

**Spc. Alondra Magana,** behavioral health technician at Eisenhower Army Medical Center, helps with traffic flow at the second floor entrance March 20 as the COVID-19 response created process changes as clinical staff and patients alike work to keep everyone healthy and safe. (Photo by Capt. Gayle Benton)

# 2 The Army (still) marches on its stomach

**Maj. Lori W. Maggioni**

Deputy Chief, Nutrition Care Division  
Eisenhower Army Medical Center

The Army marches on its stomach. This saying, which attests to the importance of forces being well-fed, has been attributed to both Napoleon Bonaparte and Frederick the Great.

Throughout history, the greatest armies have struggled with how and what to feed their soldiers. Feeding thousands of troops in enemy territory isn't easy. Oftentimes troops went hungry and suffered from malnutrition. While Napoleon may have considered a plan to require each soldier to bake their own bread, today's deployed war fighters have access to the best evidence-based nutrition to promote rapid recovery between missions and restore post-deployment health and fitness.

Meals ready to eat — MREs — have undergone many revisions since their origins of the trench ration from World War I. As essential as ammunition was adequate food and water for soldiers.

During the World War II, there were two major types of rations, the C-Ration for combat troops and the K-Ration which was less bulky and initially developed for Airborne regiments.

The U.S. military later developed the MCI (Meal, Combat, Individual) rations used in Korea and Vietnam. Today's MRE provide an average of 1,250 calories (13 percent protein, 36 percent fat, and 51 percent carbohydrates) and one-third of the Military Recommended Daily Allowance of vitamins and minerals. In 2018 the Combat Feeding Directorate at the Natick Soldier Research, Development and Engineering Center released the much anticipated MRE pizza which is shelf-stable for three years.

The demands of military service members are unique, requiring both mental and physical strength and endurance to succeed. Proper nutrition habits are the linchpin of performance optimization, equipping Soldiers to address hydration, fueling, recovery needs. Army dietitians are the Department of Defense's nutrition experts, providing capabilities for human performance optimization. They oversee nutritional interventions and education within medical treatment facilities, in the unit footprint, and across installations and communities.



File photo

**Vietnam era field rations often left a lot to be desired.**

Proper nutrition and hydration impact both musculoskeletal health and rapid return to duty through weight management, anti-inflammation and wound healing. Army dietitians provide expert guidance to shape the development and mission-specific utilization of operational rations. They promote Soldier readiness through targeted fueling and hydration recommendations.

Warfighters need effective nutritional strategies every day — whether at home or deployed — to preserve health today and into retirement. Now more than ever, what soldiers put in their stomachs can have a big impact on overall performance and mission success.

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*Rounds*  
Eisenhower Army Medical Center

April 2020  
Vol. 5, No. 7

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](mailto:usarmy.gordon.medcom-eamc.mbx.pao@mail.mil).



# Heros emerge from all areas of EAMC

**Col. Carlene A.S Blanding**  
Commander

Eisenhower Army Medical Center

In times of crisis, the true nature of the members of an organization comes to light. The onset of the Coronavirus pandemic has stretched us personally and professionally. We have been forced to rethink how we work, live and provide health care.

In all of this uncertainty, fear and change, the EAMC Team has risen to the challenges posed by our new “normal.” In the last two weeks we have opened the external Influenza-Like Illness, or ILI, Clinic, moved both the PX and the Main Pharmacy to curbside-only service, consolidated our Soldier Center Medical Homes, activated a 24-hour COVID-19 Hotline and maximized our staffing needs through the implementation of strategic human resources options while simultaneously conducting our core mission of providing 5-Star Health Care to our beneficiary population and maintaining Readiness.

In our new operational environment, heroes have emerged from all areas of our organization, working outside of their comfort zones, learning new skills, cross

leveling resources and providing much-needed expertise.

Leveraging our strengths, unique talents and teamwork, we have transformed our organization to a more flexible and agile environment prepared to handle the continued fight against the growing pandemic threat.

In spite of our current focus, we continue to support activities in the month of April such as Sexual Assault and Awareness Program Month that strengthen our core values of treating each other with Dignity and Respect. On April 21, we pause to reflect and commemorate the Holocaust Day of Remembrance, a day set aside to remind us of the systematic murder and elimination of the Jewish People. Let us never forget.

Join me in congratulating the Medical Specialist Corps (Physical Therapists, Occupational Therapists, Dietitians, and Physician Assistants) as they celebrate 73 years of dedicated and committed service to the health and wellness of Soldiers and their families.

