



Robert E. Bush  
Naval Hospital

## Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- \* Through the ICE website.

- \* Through the Naval Hospital Customer Comment Cards.

- \* The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

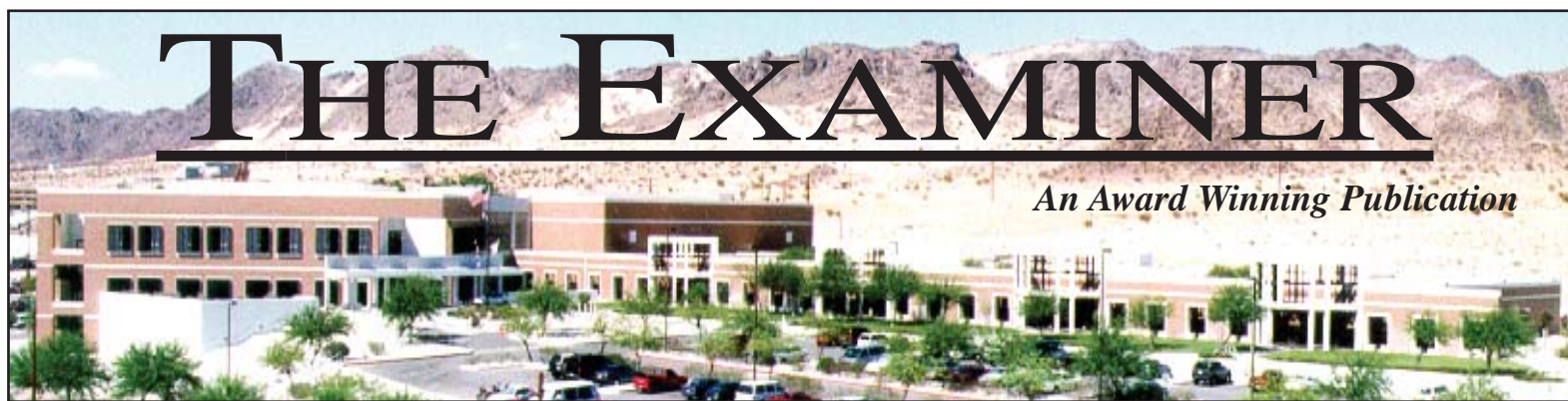
Or Directly to the Joint Commission via:

E-mail at [complaint@jointcomission.org](mailto:complaint@jointcomission.org)

Fax:  
Office of Quality Monitoring  
630-792-5636

Mail:  
Office of Quality Monitoring  
The Joint Commission  
Oak Renaissance Boulevard  
Oakbrook Terrace, IL 60181

Commanding Officer  
Naval Hospital Public Affairs Office  
Box 788250 MAGTFC  
Twentynine Palms, CA 92278-8250



An Award Winning Publication

<http://www.med.navy.mil/sites/nhtp/pages/default.aspx>

## Primary Care Appointments: Where Have They Gone?

How many times have you phoned the Appointment Call Center (830-2752) and been told there are no appointments available.

Most notably, there are long waits to schedule appointments, and patients may have to call several times before they actually get scheduled. But is it the phone system or something more?

While addressing important access to care issues, it is not the phone system as much as the clerks not having appointments available to book. "The greatest challenges are the unexpected losses in staffing -- especially our nurses, physicians and physician assistants," said Captain Mike Moeller, a family practice physician and Executive Officer of the Naval Hospital. "Our Family Medicine Department has historically had up to twelve physicians and family nurse practitioners to care for the base...Marines and Sailors, retirees, and their families. In spite of continued growth of the base and number beneficiaries eligible for care there are currently only five physicians in Family Medicine," Moeller added.

"This unplanned loss of providers will improve with incoming physicians in August, but the current impact places a significant burden on the hospi-



**OPTIMIZATION TEAM** -- From left to right, Captain Don C. B. Albia, commanding officer, Naval Hospital Twentynine Palms, HMC Thomas Tennison, HMC Terry Morocco, Ensign Matthew Christopher, Lt. Julianne Palumbo, Lt. Cmdr. Michelle Perkins, Cmdr. John Crabill, Richard Schwartz, Cmdr. Sharon Kingsberry, Lt. Cmdr. Patrick Turpin, Cmdr. Carol Grush and Cmdr. Maria Young.

tal's patients when we don't have the number of appointments available and on the clinical staff who support the Emergency Medicine Department, inpatient admissions and labor and delivery," Moeller said.

