

# WASH YOUR HANDS



**May 1-31**

Fort Gordon Spring Environmental Cleanup, garrison-wide

**May 1**

Resilience Training, first floor auditorium, 8-10 a.m.

**May 2**

EST 2000 Instructor Operator Training, TADSS Bldg, 81100, 8 a.m. to 2 p.m.

Grand Rounds, first floor auditorium, 8-9 a.m., Topic: TBD

SHARP Soldier/Civilian annual training, first floor auditorium, 9:30 a.m. to 12:30 p.m.

Fort Gordon National Prayer Luncheon, Location TBD, 11:30 a.m. to 1 p.m.

**May 4**

Fort Gordon Army Ten-Miler Qualifier, the Run to Honor 5K, Rice Road, Barton Field, 7:30 a.m. to noon

**May 6**

Comprehensive Soldier and Family Fitness Resilience training, Good Shepherd Chapel, 8 a.m. to 5 p.m.

**May 7**

Comprehensive Soldier and Family Fitness Resilience training, Good Shepherd Chapel, 8 a.m. to 5 p.m.

Third quarter DMHRSi Timecard Approver/Timekeeper training, first floor auditorium, 10:30 a.m. to noon

**May 8**

Leadership Development Program, first floor auditorium, 4-5 p.m..

**May 9**

HEAT Instructor-Operator Training, TADSS Bldg. 81100, 8 a.m. to 2 p.m.

Grand Rounds, first floor auditorium, 8-9 a.m., Topic: TBD

SHARP Soldier/Civilian Annual Training, first floor auditorium, 9:30 a.m. to 12:30 p.m.

**May 10**

Brigade Run, Location TBD, 6-7 a.m.

National Military Spouse Appreciation Day, Reserve Center, 10-11 a.m.

**May 13-22**

United States Marine Corps Tribute Run, Barton Field, 8 a.m.

**May 13-17**

Fort Gordon Best Warrior Competition

German Armed Forces Proficiency Badge Competition

**May 13**

Troop Command quarterly training day, first floor auditorium, 7 a.m. to 3 p.m.

see **CALENDAR** on page 11

## Are all milks created equal?

**Danielle Dunnagan, MS, RD, LD**  
Nutrition Care Division  
Eisenhower Army Medical Center

Gone are the days where the milkman delivered milk to our doorstep without having to choose which type, brand or flavor. Today, grocery stores are lined with an unbelievable assortment of milk and milk beverages, each looking or tasting different from the next. The convenience of so many brands and flavors provides us with a popular public predicament: Are all milks created equal?

According to the Dietary Guidelines for Americans, children and adults ages 9 and older should include three servings of dairy such as milk, cheese or yogurt in their daily

food intake. A serving of dairy should provide about 6 to 9 grams of protein and ample amounts of calcium, a naturally occurring mineral needed for optimal bone health.

Dairy milk in particular provides a number of essential nutrients including potassium, phosphorus, vitamin A, vitamin D, vitamin B12, riboflavin and niacin. It also packs 8 grams of protein per eight-ounce serving, and provides around one-third of our daily calcium needs. Calories and fat content are what differentiates whole milk from low fat and fat-free milks.

Most labels will list calories per 8-ounce (1 cup) serving, and fluctuate between 149 and 86 calories per serving. The higher the

calories, the higher the fat content.

Flavorings such as chocolate, strawberry or vanilla are added sugars and increase total calories and carbohydrates per serving.

Nevertheless, dairy milk is not alone in the milk beverage market. Milk substitutes are also available and aim to be nutritionally similar.

Comparing the labels is the most effective way to stay informed about what your milk provides. Here are the facts on a few of the most common types of milk or milk substitutes on the market today.

### Lactose-free Milk

This milk lies within the dairy milk family and is produced for individuals with an intolerance to the sugar found in milk, also known as lactose. When the body cannot fully break down lactose, symptoms such as bloating, gas or stomach cramps may occur. Nutritionally, lactose-free milk is essentially cow's milk with the lactose removed. It has 90 calories per serving, 0 grams of fat, 13 grams of carbohydrates, 8 grams of protein, and 30 percent of the daily value of natural calcium.

Many who follow a lactose-free diet are able to tolerate small amounts of dairy. Try products such as lactose-free milk, yogurt or ice cream or even top your favorite sandwich with a slice of cheddar, Colby, Monterrey Jack or Swiss cheese. These are low in lactose.



see **MILK** on page 11

# Professionalism through challenges of adventurous time

Col. David E. Ristedt

Commander

Eisenhower Army Medical Center

Happy May Day to everyone and I'm pleased we've survived the pollen, Master's Week and the April showers that are bringing beautiful flowers.

It's an incredible time to be at Eisenhower Army Medical Center and I want to say thank you to all who participated in Denim Day, honoring victims of sexual assault and maintaining awareness that we all have responsibility to act when we witness inappropriate conduct.

We should have also completed our command visit with Vice Admiral Raquel Bono and her team from the Defense Health Agency as they seek to understand the complexity and importance of our mission to serve as a Readiness Power Projection Platform for the joint services, and ensure

**Create 'lollipop moments' by being the best version of yourself every day.**

the complexity and volume of patients to support medical education activities and staff readiness training. Thank you to everyone who attended her Town Hall and provided your unique perspective and questions.