What we have accomplished as a team in the last few weeks and what we will accomplish in the next several weeks and months is a testament to the character of each of you. I am proud to be a member of this

## Mission

Provide high quality, complex, patient-centered health care services, and deliver military readiness through sustained medical education and multidisciplinary care.

## Vision

Deliver Readiness while providing a 5-Star patient experience

## Priorities

- Readiness
- Cultivate an organization-wide quality and safety culture
- Sustain medical education activities
- Deliver 5-Star patient experience
- DHA transition

great team. Thank you for your hard work and continued commitment to the mission.

We are Eisenhower.

—Ike 6

## Ike 7 says

# Thoughts from the command sergeant major

**Command Sgt. Maj. William Allen**

Eisenhower Army Medical Center

Eisenhower family, as your command sergeant major, training is one of my paramount responsibilities.

We recently completed the EAMC Best Warrior Competition, led by the EAMC Troop Command team, where I had the opportunity to run through the obstacle course with Staff Sgt. Claevon Salter, a medic and NCOIC on 8MSC.

It is critical that we always keep our overall mission in mind; to fight and win our nation's wars.

EAMC is where we hone our medical skills, preparing to increase our service member's survivability on the battlefield. In addition, we must prepare our soldiers to be proficient at their tactical skills.

Our civilian teammates are the glue that keeps the organization running smoothly during tumultuous times when our service members may be stretched thin to meet mission requirements.

Thank you. Keep up the good work. We are Eisenhower.



Courtesy photo  
Eisenhower Army Medical Center's Command Sgt. Maj. William Allen, left, and Staff Sgt. Claevon Salter, medic, NCOIC 8 MSC, take a breather after finishing to obstacle course during EAMC's Best Warrior Competition Feb. 11.



Photo by Randy Martin

Following a hands-on training exercise using a patient simulator, physicians and nurses at Eisenhower Army Medical Center's simulation lab, Feb. 21, discuss procedures for using a rapid response team. EAMC's RRTs are called for when there are noticeable changes in a patient's condition that require intervention and stabilization.

## Rapid Response Team training is underway

**Randy Martin**

Special to Public Affairs Office  
Eisenhower Army Medical Center

Eisenhower Army Medical Center is training its inpatient team members to use rapid response teams to target a patient's warning signs and avert a full crisis.

It's an expectation of The Joint Commission which accredits medical treatment facilities worldwide and physicians here have its support.

"The reason why we are doing RRT training is to really identify decompensating patients, patients who aren't doing well in the ward early, so we can intervene and make them better, essentially before they get worse," said Lt. Col. Edwin Farnell, M.D., director of medical education at EAMC.

Not everyone at EAMC is an RRT member. The special teams include staff members with specialty training and experience that complements the skills of EAMC's first level of care providers such as an ICU RN and respiratory therapist.

"It is for all the physicians who have in-patient privileges — who take care of patients in the hospital and all nurses and all respiratory therapists who also take care of those patients. That's the team. It's roughly 250-275 personnel, total," said Farnell.

"There are about one to two RRTs per shift," Lt. Col. Ferdinand K. Bacomo, DO, chief, Department of Anesthesia, said. This in "[in addition to the standard high-risk rounds, which are about two per shift.

"The intent of the rapid response team is to attend to rapidly worsening patients," Bacomo said, "and to hopefully prevent a cardiac arrest or unnecessary transfer to the ICU. Code Blue is called strictly for cardiopulmonary arrest. For an RRT, the ICU RN (RRT nurse) and respiratory therapist are the main responders, as opposed to a Code Blue, when more people are involved, including the nursing supervisor, pharmacy, chaplain, etc."

Farnell opened a recent training session for a 20-person class with a lecture which transitioned into a holistic health care conversation and culminated in a hands-on, scenario-based exercise with a patient simulator.

"Simulation is really the quintessential way to rehearse and practice in a semi, real life scenario with all the people that will be involved. So that's doctors, nurses, and respiratory therapists. We all need to crawl through that phase before it actually happens," said Farnell.

The practical exercise looked true to life. Inside the Medical Simulation Center's

replicated recovery room, a Soldier who was the junior nurse in the day's RRT training, approached a bandaged mannequin that was lying outstretched on a hospital bed. She asked the supposed 75-year old synthetic man how he was feeling. For the scenario, he had undergone knee replacement surgery earlier in the day. He moaned a response and the conversation continued until the nurse realized that RRT protocol was met and the patient needed some extra help.