"The bottom line for our patients is the difficulty in getting an appointment," Commander Sharon Kingsberry, Director of Medical Services stated. "The best phone system and appointment call center in the world won't help if there aren't enough appointments. This can cause an overflow into the Emergency Room and worsens delays that patients experience for minor or acute problems that

are best cared for quickly in the Primary Clinic," Kingsberry added.

"The hospital has been working aggressively to hire additional civilian health care providers in Family Medicine since February and to request assistance from the Naval Reserves and other Naval Hospitals. With recent

deployments of staff supporting operations in Afghanistan and Kuwait, we are constantly looking to maximize the efficiency of the remaining staff. This will allow us to deliver the best care to the heroes and family heroes of the Marine Corps Air Ground

*Continued on page 7*

## Naval Hospital Twentynine Palms Has Many Channels of Communications

By Dan Barber, Public Affairs Officer  
Robert E. Bush Naval Hospital

Did you know that the Robert E. Bush Navy Hospital has Face Book, Health Blog and Twitter available on its public facing web site to increase the communication channels to beneficiaries of the hospital and the public in general.

By using these channels of communications for most of the past year, the hospital has increased the visibility of its various programs, clinics and events and at the same time opened up channels to allow two way communications with customers.

Communications from you... the customer... is very important to the leadership of the command. Your input is used to improve services at the hospital. Following appointments here at the

*Continued on page 6*

### Clinic Appointment Stats...

Patient's seen in February -- 10,285

Appointment No Shows in February -- 946

If you need an appointment call -- 760-830-2752

To cancel an appointment call -- 760-830-2369

# Having Trouble Adjusting to Home Life?

## *after deployment.org Launches Enhanced Website*

March 5th marked a major refresh of afterdeployment.org. While the site's essential mission to offer web-based tools targeting behavioral health issues remains the same, the site's re-engineered architecture and content management technologies deliver wide-ranging content from diverse sources, all within a common user experience. A learning management system integrated into the new site supports the delivery of eLearning assessments and workshops that facilitate self-paced learning and behavior-change strategies.

"The need for online behavioral health tools, available 24/7 and accessible in the comfort of one's home, has never been greater," says Dr. Robert Ciulla, leader of the afterdeployment.org project and acting Division Chief for Population and Prevention Programs at the National Center for Telehealth and Technology (T2).

The new site, focused on the needs of the entire military community, showcases expanded content, easily accessed connections to real-time support, quick

health tips, a 'geolocator' to find local providers, and updated graphics with banner links to core resources such as the Real Warriors Campaign.

The website will now offer continually refreshed material (health tips, daily quotes, and brain teasers); RSS feeds, podcasts, and links to Facebook and Twitter.

Added Content, More Topics "Following a deployment, challenges commonly faced by service members and their families include relationship issues, sleep problems, and heightened stress," says Ciulla. He added, "We're bringing new content on board, expanding from twelve core modules to eighteen."

In addition to topics on post-traumatic stress, depression, anger, sleep, relationships, substance abuse, physical injury, work adjustment, life stress, health and wellness, families with kids, and spirituality, the six new topics will address mild traumatic brain injury, tobacco, anxiety, military sexual trauma, stigma and resilience. New topics will be rolled out one by one over the coming weeks.

Facebook and Twitter will be

used to announce availability of new topic content.

Each topic has a self-assessment, self-paced workshops, videos, and an eLibrary. All topics are easily accessed from the home page allowing users to link up to a vast matrix of expert information and other resources. In a next iteration, coming soon, users will be able to connect via forums and blogs.

### **Project Team**

To fulfill its mission, the afterdeployment.org project team continues to work with subject matter experts through partnerships among the Defense Centers of Excellence for Psychological Health and

Traumatic Brain Injury (DCoE), the Military Services, the Department of Veterans Affairs, the National Center for PTSD, and various academic institutions.