May also brings an opportunity to honor our nursing staff as we celebrate Nurses Week activities. We have the best nurses in the AMEDD so please take some extra effort to recognize and say thank you to our

absolutely professional and caring nursing staff throughout EAMC.

In addition to Nurses Week, there are several other opportunities to honor members of the team including Military Spouse Appreciation Day on May 10 as well as Mother's Day on May 12. Finally, we have several Gold Star family members on the staff so let's not forget to honor the fallen during the four-day Memorial Day weekend, May 27-30.

As I enter my final 70 days of command, I want everyone to know how proud I am of every member of the EAMC team and your continued professionalism despite the challenges of this adventurous time. I ask that we stay laser focused on the care of our patients and each other. Create "lollipop moments" by being the best version of yourself every day. You are a fantastic health care and support network delivering 5-Star care and service with every encounter.

# Library adds resource for rehab best practices

Mary E. Gaudette

Librarian

Eisenhower Army Medical Center

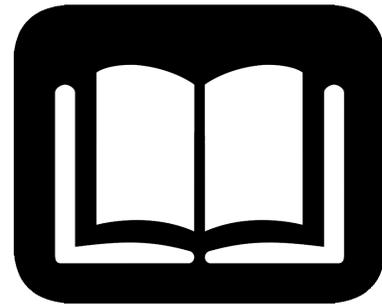
Rehabilitation Reference Center from EBSCOhost is one of the newest additions to the Health Sciences Library's collection of point-of-care resources. Updated weekly, and designed to assist physical, speech, and occupational therapists and other rehabilitation professionals, RRC provides access

to the latest evidence-based information relevant to their patients' needs.

RRC's streamlined interface makes it easy to access its many features. For instance, clicking on the "Practice Resources" tab opens up a menu for accessing dozens of practice guidelines, nearly 800 clinical reviews, more than 9,800 exercise images, thousands of AHFS drug monographs, and information on nearly 100 research instruments, including attitude measures, questionnaires, scales, clinical assessment tools, checklists, inventories, indexes, and neuropsychological and psychological tests.

More than 3,000 patient education handouts, available in both English and Spanish, can be easily personalized to include patient-specific information and instructions. The exercise sheets can also be personalized to indicate how often and under what conditions the patient should perform the prescribed exercise.

Users can also create virtual folders on individual patients in which to retain links to the selected RRC resources pertinent to those patients. Likewise, folders can be set up to house personal or departmental col-



lections of exercises, reviews, images, etc., specific to a condition or disease. As with all EBSCOhost products, users can set up alerts to be notified by email when new information has been added to RRC subsequent to a saved search.

In addition to its many patient-centered resources, practitioners can also benefit personally from the ability to register for and complete for credit CE modules on hundreds of topics.

RRC can be accessed via the "Databases" section of the Health Sciences Library's Ikenet page. For assistance or training, contact the librarian at 787-4446, or send an email to mary.e.gaudette.civ@mail.mil.

*Rounds*  
Eisenhower Army Medical Center

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Rounds is an official monthly publication of Eisenhower Army Medical Center at Fort Gordon, Georgia, produced by the EAMC Public Affairs Office for and about the staff of the hospital and the military members, family members and beneficiaries who choose EAMC for their Five-Star Health Care.

Editorial content is under the direction of and serves the mission of the EAMC commanding officer. Email: usarmy.gordon.medcom-eamc.mbx.pao@mail.mil.

# Verbal and physical threats

**Todd P. Gordon, Chief of Physical Security**  
 Directorate of Operations and Security  
 Eisenhower Army Medical Center

Many people have threatened someone else verbally at one point or another. Parents tell their children to be quiet or else. Husbands and wives threaten to leave a relationship.

Some verbal threats are different. These types of threats are menacing and criminal in nature. But when threats enter the workplace, it's a whole new ball game. There are jobs at stake, potential lawsuits to ponder, and two sides to every story. Overreact and you could lose a good worker (or a better lawsuit); under-react and you could lose lives.

The most serious verbal threats are those

that are genuine, credible and directed specifically at someone in the workplace. However, evaluating the seriousness of even the most direct threats requires something of a judgment call. For example, threats accompanied by specific plans about how the employee will carry them out are serious. Obviously, for an employee to provide that kind of detail suggests that this is not a spontaneous remark; this is someone who has thought this through. Similarly, threats of violence that are directed at, or include, members of the intended victim's family are not the kinds of statements you would expect from a generally even-keeled worker.

Of course, it's not only what workers say but how they say it. Threatening gestures

add power and credibility to verbal threats. Telling a coworker, "I'm going to bash your head in" is going to feel a lot more threatening when uttered by someone waving a hammer. It's also important to consider the worker's track record; courts typically give normally well-behaved workers the benefit of the doubt while workers with a history of conflict or violence get less slack for a threatening comment. The same should be true of employers.

When in doubt, it's always better to take a threat seriously than not. No matter what the circumstances (family problems, history of mental illness), employers are not required to tolerate threats in the workplace and, in fact, can be held liable if they do. Practically, this means taking whatever steps are necessary to ensure employees are safe. When immediate termination isn't warranted, employers still have a lot of leeway in terms of ensuring a safe work environment.