"The training made me realize that it's okay to ask for help quicker than I normally would," Spec. Alexandria Matison said, the nurse in the exercise and a licensed practical nurse in EAMC's cardiac care unit.

Matison called for a registered nurse who was also present during RRT training. Soon the patient was surrounded by physicians and therapists representing an RRT in action. RRT members collaborated and ultimately avoided a critical care situation.

"It's okay to not have all the answers and your team is there to help you," said Matison.

When a doctor in the session determined that the patient was stable, an after-action review began.

"If you work with a patient, you should be ready to call an RRT," she said.

# MEDLINE – A resource for efficient article searches

Mary E. Gaudette  
Librarian  
Eisenhower Army Medical Center

With its robust collection of search-and-save features, EBSCOhost's MEDLINE Complete provides a streamlined alternative to PubMed for locating and organizing citations to MEDLINE-indexed literature. In addition to its user-friendly interfaces, it conveniently links to the full text of over 2,200 scholarly journals covering the fields of biomedicine, pre-clinical sciences, behavioral sciences, bioengineering, health policy development, and life sciences.

MEDLINE Complete's Advanced Search interface offers dozens of filters and limiters for precise searching of both text and images. Users can also search via its MeSH interface, which is up to date with the 2020 edition of the National Library of Medicine's Medical Subject Headings thesaurus, and which is easy to navigate when choos-

ing options and subheadings for the ultra-fine-tuning of search parameters.

On completion of searches, users can select from nine different publication styles for saving references and/or copying and pasting them into documents and emails. There are also nine different formats for exporting citations to bibliographic utilities, such as EndNote.

Users can get the most out of MEDLINE Complete by creating their own personal EBSCOhost accounts, with which they can do all of the following: compose and append e-notes to article records, save searches either permanently or temporarily, receive email alerts when new articles relative to a given search are indexed, recall and rerun searches at a later date, create a library of search-specific folders, and share folder content and development with other researchers.

Workplace access to MEDLINE Complete is available via its link located in the



Database column of the Health Sciences Library's Ikenet page. Non-workplace access is also available to staff who have an EZproxy account. For assistance with obtaining non-full-text-linked articles cited in MEDLINE Complete, or for training and assistance with the database itself, contact the Librarian at 787-4446 or send an email to mary.e.gaudette.civ@mail.mil.

## Keeping the workplace safe Encourage your employees to...

### Practice good hygiene



- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door and schedule regular hand washing reminders by email
- Create habits and reminders to avoid touching their faces and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

### Be careful with meetings and travel



- Use videoconferencing for meetings when possible
- When not possible, hold meetings in open, well-ventilated spaces
- Consider adjusting or postponing large meetings or gatherings
- Assess the risks of business travel

### Handle food carefully



- Limit food sharing
- Strengthen health screening for cafeteria staff and their close contacts
- Ensure cafeteria staff and their close contacts practice strict hygiene

### Stay home if...



- They are feeling sick
- They have a sick family member in their home

What every American and community can do now to decrease the spread of the coronavirus