"The website will make wellness resources for the military community both more attractive and accessible to a global audience of all ages and backgrounds," says afterdeployment.org's functional director, Dr. Jennifer Alford. She added that visitors to the site will discover they are not alone, but in fact, face issues similar to many others.

### **Help Has Arrived**

If you or someone you know is

having trouble adjusting to home life, get help. Seeking solutions is a sign of strength.

About afterdeployment.org Launched in August 2008, afterdeployment.org provides the military community with self-care tools for a range of adjustment concerns, with an emphasis on exercise-based interactivity, community support, and multimedia applications. Afterdeployment.org is a Department of Defense website developed by the National Center for Telehealth & Technology (T2), a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)

## Policy to Mandate Head Injury Evaluations

*By Army Sgt. 1st Class Michael J. Carden  
American Forces Press Service*

WASHINGTON, March 10, 2010 - Defense Department officials expect to launch a new policy in the coming months that will make head-injury evaluations mandatory for all troops who suffer possible concussions, a senior official with the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury said.

The current guidelines for treating troops with such injuries allows for them to come forward on their own. Troops in combat and in close contact with explosions or blasts make the decision on whether they need to be evaluated for concussions or head injuries.

But under the new policy, every servicemember exposed to such an incident will be required to seek attention. Those troops also will be required to rest and will be excluded from their unit's mission cycle for at least 24 hours, Kathy Helmick, the senior director for traumatic brain injury at the center, said yesterday in an interview with American Forces Press Service.

"What is getting ready to become policy is a paradigm shift from a servicemember coming forward and saying, 'I have a complaint' to an incident-based protocol," Helmick said. "When those events happen, you don't get to say, 'I'm having symptoms.' You go to medical, and you get checked out, regardless of

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# Vaccine could protect against cervical cancer

By Shari Lopatin  
TriWest Healthcare Alliance

Cancer prevention comes in many forms; a healthy lifestyle, vaccines and routine screenings. All involve your ability to make healthy choices, but TRICARE makes those choices even easier by covering a vaccine that protects against cervical cancer, as well as routine screenings for early detection.

According to the American

Cancer Society, more than 99 percent of cervical cancers are related to the human papilloma virus (HPV). In 2009, the National Cancer Institute estimated about 4,000 women died from cervical cancer and more than 11,000 women were newly diagnosed.

Literature from the American Cancer Society states more than 100 different types of HPV exist. The vaccine protects against the four types that cause 70 percent of all cervical cancers. But the vaccine will work

only if given to girls before they are exposed to HPV.

## Vaccinating against HPV

The HPV vaccine can be given at the same time as other vaccines. The Centers for Disease Control and Prevention recommends and TRICARE covers giving the vaccine to females between ages 11 and 26, although girls as young as 9 may get it. Women interested in getting the HPV vaccine should talk to their doctor.

The vaccine does not protect

against every type of HPV infection and cannot prevent all cervical cancers. Therefore, women should still continue getting regular exams and Pap tests. Additionally, the vaccine does not protect women from sexually transmitted diseases, including AIDS.

## Why Pap Tests?

Cervical cancer used to be one of the most common causes of cancerous death for American women. But, according to the American Cancer Society, the

death rate plunged 74 percent between 1955 and 1992. The reason? More women used the Pap test for early detection. Women should start testing within three years of becoming sexually active or at age 18, whichever comes first.

For more information on TRICARE benefits for cervical cancer, visit [www.triwest.com/healthyliving](http://www.triwest.com/healthyliving). Register on [www.triwest.com](http://www.triwest.com) to manage your health care online, anytime from any Internet connection.

## Everyone Saves with Generic Drugs

FALLS CHURCH, Va. -- Ever hear of omeprazole, zolpidem, or cetirizine? These popular generic drugs treat gastrointestinal problems, insomnia and allergies and are also available under familiar brand names. While generic drugs are not advertised on television or in magazines, they provide the same benefits as their brand-name counterparts at a lower price for TRICARE beneficiaries and the government alike.

Because of the safety, efficacy and cost-savings provided by generic drugs, it is Department of Defense policy that all TRICARE beneficiary prescriptions are filled using generic equivalent medication when available.