An effective response can ensure that the violence ends there. Employees don't report workplace threats until it's too late. Employees complain that managers, security and HR professionals, don't take their reports seriously. One way to bridge this gap is to educate your workforce, not only on what behaviors should raise concern, but what information will be useful in terms of deciding upon the appropriate response. As a minimum, threatened employees should report:

- When, where and at what time the employee received the threat
- What was the exact wording, if possible, of the threat?
- What was his/her initial response to the threat?
- Have there ever previous incidents with the threatening employee?
- Has the employee ever made any other threats?

A verbal threat becomes a criminal threat under the following circumstances and become assault:

- The threat indicates that another will suffer imminent physical harm
- The threat is directed toward a witness that's scheduled to testify in a court action
- The threat is specific
- There is evidence the threat will be carried out
- There is evidence the threat made is genuine

see **THREATS** on page 9



**DWIGHT D. EISENHOWER ARMY MEDICAL CENTER**  
**"The Home of 5-Star Care"**

## COURTESY PLEDGE

**We create the environment where staff is inspired and empowered to deliver 5-Star care to fellow employees and patients with compassion, honesty and integrity.**

We pledge to cordially greet each teammate, patient and visitor; ensuring all have a sense of being "home"

We pledge to treat everyone with courtesy, dignity, and respect.

We pledge to provide exceptional, high quality, compassionate care.

We pledge to accept and respond in a timely manner to every correspondence in written, verbal, or electronic form.

We pledge to provide personalized assistance when doing so does not compromise care to others.

## OUR GOALS

**D**etermined to provide high quality, complex, patient-centered healthcare services

**D**eliver readiness through sustained medical education and multidisciplinary care

**E**nthusiastically perform our daily duties while working with the best health care partners

**A**ttend to the needs of our patients, their Families, and each other

**M**otivated to excel in our work ethic, drive innovation, and continue education in our chosen professions

**C**are for our community, each other, and the mission

**TOGETHER "We Are Eisenhower"**

  
 WILLIAM E. ALLEN  
 CSM, USA  
 Command Sergeant Major

  
 DAVID E. RISTEDT  
 Colonel, MC  
 Commanding

# When was the last time you thought about soap?

**Patricia Revolinski, RN, MSN, CIC**  
Nurse Consultant, Infection Prevention  
and Control  
Eisenhower Army Medical Center

Hand hygiene is one of the most important things to do to prevent the spread of infection in hospitals.

When you enter Eisenhower Army Medical Center, or any hospital or clinic, you generally will see hand sanitizer dispensers on walls, soap dispensers adjacent to sinks, pump-style bottles of hand sanitizer, and signs that remind staff and visitors of the that hand hygiene is one of the most important steps we should take to prevent spreading infections.

We grow up being taught that we must use soap and water to clean our hands properly. Indeed, I often joke with new employees that “Mom” was probably the first Infection Prevention and Control expert in their lives because she recognized the importance of clean hands and enforced the rule.

In 1847, Dr. Ignaz Semmelweis proved that washing hands reduced the spread of “childbed fever” – postpartum bacterial infections of the female reproductive tract following childbirth infections, also known as puerperal fever -- from 12 percent to 2 percent in mothers who delivered in hospitals. However, his colleagues didn’t share his belief that hand-washing with a chlorinated lime solution would be better for patient outcomes and so they publicly dismissed his findings and ridiculed him.

Louis Pasteur came to the same conclusion as Semmelweis, and further supported the assertion of our mothers that germs are everywhere and they can cause disease.

Fast forward to the late 20th century and the role of the hands in spreading germs is no longer being disputed, so the focus switches to how to perform hand hygiene and with what type of product.

The first national hand-hygiene guidelines were published in the 1980s. In 1995 and 1996, the Centers for Disease Control and Prevention recommended using antimicrobial soap or a waterless antiseptic agent when leaving the rooms of patients with infections caused by organisms that are resistant to antibiotics once used to treat them, such as Methicillin-resistant Staphylococcus Aureus, more commonly known as MRSA.

A 2002 publication by the CDC defined

alcohol-based hand rubs as the standard of care for hand-hygiene practices in health care settings, and hand-washing was reserved for particular situations.

Hospitals and clinics needed guidelines to decide which of the products being marketed for hand hygiene would be the best for their patient population so respected agencies such as the CDC, World Health

available research articles and guidelines from CDC, WHO, AHRQ, IDSA, SHEA and APIC for any changes in the recommendations since the last time EAMC needed to select a product.

We meet with the key stakeholders in the organization such as environmental services leaders and infectious disease physicians before selecting the product to



Photo by John Corley

**Purell Health Soap is being placed throughout the hospital and clinics because it meets Food and Drug Administration requirements, and it contains a 2 percent chlorohexidine gluconate concentration approved by Eisenhower Army Medical Center’s Infection Control Committee.**

Organization, Agency for Healthcare Research and Quality and a taskforce made up of representatives of the Healthcare Infection Control Practices Advisory Committee Society of Healthcare Epidemiologists, Association of Professionals in Infection Control, and Infectious Diseases Society of America offered guidelines for choosing products based on the being efficient without being extremely irritating to the hands of the user, especially those who must use the product several times per day.

The selection of hand-hygiene products for EAMC is not just based on costs. The initial consideration is always effectiveness and appropriateness. EAMC’s Infection Prevention and Control staff review the

be recommended for purchase. Other less formal discussions take place with staff representatives on the Infection Liaison Committee and their feedback is included in discussion with the stakeholders. These decisions are constrained by standardization of products across the Defense Healthcare Agency. Once all this has been considered, the IPs take their findings and recommendations to the Infection Control Functional Management Team where discussion is invited before a final vote occurs.

