



Welcome to the Irwin Army Community Hospital Team!



IACH
600 Caisson Hill Road
Fort Riley, KS 66442

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Command Team Welcome Letter



Welcome to Fort Riley and the finest Community Hospital in the Army, Irwin Army Community Hospital (IACH). We are very happy to welcome you as a part of our great organization and will provide you all the support and necessary assistance needed. We will do everything possible to ensure your assignment here is a pleasant experience, both personally and professionally. Welcome to the team!

As you may or may not know, Fort Riley is home to the 1st Infantry Division, 1st Sustainment Brigade, Combat Aviation Brigade, 1st Engineers, 84th Explosive Ordnance Detachment, 97th Military Police Battalion, United States Army Garrison and the United States Army Dental Activity along with other tenant units.

Our mission is to provide health care for Warriors, Military Families, and Retirees while supporting deployments of medically ready forces. We do this through empowered staff optimizing practices while remaining agile to meet diverse requirements.

IACH executes its mission by delivering health care to over 56,000 beneficiaries from 43 buildings with a staff of over 1,500 Military, Civilian and Contractors working together. I want you to know that you play a vital role in delivering health care.

I expect every employee to be professional, live by the Code of Conduct, do their best every day and take pride and ownership of IACH. If you have a suggestion to improve our mission and facility, bring it to your supervisor's attention.

Again, welcome to the Irwin Army Community Hospital team.

Barry R. Pockrandt
Colonel, US Army
Commanding

Junior Riley
CSM, US Army
Command Sergeant Major



Irwin Army Community Hospital History



Fort Riley was officially established in 1853 by War Department General Order No. 17, dated June 27, 1853 proclaiming Fort Riley as a permanent Post. The Army appropriated \$65,000 for the erection of temporary buildings at the new post. In 1854 Fort Riley had its first hospital erected on a site near the present day Cavalry Museum and Patton Hall. This hospital boasted a staff of one surgeon, one hospital steward, three male soldier attendants, a soldier cook, and hospital matron.

Construction on the first permanent hospital at Fort Riley was completed in 1855, slightly southwest of the temporary hospital built in 1854. The previous hospital was converted into quarters for the hospital steward. The new hospital was constructed out of native limestone and was two stories tall with a wooden porch and surrounded by a picket fence. Shortly after the completion of the second permanent hospital, the building housed the Cavalry Administration and became Post Headquarters. In 1890 the clock tower was added to the building, along with other extensive renovations. Later, the building was remodeled and is now the Post / Cavalry Museum.

In February 1888, a board of officers was appointed to find a suitable site for a new hospital due to an increase in the garrison population. A location was selected north of the main post. In April 1888, a contract was set to begin construction on the new hospital. An appropriation of \$300,000 was approved for the construction of the new hospital. The north wing of the hospital was completed in 1888. In 1890 additional buildings were built behind the hospital to accommodate laundry, dead house, and quarters for the hospital steward. In 1906 a three story limestone wing was added to the south side of the Post Hospital. These buildings served as the Post main medical facility until 1957. This building later became Post headquarters, now building 500.

With the prospect of another World War an ominous probability, the Cantonment Hospital, later called the Station Hospital, was built at Camp Whitside, located at the present day site of the WTB Complex. Work was started on December 8, 1940 and the hospital began receiving patients in March 1941. Construction of the Station Hospital was completed in 1942 and consisted of eighty four cantonment- type buildings, occupying eighty acres of Camp Whitside. The hospital had thirty eight wards and a 1000 bed capacity. The old hospital was designated a surgical annex and was used as a medical facility until 1957 when it was converted into the current Post headquarters.

Construction of the new post hospital began on July, 19 1955. Over 43 million pounds of concrete were poured to erect the 250 bed facility at a cost of \$6 million. At the time of its dedication Irwin Army Community Hospital boasted the latest medical technology of the day. The new hospital was dedicated on February 7, 1958 and named Irwin Army Hospital in honor of Brigadier General Bernard John Dowling Irwin "The Fighting Doctor" who won the Medal of Honor for distinguished gallantry in action during an engagement with the Chiricahua Indians near Apache Pass Arizona in February 1861. In August 1975 the construction was begun for a new outpatient clinic wing. Construction was completed in June 1978 at a cost of \$21.108 million. Currently, 17 of the 23 outpatient clinics at IACH are housed in the outpatient wing.



BG Bernard John Dowling Irwin “The Fighting Doctor”



THE ARMY MEDICAL BULLETIN, NUMBER 51 (JANUARY 1940)

Bernard John Dowling Irwin

Brigadier General, Medical Corps, U. S. Army

Bernard John Dowling Irwin (June 24, 1830-Dec. 15, 1917), Brigadier General, Medical Corps, U. S. Army, was born in County Roscommon in the west of Ireland. His parents, James and Sabina Marie (Dowling) Irwin, immigrated to the United States during the great exodus of the fourth decade of the last century and settled in New York City. Young Irwin was given a liberal education by private tutors, including the classical and modern languages, later attending New York University in 1848-49. With an early bent for a military life he enlisted as a private in the 7th Regiment of the New York National Guard, serving three years (1848-51). In 1850 he entered the Castleton Medical College at Castleton, Vermont, but later transferred to the New York Medical College where he graduated in 1852. Following graduation he went to the State Emigrant Hospital on Ward’s Island where he served as house surgeon and house physician until 1855. In that year he was appointed an acting assistant surgeon in the army and sent to Fort Columbus at Corpus Christi, Texas.

On August 28, 1856, he was appointed to the regular corps as an assistant surgeon and sent to Fort Union, N. M., later transferring to Fort Defiance, Arizona. From these posts he was in the field much of the time in operations against hostile Navajos and Apaches. In December 1857 he was sent to Fort Buchanan, Arizona, where he served for the following four years. From this post in January 1861 he led a detachment of the 7th Infantry to the aid of Lieutenant George Bascom, who, with sixty men, was surrounded at Apache Pass by five hundred Indians under the Chief Cochise. On the way they met and defeated an Indian band and joined the beleaguered force with three prisoners and a drove of captured horses and cattle. Arrival of a troop of the 1st Dragoons shortly thereafter permitted the dispersal of the Indians. For this duty Lieutenant Irwin was given a Medal of Honor.

At the outbreak of the Civil War he was still at Fort Buchanan, which was destroyed by its evacuating garrison. Irwin shared the hardships and misfortunes of the 7th Infantry until it arrived at Jefferson Barracks, Missouri, in November 1861. He had been promoted to captain on August 28, 1861. Early in the next year he was appointed medical director of General Jeremiah T. Boyle’s brigade and then medical director of General William Nelson’s division in the Army of the Ohio. In this capacity he took part in the campaign which culminated in the battle of Shiloh on April 6-7, 1862. At this battle he organized a tent field hospital, credited with being the first of the kind and the model upon which our later field hospitals were based.



For his service in this battle he was given special commendation by the army commander. A tablet upon the Shiloh field, erected by the Government, marks the site of his hospital. He later participated in the siege of Corinth, Mississippi. Transferred to the Army of Kentucky in August 1862 he took part in the battle of Richmond, Kentucky, and was captured while attempting the rescue of General Nelson, his division commander, who had been previously captured. His conduct in this battle was the subject of commendatory remarks. He was promoted to the grade of major on September 16, 1862, and in October, having been given his liberty, he was appointed medical director of the Army of the Southwest. In this capacity he took part in the White River expedition which resulted in the capture, in January 1863, of Fort Hindman, on the Arkansas river. In February 1863 he was sent to St. Louis, Missouri, for hospital duty and in March to Memphis, Tennessee, as superintendent of the general hospital in that city. He was on this duty until July 1865 when he was transferred to the military headquarters at Louisville, Ky. On March 13, 1865, he was given brevets of lieutenant colonel and colonel "for faithful and meritorious service during the war."

Following the close of the war Major Irwin was sent to Fort Riley, Kansas, as post surgeon. He served repeatedly at this post, at Fort Leavenworth, and at Fort Wayne, until his assignment in October 1873 to the United States Military Academy at West Point. After five years of this duty he spent a year from September 1878 to September 1879 in Europe in study and travel. In October 1879 he was assigned to Fort Meade, Dakota, and in June of the following year to Fort Snelling, Minnesota, where for three months he was in charge of the office of the medical director, Department of Dakota. In August he was transferred to Chicago and given the post of attending surgeon at the headquarters of the Department of the Missouri. In October 1882 he was transferred to the post of medical director of the Department of Arizona at Prescott and in 1885 to New York in charge of the medical purveying depot. In 1886 he was transferred to similar duty in San Francisco where he served the next four years. He was promoted to the grade of lieutenant colonel on September 28, 1885, and to colonel on August 20, 1890. Later duty included a tour as medical director of the Department of Columbia at Vancouver Barracks (1890-91) and his last active service was three years as medical director of the Department of the Missouri at Chicago. In 1893 he was a delegate and vice-president of the Pan-American Medical Congress which met in Chicago and in 1894 he was a delegate to the International Medical Congress at Rome. At the time of his retirement for age on June 28, 1894, he was the second ranking officer in the corps.

Following his retirement Colonel Irwin took up a residence in Chicago where for the rest of his life he took a prominent part in the social and civic activities of the city. In accordance with an act of Congress of April 23, 1904, covering such cases (33 Stat. 264), he was promoted to the grade of brigadier general for service in the Civil War. He was particularly active in the affairs of military societies, holding membership in the Loyal Legion, the Society of the



of the Army of Cumberland, the Society of the Army of the Tennessee, the Military Service Institution, and the Order of Indian Wars, of which latter he was commander from 1903 to 1906. He was present at the meeting on September 17, 1891, at the Leland Hotel in Chicago which resulted in the organization of the Association of Military Surgeons and with three other members of the corps was given honorary membership in the society, which at its beginning was for National Guard officers only. He gave the first address before this meeting, a narrative of his personal experiences as a medical officer. He was active in the negotiations by which the scope of the society was changed at the Chicago meeting of 1893 to include in its membership officers of the regular corps and he was elected vice-president. The following year at Washington he read a paper before the society entitled *Notes on the introduction of tent field hospitals in war*. He was a member and vice-president (1904-06) of the American White Cross Society.

Despite the title of “the fighting doctor” frequently bestowed upon General Irwin he was always interested primarily in his professional work. Even in the reckless dash from Fort Buchanan in 1861 his first consideration was the need of his professional skill by his besieged comrades. His resolute character is further shown on this occasion by his insistence upon the execution of six Apache prisoners in reprisal for the murder by the tribe of six civilian postal employees. In those early years of his army experience he gave no thought to distance, danger, or hardship in answering the many calls for his help. He was admirably fitted physically for this kind of work. He was at this time a tall man of spare but powerful frame, blue-eyed, with light sandy hair. Throughout life he was sociable and companionable, possessed of many lasting friendships. That he was as forthright in his dislikes is shown by the letter he addressed to a Congressional committee in 1890, protesting against an appointment given a fellow officer. He wrote numerous articles on military and medical subjects for the journal literature, showing a scholarly mind and an excellent command of language. A surgical case report in the *American Journal of Medical Sciences* of October 1859 would be creditable to any modern medical writer.

While stationed in Memphis during the Civil War he was married on June 20, 1864, to Antoinette Elizabeth Stahl. A son, George LeRoy Irwin, graduated from West Point, served with distinction in the World War, and attained the grade of major general. Of two daughters, one married Robert R. McCormick, publisher of the Chicago Tribune, and the other, Dr. Arthur A. Small of Chicago. Mrs. Irwin died in February 1912. General Irwin died on December 15, 1917, at his summer home at Cobourg, Ontario, and was buried in the post cemetery at West Point. Mrs. McCormick presented a painting of her father to the Army Medical Library where



it hangs in Library Hall.

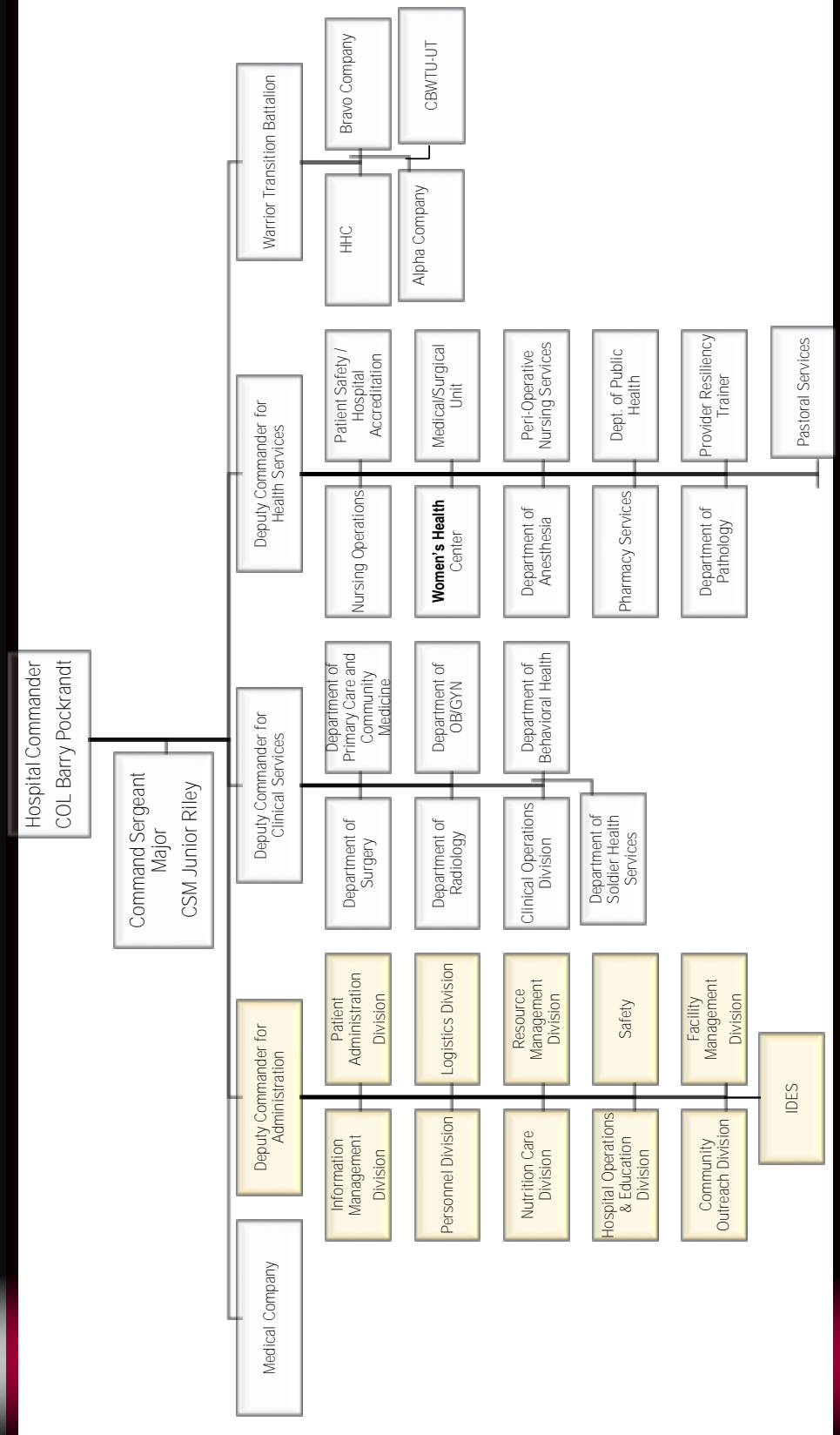
(Who's Who in America 1912-13. Records of Living Officers, U. S. Army, L.H. Hamersley.

J. A. M. A., December 22, 1917. *Military Surgeon*, March 1928, and October 1933. *Chicago Tribune*, December 16, 1917, *Southwestern Medicine*, Phoenix, 1935.)

