Lucero)

4. Staff Sgt. Christopher Ciro, 32nd Medical Brigade, mounts a hill to begin testing on one of three combat casualty care lanes as part of the Expert Field Medical Badge test March 4-9 at Camp Bullis, TX. (Photo by Lori Newman)



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