The U.S. Food and Drug Administration reviews and approves all generic drugs and holds them to the same standards as brand-name drugs. Generic drugs are required to have the same active ingredients, strength, dosage and uses as brand name drugs. The medications usually look different because their inactive ingredients differ, but those features do not affect the safety or effectiveness of generic medications.

Generic drugs save American consumers billions of dollars each year, according to the Congressional Budget Office. Prescription costs for TRICARE beneficiaries are based on the type of drug and where the prescription is being filled, with generic always being the least expensive drug option. For example, a 90-day supply of a generic drug through TRICARE

Home Delivery has just a \$3 copayment, while a brand-name drug has a \$9 copayment. At a network pharmacy, the copayments are the same \$3 for generic and \$9 for brand-name, but that's only for a 30-day supply.

Generic drugs do not cost less because they are of lesser quality. When brand-name drugs make their appearance on the market, their formula is under a patent. When that patent period is over generic versions emerge at a lower price, partially because they are not advertised.

Though it's DoD policy that all prescriptions are filled using the generic equivalent medication if available, brand-name drugs can be covered in matters of medical necessity with prior approval. One example would be an allergy to a generic drug's inactive ingredients. In cases where a generic equivalent does not exist, the brand-name drug is dispensed for the brand-name co-payment.

Learn more about generic drugs from the FDA's Center for Drug Evaluation and Research at [www.fda.gov/drugs](http://www.fda.gov/drugs). For more information about the TRICARE Pharmacy Program, go to [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy).

About TRICARE Management Activity and the Military Health System

TRICARE Management Activity, the Defense Department activity that administers the health care plan for the uniformed services, retirees and their families, serves more than 9.6 million eligible beneficiaries worldwide in the Military

Health System (MHS). The mission of the MHS is to enhance Department of Defense and national security by providing health support for the full range of military operations. The MHS provides quality medical care through a network of providers, military treatment facilities, medical clinics and dental clinics worldwide. For more about the MHS go to [www.health.mil](http://www.health.mil).



## Happy Birthday Chief Petty Officers...

Est. as a Navy Rank on April 1, 1893

## Hospital Pharmacy Participates in MCCS Health Fair

The Pharmacy will host a Brown Bag booth at the Marine Corps Community Services, Twentynine Palms third Bi-Annual Wellness Fair on Wednesday, April 7, from 10 a.m. to 2 p.m. at the Combat Center's West Gym.

The Pharmacy encourages participants to bring their unused and outdated medications to the booth for proper disposal. This is a great way to protect your loved ones and the environment from harm.

The fair is open to all authorized patrons of the Marine Corps Air Ground Combat Center.

# Super Stars...



*Lt. Carrie Beaty, Internal Medicine Physician, receives a Navy and Marine Corps Achievement Medal.*



*Cmdr. John Crabill, Family Medicine Physician, receives a Navy and Marine Corps Commendation Medal.*



*Lt. Sarah Bishop, Health Care Operations, takes the oath at her recent promotion ceremony.*



*Diane Brisco, Clerk in Family Medicine receives a Letter of Appreciation*



*Eric Cruse, Clerk in Central Appointments receives a Letter of Appreciation.*



*Lt. Cmdr. Todd Gardner, Family Medicine Physician, receives a Navy and Marine Corps Commendation Medal.*



*Lt. Cmdr. Georgiana Miller, Family Medicine Physician, receives a Navy and Marine Corps Achievement Medal.*



*Kathleen Mulvihill, Clerk in Central Appointments, receives a Letter of Appreciation.*



*HM3 Nathan Cole, General Surgery/Orthopedics Clinic, receives a Navy and Marine Corps Achievement Medal.*



*Jody Fix, Central Files, receives a Federal Length of Service Award.*



*CS2 Giam Magpayo, Combined Food Services Department, receives a Good Conduct Medal.*



*Lt. Cmdr. Pamela Morrison, Family Medicine Physician, receives a Navy and Marine Corps Achievement Medal.*



*Lt. Julianne Palumbo, Family Medicine Physician, receives a Navy and Marine Corps Achievement Medal.*



*Lt. Cmdr. Julia Paz, Pediatric Physician, receives a Navy and Marine Corps Achievement Medal.*