James M. Phalen,

Colonel, U. S. Army, Retired.

Organizational Chart



8-Aug-13



IACH Mission, Vision and Credo



OUR MISSION

Provide health care for Warriors, Military Families, and Retirees; support deployment of medically ready forces; empowered staff optimizing practices; agile and to meet diverse requirements.

OUR VISION

The AMEDD's Premier Medical Team:
Dedicated to Wellness and Inspiring Trust

IACH CREDO

We strive to be the premier medical team in the Army - delivering quality patient care with dignity, respect, and service excellence to the Soldiers, Families and Retirees of the Fort Riley community.

We are committed to work as a team in providing the highest quality care during each and every patient encounter.

We will demonstrate an untiring dedication to the provision of service excellence.
We will exhibit a positive attitude; displaying a helpful and respectful nature toward every patient and each other.

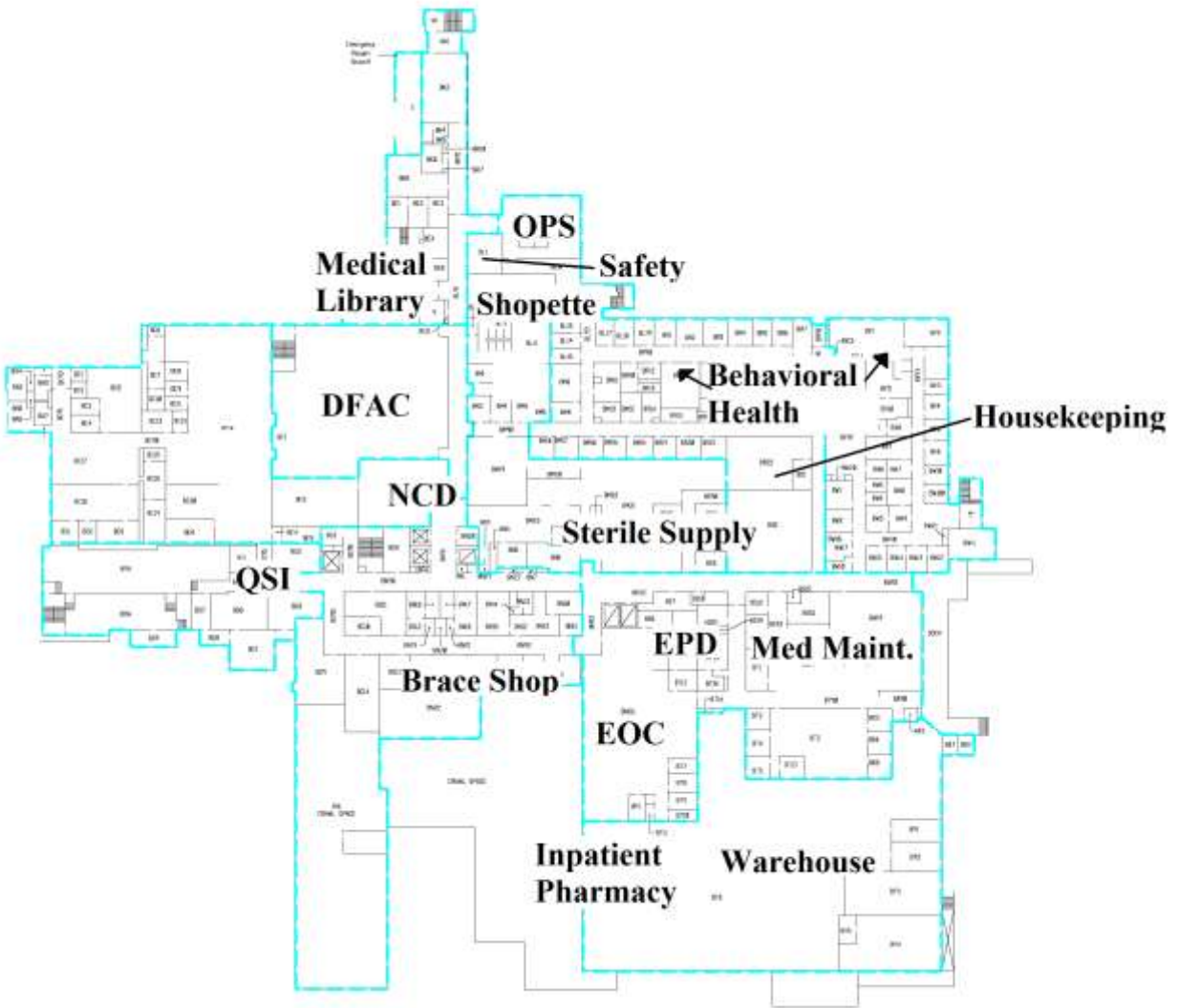
We will partner with patients and other health care professionals to achieve the greatest health success for every patient through appropriate and timely care during appointments and the referral process.

We are empowered to provide excellence in service that is legally, ethically, and morally within our scope of responsibilities.

We are dedicated to improving wellness and inspiring trust among each other, our patients and the Fort Riley community.