EAMC recently changed its anti-microbial soap because the FDA banned the use of Triclosan, one of the ingredients in the

see **SOAP** on page 8

# 6 Gordon Emergency Services holds drill at Brace Shop

**Melissa Hendrix**

Safety Division  
Eisenhower Army Medical Center

Fort Gordon Fire Emergency Services' Operations Division held a "no-notice structural exercise" at Eisenhower Army Medical Center's Brace Shop and Building 38715 Feb. 26 to "evaluate the skills and abilities required to respond to and mitigate automatic alarms and hazardous conditions found in a facility upon arrival."

"This was an opportunity see how our staff would actually react if they actually thought there was an actual fire," said James A. Montoya, assistant chief for training, Fort Gordon Fire & Emergency Services.

In the LPN classroom [Bldg. 38715] the fire department actually set up a smoke machine. Students noticed smoke coming through the bottom of a door and reacted by pulling the fire alarm and exiting the building.

"This was a new class," Montoya said, "and I couldn't have been happier that they responded in the correct manner. This showed that our safety program is working as well in the outlying buildings

as it does in the hospital."

The firemen came in got into gear set equipment up and cleared the building, rescuing a service member. The second fire drill exercise was at the Brace Shop with a new fire department shift.

"We actually set off the suppression system to start the drill," Montoya said. "The staff members left the building once they heard the alarm go off. The firemen went through the building as part of their searching and clearing of the building."



Photo by Melissa Hendrix

**Firefighters with Fort Gordon Fire Emergency Services retrieve rescue gear from their truck during an exercise Feb. 26 at Eisenhower Army Medical Center's Brace Shop.**

Round

## Coverage for breastfeeding supplies, services updated

**Tricare**

Tricare recently revised coverage regarding breastfeeding supplies and services. The policy now clarifies the specific types of breast pumps and supplies covered. The updated policy also added coverage for two additional breastfeeding supplies. Tricare continues to cover breast pumps, breast pump supplies, and breastfeeding counseling at no cost for new and adoptive mothers. However, new limits and exclusions apply.

"The new changes enhance and modernize the Tricare benefit," said Elan Green, acting chief of the Health Plan Design Branch for Tricare Health Plan at the Defense Health Agency. "We encourage breastfeeding, which has been shown in multiple studies to have significant benefits for the child. These changes will continue to ensure Tricare supports mothers who choose to breastfeed their children."

### Here are the updates:

- Tricare added a payment cap for manual



and standard electric breast pumps. All related supplies needed for the operation of the breast pump are included in the cap amount. As of March 2019, Tricare pays \$312.84 for stateside and \$500.55 for overseas.

- Tricare put limits on the amount and frequency of replacement supplies. You'll need a new prescription from your health care provider for replacement supplies over the new limits. The prescription must be specific to the supplies needed.
- Tricare reduced the number of covered breast pump kits from two to one per birth event. The delivery and all parts

and supplies needed for the operation of the breast pump are included in the payment rate for the initial breast pump. The breast pump kits may not be separately reimbursed.

- Tricare added coverage for one supplemental nursing system and two sets of nipple shields per birth event. A birth event starts at the 27th week of pregnancy (third trimester), birth of a child prior to 27 weeks, or the legal adoption of an infant by a woman who personally plans to breastfeed. A Tricare-authorized provider must prescribe these supplies.

"Beneficiaries continue to have choices and access to care that best meets their individual and family needs," Green said. "These updates also ensure the best use of health care resources, as well as reduce potential waste."

Regional contractors are in the process implementing this new benefit and will begin accepting banked donor milk authorizations and claims by the end of May 2019.

May 2019

# Mental health hand-in-hand with physical health

**Theresa A. Brisker**

Behavioral Health Clinical Nurse Educator  
Eisenhower Army Medical Center

Mental health is essential to everyone's overall health and well-being, and mental illnesses are common and treatable. So much of what we do physically impacts us mentally.

It's important to pay attention to both your physical health and your mental health, which can help you achieve overall wellness and set you on a path to recovery.

Mental Health America declared May as Mental Health Month back in 1949, marking this year as MHA's 70th year celebrating Mental Health Month.

This May Eisenhower Army Medical Center's Behavioral Health team is expanding its focus from 2018 and raising awareness about the connection between physical health and mental health, through the theme #4Mind4Body. We are exploring the topics of animal companionship, spirituality and religion, humor, work-life balance, recreation, and social connections as ways to boost mental health and general wellness.

A healthy lifestyle can help to prevent the onset or worsening of mental health conditions, as well as chronic conditions like heart disease, diabetes, and obesity.

It can also help people recover from these conditions.

For those dealing with a chronic health condition and the people who care for them, it can be especially important to focus on mental health. When dealing with dueling diagnoses, focusing on both physical and mental health concerns can be daunting but critically important in achieving overall wellness.

There are things you can do that may help. Finding a reason to laugh, going for a walk with a friend, meditating and playing with a pet.

Eisenhower already has such programs on board for staff to take advantage of. The Move to Health training includes the foundation of the Performance Triad goal: "change the conversation" from a disease and injury-centric approach to a personalized, proactive, person-centered approach that is focused on promoting the health and wellness of the Total Army Family (Soldier, Family members and DA Civilian).