*Lt. Cmdr. Michelle Perkins, Pediatric Physician, receives a Navy and Marine Corps Achievement Medal.*



*Larry Richelli, Information Management Department, receives a Federal Length of Service Award.*



*HMC Mickenzie Pearson, takes the oath at her recent commissioning ceremony promoting her to the rank of Ensign in the Medical Service Corps.*



*HM2 Jose Mata, Multi-Service Ward, takes the oath at his recent reenlistment ceremony.*



*HM2 Christopher Valentin, Radiology, receives a Navy and Marine Corps Achievement Medal.*



*HM3 Christian Vicencio, Emergency Medicine Department receives a Navy and Marine Corps Achievement Medal.*



*HMCS Leroy James, Senior Enlisted Advisor, Directorate of Medical Services, is piped ashore at his recent retirement ceremony. Senior James honorably served 26 years in the United States Navy.*



*HM3 Julius Sagun, Pharmacy Tech, receives a Good Conduct Medal.*



*Jim Harris, Mayor Pro-tem from the City of Twentynine Palms presents a model of the USS Missouri Battle Ship to Captain Don C. B. Albia, Commanding Officer of Naval Hospital Twentynine Palms.*

# TRICARE and VA Work Together

FALLS CHURCH, Va. -- Service members who became ill or injured while serving on active duty and are then medically retired have health benefits available to them through both the Department of Defense and Department of Veterans Affairs.

Like all retirees, medically-retired veterans can choose TRICARE Prime where it's available, or TRICARE Standard and Extra if they are not eligible for Medicare. Their family members have the same TRICARE choices. Veterans who are eligible for Medicare because of disability must maintain Medicare Parts A and B to keep their TRICARE coverage.

Retirees with a service-connected disability rated at 50 percent or higher; are unemployed due to the service-connected disability; or are seeking care for the service-connected disability are automatically eligible but must request care from Department of Veterans Affairs (VA).

Retirees eligible for VA health benefits along with their TRICARE retiree health care bene-

fits can receive care from the VA or TRICARE. These retirees must apply for health benefits from the VA. Though there is an initial choice each time they seek care for a non-service related condition...VA or TRICARE...once treatment has begun, it must be completed using the same benefit.

**...When choosing to use their TRICARE benefit, retirees may be authorized to receive non-service related care at participating VA medical centers, a military treatment facility (MTF) or a TRICARE network provider...**

However, when seeking care for a service-related condition, they must use VA benefits.

Almost all VA health care facilities are part of the TRICARE network, however treatment of TRICARE beneficiaries is provided on a space and resource available basis only.

When choosing to use their

TRICARE benefit, retirees may be authorized to receive non-service related care at participating VA medical centers, a military treatment facility (MTF) or a TRICARE network provider.

Representatives are available at VA facilities to assist veterans who are eligible for TRICARE and VA health care, and VA liaisons and benefit counselors are available at many MTFs to assist veterans transferring from Defense Department to VA care.

Veterans can learn about the different financial responsibilities for TRICARE-covered services and VA benefits by contacting their TRICARE regional contractor, or VA Health Benefits Service Center at 877-222-VETS. Regional contractor contact information can be found at [www.tricare.mil/contactus](http://www.tricare.mil/contactus).

There are many programs available through TRICARE, VA, the armed services and TRICARE's regional contractors supporting veterans who became ill or were injured serving on active duty. Visit [www.warrior-care.mil](http://www.warrior-care.mil) for more information about these resources.

## TRICARE Tools Tame Tax Time

By Tyler Patterson  
TriWest Healthcare Alliance

Love it or hate it, there's no denying it: tax season is here. Do you see yourself digging through piles of paper looking for last year's forms and receipts? There's a better way - TRICARE West Region beneficiaries can find TRICARE out-of-pocket costs online through their secure [www.triwest.com](http://www.triwest.com) account.

### Account History

To help you track healthcare expenses, you can access up to three years of your claims, benefit statements and any enrollment fee information through your [www.triwest.com](http://www.triwest.com) account. You can see all the benefits of registration at [www.triwest.com/register](http://www.triwest.com/register).