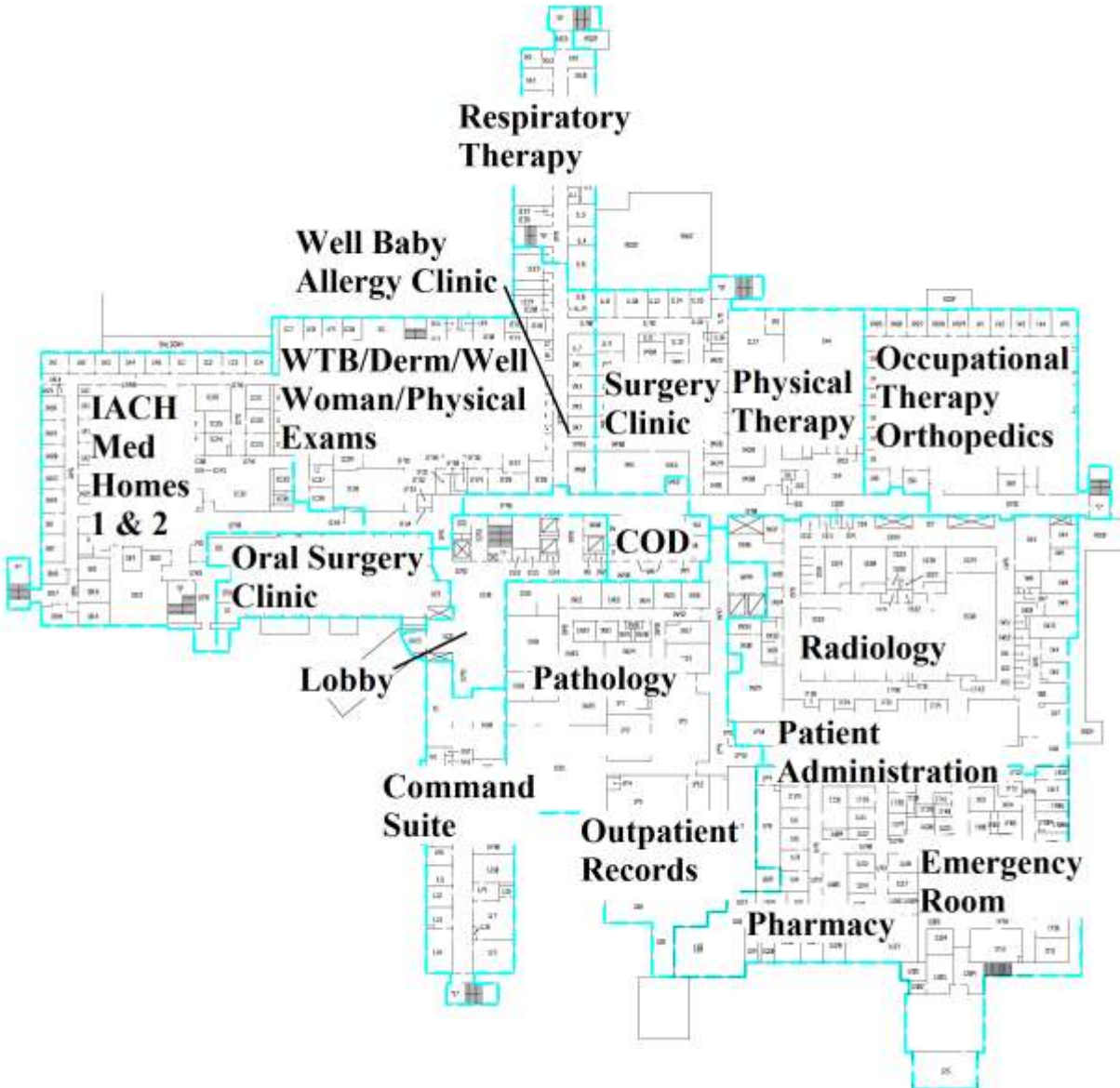


IACH Maps Basement



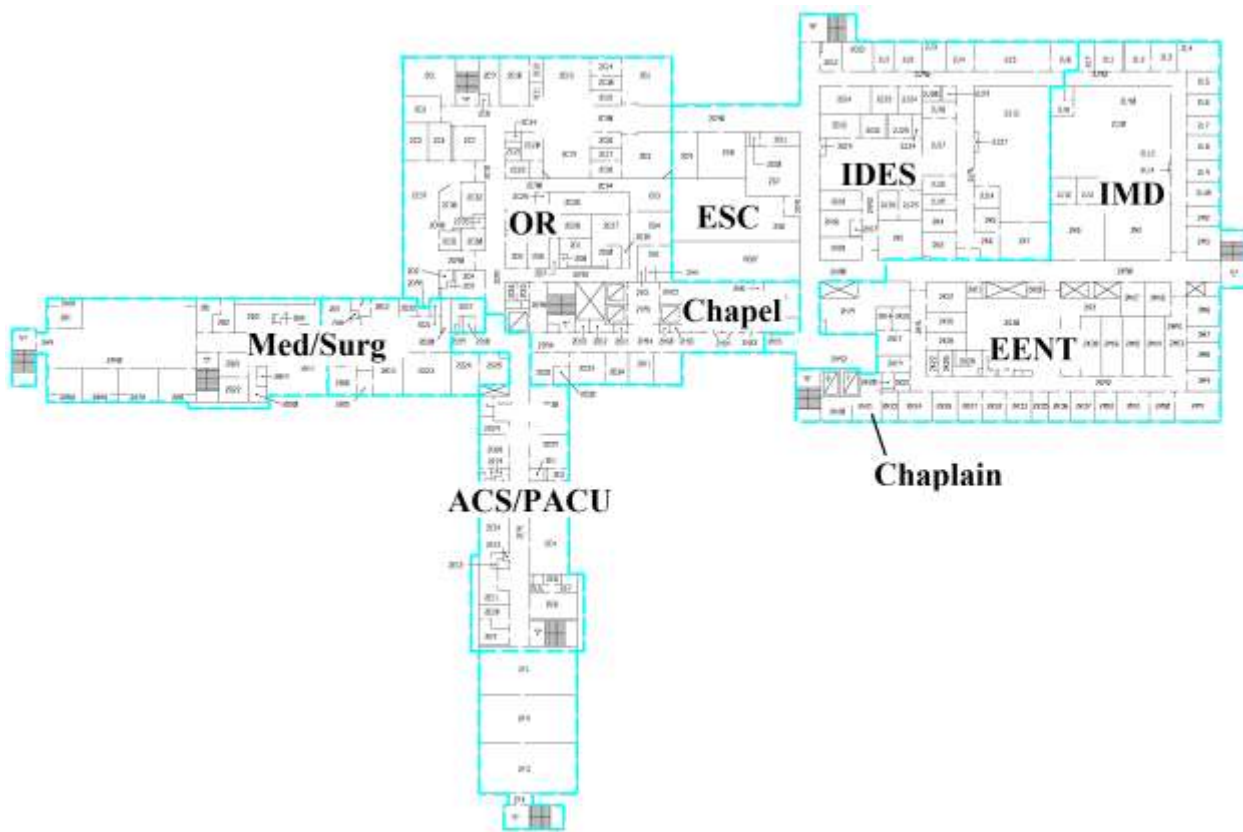


IACH Maps 1st Floor



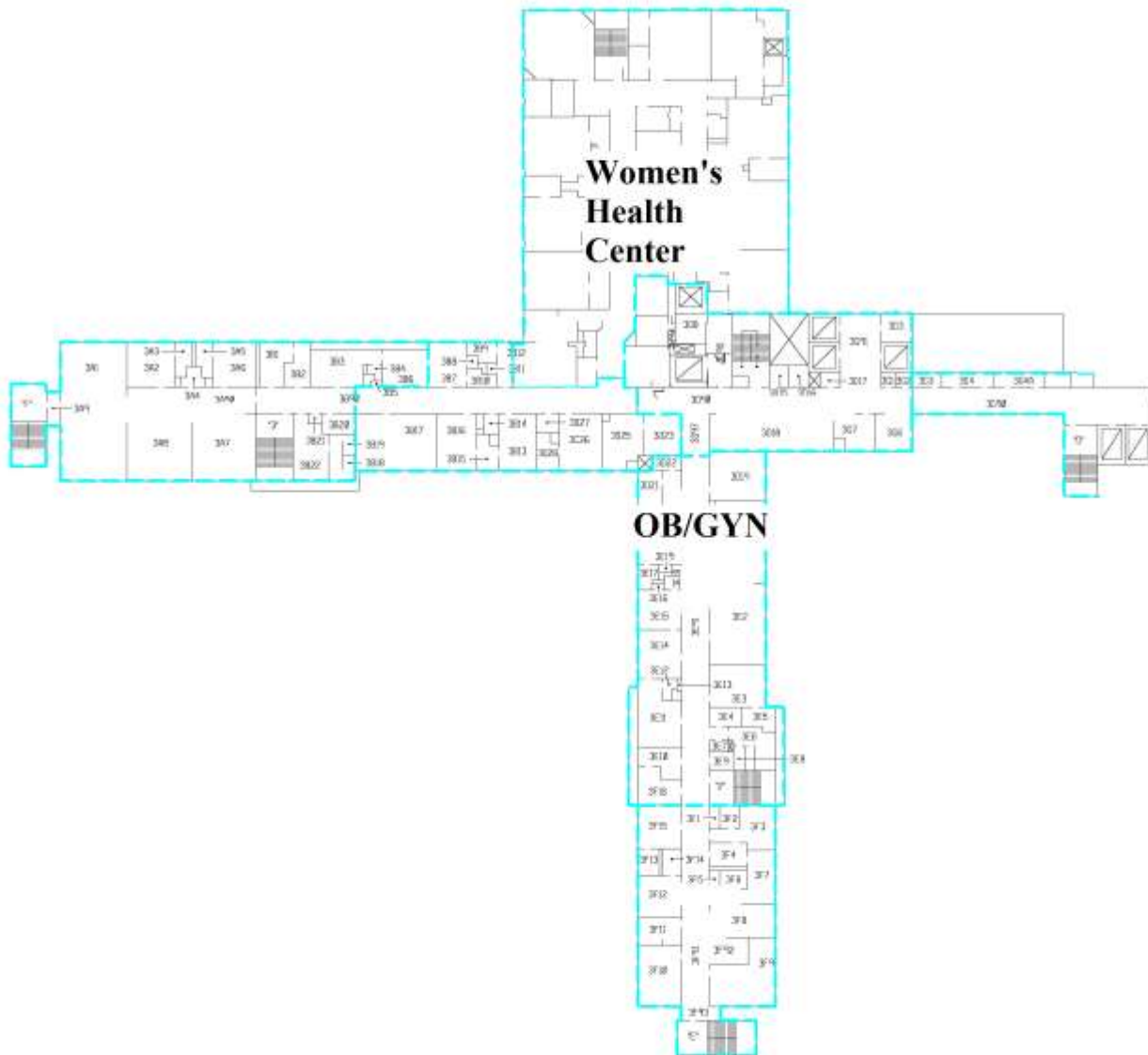


IACH Maps 2nd Floor



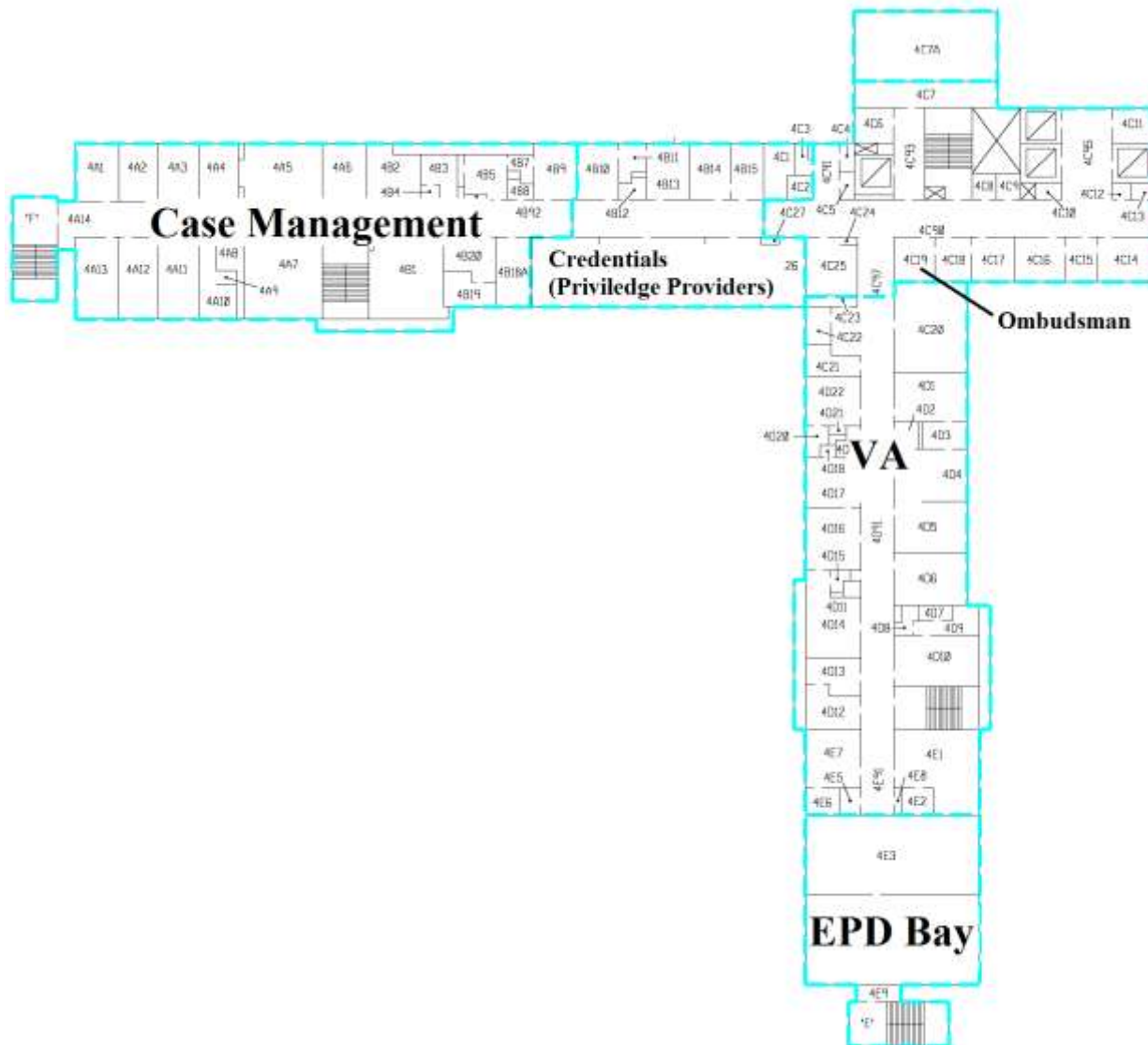


IACH Maps 3rd Floor



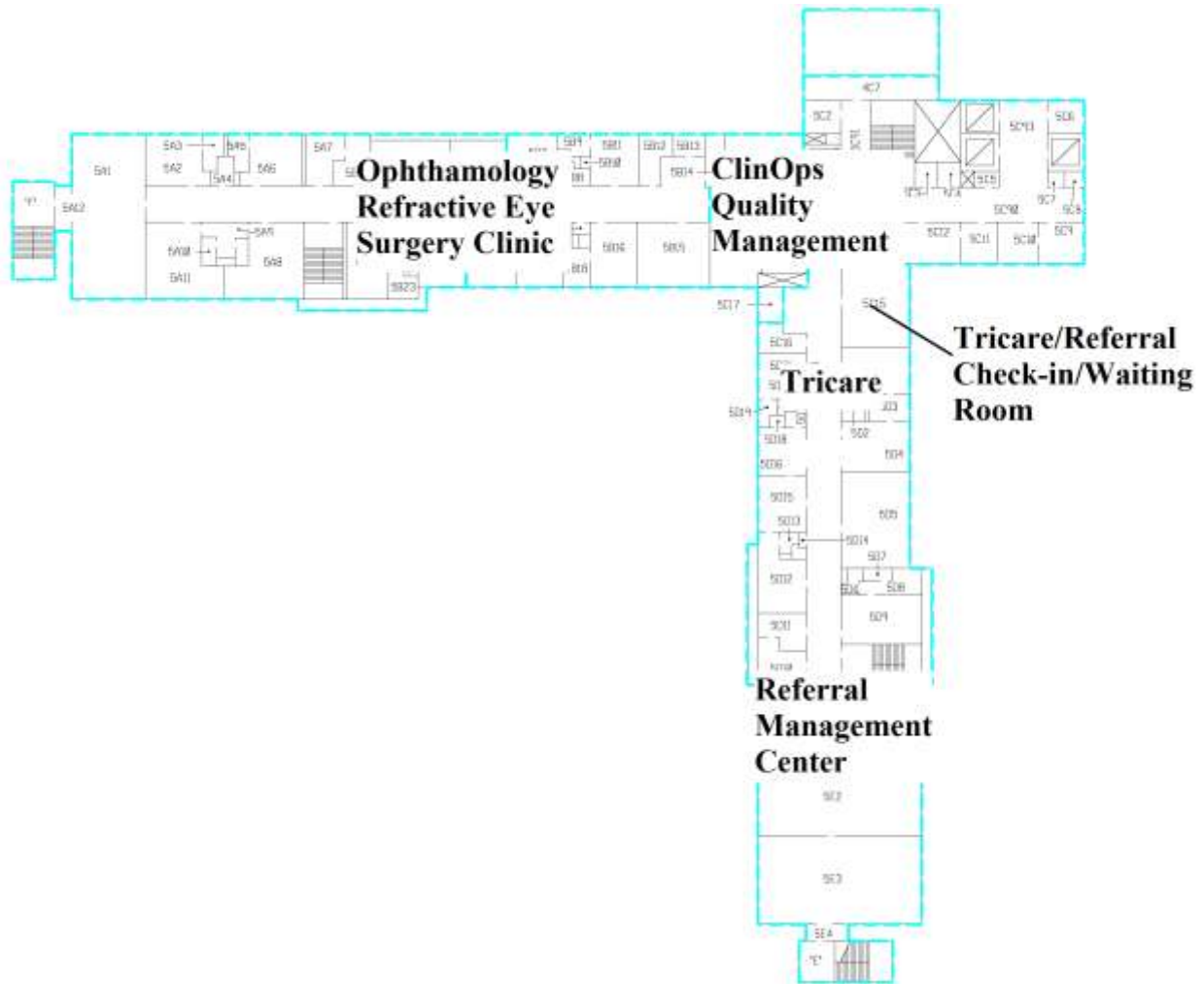


IACH Maps 4th Floor





IACH Maps 5th Floor





Patient Bill of Rights



FR MEDDAC Pamphlet
No. 40-75

9 August 2011

Medical Services PATIENTS' RIGHTS AND RESPONSIBILITIES

1. HISTORY. This issue publishes a revision of this publication.

2. PURPOSE. Provide information on the rights and responsibilities of patients at USA Medical Department Activity (MEDDAC) and USA Dental Activity (DENTAC) at Fort Riley, Kansas.

3. REFERENCE.

- a. The Joint Commission Accreditation for Hospitals, Latest Yearly Edition.
- b. CFR Part 164, Health Insurance Portability and Accountability Act (HIPAA), 11 January 2011.
- c. DoD Regulation 6025.18R, Health Information Privacy Regulation, January 2003.

4. APPLICABILITY. This regulation is applicable to all elements of the Fort Riley MEDDAC.

5. GENERAL. The basic right of human beings for independence of expression, decision, and action, as well as concern for personal dignity and human relationships are always of great importance. During periods of illness or injury, the presence or absence of these rights becomes a vital deciding factor in survival and recovery.

6. RESPONSIBILITIES.

- a. Health care providers will ensure that the rights outlined in this pamphlet are preserved for all patients.
- b. Patients will be aware of the rights and responsibilities afforded to them as outlined in this pamphlet.

7. PATIENT RIGHTS.

- a. **Respect and Dignity.** Patients have a right to considerate, respectful care at all times and under all circumstances. This includes discrimination based on age, race, ethnicity, religion, culture, language, physical or emotional disability, socioeconomic status, sex, sexual orientation, gender identity, expression, customs, clothing, and disrobing during a procedure, as long as it does not interfere with patient care, or other patient's rights. A chaperone will be provided if needed.
- b. **Access to Care.** Patients have a right to access quality healthcare that is consistent with available resources and generally accepted standards.

Information. Patients have a right to information about the healthcare they receive and exactly who is providing that care. This information should be communicated in an understandable explanation of diagnosis, treatment and prognosis of medical conditions prior to receiving the treatment. This includes being provided translators and accommodating visual, hearing, speech or cognitive impairments.

Consent. Patients have a right to participate in plans and decisions regarding their care, explanations of the risks, anticipated benefits and possible complications of treatment. If the treatment includes an invasive procedure, they have a right to a detailed written description that is explained by a qualified healthcare provider.

Refusal of Treatment. Patients have a right to refuse any treatment, unless otherwise mandated by law or regulation. In some cases, certain family members or designated surrogates may refuse treatment on behalf of a patient who is incapable of making an informed decision.

Identity of Healthcare Providers. Patients have a right to know about their healthcare providers. The information patients may request include the full name, proof of a provider's licensure, qualifications, and professional status.

Pastoral Care and Ethic Committee Review. Pastoral care and counseling are available 24 hours a day. The Hospital Chaplain may be contacted during duty hours. After duty hours, the Duty Chaplain may be contacted through the AOD at 239-7667. In addition, the hospital has an Ethics Committee that reviews issues regarding the ethical treatment of patients.

Privacy and Confidentiality. Patients have a right to privacy and confidentiality. Confidentiality includes the right to have information about their healthcare and medical conditions kept from those not involved in their care. During examination and interviewing, patients have a right to an environment that ensures privacy. In addition, patients have a right to privacy during personal communications including oral, written or electronic between patients, medical staff and visitors.

Reasonable Response. Patients have a right to a timely response to their healthcare needs. The TRICARE Prime standards for timelines include immediate for emergencies, within 24 hours for urgent care, within 1 week for routine visits, and within 4 weeks for wellness and follow-up visits. Patients also have the right to a second opinion within the system and to referrals to an outside facility if needed.

Transfer and Continuity of Care. You have the right to expect reasonable continuity of care, know in advance what appointment times and providers are available and at what location. A transfer to another facility or provider will occur only after explanation of the need for transfer and acceptance by the new provider/facility.

Research and Teaching Programs: Patients have a right to voluntarily participate or decline to participate in hospital-sponsored research or teaching associated with their healthcare.

I. Hospital Charges. Patients have a right to an understandable and complete explanation of any charges incurred and assistance with claim forms when requested.

Hospital Rules and Regulations. Patients have a right to be informed of rules and regulations regarding the provision of their healthcare.

n. Communication. Within care guidelines, patients have a right to allow a family member, friend, or other individual to be present with them for emotional support during their course of stay.

o. Specialty Care. Within government system specialty care guidelines, patients have the right to consult with a specialist about their healthcare problems or needs.

p. Personal Safety. Patients have the right to safe and high quality care and treatment in a safe environment. Freedom from mental, physical, sexual and verbal abuse, neglect and exploitation while under care.

q. Advance Directives and Powers-of-Attorney. Patients have the right to direct the health care team on the extent of care they wish to receive. This is done through Advance Directives (living will and/or medical durable power of attorney) and communication with the health care team. Should they become unable to provide direction due to serious illness, they have the right to have their care directed and determined by their own Advance Directive or by their legally designated decision maker.

r. Pain Management. Patients have a right to well-trained and concerned medical staff who responds quickly to reports of pain and are committed to pain relief and management.

8. PATIENT RESPONSIBILITIES.

a. Provision of Information. Provide accurate and complete information about your present complaints, past illnesses, injuries, hospitalizations, medications and anything else you believe significant to your health. Promptly inform your providers of any matters relating to your health, any changes in your condition or apparent adverse reactions to prescribed medication since your last visit. You have a responsibility to wear the appropriate medical warning tags and ID bracelets. You have a responsibility to request pain relief when pain first begins; to inform your provider when pain is not relieved; to assist your provider in assessing your pain; and to discuss pain relief options with your provider.

b. Patient Education. Patients have a responsibility to cooperate fully with healthcare personnel in order to learn about the medical condition and the prescribed treatment.

c. Respect and Consideration. Patients have a responsibility to be considerate of other patients, staff and the facility property. This includes, but is not limited to, observing the no smoking policy and attending to children.

d. Compliance with Instructions. Patients have a responsibility to be a partner in their healthcare. Patients must adhere to suggested treatment methods and follow up as required.

e. Appointments. Patients have a responsibility to attend scheduled appointments or cancel them in advance by calling.

f. Refusal of Treatment. Patients take full responsibility for any adverse medical conditions caused by refusal of suggested treatment or therapy.

g. Changes in Care at Your Hospital. Patients have a responsibility to stay informed about health benefits to which they are entitled.

h. Rules and Regulations. Patients have a responsibility to ensure that they comply with hospital rules and regulations. Patients and their families have the responsibility to report unsafe hospital care or environment to providers or hospital staff.

i. Medical Records. Patients have the responsibility to maintain their original medical records in their servicing Medical Treatment Facility in order to maximize continuity of medical care.

j. Eligibility. Patients have a responsibility to provide hospital staff with adequate proof of DEERS eligibility (e.g., military ID card) when requesting treatment at the MTF.

k. Children. Parents or legal guardians have a responsibility to accompany children under the age of 18 who need treatment at the MTF. Exception. It is policy that patients seen in the OB/GYN Clinic for STD checks or birth control options, that are 18 years or younger, will be treated as emancipated minors and will not need parental consent.

l. Violation of Rights. Patients have a responsibility to communicate any perceived rights violations to the clinic NCOIC/OIC, Head Nurse, or other staff members, and if the issue cannot be resolved to the Patient Advocate.

m. Privacy Act. Patients have a responsibility to provide written authorization for release of medical information and to provide name, date of birth, and social security number when requesting care.

n. Pain Management. Patients have a responsibility to request pain relief when pain first begins and to inform their provider when pain is not relieved, to assist providers in assessing their pain, and to discuss pain relief options.

o. Report patient concerns, complaints or suggestions to help the Hospital Commander provide the best possible care to all beneficiaries. Report any perceptions of unsafe care or unsafe environment. If the patient concerns cannot be resolved in the area of treatment, they should be brought to the attention of the following in sequence; Patient Advocate Officer (239-7739), Chief, Customer Service (239-7103), the Hospital IG, or the Commander (239-7101).

p. Pay any Medical Charges. Ensure that financial obligations associated with your health care are fulfilled as promptly as possible.