Changing the conversation means holistic health through healthy partnerships and

relationships, self-reflection, innate healing mechanisms, mindfulness, healing communication (empathy). Staff may sign up for the Move to Health course on Swank Health.

EAMC's Behavioral Health team has received some of the following comments from participants regarding the course when asked: "What was the most effective part of the Move to Health course, day 1?"

"Learning some different ways to look at our own health and helping with the health

of others."

"That you can choose your life to be positive at any age."

"The Performance Triad and how it works."

"It gives you the opportunity to reflect and make life changing habits and improve overall health."

Look for EAMC's Behavioral Health team for mental health awareness activities throughout the month.

TRICARE® covers medically and psychologically necessary mental health and substance use disorder care. This includes both inpatient and outpatient care.

### How you get mental health care depends on:

- ✓ **Who you are**  
(active duty or non-active duty)
- ✓ **The type of care**  
(emergency or non-emergency)
- ✓ **Your TRICARE plan**



**Emergency Care**

**When the patient has an immediate risk of harming themselves or others or if continuous skilled observation is needed.**

**What to Do in an Emergency:**

**CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM**

- + Prior authorization is not required
- + If admitted, call your regional contractor within 24 hours or the next business day
- + Admissions must be reported within 72 hours





**Non-Emergency Care**

**A referral or prior authorization is not required in most cases.**

**When You Need a Referral or Authorization:**

- + Active Duty**  
Referrals and prior authorization required for all mental health care.
- + All Others in TRICARE Prime**  
Referrals are required for some services.  
You must visit a network provider in your region to avoid point-of-service charges.  
Contact your regional contractor for more information.
- + TRICARE For Life**  
Only if your benefits under Medicare are exhausted.
- + All Other Plans**  
Referrals only needed for psychoanalysis or outpatient therapy for SUD provided by an SUD rehab facility.  
You must have prior authorization for inpatient mental health care.

To learn more about mental health services, visit: [tricare.mil/MentalHealth](http://tricare.mil/MentalHealth)



# May their memory live on

**Lt. Col. Kyle L. Welch, chief, chaplain**  
Department of Ministry and Pastoral Care  
Eisenhower Army Medical Center

Memorial Day, May 27, gives opportunity to reflect, pay respects and honor those as part of military service who paid the ultimate sacrifice.

As a service member, it's humbling to reflect on the hallowed foundation of lives upon lives that have died from previous generational wars, securing our cherished freedoms for which we stand, enjoy and often take for granted. Our solidarity comes with military service, knowing that we, too, may be called to join the ranks of the fallen in service to country.

While the reminder of generational wars may ring faint due to time and distance, those serving over the past 15 years remember too well the lives of fellow soldiers who were called to sacrifice their lives.

Numerous ongoing Middle Eastern deployments of our generation indelibly mark the faces in our minds and the names on our hearts. These were our battle buddies, squad members but most importantly, our friends and family members.

The conjured memories of last words and

**These were our battle buddies, squad members but most importantly, our friends and family members.**

times shared remind us of life's fragility and brevity.

War robs life. But in these dear and sacred sacrifices, the living are given opportunity for life experienced and expressed in the ideals of freedom and democracy.

While the delivery of military medicine is sure to change, readiness will always stand as priority to support the warfighters from point of injury onward through the echelons of care.

Our ranks have seen their share of war and respective wounds, physically, psychologically and spiritually. The delivery of care forward and multiple deployments have taken a toll on many.

Thanks to the hard work of all the dedicated providers of care, nurses, medics, ancillary services, many lives have been saved. That's the medical corps' proud and sacred mission.

History tells the story of the success rates of this life saving delivery of care on the battlefield. One should not have to search for significance. Our part is integral to life's preservation for the warfighter. Nothing that you do to that end is done in vain. You give hope, provide healing, return soldiers to families, and emboldened service members by their knowing you serve alongside.

Sometimes our best interventions are not enough. Despite our concerted efforts, some have been called to join the sacred ranks of previous generations. These are our brothers and sisters in arms, our comrades, our family members.

May intentional reflection serve to foster fond appreciation for the sacrifice of so many that have gone before us? Our country is indebted to these having protected our nation's freedoms and ideals. They hold a special place in our heart and minds.

Until we join their company, may their memory live on.

## SOAP from page 5

existing product. It was one of 19 chemicals being evaluated for appropriateness in soaps and the ruling was that it needed to be removed.

The team wanted to purchase a product that contained chlorohexidine gluconate, one of the products recommended by the HICPAC and known to us as being an optimal choice. That product is currently being placed throughout the facility for hand-washing.

### To wash or to sanitize?

If your hands are visibly dirty or contaminated with body fluids, wash your hands with EAMC's new soap, using friction and covering the hands completely for 20 seconds before rinsing with lukewarm water is the appropriate option. If your hands are not visibly soiled or contaminated with

body fluids, use hand sanitizer by applying to the palm of one hand and then rubbing hands together vigorously for at least 15 seconds, covering all the surfaces of the hands and fingers.

Hand sanitizer is more effective at reducing the number of organisms on the hands. EAMC's alcohol sanitizer has an emollient product in it so it is coating the hands to protect them with each use. If your hands are sticky after multiple uses of hand sanitizer, rinse them under lukewarm water and dry with a paper towel. After this, you should use the hand sanitizer again for hand hygiene before returning to your duties.