### Qualified Medical Expenses

If you itemize your annual tax deductions, certain medical expenses may be eligible for deduction. The Internal Revenue Service allows for expenses like equipment costs, supplies, and diagnostic devices, dental expenses, as well as fees for eye exams, eyeglasses and contact lenses. You should always check with a tax professional for your allowable deductions. You can contact a tax advisor at a military base tax preparation center near you, or visit [www.militaryonesource.com](http://www.militaryonesource.com). Special tax provisions exist for members of the military and are listed at [www.irs.gov](http://www.irs.gov); click on 'Individuals' along the top of the page and then follow the 'Military' link for specific information.

### Go Paperless

After you've developed your secure [triwest.com](http://www.triwest.com) account, don't forget to log in and sign up for paperless communications and Go Green! Tracking your medical expenses is less taxing when it's at your fingertips online, anytime.

Save time, stay organized and keep the piles of paper to a minimum. You might even save a tree or two in one easy step, so Go Green today!

## Communications...

Continued from page 1

hospital some patients are selected to participate in a survey. How it works is, a couple of weeks following a visit you may receive a survey in the mail asking you to rate the service received from your provider. This survey, which is very important to the leadership of the hospital, can be submitted by return mail by using the enclosed envelope; online at the address listed in the letter or by calling the provided toll-free telephone number.

However, you also have the opportunity to fill out a customer comment card available throughout the hospital anytime to register a complaint or to offer a complement to anyone on the hospital's staff.

Also, patients have the option of leaving comments using the Interactive Customer Evaluation (ICE), which is linked from the hospital's Internet page.

Twitter, Facebook and the Health Blog allows anyone to post comments on articles or items that are posted. The hospital team assigned to monitor these communications will then respond if appropriate.

We just ask that these communications channels should not be used to 'air dirty laundry' or circum-

vent your normal chain of command.

The hospital staff will not offer personal opinions on, or enter into debates about, our superiors, the government officials or bodies listed in Article 88 of the Uniform Code of Military Justice, or partisan political issues. Commenter's will be similarly moderated, as this site is continually monitored and in the case of inappropriate comments they will be immediately removed.

To view the Robert E. Bush Naval Hospital web site visit:

<https://www.med.navy.mil/sites/nhtp/Pages/default.aspx>

If you wish to address your concerns to a live person, the hospital also has customer relations representatives in each clinic or department of the hospital. If you feel that your concerns aren't adequately addressed at this level the command also has a Customer Relations Officer who can be reached by calling 760-830-2475. This officer is a direct representative of the Commanding Officer.

In addition, each Quarter the hospital conducts the Consumer Health Care Council meeting where anyone eligible for care here can attend and comment if they wish. Check out the hospital's web site for information on the next scheduled meeting.

**CHOOSE ONE  
TO RIDE WITH.**

No matter what style you choose to wear,  
just making the decision to wear a helmet can save your life.

## Head Injury Evaluations...

*Continued from page 2*

whether you have symptoms or not.”

Early detection and treatment is the cornerstone of the new policy, she said. The guidelines will help health care providers and researchers track such occurrences as well as expand their knowledge in treatment. The policy also will help to ensure unit readiness and longevity in the afflicted troops, Helmick noted.

The policy is intended to address the culture of troops who are so dedicated to their mission that they often shrug off their symptoms and simply learn to deal with them, she said. However, she added, failing to get treatment and education about their possible conditions may do more harm than good, not only for the troop in question but the unit as well.

Avoiding evaluations and treatment can be troublesome once the mission is complete and the servicemember returns home, Helmick said, because concussion indicators are not limited solely to concussions. They actually can be confused with symptoms troops may have in their readjustment period after a deployment.

“The premise here is that we know folks were so mission-focused that sometimes they weren’t being evaluated,” Helmick said. “If troops don’t come forward and simply ‘will it away’ and carry on with their mission, by the time they get home, those symptoms could be confused with readjusting to life back home.

“This is really an effort to provide state-of-the-art, up-front care quickly to the time of injury,” she continued. “If you had a sprained ankle, you wouldn’t be hobbling around on your ankle for eight months before you received care.”