9. Health Insurance Portability and Accountability Act (HIPAA) PROVISION. HIPAA is a federal law passed in 1996 that sets basic requirements that health insurance plans must meet, including keeping a person's medical information private. MEDDAC staff will adhere to all HIPAA standards and requirements relating to patient privacy and protected health information when following the Patient's Rights and Responsibilities provided herein.



Staff Rights



1. The goal of this facility is to provide optimum care for all patients. It is understood that all staff members have their own personal ethics, religious beliefs, and cultural values. The staff rights policy aims to avoid conflicts between a staff member's beliefs and an aspect of patient care, to include treatment, potentially compromising patient care. To support this, the following will occur:

During the worksite orientation, supervisors will describe the nature and responsibilities of the job requirements with the staff member. A copy of this appendix will be provided to the staff member to review the staff rights policy and complete the questionnaire (on the back of this page).

At this time, the staff member will inform the supervisor of potential conflicts with the patient care or treatment that is expected based upon cultural or religious beliefs, values, or ethics. A simple example involves the patient requesting oral contraceptive pills from a provider who is morally opposed to artificial birth control. However, staff members are not permitted to decline participation in care delivery during acute or emergent situations.

Supervisors will ensure that issues are addressed in an expedient manner, through the chain of command, so as to avoid disruption of patient care. Patient care will not be interrupted or adversely affected at any time based upon a staff member's withdrawal from a particular element of care. The chain of command will insure an uninterrupted continuum of care with supplemental, competent staff.

2. Subsequent to the initial review and assessment, staff members have an obligation to inform their supervisors of objections to involvement in any form of patient care based upon cultural or religious beliefs, values, or ethics, which arise during the process. Staff members will at no time be reprimanded or adversely affected for making such a statement. [Return to Table of Contents](#)

3. The supervisor will file the original copy of the Staff Rights Questionnaire in the staff member's Six-Sided Competency Folder. Supervisors, through their chain of command, will forward a copy of a declination Staff Rights Questionnaire to their appropriate Deputy Commander's office and to the Ethics Committee for review.



Code of Conduct



The Staff will conduct themselves in a manner consistent with Irwin Army Community Hospital's mission, vision, and values. The Staff agree to refrain from engaging in any unacceptable and inappropriate behaviors that may impair the ability of the healthcare team to provide quality care and/or otherwise create a hostile or intimidating work environment as defined below. Unprofessional conduct may be grounds for administrative or disciplinary actions such as oral admonishments/written warning, reprimands, suspension from duty and pay status, involuntary reduction in grade and/or pay, or removal. Employees are held to high standards of conduct. Some of the areas you and your employees need to be aware of are:

- Code of Ethics
- Conflict of Interest
- Off-Duty Employment
- Gifts
- Financial and Legal Obligations
- Dress and Appearance

Ethical Conduct

The public expects us to conduct our mission honestly and with integrity. To ensure we do not betray or violate this public trust, we must adhere to the principles of Ethical Conduct.

Conflict of Interest

Conflict of interest may be defined as but not limited to a situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties. You may not do government work on a particular matter that will affect the financial interest of you, your spouse, minor children, general partner, organization with which you are negotiating or have arrangement for future employment, or any organization for which you serve as an employee, officer, director, trustee, or general partner.

Off Duty Employment

Army personnel must not engage in outside employment that interferes with their ability to perform their government duties. Approval for any outside employment must be requested and granted IAW with Commander Policy Letter 33.

Gifts

Federal employees may not solicit or accept anything of monetary value, including gifts, gratuities, favors, entertainment, or loans from any individual or business affected by the performance or nonperformance of an employee's official duties

Financial and Legal Obligations

Federal employees are required to meet their financial obligations in a proper and timely manner.

Failure to do so reflects adversely on them, the Army, and the Government and is considered improper conduct. Failure to honor valid debts or legal obligations may result in disciplinary action.

Dress and Appearance

Employees are expected to comply with reasonable dress and grooming standards LAW Policy Letter #18, Dress Code Policy.

Acceptable Behaviors:

Communication with internal and external customers will be handled in a respectful manner. Cooperation and availability are expected of physicians and staff on call. When individuals are paged, they will respond promptly and appropriately. Understand that a variety of experience levels exists, and that tolerance for those who are learning is expected.

Inappropriate and Disruptive Behaviors: (Included but are not limited to)

- Shouting or yelling
- Use of profanity directed at another individual or healthcare professional.
- Slamming or throwing of objects in anger or disgust.
- Hostile, condemning, or demeaning communications
- Criticism of performance and/or competency delivered in an inappropriate location (i.e. not in private) and not aimed at performance improvement.
- Other behavior demonstrating disrespect, intimidation, or disruption to the delivery of quality patient care
- Retaliation against any person who addresses or reports unacceptable behavior

Employee's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____



IACH Equal Opportunity (EO) Training



WHAT?

- Military & Civilian employees are required to attend EO training **QUARTERLY!**

WHEN?

- Three one hour-long sessions are offered the third Thursday (T-3) at 1300, 1400, and 1500.

MCXX-RMD

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commander's Policy — Policy Against Retaliation for Engaging in Protected Equal Employment Opportunity (EEO) Activity

It is expected that all leaders and personnel ensure that anyone engaging in a protected EEO activity is also safeguarded from retaliation; supervisors and managers will not make employment decisions, harass, or otherwise retaliate against an employee or applicant for engaging in protected EEO activity.

Protected EEO activity includes, but is not limited to participating in an EEO complaint as an aggrieved person, complainant, or witness, reporting discrimination in the workplace or otherwise opposing discrimination, or membership in organizations that oppose discrimination. Retaliation against those who engage in protected EEO activities has a chilling effect on the due process rights of individuals to engage in the EEO complaint process and puts the agency at risk for findings of discrimination.

Federal law (Title VII of the Civil Rights Act, the Age Discrimination in Employment Act, the Equal Pay Act, or the Rehabilitation Act) and Equal Employment Opportunity Commission (EEOC) regulations prohibit reprisal and retaliation against individuals who engage in protected EEO activity. The Department of the Army is subject to EEOC jurisdiction concerning discrimination based on reprisal and retaliation.

I expect all supervisors, managers, and leaders to voluntarily comply and engage in effective enforcement to ensure that we provide a workplace that does not discourage employees from exercising their rights. EEO, legal and civilian personnel- or human resources advisors are valuable assets who can provide assistance in this area. We must view our commitment to Equal Employment Opportunity as a matter of personal integrity and accountability.

The EEO Office is located on 500 Huebner Road, Room 120, Fort Riley, Kansas 66442 and can be reached at (785) 239-2595, DSN 856-2595.



BARRY R. POCKRANDT
COL, MC
Commanding

DISTRIBUTION:

This publication is available in electronic media on the IACH Web intranet.

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Procedures for Filing an Equal Opportunity (EO) Complaint

1. References:

AR 600-20, Rapid Action Revision 003, Army Command Policy, 27 April 2010.

AR 690-600, Equal Employment Opportunity Discrimination Complaints, 9 February 2004.

USA MEDDAC, Fort Riley, Commander's Policy #3, Procedures for Filing an Equal Employment Opportunity (EEO) Complaint, 5 May 2011.

2. Applicability: This policy applies to all Soldiers, and Family members, assigned or attached to Irwin Army Community Hospital.

3. Policy:

a. The EO complaints processing system addresses complaints that allege unlawful discrimination or unfair treatment on the basis of race, color, religion, gender, and national origin. Attempts should always be made to solve the problem at the lowest possible level within this Command.

Unit cohesion is fundamental to hospital operations and is not possible without interpersonal harmony. I want the active contribution of every leader in the hospital in fostering a command environment that ensures equal opportunity and fair treatment for all Soldiers and their Families regardless of race, color, religion, gender, or national origin. Unlawful discrimination is not in keeping with the Army values. All Soldiers and their Families have the right to a climate that sustains cohesion, discipline, and readiness which will foster a positive work environment.

Types of complaints:

(1) Informal Complaint - An informal complaint allows a Soldier or Family member, who does not wish to file in writing, to verbally report inappropriate behavior without requiring a full investigation by the chain of command. The informal complaint process helps facilitate the resolution of grievances at the lowest possible level. When considering the use of the informal process, the following factors may help to make to the appropriate determination:

MCXX-CDR

SUBJECT: Procedures for Filing an Equal Opportunity (EO) Complaint

Not required to be filed in writing. The intention is that the offending behavior will cease with no further action required.

Resolution at the lowest level possible.

May use assistance of other unit members, EOLs, or other officials.

Confidentiality possible (but not guaranteed).

Not subject to timeline suspense.

Severity of complaint does not warrant formal complaint. However, informal complaints are no less important than formal complaints and they should be addressed with a sense of urgency and a sincere attempt to attain resolution.

(2) Formal Complaint - A formal complaint results in the inability to resolve an issue informally or from an act or acts that may warrant an official investigation. Formal complaints require specific actions in a timely manner and an audit trail of the actions taken. Soldiers and their Family members may file a formal complaint through the WRMC Equal Opportunity Office at 253-967-5031 or 1st ID Equal Opportunity Office at 785-239-3357 or other agencies as listed in Paragraph 3f of this policy.

d. Individual rights and responsible for filing EO complaints:

(1) Individual rights. Soldiers, Family members and DA civilians have the right to-

Present a complaint to the command without fear of intimidation, reprisal, or harassment.

Communicate with the commander concerning their complaints.

Receive assistance when submitting a complaint.

Receive training on the Army's EO complaint and appeals process.

(2) Individuals are responsible for-

Advising the command of any incidents of unlawful discrimination complaints and providing the command an opportunity to take appropriate action to rectify/resolve the issue.

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SUBJECT: Procedures for Filing an Equal Opportunity (E0) Complaint

Individual attempts to resolve complaints. It is recommended that the individual attempt to resolve a complaint by first informing the alleged offender that the behavior is unwanted and the individual would like the behavior to cease.

Filing and processing E0 complaints. For filing and processing of EO complaints, follow the procedures outlined in Appendix D, AR 600-20.

e. Although the processing of EO complaints through the unit chain of command is strongly encouraged, it will not serve as the only channel available to Soldiers to resolve complaints. Should the complainant feel uncomfortable in filing a complaint with his/her unit chain of command, or should the complaint be against a member of that chain of command, the following alternative agencies are available to reach a resolution. Each of these agencies provides expertise in specific subject areas.

f. Commanders will not preclude Soldiers from using these channels in accordance with the procedures inherent/established by these agencies:

(I) Someone in a higher echelon of the complainant's chain of command.

Inspector General.

Chaplain.

Provost Marshal.

Medical agency personnel.

Staff Judge Advocate.

Criminal Investigations Division (CID)

g. I expect all leaders to personally make Soldiers aware that they have the right to present EO complaints on a DA Form 7279-R without fear of reprisal. I will ensure when complaints are sworn that the timelines outlined in Appendix D, AR 600-20, are followed and that the prescribed feedback to the Soldier and follow-up is conducted. Commanders shall also provide written feedback to the alleged offender on the outcome of the investigations and subsequent actions to be taken by the chain of command.

This policy memorandum will be posted along with the immediate commander's open door policy to all unit bulletin boards.

This policy memorandum remains in effect until cancelled or superseded in writing.

MCXX-CDR

SUBJECT: Procedures for Filing an Equal Opportunity (EO) Complaint

6. Point of contact for this memorandum is SFC Orlando McGibboney, USA MEDDAC,
Fort Riley Equal Opportunity Leader, 785-239-7222.



BARRY.R. POCKRANDT
Colonel, MC

US Army Commanding

DISTRIBUTION:

This publication is available in electronic media on the IACH Web intranet.

DEPARTMENT OF THE ARMY
HEADQUARTER, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
Fort Riley, Kansas 66442-5037

FR MEDDAC Memorandum
No. 690-1

18 January 2011

Human Resources
**STANDARDS OF DRESS AND APPEARANCE FOR CIVILIAN
PERSONNEL**

- 1. HISTORY:** This is the first publication of this memorandum.
- 2. PURPOSE:** To establish procedure for the proper civilian attire worn in the Irwin Army Community Hospital.
- 3. SCOPE:** Any civilian staff member of Irwin Army Community Hospital (IACH).
- 4. RESPONSIBILITY:**

Department Chiefs/Division Chiefs/Directors/Heads of Special Staff or other elements. Ensure that the standards of dress, appearance and hygiene are followed throughout the activity.

Supervisors. Maintain the standards of dress, appearance and hygiene established by this memorandum.

Employees (civilian, students, interns, and volunteers). Adhere to the standards of dress, appearance and hygiene as established by this memorandum. Contractor employees and vendors will adhere to the standards of dress and appearance as established by their controlling contract.

5. POLICY AND PROCEDURES:

a. General. The standards outlined in this policy are designed to ensure that everyone at Irwin Army Community Hospital presents a professional appearance consistent with his or her assigned duties. How we look and act directly affects how the services we provide are perceived by our patients as well as our own internal customers. The standards will address appearance issues that are unsafe, unhealthy, unprofessional or disruptive to the work environment.

b. Guidelines. The following general guidelines will apply:

Clothing. Clothing should be neat, clean and appropriate for the work area. Apparel with the IACH logo is permitted for wear within the facility with the exception of sweatshirts, sweats or other athletic apparel subject to the limitations as established in Appendix A.

Hair. Hair will be neat, clean and consistent with a healthcare environment. Barrettes, ribbons and other securing devices will be simple and appropriate for a healthcare environment. Where appropriate, hair will be secured in such a way that it will not fall into a sterile field. Unnatural hair colors such as yellow, purple, green, bright red or bright orange, pink and blue are prohibited.

Head Coverings. Hats, caps and other coverings may only be worn if they are worn as part of an assigned uniform, religious reason or for health and safety.

Facial Hair. Facial hairstyles will be neat, clean and appropriately trimmed. Beards are not allowed in clinical areas where personal protective equipment (PPE) effectiveness would be compromised by their presence.

Fingernails. Fingernails will be neat, clean and trimmed to meet safety and performance standards of the individual's duties. Artificial fingernails are prohibited for employees with direct patient care or food preparation duties.

Jewelry, Buttons and Badges. Jewelry will be appropriate for the work environment and may not pose a safety risk to staff or patients. Buttons and badges may be worn as long as they are not political, distracting, offensive or derisive in nature.

Body Piercing. Jewelry visibly worn in body piercings must be limited to the ears during work hours for both men and women.

Tattoos. If a tattoo is obscene, indecent, extremist, racist, or sexist, it will be covered.

Make-up. Make-up will be in keeping with a professional image and appropriate in style and color and may not be distracting, except as provided for in paragraph (6) (b) (12) below when holiday or costume attire/make-up has been approved for a particular day in the employee's organization.

Personal Hygiene. The standard is clean, neatly groomed and free from odor. The use of scents such as perfume, colognes or body lotions should be kept to a minimum. Many people have allergic reactions and this poses a safety risk to staff and patients.

FR MEDDAC Memo 690-1

Footwear. Footwear is required and will be appropriate to the work area. If safety footwear is required, it will be worn. Footwear will be neat, clean and in good repair. Slippers and flip flops are prohibited. Open toed footwear, and "cros" with holes are not permitted in clinical settings where individuals are involved in direct patient care.

Various Holiday Attire. Holiday attire will be appropriate and conform to the general requirements outlined above. Specific holiday guidelines may be established by the hospital commander.

c. Personnel failing to meet the standard of dress will be counseled by their supervisor. If the supervisor determines that the employee's attire is inappropriate, the employee may be sent home to change into appropriate attire and will be charged annual leave time for the period of absence.