EAMC also provides products for protecting your hands, such as Provolon lotion, which is safe to use and easily obtained from Logistics.

Infection Prevention insists that EAMC staff use the approved hand-hygiene products only and not those that can be

## Hand sanitizer is more effective at reducing organisms on hands

purchased and carried in your pocket or placed in your work area. Besides the obvious obligations and requirements of DHA, EAMC's products are compatible with each other and the gloves available throughout the facility, and will not result in a potential breach in the effectiveness of the products.

Hand hygiene remains one of the most important things to do to prevent the spread of infection. EAMC's patients have a right to expect the best care. Using appropriate hand hygiene when indicated is one of the best things we can do to show them EAMC not only cares for them but cares about them.

## THREATS from page 4

- The threat alters the lifestyle or quality of life of the threatened person

### Definitions:

These definitions are provided for use in the context of this summarization and should not be construed as legal definitions.

**Assault:** To attack someone physically or verbally, causing bodily or emotional injury, pain, and/or distress. This might involve the use of a weapon, and includes actions such as hitting, punching, pushing, poking or kicking.

**Intimidating or Harassing Behavior:** Threats or other conduct which in any way create a hostile environment, impair agency operations; or frighten, alarm, or inhibit others. Psychological intimidation or harassment includes making statements which are false, malicious, disparaging, derogatory, rude, disrespectful, abusive, obnoxious, insubordinate or which have the intent to hurt others' reputations. Physical intimidation or harassment may include holding, impeding or blocking movement, following, stalking, touching, or any other inappropriate physical contact or advances. Harassment in the workplace or anywhere else includes any pattern of physical and/or non-physical behaviors that (a) are intended to cause fear, humiliation, or annoyance, (b) offend or degrade, (c) create a hostile environment or (d) reflect discriminatory bias in an attempt to establish dominance, superiority, or power over an individual or group based on gender, race, ethnicity, culture, religion, sexual orientation, gender expression, or mental or physical disability.

**Sabotage:** An act to destroy, damage, incapacitate, or contaminate property,

equipment, supplies or data (e.g., hard copy files and records, computerized information, etc.); to cause injury, illness, or death to humans; or to interfere with, disrupt, cripple, disable, or hinder the normal operations or missions of the organization.

**Stalking:** A malicious course of conduct that includes approaching or pursuing another person with intent to place that person in reasonable fear of serious bodily injury or death to him/herself or to a third party.

**Threat:** A threat to harm others is any written, verbal, physical or electronically transmitted expression of intent to physically injure or harm someone else. A threat may be communicated directly to the intended victim or communicated to a third party. Any oral or written expression or gesture that could be interpreted by a reasonable person as conveying an intent to cause physical harm to persons or property. Statements such as, "I'll get him" or "She won't get away with this" could be examples of threatening expressions depending on the facts and circumstances involved.

**Workplace Violence:** An action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property. Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior and threats.

**Bullying:** Bullying is the use of coercion to obtain control over another person or to be habitually cruel to another person. Bullying involves an intentional, persistent or repeated pattern of committing or willfully tolerating physical and non-physical behaviors that are intended to cause fear, humiliation, or physical harm in an attempt to socially exclude, diminish, or

isolate another person. Bullying can occur through written, verbal or electronically transmitted expression or by means of a physical act or gesture.

### EAMC's Courtesy Pledge:

We create the environment where staff is inspired and empowered to deliver 5-Star care to fellow employees and patients with compassion, honesty and integrity.

- We pledge to cordially greet each teammate, patient and visitor; ensuring all have a sense of being "home"
- We pledge to treat everyone with courtesy, dignity, and respect.
- We pledge to provide exceptional, high quality, compassionate care.
- We pledge to accept and respond in a timely manner to every correspondence in written, verbal, or electronic form.
- We pledge to provide personalized assistance when doing so does not compromise care to others.

### Goals

- Determined to provide high quality, complex, patient-centered healthcare services
- Deliver readiness through sustained medical education and multidisciplinary care
- Enthusiastically perform our daily duties while working with the best health care partners
- Attend to the needs of our patients, their Families, and each other
- Motivated to excel in our work ethic, drive innovation, and continue education in our chosen professions
- Care for our community, each other, and the mission

### Reporting threats:

If you are injured seek medical care immediately. If you feel a crime has been committed, call EAMC Security and or Military Police:

- EAMC Security 787-9911 or 787-3945
- Military Police 911 for emergency or 791-4380.

If threats have been happening in your workplace inform your supervisor, your director, the commander or call security.

— References

- Department of Labor: Workplace Violence
- Department of Home Land Security: Workplace Violence
- Business Know How: Verbal abuse and Workplace Violence by Joni E. Johnston
- EAMC Regulation 190-1



**NATIONAL  
SAVE YOUR  
HEARING  
DAY**

**MAY 31**

**HCE** DEPARTMENT OF DEFENSE  
HEARING CENTER  
OF EXCELLENCE  
HEARING.HEALTH.MIL

**March****Patient Safety Employee of the Month****Patient Safety Division**

Dr. Susan Noe, an intervention cardiologist in Eisenhower Army Medical Center's cardiology clinic, was recently nominated for the March Patient Safety Award. Noe demonstrated an exceptional act of service for this "good catch" of a near-miss event that could have resulted in harm to a patient.