Source: Centers for Disease Control and Prevention

# Stay healthy, be safe

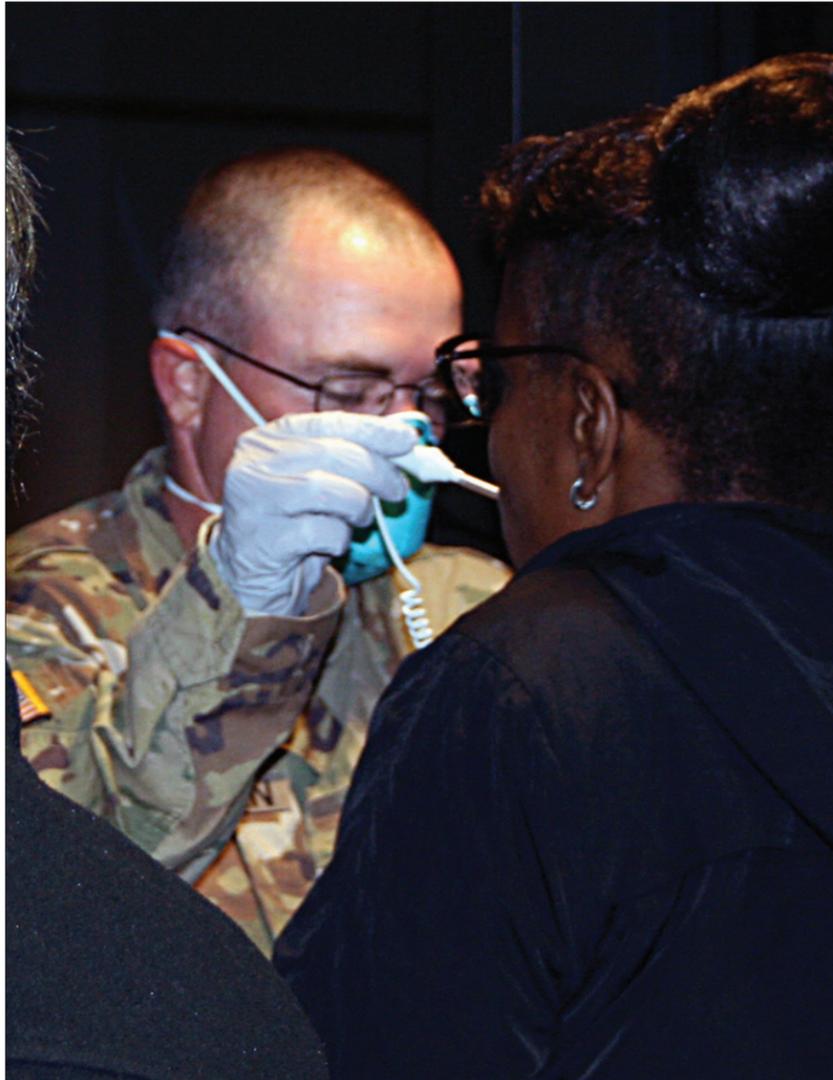


Photo by David M. White

Eisenhower Army Medical Center staff members have their temperatures taken prior to entering the hospital early March 23.



Photo by Capt. Gayle Benton

Eisenhower Army Medical Center's pharmacy staff plays a vital role in the COVID-19 clinic, providing over-the-counter and other essential medications to COVID-19 Drive-Through Clinic patients March 20.

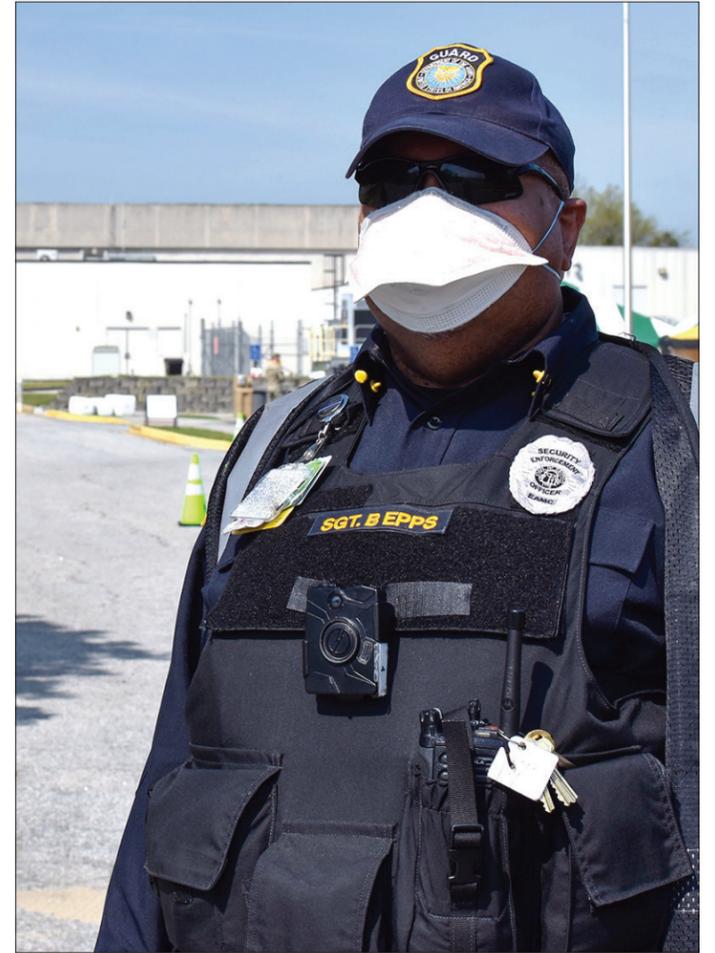


Photo by Capt. Gayle Benton

Sgt. B. Epps, and all of security, plays an essential role in managing changes in traffic patterns around Eisenhower Army Medical Center March 20 as the hospital staff responds to the COVID-19 pandemic. Epps' ounce of precaution with the face mask helps, too.