The proponent agency of the regulation is the RAID/Manpower Branch, Human Resource Functional Management Team (HR FMT). Users are invited to send comments and suggestions to Commander, USA MEDDAC, ATTN: MCXX-RMD, 600 Caisson Hill Road, Fort Riley, Kansas 66442-5037.

FOR THE COMMANDER:

LAURA R. TRINKLE
LTC, MS
Deputy Commander for Administration

APPENDIX A
Prohibited Attire

T-shirt style tank tops (men's and women's), spaghetti strap women's tank tops and men's sleeveless shirts.

Shorts shorter than two to three inches above the knee.

Overalls, jeans, sweatshirts, sweats or other athletic apparel (unless appropriate to the work area and assigned duties, i.e., Logistics, and Facilities Engineering).

Camouflage clothing (non-military).

Undershirts worn as outer garments, unless performing manual labor.

Low cut necklines, exposed backs, midriffs, or any clothing that exposes undergarments.

Form fitting and revealing clothing such as stretch pants, stirrup pants and see-through apparel that provide a braless appearance, reveal undergarments or a lack thereof.

Dresses, skirts, and culottes shorter than two to three inches above the knee.

Clothing with obscene, indecent, sexist, racist or any other offensive or derisive logos, pictures or slogans.

Flip flops or slippers.



DMHRSi Defense Medical Human Resources System internet Travel



If you are Active Duty, Reserve, Borrowed Personnel, Civilian, Contractor or Volunteer to MEDDAC/ WTB please make sure you in-process through our office in BLDG 609E.

DMHRSi is an Internet-based application and is used to track workload by the entire Military Health System.

As an employee of the MEDDAC or patient care employees of the WTB, you will enter your hours you work on a daily basis and submit to your DMHRSI Timecard at the end of the pay period. *You will be required to attend a DMHRSI training when you in-process to the MEDDAC/WTB.*

If you need DMHRSI training or have any questions, our office is located in building 609E (trailers behind the hospital), or you can contact us at the following:

Chief: 239-7115

Technician: 240-7110

Technician: 239-7468

Email Address: usarmy.riley.medcom-iach.list.dmhrsi-admin@mail.mil

All Official Travel is processed in DTS (Defense Travel System). Airline reservations must be made with CTO, usually in DTS, but the local CTO Office (Carlson Wagolit, 784-2002) can also assist. Airline travel will be arranged through Kansas City or Manhattan, whichever is cost advantageous to the government. Carlson Wagolit can also assist with lodging and rental car (when authorized) reservations.

Contact your department's DTA prior to making any travel arrangements. Lodging arranged using an online booking agent (like Orbitz, Travelocity, etc) cannot be reimbursed. Lodging reservations must be made within the max lodging rate for the TDY location, rates can be found in DTS or online at the GSA's website.

If you need DTS assistance or have any questions about travel, our office is located in building 609E (in the modular buildings behind the hospital), or you can contact us at the following:

239-8349 or 240-7321

Email Address: usarmy.riley.medcom-iach.list.dts@mail.mil



Safety



Safety Manager: 239-7473
Safety Specialist 240-7083

WHAT YOU MUST KNOW!!

What is Voluntary Protection Programs (VPP):

In VPP, management, labor, and OSHA work cooperatively and proactively to prevent fatalities, injuries, and illnesses through a system focused on the FOUR ELEMENTS which are:

Management Commitment and Employee Involvement

Worksite Analysis

Hazard Prevention and Control

Safety and Health Training

Worksite specific hazards:

Personal protective equipment required

Training for specific equipment in your section

Section specific policies for:

Fire, Safety, HAZCOM, Tornado, and Oxygen shut –off locations

What you must do:

Stop an unsafe act you see

Attend safety training

Prevent accidents and injuries

Put risk management 1st in everything you do

Actively participate in the Safety program

Supervisors refer to the Supervisor's Safety Handbook for specific instructions



Commander's Safety Policy



MCXX-S

4 September 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commander's Policy - Safety

Safety is a Commander's program and as the Commander of Irwin Army Community Hospital, I view safety as a primary component of every phase of mission accomplishment.

The long-held tradition of considering safety as a task to be performed along with other tasks must be abandoned. Safety is not an accident or a task. Safety is always the *standard* to be met under all *conditions* when performing all *tasks*.

I charge each Deputy, their department chiefs, supervisors and managers at every level to personally be involved in the safety and health of his or her personnel. Each member of this command must be responsible and accountable for safe performance, both on and off the job. Therefore, I expect you to inform each of your personnel regarding the standards to which his or her job is to be performed, and I also expect you to rigorously pursue performance that is to standard. Be aggressive about identifying and correcting risky behavior for yourself and your colleagues. Do not tolerate unsafe behavior; tolerance of safety violations means you are part of the problem!

Safety performance is a required rating element for officer and non-commissioned officer evaluations and civilian performance appraisals. Risk management, hazard mitigation and staff actions must be incorporated into all activities.

Cultivating and maintaining high esteem for the safety of our staff presents an enormous opportunity to add value to the services we provide. To experience the outcome we desire, there must be a unified effort. I challenge you to work with me to create an accident-free environment.

A handwritten signature in cursive script, reading "Barry L. Pockrandt".

BARRY L. POCKRANDT
COL, MC
Commanding

DISTRIBUTION:

This publication is available in electronic media on the IACH Web intranet.



Voluntary Protection Program



MCXX-DCA

27 November 2012

MEMORANDUM FOR All Staff of USA MEDDAC, Fort Riley, KS

SUBJECT: Voluntary Protection Program Statement of Leadership Commitment

1. REFERENCES:

- a. Title 29 Code of Federal Regulation (CFR) Part 1960, Basic Program Elements for Federal Employees Occupational Safety and Health Act.
- b. AR 385-10, The Army Safety Program, 23 August 2007/RAR 14 June 2010.
- c. MEDCOM/OTSG Regulation 385-2, U.S. Army Medical Command Safety Program, 18 March 2008.
- d. Executive Order (EO) 12196, Occupational Safety and Health Programs for Federal Employees, 26 February 1980.

2. **PURPOSE.** The Voluntary Protection Program is a management system that promotes effective worksite-based safety and health. The Voluntary Protection Program is a cooperative, action-oriented approach where managers, employees, and the Occupational Safety and Health Administration work together to combat workplace hazards and reduce injuries and illnesses. The Occupational Safety and Health Administration awards Voluntary Protection Program Star Status designation to organizations that have implemented comprehensive, successful safety and health management systems; and have achieved injury/illness rates below the national average for their industry.

3. **APPLICABILITY.** This memorandum applies to all staff of USA Medical Department Activity (MEDDAC), Fort Riley, KS.

4. EXPLANATION OF ABBREVIATIONS AND TERMS.

- a. Occupational Health and Safety Administration, OSHA
- b. Voluntary Protection Program, VPP c,

Occupational Safety and Health, OSH



Voluntary Protection Program (continued)



5. STATEMENT OF COMMITMENT. The Fort Riley USA MEDDAC leadership at all levels will:

Comply with 29 CFR 1960 and the Occupational Safety and Health Act (OSH Act), as directed by EO 12196.

Correct all hazards identified through self-inspection, employee notifications, accident investigations, process hazard reviews, and other means, at all USA MEDDAC facilities and in a timely manner, commiserate with the risk.

Correct deficiencies identified during any OSHA on-site review within 90 days.

Provide outstanding safety and health protection to all USA MEDDAC Soldiers, civilians, contractors, and visitors.

Adopt and maintain all VPP elements for continuous process improvement.

Protect employees with safety or health related duties from discriminatory actions resulting from these duties. No employee will be subjected to restraint, interference, coercion, discrimination, or reprisal for filing a report of an unsafe or unhealthful working condition or other participation in USA MEDDAC OSH health program activities.

Ensure all USA MEDDAC personnel receive orientation/education on the VPP, including information on employee rights under VPP and the OSH Act.

Ensure all USA MEDDAC support the submittal of the VPP application and will have access to the results of self-inspection, factual information from accident investigations, and other safety and health data upon request.

6. The USA MEDDAC point of contact for this action is Ronald Knight at 785-239-7473, or ronald.s.knight6.civ@mail.mil.

A handwritten signature in cursive script, reading "Barry R. Pocrandt".

BARRY R. POCRANDT
COL, MC
Commanding



New Employee Safety Checklist



Welcome to Irwin Army Community Hospital! As an employee of IACH, SAFETY is your number one responsibility. Think Safety in all that you do, here or at home. Protecting yourself ensures the protection of others. When you get back to your section find the answers to these questions and pass on your Safety knowledge to others in your workplace.

Who is my Area Safety Officer? _____

What Fire Zone Do I work in? _____

When/Where do I evacuate? _____

Where is my Rally Point? _____

Where are my smoke compartment boundaries? _____

Where are my Oxygen shut off valves? _____

How do I contain Smoke or Fire in my area? _____

Where are the Fire Extinguishers and Pull Stations? _____

What hazards am I exposed to? _____

What (PPE) Personal Protective Equipment is required? _____

Where is our Safety & HAZCOM Binder located? _____

Where is my MSDS Binder located? _____

How do I submit someone for a Safety Award? _____



The Joint Commission National Patient Safety Goals



Independent, not-for-profit organization, founded in 1951
The nation's oldest and largest standards-setting and accrediting body in health care
Evaluates and accredits more than 19,000 health care organizations and programs in the United States
Accreditation requires an on-site survey by a TJC survey team at least every three years
Department of Defense requires MTF accreditation

TJC Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

TJC Vision: All people always experience the safest, highest quality, best-value health care across all settings.

Patient Safety Goals:

Identify patients correctly

Improve staff communication

Use medicines safely

Prevent infection

Check patient medicines

Identify patient safety risks

Prevent mistakes in wrong site, wrong procedure, and wrong person surgery:

Conduct a pre-procedure verification process

Mark the procedure site

Perform the time-out

[Return to Table of Contents](#)

<http://www.health.mil/dodpatientsafety>



Patient Safety Reporting System



- A new web-based Patient Safety Reporting System (PSRS) was implemented at IACH on 31 Jan 2011
- A Patient Safety Reporting icon should be on all CAC holder's desktops, <https://patientsafety.csd.disa.mil>
- All IACH staff can report a Patient Safety event
- IF IN DOUBT, REPORT – Categories as defined by MEDCOM in PSRS to be posted on updated Patient Safety homepage
- Events are ranked by Degree of Harm as designated by the Agency for Healthcare Research and Quality (AHRQ) Harm Scale implemented on 01 Apr 2010

AHRQ Harm Scale—Degree of Harm

- **UNSAFE CONDITION/POTENTIAL EVENT**
- **NEAR MISS/DID NOT REACH PATIENT**
- **NO HARM** – Event reached patient, but no harm was evident.
- **EMOTIONAL DISTRESS OR INCONVENIENCE** – Mild and transient anxiety or pain or physical discomfort, but without the need for additional treatment other than monitoring (such as by observation; physical examination; laboratory testing, including phlebotomy; and/or imaging studies). Distress/inconvenience since discovery, and/or expected in the future as a direct result of event.
- **ADDITIONAL TREATMENT** – Injury limited to additional intervention during admission or encounter and/or increased length of stay, but no other injury. Treatment since discovery, and/or expected treatment in future as a direct result of event.
- **TEMPORARY HARM** – Bodily or psychological injury, but likely not permanent. Prognosis at the time of assessment.
- **PERMANENT HARM** – Lifelong bodily or psychological injury or increased susceptibility to disease. Prognosis at the time of assessment.
- **SEVERE PERMANENT HARM** – Severe lifelong bodily or psychological injury or disfigurement that interferes significantly with the functional ability or quality of life. Prognosis from time of assessment.
- **DEATH** – Death at the time of assessment.



TeamSTEPPS Color Coded Wristbands



*Strategies & Tools to Enhance Performance and Patient Safety

*The goal is to incorporate the concepts and language of TeamSTEPPS into our everyday practice.

*Why?

- Reduce clinical errors
- Improve patient outcomes
- Improve process outcomes
- Improve patient satisfaction
- Improve staff satisfaction

*Training is incorporated in Newcomer's Orientation for in-coming and current staff members.

*POC: Patient Safety, 239-7345

Color Coded Wristbands

- **Red** = Allergy
- **Green** = Latex Allergy
- **Pink** = Limb Alert
- **Purple** = DNR
- **Yellow** = Fall Risk



Rapid Response System



ANYONE CAN ACTIVATE!!!

- If patient falls below the normal parameters, **ACTIVATE**
- If visitor/family member feels something is wrong with the patient, **ACTIVATE**
- Remember the patient is part of the team for medical care
- This is for anyone within the IACH walls
- Nursing staff should initiate RRS
- ER nursing personnel will respond.
- Call **239-7777**
- Outlying clinics call **911**

Adult Criteria

Resp. rate <8 and > 28

Pulse < 40, > 130

SBP < 90

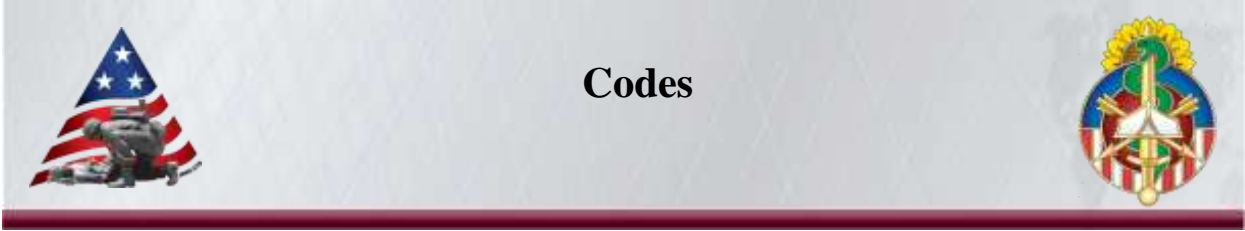
Saturation < 90% despite supplemental O₂

Acute change in mental status

Staff or family worried about patient's status

Pediatric Criteria

Age	Abnormal HR	Abnormal RR	Abnormal SBP
Neonate (birth-6mo)	<80 or >200	<20 or >75	<60
Infant (6-23mo)	<80 or >200	<20 or >75	<60
Toddler (2-4 yrs)	<65 or >180	<16 or >60	<65
Pre-school (5-6 yrs)	<50 or >160	>50	<70
School Age (7-12 yrs)	<50 or >150	>45	<75
Adolescent	<40 or >140	>40	<85



CODE PINK: Infant/Child Abduction

CODE SILVER: Missing/Lost person
Call 239-7777 (24 hrs.)

CODE BLACK: Bomb threat. Notify the Military Police at 911 or 239-6767

CODE GREEN: Combative person escalating to the point of harming themselves or others. Call the ER at 239-7777 or the Information Desk at 239-7667

CODE WHITE: Active Shooter

CODE RED: Fire or smoke inside or outside of the facility.

R.A.C.E.: Rescue. Alarm (call 911), Contain (close door), Evacuate or Extinguish

P.A.S.S.: Pull the pin, Aim at the fire, Squeeze the handle, Sweep side to side

CODE GREY: Activate EOC based on situation. Notify OPS (239-7786/7022/7337) or AOD (239-7667),

CODE BLUE: Individual in cardiac or pulmonary arrest. Dial ER 239-7777

CODE VIOLET: Rapid Response Systems (RRS). Activate by calling 761-1757

CODE ORANGE: Chemical, biological, radiological, nuclear, or high explosive event.

-Call ER at 239-7777

-Notify Security at 239-7337

-Duty Hours: Notify the Commander's Office during normal duty hours at 239-7101

-After Duty Hours/Weekends: Notify supervisor/AOD at 239-7667

CODE YELLOW: Utility Failure



Community Outreach Division



If you have a compliment, complaint, question or problem in the clinic, please contact the Trust Champion, NCOIC or OIC, AO, or GPM.