When a patient underwent a cardiac stress test 10 years ago, another patient's negative test results were downloaded into this patient's chart. In 2019 this patient had been seen by their primary care provider with symptoms and stated she had a positive stress test 10 years ago. The results in her chart showed a negative test result. The good catch was after receiving the consult, a comprehensive chart review was conducted by Noe and the wrong patient's documented stress test results were discovered.

Col. David Ristedt, EAMC commander, formally recognized Noe in a ceremony March 19.

Noe lives in Evans. She was born in

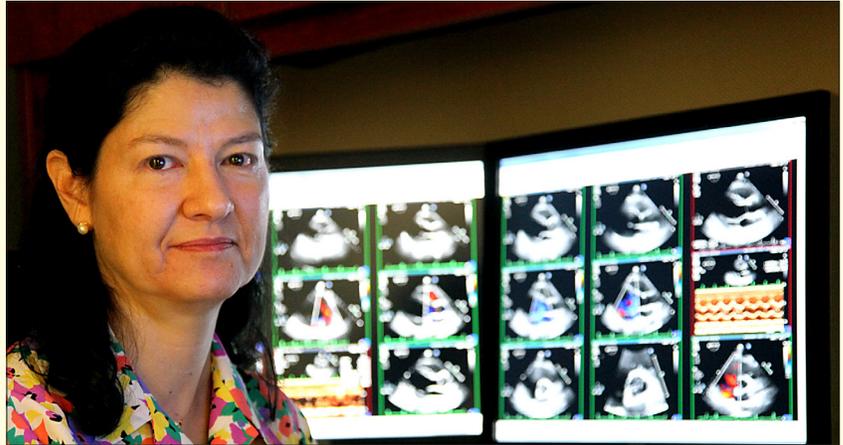


Photo by David M. White

**Dr. Susan Noe, an intervention cardiologist in Eisenhower Army Medical Center's cardiology clinic, was recently nominated for the March Patient Safety Award. She was formally recognizes at a ceremony March 19.**

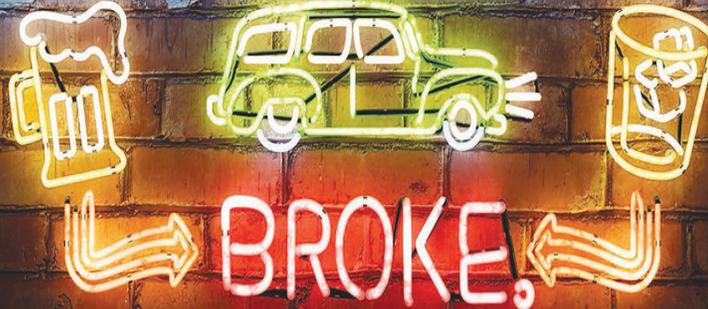
Redcliff, Ky., and is the daughter of an Army officer. She grew up in Clarksville, Tenn. An only child, Noe and her parents now live with here.

She is a 1992 graduate of the University of Tennessee College of Medicine in Memphis, Tenn. She

received her fellowship at Walter Reed Army Medical Center and her residency and internship here at EAMC.

It is her desire to continue providing patients here at Fort Gordon with high quality, compassionate, personalized cardiac care.

BUZZED. BUSTED.



**GET CAUGHT BUZZED DRIVING AND IT COULD COST YOU \$10,000.**

**CALENDAR** from page 2

Army Substance Abuse Training, Bldg. 38704, 2:30-3:30 p.m.

**May 15**

Resilience Training, first floor auditorium, 8-10 a.m.

**May 16**

EST 2000 Instructor Operator Training, TADSS Bldg. 81100, 8 a.m. to 2 p.m.

Grand Rounds, first floor auditorium, 8-9 a.m.

SHARP Soldier/Civilian annual training, first floor auditorium, 9:30 a.m. to 12:30 p.m.

**May 17**

Asian American and Pacific Islander Heritage Month, first floor auditorium, noon to 1 p.m.

**May 18**

'Thunder Over Evans' Armed Forces Day Celebration, Evans Towne Center Park (Lady A. Amphitheater), 11 a.m. to 10 p.m.

**May 20**

Master Resiliency Training, Bldg. 38704, 2:30-3:30 p.m.

**May 22**

Leadership development Program, first floor auditorium, 6-7 a.m.

Resilience Training, first floor auditorium, 8-10 a.m.

Garrison Commander's Town Hall, Darling Hall, 3 p.m. and 6:30 p.m.

**May 23**

ACLS Renewal Course, Bldg. 38716, 8 a.m. to 4 p.m.

HEAT Instructor-Operator Training, TADSS Bldg. 81100, 8 a.m. to 2 p.m.

Grand Rounds, first floor auditorium, 8-9 a.m., Topic: TBD

Installation's FY2019 Retirement Ceremonies, Gordon Conference and Catering Center, 10-11 a.m.

Range Safety Certification, Range 6 AAR, Bldg. 484, 8:45 a.m. to 12:30 p.m.

SHARP Soldier/Civilian annual training, first floor auditorium, 9:30 a.m. to 12:30 p.m.

**May 28**

EST 2000 Instructor Operator Training, TADSS Bldg. 81100, 8 a.m. to 2 p.m.