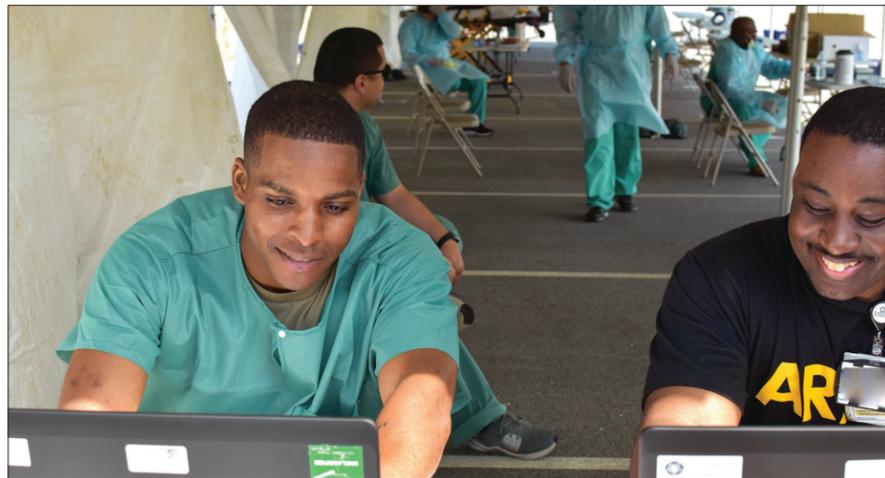


Photo by Capt. Gayle Benton

Eisenhower Army Medical Center medics and patient administration technicians had their hands full March 20 as the COVID-19 Drive-Through Clinic screened hundreds of patients in the first week of operation.



Photo by Capt. Gayle Benton

Eisenhower Army Medical Center staff standby at a new 24/7 hotline ready to answer beneficiaries questions about COVID-19, March 27.



Photo by David M. White

One more thing, go wash your hands. There's no telling what you touched.

# Therapy focused on what matters to you

## What is Occupational Therapy ?

Occupational therapy is the only profession that helps people across their lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). Occupational therapy practitioners enable people of all ages to live life to its fullest by helping them promote health, and prevent — or live better with — injury, illness, or disability.

Occupational therapy practitioners have a holistic perspective, in which the focus is on adapting the environment and/or task to fit the person, and the person is an integral part of the therapy team. It is an evidence-based practice deeply rooted in science.

### Reference

American Occupational Therapy Association. (2020). <https://www.aota.org/Conference-Events/OTMonth/what-is-OT.aspx>

## Occupational Therapy overview

Common occupational therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain skills, and providing supports for older adults experiencing physical and cognitive changes. Occupational therapy services typically include:

- An individualized evaluation, during which the client/family and occupational therapist determine the person's goals,
- Customized intervention to improve the person's ability to perform daily activities and reach the goals, and
- An outcomes evaluation to ensure that the goals are being met and/or make changes to the intervention plan.

— Compiled by: Spc. Adrian Quintero

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# A leader who ‘happens to be a woman’

Laura Levering  
Public Affairs Office  
Fort Gordon

March was Women’s History Month — a time to celebrate and commemorate the role and contributions of women in American history. The U.S. military is filled with notable women, but only one can say she made history as the first female commander of Eisenhower Army Medical Center. While it is a distinction she doesn’t take lightly, Col. Carlene Blanding is more apt to talk about the success of others than she is to talk about her place in Fort Gordon’s history.

“I’m a leader who happens to be a woman,” she said.

Ever since she was a child, Blanding knew she wanted to be in medical field.

“I actually wanted to be a physician but I joined Reserve Officer Training Corps and fell in love with the Army, and the rest is history,” she added.

Looking back on her 27 years of military service, all of which have been as a Medical Service Corps officer, Blanding has no regrets about her decision in pursuing the Medical Service Corps path. That decision led her to take on a wide variety of assignments that helped shape her path for success. She deems this to be “the best career” she “could ever imagine.”

Yet, occasionally she wonders if her career might have ended up taking a different route had she been presented with the opportunities today. Up until recent years, females were ineligible to serve in predominantly male-oriented, combat positions such as infantry, armor, artillery, Special Forces, and Ranger.