In the event that a resolution cannot be reached within the clinic/unit, please contact the Patient Advocate or Customer Service Representative

The Community Outreach Division office is located on the first floor by the main elevators.

Patient Representative:

Call 239-7739

Customer Service POC:

Call 239-7103

1. Why Customer Service matter?

“Patient satisfaction is an integral part of healthcare _____

2. What does the acronym LEAP mean?

LISTEN: _____

EMPATHIZE: _____

ACKNOWLEDGE: _____

PAMPER: _____

3. Know the 4 behavioral types?

A:

C:

B:

D:



Community Outreach Division



4. What is APLSS (The Army Provider Level Satisfaction Survey)

The survey allows you to express timely feedback and suggest areas for improvement at our facility. Positive feedback provides funds that will allow us to expand and enhance our services. You may receive the survey by mail, or email to your AKO account. These surveys are an important opportunity to have your voice heard by leadership.

5. Customer Service best practices:

Keep patients informed!!

Sign in waiting room – “please, let the receptionist know if you have been waiting more than 15 minutes”

Manage patient expectations with sign, “we are sorry, we always try to meet your scheduled appt time. Sometimes we run late and we apologize. Sometimes a patient takes longer w/a visit than we anticipate. Someday that patient may be you”

Apologize – sincerely, not looking down

Track current patient wait times!

Front desk staff acknowledge wait and give patient opportunity to reschedule

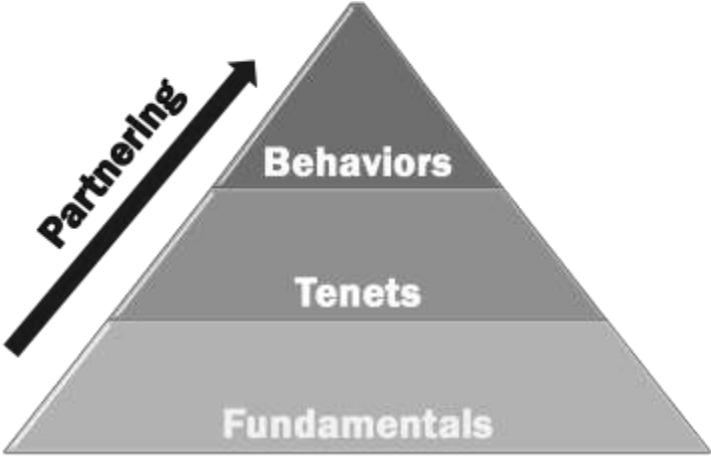
Nurse taking vital signs may reset the waiting time clock in the patient’s mind



WHY IS TRUST IMPORTANT TO ARMY MEDICINE?

Trust is the critical element in our relationships with each other, our stakeholders, customers and patients.

Trust impacts every initiative, motivates performance and job satisfaction, and enhances recruiting and retention.



Partners in Trust Mission

Employees at IACH demonstrate and model A.C.T.I.V.E. trust behaviors and participate in the Comprehensive Trust Assessment and regular Trust Pulse Checks.

Accountability, Congruency, Transparency, Integrity, Voice, Engagement

ACHIEVING EXCELLENCE – CREATING A LIFESTYLE OF TRUST



Begin with the **BASICS**

Army Medicine's Service Excellence Program

The **BASICS** breaks down into easy components-all focused around service.

Break Barriers– *Voice & Congruency*

Overcoming obstacles in order to provide great service.

Anticipate & Accommodate - *Integrity & Engagement*

To be aware of what patients, their families, and coworkers need and to take action.

Seek Solutions - *Engagement & Accountability*

Acknowledging problems and doing everything you can to find a solution.

Initiate and Interact - *Congruency & Voice*

Always being the one to make contact and offer assistance.

Communicate, Communicate, Communicate - *Accountability & Transparency*

A two-way process of reaching mutual understanding.

Service Recovery - *A.C.T.I.V.E.*

Achieving Service Excellence when previous service failed to meet expectations.

The **BASICS** gives us the power to enhance the level of service we provide. They are simple by design, universal to all of our facilities, and easy to incorporate. They encourage you to actively look for ways to do all you can to meet and exceed the needs of those around you.



Dining Facility (DFAC)



- DFAC is located in the basement of IACH
- Open daily for breakfast, lunch, and dinner

CONTACT INFORMATION

Nutrition Clinic Secretary = 239-7644

Dietitian Phone Number = 239-7954

Diet Office Phone Number = 239-7530

Diet Office Fax Number = 239-7156

Room Service Ordering = 240-MENU

MONDAY – FRIDAY:	
Breakfast	0600 – 0900
Grab-n-Go	0900 – 1100
Lunch	1100 – 1400
Grab-n-Go	1400 – 1600
Dinner	1600 – 1800
SATURDAY – SUNDAY:	
Brunch/Lunch...	0800 – 1400
Breakfast.....	0800 – 1200
Lunch.....	1000 – 1400
Dinner.....	1400 – 1730

Ala carte pricing - Cash and Credit Cards accepted

Sack Meals

May be ordered for lunch & dinner meals.

Order & prepay at DFAC **by 1330** day prior.

Ideal for Staff who work evening shifts.

Cost = \$3.60

Includes Sandwich, Fruit, Chips, & Beverage



CyberAwareness/Information Assurance (IA)/HIPAA Team



HIPAA Security Officer	239-7848
IA Security Manager	239-7930
IA Network Officer	239-7990
HIPAA/IA Compliance Officer	239-7922
HIPAA Officer	239-7368
Alt. Privacy Officer	239-7985

Annual requirement (if not done your accounts will be turned off!)

**Report any suspicious files, output, or system problems to the
IMD Helpdesk @ 239-7367 or on the Intranet**

IACH HIPAA Employee/Volunteer/Student Security and Confidentiality Agreement

As an employee of Irwin Army Community Hospital Health System (hereinafter "IACH"), and as a condition of my employment, I agree to the following:

- I understand that I am responsible for complying with the HIPAA policies, which were provided to me.
- I will treat all information received in the course of my employment with IACH, which relates to the patients of IACH, as confidential and privileged information.
- I will not access patient information unless I have a need to know this information in order to perform my job.
- I will not access my or any other persons record in AHLTA, CHCS, Essentris or any other medical record storage or data repository, unless in the course of my duties as an employee of IACH.
- I will not disclose information regarding IACH's patients to any person or entity, other than as necessary to perform my job, and as permitted under IACH's HIPAA Policies.
- I will not log on to any of the computer systems on the IACH LAN that currently exist or may exist in the future using a password or CAC other than my own.
- I will safeguard my computer password and will not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on my nametag.
- I will not allow anyone, including other employees, to use my password or CAC to log on to the computer.
- I will log off of the computer as soon as I have finished using it.
- I will not use e-mail to transmit patient information unless it is encrypted and going to an official source for official reasons.
- I will not take patient information from the premises of IACH in paper or electronic form unless it is for official reasons.
- Upon cessation of my employment with IACH, I agree to continue to maintain the confidentiality of any information I learned while an employee and agree to turn over any keys, *access* cards, or any other device that would provide access to IACH or its information.

I understand that violation of this agreement could result in disciplinary actions.

Name (print)

Name (signature)

Witness Name (print/sign)

(Date)



Enterprise Service Desk



Enterprise Service Desk is the central point of contact for computing support services.

Example of things Enterprise Service Desk can do:

- *AHLTA, Essentris account unlocks*
- *Printer mapping*
- *Desktop application configuration*
- *Software Installation*



System Status Dashboard

Call Toll Free

1-800-USAMITC (1-800-872-6482)

Commercial 210-295-3300

OCONUS DSN 312-421-3300

Support Requests

To submit a support request to the Enterprise Service Desk, or manage an existing ticket, click one of the links below:

<https://armt.amedd.army.mil>

or

[Chat online with an ESD Agent](#)

or

[Open a ticket via e-mail](#)



Informatics Team (Training)



Chief of Informatics
Building # 610 2nd floor Room 221
785-240-7097

Clinical Systems Trainers (CST)
(CWA)

Building # 610 2nd floor
Room 220 & 209
785-239-7733
785-239-8432
785-240-7461
785-240-7348

Clinical Workflow Analysts

Building #610 2nd floor
Room 210
785-240-7015
785-240-7018

Classrooms

Modular Unit Building # 609F

IACH Clinical Systems:

CHCS (Composite Health Care System): Serves as the foundation for the Department of Defense's electronic health record, electronically order laboratory and radiology tests/services, retrieve test results and order and prescribe medications. Patient appointment bookings are completed in CHCS.

AHLTA (Armed Forces Health Longitudinal Technology Application): Globally-accessible, protected electronic health record for Uniformed Service members, retirees and their families.

CHAS (Carepoint Healthcare Application Suite): Collect, transform, analyze and deliver data captured by CHCS in a user-friendly integrated environment

https://carepointsuite.riley.amedd.army.mil/portal/portal_login.aspx

BHIE (Bidirectional Health Information Exchange): DOD and VA Shared medical records

<https://bhie.riley.amedd.army.mil/share/auth/login.jsp>

Essentris: Inpatient charting system

i-Site: View radiology images

E-Profile: Electronic profiling system for active duty soldiers

www.mods.army.mil for access and training through AKO homepage at ALMS

-MODS (Medical Operational Data System) AKO (Army Knowledge Online)

ALMS (Army Learning Management System)

MEDPROS (Medical Protection System): developed to track all immunization, medical readiness, and deploy ability data for all Active and Reserve components

ORS Sign Orders

Sign off orders that someone else ordered underneath you i.e. Nurse, Medic. Select (End key) the orders you want to signed off and press Enter.

RNR Review New Results

These are any lab's or x-ray's that you order and they will automatically be sent to you for review. Select (use the END key) the PT information you want to look up. Make sure that Selected is high-lighted underneath the action bar located down at the bottom of the screen. Press enter to review the patients information. If you (Toss) the results it means you have initiated and reviewed the results electronically. You can (Save) the results and the results will be stored in your RSR (Reviewed Saved Results). You can leave the results in your new results by using (New).

Mailman

To obtain the mailman menu type MAIL from your main menu.

LNM This lists all your NEW mail by subject/sender and allows you to select which ones you want to read.

NML This list displays your NEW mail in order of its date sent and allows you to read all.

RML This allows you to read your OLD and NEW messages at one time.

NOTES

USR User-Specific Customization Menu

EUC Edit User Characteristics, set up printer, signature block, change verify code (password)

PRF Set User Preferences:

- * Assign a Surrogate (Result & T-cons)
- * Telephone Consult Print Preferences
- * Patient Lab Inquiry Preferences
- * Consult Result User Preferences

Telephone consult– Locate the Default Workload Clinic (type in the MEPRS Code)

Lab defaults– Change the Earliest date for search: from T-1 to T-365

Consult– Change the Consult Search Date Range from 7 to 180

NOTES

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Consult– Change the Consult Search Date Range from 7 to 180

NOTES

To login into CHCS click on the CHCS icon.

For the Signing On: First click on the CHCS ICON.

Press the enter key three times.

Access Code: Type in your access code which is your first initial last name (in most cases) and press enter. Verify (password) Code: Type in the password verify code that you created and press enter. Your verify code is case sensitive. Once you have logged into AHLTA your AHLTA username and password can also be used to log into CHCS, AHLTA, SHARE and ICDB.

----Clinical Systems-----

*CHCS-This is our main data base for LABs, RADs, MEDs and Appointments. Can be used to put Outpatient Orders, consults, and answering Telephone Consults.

*ICDB- Older Outpatient Charting System. Graphs out the lab result. Completed telephone consults. scanned in notes from Civilian providers.

*AHLTA- World Wide Outpatient Electronic Health Record. Can be used to put Outpatient order and answering Telephone Consults and Consults.

*SHARE- DOD and VA information shared in one program. Essentris notes and VA notes. No AHLTA notes.

*Essentris- Inpatient /ED Charting System



CHCS Reference Guide (Provider/Nurse)



RCR Review Clinical Results

LAB's to select the labs test you would like to view select them with the (END key). **F-11** will allow you to select all of the labs test at one time. **F-9** is your expand key to see the HCP's name.

RAD's reports can go back to 1998. Pay attention to the Exam Status column. Completed or preliminary report will allow you to view the reports. To view the results press enter until you see the **Select choice #** option. Type in the number of the radiology procedure to view i.e. (8,9) and press enter. For a group of radiology reports (8-12,15-18).

MPI this is for Outpatient medications. The Short form is a list of the medications that can go back to 1998 and Long form breaks down each medication separately. If you would like to leave the short or Long form use the "^^". This will take you to the bottom of a list.

MED is used to view In & Outpatient medications. You must select the earliest date (T-number of days) and the latest date will be T (today).

PRX is used to view Medications given to the patient outside of IACH. (**RPN**) to view CHCS/AHLTA completed consults. Type in PT's name, Consult, Selected to view consult.

NOTES

ORE Enter/Maintain Orders

Action: N (New order) **Q** (Activate orders, Quit & file), **DPRX** medications given to the PT outside of IACH.

Order Type:
ADT ADMISSION/DISCHARGE/
TRANSFER
LAB LABORATORY TESTS
RAD RADIOLOGY ORDERS
RX OUTPATIENT MEDICATION
CON CONSULT ORDERS
SET ORDER SETS

Ordering Labs: ORE, PT name, Check for an appt. for workload, ACTION-N (for new), Order Type-LAB, Date/Time of test- N (for now), T (for today) T+1 for later date. Collection method-send pt to lab// (press return), Collection Priority Routine/(press return) or type Stat or ASAP. Collection Priority// (press return) or type Stat or ASAP as appropriate for lab test. Order Comment-you don't have to enter anything (press return), Select Lab test (i.e. CBC, Chem 7), Select Lab test-another one or press return, Select order type-(if you want to order a medication or something else) press return, Action-Q (quit and file).

Ordering X-rays: ORE, PT name, Check for an appt. for workload, ACTION-N (for new), Order Type-RAD, Select Radiological Procedure-type MRI, or Chest then choose the number you want. Clinical impression-type impression, Comment-add anything pertinent (i.e. compare with previous films), Schedule type-- One time (press return), Priority-Routine, ASAP or Stat, Requested Date-today, Immediate Reading-no (can be changed to yes if appropriate), Portable-No, Mobility Status - (as appropriate i.e. ambulance, wheelchair. Select Radiological Procedure-order another or press return, Select order Type- (press return), Action-Q (quit and file).

Ordering Meds: ORE, PT name, Check for an appt. for workload, ACTION-N (for new), Order Type-RX, Outpatient Medication-type first few letters of medication and you get a list of meds, choose medication, SIG (how to take the med-how many #10, how many refills RF0) and File/Exit. To complete the order press return until you get to the ACTION-Q (quit and file). If you are refilling a medication or if you want to modify an existing order, press the up arrow from the Action prompt. Move the cursor to the order and type M (modify) or R (renew) and press return, type in comment and complete the order.

Ordering Consults: PT name, Check for an appt. for workload, ACTION-N (for new), Order Type-CON, Select Consult Procedure-Type in **M space** and the **first few letters** (i.e. Orthopedics, ENT, surgery). Consulting Clinic; would be a sub clinic of the consult procedure clinic (i.e. Sports Clinic). Consulting HCP; would be used for consult-a specialist directly. Reason for Consult-(reason), Provisional Diagnosis-you can enter something or not, Priority-Routine, ASAP or STAT this priority is to have the consult reviewed by the specialty clinic. The Number of Visits default is one, If you think they will need to be seen more, change the number, Request advice from specialist only-No (press return), File/Exit (press return), Action-Q (to activate, quit, and File).