**May 30**

EST 2000 Instructor Operator Training, TADSS Bldg. 81100, 8 a.m. to 2 p.m.

Grand Rounds, first floor auditorium, 8-9 a.m., Topic: TBD

SHARP Soldier/Civilian annual training, first floor auditorium, 9:30 a.m. to 12:30 p.m.

Range Safety Certification, TADSS Bldg. 81100, 8:45 a.m. to 12:30 p.m.

**May 31**

Installation Safety Day, Cyber Fitness Center (Gym 5) and Barton Field, 9 a.m. to 3 p.m.

**MILK** from page 2**Soy Milk**

This plant-based substitute provides adequate protein when compared to dairy milk and is enriched with plenty of calcium. Soy milk is the liquid obtained after crushing cooked soybeans and soaking them in water.

The resulting fluid is usually enriched with nutrients such as calcium, vitamin A, vitamin D, riboflavin (B2) and vitamin B12. Nutritionally, unsweetened soy milk contains 80 calories per 8 ounce cup, 3-4 grams of fat, 4-5 grams of carbohydrates, 7 grams of protein and 45 percent of the daily value of added calcium. Sweetened varieties have added calories and carbohydrates for flavor. Because soy milk is plant based, it is often a favorable substitute for individuals following a vegetarian diet.

**Almond Milk**

Almond milk is also plant derived and is defined as a mixture of sugar, water and the liquid obtained from ground, blanched almonds. Almond milk is a lower calorie alternative to most milk beverages and, like soy milk, it contains plenty of added calcium. On the other hand, it contains far less protein than its competitors and should not be considered an adequate source of protein per serving.

Unsweetened almond milk contains 50 calories per cup, 3.5 grams of fat, 3 grams of carbohydrates, 1-2 grams of protein and 45 percent of the daily value of added calcium. Potassium, vitamin A, vitamin D, and D-alpha-tocopherol (vitamin E)

are also commonly added to almond milk for additional nutrition. Almond milk is another substitute popular with vegetarian diets and can be a lower calorie addition to smoothies, cereals, oatmeal, etc.

**Coconut Milk**

The coconut craze is a topic popular to recent media, but what exactly is coconut milk? Coconut milk is the liquid extracted from the "meat" of a mature coconut, the white flaky product often used in baking once it has been processed. Nutritionally it contains 70 calories per 8 ounce cup, 4.5 grams of total fat, 8 grams of carbohydrates, 0 grams of protein, and 10 percent of the daily value of added calcium. When compared to fat-free milk, coconut milk has no protein and has a higher saturated fat content. It is also enriched with vitamin A, vitamin D, calcium and vitamin B12, and additionally contains zinc and folic acid. Change up your daily coffee routine and swap dairy cream with coconut milk for a lower fat option.

**Rice Milk**

Rice milk is made from extracting the liquid, usually from brown rice, and adding sugar and water. Rice milk is the least allergenic when compared to other milks making it a friendly choice for individuals with milk, nut or soy allergies. It contains almost double the carbohydrates of dairy milk and very little protein per serving. Rice milk provides 113 calories, 2.5 grams of fat, 22 grams of carbohydrates, 1 gram of protein, and 30 percent of the daily value of added calcium. Like other milk substitutes,

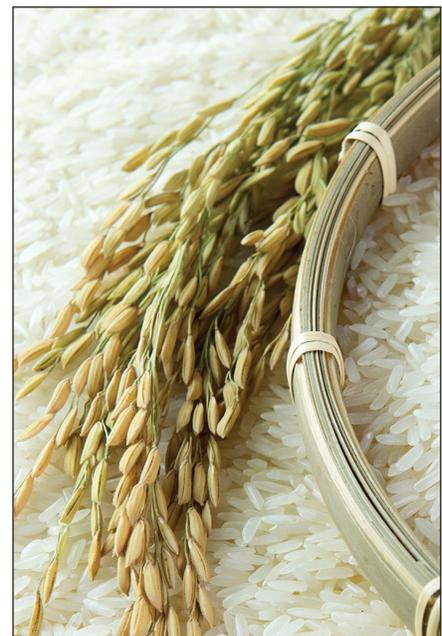
vitamin A, vitamin D, and vitamin B12 are also added for enrichment.

Not all milks are created equal. Aim for three servings of dairy each day by switching up your routine. Add soy milk to your morning cereal or trying lactose-free yogurt with lunch. It's up to you to compare the facts and decide which milk or milk substitute is best for you.

— Sources:

"NDL/FNIC Food Composition Database Home Page." *USDA Food Composition Database. United States Department of Agriculture*, 17 May 2016. Web. 27 July 2016.

"Milk vs. Milk Substitutes." *EatSmart. Washington State Dairy Council*, n.d. Web. 27 July 2016.





**Eisenhower**  
Army Medical Center



**We are Eisenhower**  
**WE KEEP OUR NATION READY**



Sgt. Megan M. Culey, LPN, 11West telemerty unit, at EAMC since December 2017, soldier since July 2014

Staff Sgt. Andraecus Davis, NCOIC, Nephrology, at EAMC since January 2017, a soldier for 10 years

Aggie, greyhound, at EAMC since November 2018, Red Cross Volunteer certified therapy dog since July 2017

Spc. Kerria F. Clanton, pharmacy tech in the inpatient pharmacy, in the Army 3 years, at EAMC for 2 years