Since 2006, servicemembers exposed to roadside bombs, sports injuries and other incidents that could result in head injuries have participated in the military acute concussion evaluation. The evaluation is done in theater and is flexible enough to be done while “bullets are flying,” Helmick said.

Line medics and Navy Corpsmen can give the evaluation on the spot or at the base camp in about 10 to 15 minutes

without troops having to be transported to a field hospital. Studies have shown that troops recover quicker when they’re close to their unit, she said.

Troops are asked a series of questions that help the medics determine the severity of the concussion. Afterward, the troop is required to rest for 24 hours, and then participate in a follow-up evaluation. If the symptoms persist, more evaluations will be done to determine if the troop needs to be evacuated to a larger medical facility. If not, the troop will get back in the fight.

“You can almost do the evaluation with bullets flying,” she said. “It’s not supposed to be done in a controlled environment, but will identify red flags, tell the medics about the symptoms and give a very gross overview of the servicemember’s cognitive state.”

Making the evaluation mandatory for all troops in question was a request from troops on the front lines, and has drawn much attention from senior defense officials here, Helmick said.

She noted that Navy Adm. Mike Mullen, chairman of the Joint Chiefs of Staff, has “really taken the stance” in not leaving the evaluation to subjective reporting by the individual servicemember. Leadership realizes the culture of mission focus and the demanding set of actions that servicemembers need to make, she said.

“If you lay it out for servicemembers, and they understand their conditions, you decrease the symptoms and you get better

faster,” she said. “If you don’t detect it, you can’t educate about it, [and] you lose that opportunity to provide an educational intervention.

“What we hope to do is save

lives from the serious injuries and decrease chronic symptoms of having problems with concussions,” she continued. “With policy change, we’re going to treat quicker and return troops

to duty faster in full capacity.”

## Appointments: Where Have They Gone?...

*Continued from page 2*

Combat Center,” said Moeller.

The Optimization team is charged with restoring Nursing and Corpsman support to the Primary Care Clinics while emphasizing continuity of care.

Continuity of care means seeing the same physician, nurse, provider, and Corpsman at each visit. Continuity has been shown to provide better quality of care when the patient is known by the provider. “The Primary Care Management Team will be there to help you address your medical and wellness concerns in a timely and personal manner. They will be the patient advocate for care,” Moeller said.

“More information will be forthcoming on our optimization efforts on this ‘Medical Home’ and Family Centered Care initiative. Feedback from our patients is very important -- and those BUMED Surveys in the mail after an appointment are a critical measure of how the hospital is doing - regardless if the care meets your needs or if there are areas to improve. If you receive a survey, please take a few minutes to complete it -- either on the internet or through the Post Office. Twentynine Palms families deserve nothing but the best in Navy Medicine,” Kingsberry concluded.

### Pharmacy Wait Times Cut In Half

Have you ever been seen in a clinic on time and out in 30 minutes, only to have to wait over two hours to get a prescription filled?

In an attempt to resolve this issue, the Naval Hospital Twentynine Palms Pharmacy has developed several initiatives that have reduced the average waiting for a prescription. “Since December 2009, the maximum time a patient waited for a prescription was just over 3 hours and 80 percent of patients waited less than 55 minutes. As a result of numerous actions by the pharmacy, the longest wait time over the last four weeks was 1.5 hours and 80 Percent of patients wait less than 27 minutes for

their prescriptions,” according to Lieutenant Commander Garner, Pharmacy Department Head.

These NHTP Pharmacy improvements include a three-tiered queue system which allows active duty personnel in uniform to receive priority service. Patients with new prescriptions from a hospital clinic can wait for their prescription to be filled, or fill out a request slip and drop it in the box conveniently located in the Pharmacy waiting area. The patient can then pick up their medication any time after noon the following day. This overnight option is not available for patients who bring in a prescription from an outside health care provider. Another option is for the Pharmacy’s automated refill line to pick up their medications at an express window.

In addition, more pharmacy technicians have been brought in to assist customers and the pharmacists. A pharmacy technician is now available to provide services to Marines and Sailors at the active duty Adult Medical Care Clinic between the hours of 7:30 a.m. to 4 p.m., Monday through Friday.