Consult Overview

- O Consult order is entered by a credentialed provider
- O Specialty clinic reviews the consult and assigns the status (generates email to the ordering provider)
- O Appointment is booked (generates email to the ordering provider)
- O Consult is resulted and verified (generates email to the ordering provider with consult result)



CHCS Reference Guide (Provider/Nurse)





CHCS Reference Guide (MSAs)



Signing On: First click on the CHCS ICON.
Press the enter key three times.

Access Code: Type in your access code which is your first initial last name (in most cases) and press enter. Verify (password) Code: Type in the password verify code that you created and press enter. Your verify code is case sensitive. Once you have logged into AHLTA your AHLTA username and password can also be used to log into CHCS, AHLTA, SHARE and ICDB.

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- *SHARE- DOD and VA information shared in one program. Essentris notes and VA notes. No AHLTA notes.
- *Essentris- Inpatient /ED Charting System
- I-Site- System is used for viewing Radiology Images.

Rev. 02/2013 Fort Riley (dml)

- **PCM Booking:**
- Menu path: HMCP > BHCF
 1. Enter patient name
 2. Select PCM booking
 3. Select Access to Care category
 4. Select an appointment to book
 5. Book the appointment

Non Enrollee Booking/Enrolled Elsewhere

- Menu Path HMCP > BHCF
 1. Enter Patient name
 2. Difference in the action bar area (Non Enrollee booking)
 1. appears as an option because this patient is not enrolled to a PCM
 2. Select Non Enrollee booking
 3. Select search criteria for place of care and ATC category

NOTE: This booking works the same way as Self referral booking

- **Self-Referral Booking**
- Menu Path HMCP > BHCF or HMCP > SHCF
- Clinics that use self referral booking (Optometry, OB- GYN)
 - Change search criteria and select place of care and access to care category
 - Select "M" for MTF booking
 - Select an appointment and book

- **Referral Booking**
- Menu Path M > HMCP > BHCF
- Select R for Referral Booking
- Select Add referral
- Fill in information for referral
 - Select search criteria for place of care and ATC category



CHCS Reference Guide (MSAs)



F9 Expand Key _____

F10 Abort Key _____

F11 Select All _____

Recall Command tap space bar one time and enter will bring up the last patient's name.

(??) Help Menu

(ZZ) Lock CHCS Screen

(^) Takes you to the bottom of a list

To select a Pt's name or a Lab test you must use the **END key**.

Consult Booking

Overview

- Consult order is entered by a credentialed provider
- Specialty clinic reviews the consult and assigns the status (generates email to the ordering provider)
- Appointment is booked (generates email to the ordering provider)
- Consult is resulted and verified (generates email to the or ordering provider with consult result)
- Consult is reviewed and given a status from five available status choices:
 - Appoint to MTF
 - Space Available
 - Info Needed
 - No Appointment Required
 - Refer to Subspecialty

1. Select "Appoint to MTF" for the Patient
2. Select AHCF > B for booking
3. Select P for patient
4. Enter the patient name
5. Select "A" for all dates
6. Select the consult
7. Review the consult and select "B" to book the appt
8. Select appointment
9. Book the appointment

Clerk Front Desk Function Menu

- Menu Path M > CDSK
- USV (Walk-ins, Sick Call, Tel-Con)
 - Walk-ins
 1. Change search criteria
 2. Select All (F11)
 3. Follow screen prompts
 - Tel-Con
 1. New Patient (N)
 2. Follow prompts
 - Sick Call
 1. Change search criteria
 2. Select All (F11)
 3. Follow screen prompts
- Cancellation by Patient

Note: Used if patient not rescheduling

 1. Change search criteria
 2. Select patient
 3. Enter patient name
 4. Follow Screen Prompts
- Individual Patient Check-In

Note: Used if SF600 needed or change in provider

 1. Change search criteria (enter)
 2. Select and enter clinic
 3. Search (Enter)
 4. Select patient
 5. Follow screen prompts
- Multiple Check-In by Default

Note: Used if no changes or SF600 needed

 1. Change search criteria (enter)
 2. Select and enter clinic
 3. Search (enter)
 4. Select patient
 5. Follow screen prompts
- End-of-Day Processing
 1. Change search criteria (enter)
 2. Select and enter place of care
 3. Search (enter)
 4. Select appt. to edit
 5. Edit appointment data
 6. File changes



Infection Control



- Report questions or concerns to Infection Control.
- Infection Control Officer: 239-8301
- Department of Quality Management: 240-7501

CDC
Patient Safety

CLEAN HANDS SAVE LIVES

Protect patients, protect yourself

Influenza
Staphylococcus
Candida
RSV
Klebsiella
Pseudomonas
Enterococcus

Alcohol-rub or wash
before and after **EVERY** contact.

hand hygiene saves lives

www.cdc.gov/handhygiene

A hand hygiene poster featuring a blue hand with green circles on the fingers and palm, each labeled with a different pathogen: Influenza, Staphylococcus, Candida, RSV, Klebsiella, Pseudomonas, and Enterococcus. The poster includes the CDC Patient Safety logo, the slogan 'CLEAN HANDS SAVE LIVES' and 'Protect patients, protect yourself', and the instruction 'Alcohol-rub or wash before and after EVERY contact.' A small logo in the bottom right corner says 'hand hygiene saves lives' with a red hand icon. The website www.cdc.gov/handhygiene is listed at the bottom.



Cavicide/Hand Hygiene



- Cavicide must remain wet on the surface being cleaned for 3 minutes in order to kill the microorganisms.
- Cavicide is our only approved cleaner/disinfectant!!

3 MINUTE KILL TIME!

Does improved hand hygiene prevent Hospital Acquired Infections (HAIs)?

- Supportive data: Studies show hands become contaminated during patient care. Contaminated hands transfer organisms to other surfaces. Appropriate hand hygiene removes or kills microbes. Control outbreaks of infections by improving hand hygiene.
- WASH your hands: with antimicrobial soap (Provon) and water, scrubbing hands for at least 15 seconds before rinsing:
 - your hands are visibly soiled (dirty)
 - hands are visibly contaminated with blood or body fluids
 - before eating
 - after using the restroom
- If hands are not visibly soiled or contaminated, use an alcohol-based hand rub (Purell) for routinely cleaning your hands:
 - before & after having direct contact with patients
 - after having contact with body fluids, wounds or broken skin after removal of gloves
 - after touching equipment or furniture near the patient

May use 7 times before you must physically wash your hands



Logistics



Medical Material

Hours of Operation (Monday –Friday) 0630-1630

Customer Service : (785) 240-7325

After Hours on Call: (785) 717-8497

Medical Maintenance

Hours of Operation (Monday – Friday) : 0730-1630

Work Order Desk: (785) 239-7206

After Hours On Call: (785) 717-8901

Property Management

Hours of Operation (Monday – Friday) : 0700-1430

Warehouse (Monday – Friday) 0700-1530

PBO: (785) 239-7224

CEEP: (785) 239-7230 / 240-7091

Hand Receipts: (785)-239-7210/7032

Office Supplies: (785) 240-7476

Turn-Ins: (785) 239-7161



Facility Management Division Housekeeping/Linen/RMW



Facility Management Division

Facility Manager: 239-7717
Key Control: 239-7524
Housekeeping COR: 239-7342
Facility Engineer: 239-7508
Transition: 240-7045
HFPA: 240-7389
Work Order Desk: 239-7357

Repairs and Work Orders

Hospital Maintenance Contractor (Quality Services, International)

Duty Hours: 239-7537
After Hours: (785) 784-2950
Provide the following info:
—Problem
—Location (Building # & Room #)

Facility Engineer- 239-7508
Contract QA- 239-7315

Barracks Work Orders: Best Value Services
—After Hours: (785) 201-6741
—Duty Hours: (785) 239-3375

Housekeeping/Linen/RMW

Main Building Maintenance, Inc
Phone: (785) 239-7216 / 7354
Pager: Inside of IACH BLDG 600 1888-503-9026
Outside of IACH BLDG 600 1-888-503-9114
Fax: (785) 784-2440
Contract COR: 239-7342
Contract QA: 239-7313



Education and Professional Development (EPD)



Hours :

- Monday-Friday: 0730-1630
- Phone Number: 785-239-8417
- Fax: 785-239-7913

Services

- Books: 3 weeks
- Journals: 1 week
- Cassettes: 1 week
- Reference books: non-circulating

Reference questions or searches:

- Requests are taken through e-mail, faxes, telephone, or walk-in.

Amedd Medical Library & Information Network

- **Address is: <http://medlinet.amedd.army.mil>**

The AMEDD Virtual Library is also linked on the IACH Medical Library directory page.

From the IACH Intranet homepage, click on “Sections” then “Medical Library” or scroll down to the popular pages and click “Medical Library”.

From the IACH Internet (<http://iach.amedd.army.mil>), click on the site map then “Medical Library”



Medical Library



Hours :

- Monday-Friday: 0730-1100/ 1200-1630
- After Hours & Holidays: The AOD has a key
- Phone Number: 785-239-7874
- DSN: 856-7874
- Fax: 785-239-7626

Loan Periods:

- Books: 3 weeks
- Journals: 1 week
- Cassettes: 1 week
- Reference books: non-circulating

Reference questions or searches:

- Requests are taken through e-mail, faxes, telephone, or walk-in.

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- **Address is: <http://medlinet.amedd.army.mil>**

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Chaplain Services



Hospital Chaplain

Duty Hours: 239-7872

Chaplain Assistant

Duty Hours: 239-7871

Emergency Chaplain Services (after duty hours):

239-HELP (4357)

IACH Liturgical Worship Service

Sunday 1000

Weekly Bible Study

Wednesday 1200-1300

Weekly Catholic Mass

Tuesday and Thursday at 1200

What is a chaplain?

A chaplain is a clergy person that provides high quality, comprehensive, pastoral care and spiritual comfort to patients, their Families, and Irwin Army Community Hospital (IACH) staff members. Ministry includes crisis intervention, short term counseling, sacramental services, grief work, participating in ethical interdisciplinary teams and serving as liaison with spiritual leaders and faith communities to provide optimal pastoral care. As an individual, chaplain is affiliated with a particular faith group, but the work of the Ministry and Pastoral care Department is interfaith. Our goal is to help patients and their Families utilize their own faith resources.

What does it mean to be “interfaith”?

Being an interfaith department means we value, honor and respect the religious diversity in our community and hospital. IACH Department of Ministry seeks to provide spiritual care and understanding among people of all faiths. We may also help you to connect with your specific faith group clergy or leaders. If you have questions or concerns, please call 785-239-7871.



Department of Ministry and Pastoral Care Frequently Asked Questions



What do chaplains do?

The Army chaplains respect and respond to a patient's values and beliefs. Illness or injury can bring isolation, fear, doubt and grief. The chaplain's special focus of caring is directed toward the person who has the sickness or injury. The chaplain addresses these crises through spiritual care that emphasizes transcendence, faith and hope, thus promoting healing and recovery.

The chaplain assists patients in finding meaning, purpose and value in situations of despair, depression, hopelessness and isolation. Chaplains provide a unique ministry that has a high regard for the person's faith, tradition and experience.

Chaplains facilitate the observance of meaningful rituals at birth, death and in the observance of Holy days in all religions.

How do I make an appointment to see the Chaplain?

You can ask a hospital staff member to page the chaplain at any time. You may also visit the Chaplains' Office on the second floor during normal duty hours or call at 785-239-7871.

What hours is the chapel available?

The chapel is open 24 hours for prayer, meditation, reflection, solitude, etc. Scheduled worship services are provided on Sundays at 10:00 a.m. and Bible Study on Wednesdays from 12:00 noon until 1:00 p.m. Roman Catholic Mass is provided Tuesday at 12:00 p.m. and Thursday at 12:00 p.m.

Do you have a Roman Catholic priest on staff?

No, but a Roman Catholic priest from the Garrison can respond readily and are available for pastoral emergencies. Contact the Department of Ministry office or if need occurs after regular business hours, have the hospital staff contact the chaplain on call.

Do you supply patient rooms with religious scriptures?

Yes. Each room should contain a copy of the Bible. If you find that it is missing, the Department of Ministry office will replace it. Other sacred literature is available upon request.

Will a hospital chaplain baptize our child?

A hospital chaplain can officiate at baptisms, especially baptisms in extreme situations, yet it is preferable that your own clergy conduct such services. If necessary, we will help you contact your clergy and work with him/her to make arrangements for a baptism.



Translation Services Language Line



Language Line Phones are located in the following Departments:

- Patient Administrative Division
- Customer Service
- Medical Surgical Family Care Center
- Women's Health Clinic
- IACH Army Medical Home 1
- Emergency Room
- ClinOps
- Aviation Clinic
- Custer Hill Health Clinic
- Farrelly Health Clinic

Instructions: When placing a call to a non-English speaker, begin at step 2

1. Use Conference Hold: **place the non-English speaker on hold**
2. Dial 1(800) 523-1786
3. Provide the representative:
 - 6-digit Client ID: **233159**
 - Organization Name: *Irwin Army Community Hospital*
 - Language Needed: _____
 - Personal Code: *Your work area*
 - An interpreter will be connected to the call.
4. Brief the Interpreter: **Summarize what you wish to accomplish and give any specific instructions**
5. Add the non-English speaker to the line



Tumor Registry



Tumor Registry, Department of Surgery
Hours: 0600-1430 M-F
Phone: (785)239-7641
Fax: (785)239-7053
Personnel: Marie R. Jordan, CTR

Irwin Army Community Hospital is a 44 bed hospital, serving the Fort Riley and surrounding community. We have been providing quality cancer care to patients since 1977, as a Hospital Associate Cancer Program accredited by the American College of Surgeons, Commission on Cancer. IACH was last surveyed in May 2012 and was given a 3 year Accreditation with Commendation. Only 1 in 4 hospitals receive this special approval; in Kansas there are 14; US Army has 9 (5 MEDCEN/4 MEDDAC), we are the smallest approved facility with the CoC.

Our facility wide monthly Tumor Board uses a multidisciplinary forum to discuss the diagnosis and treatment of our cancer patients while offering CME/CNE credit for those who attend.

- Our patient care providers are required to notify the registry upon their first encounter with a newly diagnosed cancer patient.
- A DISEASE MANAGEMENT-CANCER referral is entered by the PCM to start the Patient Navigation process.
- All cancer patient visits, for cancer related issues, will have a Distress Screening attach to that specific encounter in AHLTA.



PATIENT CARING TOUCH SYSTEM (PCTS)



Today's situation

The Army Nurse Corps (ANC) developed the Patient CaringTouch System (PCTS) to reduce clinical quality variance by adopting a set of internally and externally validated best practices that have been shown to improve the care provided to patients and their families.

Both The Surgeon General and the Chief of the Army Nurse Corps recognize PCTS' critical dual role as an enabler of AMEDD's Culture of Trust and as a foundation for its transition from a "healthcare system to a system of health."

Our Core Values are the foundation for Army Nursing and PCTS. They set the standards by which we care for our wounded warriors and those entrusted to our care. The PCTS implementation is grounded and guided by Our Army Nursing Core Values:

- o Army Nursing Creed*
- o Soldier's Creed*
- o Army Civilian Corps Creed*
- o Army Values*
- o ANA Scope and Standards of Practice*
- o ANA Standards of Professional Performance*
- o ANA Code of Ethics*

THE CULTURE OF TRUST

The culture of Army Medicine : to embrace our core values and practice them in all our affairs.

Army Medicine is establishing a self-sustaining culture, adverse to bad behavior and poor performance. We become institutionally intolerant to anything less than our Best.

Every point in the healthcare experience can be service excellence.



PATIENT CARING TOUCH SYSTEM (PCTS)



TeamSTEPPS

Strategies and Tools to Enhance Performance and Patient Safety

“Initiative based on evidence derived from team performance...leveraging more than 25 years of research in military, aviation, nuclear power, business and industry...to acquire team competencies.”