“We are constantly asking for input from our patients to look for ways to improve our services and to give our staff members the deserved appreciation from grateful patients,” Captain Mike Moeller, Executive Officer said. “The hospital has Customer Service Representatives in each clinic who are available to listen to the concerns of patients and to try resolve issues or misunderstandings immediately. This feedback has helped guide improvements in the NHTP Pharmacy. However, if a customer feels that their concerns need attention from the hospital’s leadership, they can contact the Customer Relations Officer, who serves as a special assistant to the Commanding Officer at 760-830-2475,” Moeller added.

# Osprey Landing at Naval Hospital Provides New Life-saving Option

By Gunnery Sgt. Sergio Jimenez  
Marine Corps Air Ground  
Combat Center

The MV-22 Osprey, long touted by the Marines as an advanced, flexible, transformational and all-around "great piece of gear," didn't do anything spectacular in a landing zone capability exercise at LZ 16 at the Robert E. Bush Naval Hospital here March 9. The tilt-rotor helicopter flew in relatively quietly, hovered, kicked up a little dust and then landed smoothly.

To some, the low-key landing would seem anticlimactic and disappointing; to Combat Center planners, onlookers and Navy medical personnel, it was about as motivating as it could get. Successfully landing the Osprey has great medical implications, said Navy Capt. Michael Moeller, the executive officer of the Robert E. Bush Naval Hospital, who is from "just a stone's throw away from Camp Lejeune" in Emerald Isle, N.C.

Since the Ospreys were already training in the area conducting combined aerial landings, reduced-visual landings



*This Marine Corps MV22 Osprey aircraft safely touches down at the Robert E. Bush Naval Hospital LZ (helo-pad) a first for this command and aircraft.*

and low-altitude tactics, Combat Center range personnel and hospital officials asked the pilots to add one more exercise to their list.

Scott A. Larson, the Combat Center's range operations officer, from Kankakee, Ill., said they wanted to test how landing on the hospital's main medical evacuation LZ would affect surrounding equipment, an adjacent parking lot and patient care operations.

Larson said officials took safety very seriously. They were concerned the rotor's downdraft would hurl debris or rocks, damage vehicles or hurt bystanders, so they cordoned off the area and stopped traffic from coming into the parking lot during the landing. The landing exercise was very successful, he said.

The Osprey is replacing the CH-46 Sea Knight helicopter in the Marine Corps' arsenal. It combines the range and speed of a fixed-wing aircraft, and the vertical lift and transport capacity of a helicopter. The Osprey

can travel 1,100 nautical miles at speeds up to 300 knots to transport up to 24 combat-loaded Marines and Sailors in and out of remote and austere environments. If needed, it can evacuate 12 litter casualties or a combination of litter casualties, ambulatory patients and medical personnel, said Maj. David L. Lane, an MV-22 pilot and operations officer from Marine Medium Tilt-Rotor Squadron 161, 3rd Marine Aircraft Wing, Marine Corps Air Station Miramar, San Diego.

Lane, a Paris, Ark., native, and his crew; Maj. Kevin Grindel, the co-pilot and tilt-rotor training instructor, Master Sgt. Michael Brodeur, the crew chief and Lance Cpl. Steven A. Froehlich, a crew chief under instruction, all from VMM-161, are part of the first West Coast Osprey Squadron.

Soon after landing, the Marine aviators gave hospital leaders and personnel a tour of the Osprey and explained its capabilities.

"Hospital personnel were very

excited about the prospect of having the capability to transport casualties during the very important golden hour," said Lane, referring to the critical period immediately following a serious injury in which lives can be saved if necessary medical attention is provided.

In the event a Marine or Sailor at the Combat Center suffers a serious injury, an Osprey can reach a trauma center in Yuma, Ariz., 116 miles away or Balboa Naval Hospital in San Diego, 109 miles away, in less than 30 minutes after lift-off, Lane said.

"We have a large number of corpsmen and [casualty evacuation] staff who deploy to Iraq and Afghanistan, so this is an opportunity for them to go through and see the aircraft and get some familiarization," Moeller said.

Thanks to the teamwork and hard work of everyone involved, the hospital now has one more emergency transportation option to help save lives, Moeller said. "We look forward to seeing the Osprey in the skies here soon."