HIGH PERFORMING TEAMS

- Partner with the patient
- Create a safety net for the organization as we promote a culture of safety
- Hold shared mental models
- Have clear roles and responsibilities
- Optimize resources
- Develop a strong sense of collective trust and confidence
- Manage and optimize performance outcomes

Components of Patient Caring Touch System

Core Values

Nurses Creed

ANA Standards

Care Teams Leverage Capabilities

Coordinated Pt-Centered Care

Lead RN that directs nursing care
Peer Feedback

ANA Standards of Practice

Personal Reflection of Practice

Optimized Performance

Base-lining Metric Across ANC

Consistent Definitions

Skill Building

Development of Staff capabilities

Nursing Grand Rounds

“Provider Talks”

Shared Governance

Unit Practice Councils

Facility Practice Council

Shared Accountability Governance, gives team members a voice in their practice.

Patient Caring Touch System has 5 primary effects:

Sets the standards for Army Nursing and **guides, gauges, and grounds** Army Nursing team efforts.

Increases the quality of care provided to our warriors and those entrusted to our care.

Enables us to **leverage the capabilities** of our nursing team by **synchronizing our efforts**.

Gives our **nursing teams** members a voice in their individual practices.

Allows us to live our **Army Nursing Core Values**.



Medical Homes



**Farrelly Health Clinic:
BLDG 8072**

**Farrelly Army Medical Home 1
Dragon Medical Home Team**

- 4th Infantry Brigade Family Members
(785) 240-5591

**Farrelly Army Medical Home 2
Dragon Medical Home Team**

- 4th Infantry Brigade Active Duty
(785) 240-5592

**Farrelly Army Medical Home 3
Devil Medical Home Team**

- 1st Heavy Brigade and family members
(785) 240-5589

**Farrelly Army Medical Home 4
Devil Medical Home Team**

- 1st Heavy Brigade Active Duty
(785) 240-5590

**Farrelly Army Medical Home Team 5
Danger Forward Medical Home Team**

- Division HQ & HQ BN, 1st Eng BN
- 84th Explosive Ordnance Disposal
- 97th MP units and family members
(785) 240-5585/5586



Medical Homes (Continued)



**Custer Hill Health Clinic:
BLDG 7672**

**Custer Hill Health Clinic
Army Medical Home Team 1
Dagger Medical Home Team**

- 2nd Heavy Brigade Family Members
(785)239-4411/5181

**Custer Hill Health Clinic
ARMY Medical Home 2
Dagger Medical Home Team**

- 2nd Heavy Brigade Active Duty
(785) 239-4411/5181

**Custer Hill Health Clinic
ARMY Medical Home 3
Durable Medical Home Team**

- 1st Sustainment Brigade Active Duty
(785-239-4411/5181)

**Novosel Aviation Clinic
BLDG 814**

- Combat Aviation Brigade
(785) 240-1125

IACH Army Medical Home Team 1

- Medical Department Activity and their Families
- Dental Activity and their Families
- Retirees

(785) 239-7737

IACH Army Medical Home 2

- Garrison
- CAB Family Members
- National Guard and Reserve Soldiers
- All other unassigned units

(785) 239-7613



Nurse Advice Line Medical Management Branch



Nurse Advice Line

- 239-DOCS (3627) or
- 1(888) 239-DOCS (option 4)
- Press the prompt requesting the Nurse Advice Line.
- Service available Monday through Friday from 0700-2300 and on Weekends from 0900-2100
- RNs handle calls regarding a health or symptom-related problem or calls with questions related to disease management.
- The Advice Line provides convenient access to health care information to patients.
- This information can be e-mailed or faxed to the patient if desired.

Medical Management Branch

- Chief :
239-7753
- Disease Management RN – CPGs:
240-7309
- Utilization Management RNs:
240-7289
- Discharge Planning/Care Coordination:
239-7681



Behavioral Health



1st Bde Embedded Behavioral Health (1EBHT)

(Bldg 609-A, IACH)

240-7567/7696

Mon-Fri 0730-1630 (except Federal holidays)

4th Bde Embedded Behavioral Health (4EBHT)

(Basement, IACH)

239-7208/7291 or 240-7471/7472

Mon-Fri 0730-1630 (except Federal holidays)

Behavioral Health Clinic (BHC)

(Basement, IACH)

239-7208/7291 or 240-7471/7472

Mon-Fri 0730-1630 (except Federal holidays)

24/7 coverage for ER response

Family Advocacy Program (FAP)/Marriage and Family Therapy (MFT)

(Bldg 1801B, Camp Funston)

239-7060 or 240-5258

Monday-Friday 0730-1800 (except Federal holidays)

24/7 coverage for ER & FT Riley community response

Army Substance Abuse Program (ASAP) [IMCOM Agency]

(Bldg 7424, "On the Hill")

239-7311

CDRs Program: Mon-Fri 0730-1630 (except Federal holidays)

CATEP (Confidential Program): Mon-Fri 1030-1900 (except Federal holidays)



Pharmacy



Pharmacy Self-Care Program

- **Enroll in Self Care Program**
- **One Family member** MUST enroll and take the self-care course
- **Online:** IACH Homepage under “**Training**” tab
View slides, enroll, take test, print certificate if successful
- **Will accept self-care cards from other MTF’s**
- Select OTC medications available through the self-care program
- Three (3) items per patient per month
- Must meet age requirement for OTC medications

Pharmacy Information

Outpatient Hours:

Mon-Fri: 0730-1800
Training Holidays: 0730-1630
Closed Sat, Sun, and federal holidays

PX Pharmacy:

Mon-Fri: 0900-1800
Closed Sat, Sun, and federal holidays

Custer Hill Health Clinic:

Mon-Fri: 0730-1800
Training Holidays 0730-1630
Closed Sat, Sun, and federal holidays

Farrelly Health Clinic (FHC):

Mon – Fri: 0730-1800
Training Holidays: 0730-1630
Closed weekends and Federal Holidays.

Inpatient:

Everyday 0800-1700,
On-call 24 hours

OmniCell Training POC:

Inpatient Pharmacy Staff
(785) 239-7949



Lab/Pathology



- Pathology is on first floor of hospital across from Radiology.
- Outpatient Phlebotomy:
Monday – Friday: 0700-1700
Training Holidays: 0700-1630
Closed weekends and Federal Holidays
- Laboratory Tests Information can be found at:
CHCS: Laboratory Test Information (LTI)
- Laboratory manual can be located at:
IACH Intranet: Dept of Pathology (LAB) Section/**AD. 034.5**-IACH Dept of Path
Submission Manual FY 2012 (under Documents)
- **Specimen testing performed 24/7.**
Testing that cannot be performed in-house is shipped to military or commercial
reference laboratories Monday-Thursday.
- If you have a problem with laboratory support, please contact the Laboratory Manager
at (785) 239-7657 or NCOIC at (785) 239-7728.
- Farrelly Health Clinic Lab hours:
(785) 240-5520
Monday – Friday 0730-1800
Closed weekends and Federal Holidays
- CHHC Lab hours:
(785) 239-1535/5659
Monday – Friday 0730-1800
Closed weekends and Federal Holidays



Military Information **Medical Company**



Medical Company	
Company Commander	239-8612
First Sergeant	239-2045
Administrative Clerk	239-7002
Administrative Clerk	240-7319
Training NCO	240-7318
Supply NCO	239-6889
Retention NCO	239-7257

- TRiPS Report required with all leave/pass requests & if traveling outside of 250 mile radius (need DA31 for mileage pass)
If traveling by air, flight itinerary must be attached to DA31

- Leave Verification Form

Per CG Policy Letter #14, K2 is prohibited

In KS, blood alcohol level (BAC) of .08% or greater is considered legally intoxicated
On post, .05% is drunk on duty

- Options:
 - * Call Supervisor
 - * Call AOD for \$100 Fund for Taxi= Safe ride Program
 - * Call 1SG/CDR

- Military OneSource 1 (800) 342-9647

ZERO TOLERANCE ON DRUG USE!



Military Information
Administrative Officer of the Day
(AOD)



Report to S-3 at 1400 (BLDG 600, Basement)

Receive duty briefing for the duty day

Receive counseling for and instructions

Sign for keys, instruction binder, alert roster binder from S-3

Sign for keys, pass binder, cash binder from Medical Company, BLDG 610, Rm 313

Sign for leave book from S-1, BLDG 610, 1st floor

Weekend and holiday personnel will report at 1200 prior to the weekend/holiday duty

Weekday AOD duty hours

1615 assume duty

1615-0730 or until officially relieved

Weekend AOD duty hours

0715-0730 or until officially relieved

At the end of the duty shift:

AOD will out brief S-3

Turn in required items to S-3 and to Medical Company prior to release from duty



***Military Information* Required Monthly**



POV INSPECTIONS-Maintained at section level

Soldier Well-Being Assessment

- Documents available on Medical Company Intranet site and main intranet site.
- Ensure that you go over with Soldiers within 30 days of arrival to unit or return from deployment
- Maintained locally in section
- If low risk then reassess quarterly
- If risk is medium (Company level) or High (BDE level) a copy needs to be turned into the Company with plan of action in writing to address risk
- Medium and High Risk and Extremely High Risk are required to be assessed monthly until risk level decreases and forwarded to the Company until that time

Per Fort Riley Reg 190-1

All personnel who reside on post or intend to bring privately owned weapon on post **MUST** have them registered with the Provost Marshall. Bldg 219. Registration forms are available in the Medical Company as well.

All Motorcycle Riders

Must see the BDE or Company Motorcycle Mentor to ensure in compliance with the Fort Riley policies for motorcycles, dirt bikes and ATV's prior to operation



Military Information
Military Personnel Division



Chief, Military Personnel Division:
(785) 239-7119

Chief, Civilian Personnel Division:
(785) 239-7793

Strength Management/Special Pay:
(785) 239-7339

Awards/Finance/Promotions:
(785) 239-7760

Leaves & Flags:
(785) 239-7145

NCOERs/NCO Rating:
(785) 240-7089

OERs/Officer Rating Schemes:
(785) 240-3209



Civilian Information Army Ranks



Enlisted Ranks

Insignia	Rank	Designation
NO INSIGNIA	Private (PVT)	E-1
	Private (PVT2)	E-2
	Private-First Class (PFC)	E-3
	Specialist (SPC)	E-4
	Corporal (CPL)	E-4
	Sergeant (SGT)	E-5
	Staff Sergeant (SSG)	E-6
	Sergeant First Class (SFC)	E-7
	Master Sergeant (MSG)	E-8
	First Sergeant (1SG)	E-8
	Sergeant Major (SGM)	E-9
	Command Sgt Major (CSM)	E-9
	Sergeant Major of the Army	E-9

Officer Ranks

Insignia	Rank	Designation
	Second Lieutenant (2LT)	O-1
	First Lieutenant (1LT)	O-2
	Captain (CPT)	O-3
	Major (MAJ)	O-4
	Lieutenant Colonel (LTC)	O-5
	Colonel (COL)	O-6
	Brigadier General (BG)	O-7
	Major General (MG)	O-8
	Lieutenant General (LTG)	O-9
	General (GEN)	O-10
	General of the Army (GOA)	O-11

Warrant Officer Ranks

W-1	WO1	Warrant Officer	
W-2	CW2	Chief Warrant Officer 2	
W-3	CW3	Chief Warrant Officer 3	
W-4	CW4	Chief Warrant Officer 4	
W-5	CW5	Chief Warrant Officer 5	



Civilian Information

Commonly used acronyms



ACS: Army Community Service
AD: Active Duty
AER: Army Emergency Relief
AFTB: Army Family Team Building
AOD: Administrative Officer of the Day
APFT: Army Physical Fitness Test
AWOL: Absent Without Leave
BAH: Basic Allowance for Housing
BAS: Basic Allowance for Subsistence
BN: Battalion
COLA: Cost of Living Allowance
CONUS: Continental United States
DEERS: Defense Enrollment Eligibility Reporting System
EOC: Emergency Operations Center
DFAC: Dining Facility
DOD: Department of Defense
ETS: Estimated Time of Separation
FORSCOM: Forces Command
FRG: Family Readiness Group
FTX: Field Training Exercise
HHC: Headquarters & Headquarters Company
HOR: Home of Record
HQ: Headquarters
IACH: Irwin Army Community Hospital
JAG: Judge Advocate General
LES: Leave and Earnings Statement
MOS: Military Occupational Specialty
MP: Military Police
MRE: Meals Ready to Eat
MSTC: Medical Simulation Training Center
mTBI: Mild Traumatic Brain Injury
MWR: Morale, Welfare and Recreation
NCO: Non Commissioned Officer
NCOIC: NCO in Charge
OIC: Officer in Charge
PA: Physician's Assistant
PAO: Public Affairs Office
PCS: Permanent Change of Station
POA: Power of Attorney
POV: Privately Owned Vehicle



Civilian Information

Commonly used acronyms



PT: Physical Training

PX: Post Exchange

RearD: Rear Detachment

S-1: Military Human Resources

S-2: Security

S-3: Operations

S-4: Logistics/Supply

SD: Staff Duty

SRP: Soldier Readiness Processing

TDY: Temporary Duty

USO: United Service Organization

VA: Veterans Affairs

VTC: Video Teleconference

WO: Warrant Officer

WTT: Warrior Task Training

WTB: Warrior Transition Battalion



Civilian Information

Commonly used IACH acronyms



ACLS: Advanced Cardiac Life Support
APEQS: AMEDD Personnel Education & Quality System
BLS: Basic Life Support
CAF: Competency Assessment Folder
CME: Continued Medical Education
CE: Continued Education (for nurses)
CHHC: Custer Hill Health Clinic
DCA: Deputy Commander for Administration
DCCS: Deputy Commander for Clinical Services
DCHS: Deputy Commander for Health Services
EPD: Education and Professional Development
EOC: Environment of Care
FMD: Facility Management Division
HIPAA: Health Insurance Portability & Accountability Act
IMD: Information Management Division
LSC: Life Safety Code
NRP: Neonatal Resuscitation Program
PACU: Perioperative Acute Care Unit
PAD: Patient Administration Division
PALS: Pediatric Advanced Life Support
PSHAD: Patient Safety Hospital Accreditation Division
PTMS: Plans, Training, Mobilization and Security
RMD: Resource Management Division
TJC: The Joint Commission



Civilian Information **Helpful telephone numbers**



Appt Line- 239-3627
Code Blue/ER- 239-7777
Dental Clinic#2- 240-7411
Ft Riley Phone Directory Information- 239-3911
Ft Riley Ops Center- 239-2222
IACH Lobby/Info- 239-7000
IACH Medical Library- 239-7874 (M–F: 0730-1100 & 1200-1630)
ID Cards- 239-3654
Information, Ticketing & Registration (ITR)- 239-4415
Legal Assistance-239-3117 (M–Th: 0900–1700 F: 0900–1600 Walk-ins: M ,W, F @ 0900)
Local Time & Temperature- 239-3011
Military Taxi - 239-2636
Museum - 239-2737
Outdoor Recreation - 239-2363
Occupational Therapy Patient Education Web Link:
<http://iach.amedd.army.mil/sections/clinics/OccupationalTherapyMain.asp>
Passenger Service- 239-3087
Police Desk- 239-6767
Postal Operations Center- 239-9867
Public Works Service Order Desk - 239-0900
Radiology- 239-7754
Recycle- 239-2094
Red Cross (Non-emergency)- 239-1887
RMD/CPO Liaison- 240-7068 or 239-7126
Safety Manager- 239-7473
Soldier & Family Assistance Center (SFAC)- 239-9435
Vehicle Registration- 239-3884
Veterinary Facility- 239-3886



Notes





Notes