“If these opportunities were available when I was a junior officer, I believe they could have altered my career path,” Blanding said.

However, Blanding isn’t the least bit concerned over potential missed opportunities. Instead, she delights in watching fellow female service members excel and she listens in awe as they share personal stories of trials and triumphs.

“These opportunities that are now available to women speak to the strides that women have made in the two decades that I’ve been in the military,” Blanding said. “Now there are no barriers, and I think that’s the beauty of what we do in the mili-



Photo by David M. White

**Col. Carlene A.S. Blanding, Eisenhower Army Medical Center's commanding officer, listens to a staff member at the inaugural “Speak up, Eat up” in Ike’s Café Feb. 5. The EAMC leadership team is on hand the first Wednesday of every month in Ike’s Café atrium to answer questions and listen to ideas from the staff.**

tary. We are game-changers when it comes to talent and skills, where gender or race do not impact one’s success.”

Further equalizing the Army, all Soldiers will be required to pass the new Army Combat Fitness Test starting in October. Unlike the current Army Physical Fitness Test, standards for the ACFT are based on a Soldier’s military occupational specialty; not their gender (or age) — another move Blanding believes is keeping the Army heading in the right direction.

“I think over time, we had to change because we realized ... we’re not tapping into 50 percent of the population’s strength, knowledge, and wisdom, so we’re missing out,” she said. “There’s no ceiling. Now Soldiers can choose their path, and the requirements are the same.”

While the military has undoubtedly come a long way in women’s rights, Blanding believes there is still progress to be made — making it all the more important to celebrate and commemorate observances like Women’s History Month. Forgetting or

failing to observe such progress can result in complacency.

“When we become complacent, we lose our edge to continue focusing on change — changes that not just impact women, but changes that impact the very fabric of our Nation,” Blanding said.

Looking to the future of the Army and the legacy she would like to leave, Blanding said, “I hope that people remember me not as the first female commander of Eisenhower Army Medical Center, but as a leader who genuinely cared and helped set the conditions for irreversible success.”

As for her female counterparts, Blanding has four key bits of advice she wants to impart: “Don’t limit yourself, be confident, perform to the best of your ability, and get mentors.”

“Our country’s success sits on our shoulders,” she concluded. “The only limiting factor is us.”

*Editor’s note: This article was originally published in the Fort Gordon News. It is reprinted here with permission.*

# Stay calm

**Lt. Col. Peter O. Ferris, chaplain**

Chief, Department of Ministry and Pastoral Care  
Eisenhower Army Medical Center

A fStay calm, trust God! I put this phrase on my office door not only for others who pass by but for myself as well.

Under that statement I have written Psalm 56:3 which says, "When I am afraid, I will trust in You." How timely are these words given the concern over COVID-19 and the ripple effect we are feeling on a global scale. God has just the right word for the occasion, and one of my go to sources, Tabletalk magazine, deals with the topic of fear for the month of March.

Some of the titles for the articles it contains are Fear of a Changing World, Fear of Financial Loss, Fear of Not Measuring Up, Fear of Disease and Disability, and Fear of Dying. The beauty of these articles is that

they not only address our real fears, but also point to the one who says fear not, for I am with you.

The Bible records some 300 times incidences of telling fearful humans to "fear not." Granted, if you experienced angelic hosts or the glory of God itself being manifested the first reaction is to fall on your face hoping you will not be vaporized. This is a healthy fear.

**Faith is the key to overcoming all dreaded fears.**

We are told in Scripture to fear God and keep his commandments that it may go well with us. In a sense it is the fear you think of as finite humans in the presence on an infinite, almighty, and holy God. It also has the idea of a reverential fear or awesome respect. Only God generates this type of fear.

So it may seem odd when Burk Parsons in the opening article of Tabletalk suggests that "All other fears begin to fade away only when we fear the Lord." Or how about one stanza from the classic hymn Amazing Grace that goes, "T'was grace that taught my heart to fear, and grace my fears relieved."

Only when we sing the rest of that stanza do we get it, "How precious did that grace appear, the hour I first believed."

Faith is the key to overcoming all dreaded fears.

I urge you to stay calm and trust God in the midst of turmoil. Let us implore the Lord God Almighty to stop the spread COVID-19, merging fear with faith in a trustworthy God. Amen.



The Monthly Mindset Minute is a tool you can use to continually implement an Outward Mindset in your work with others. Simply take a minute to read the application tool below and just do it.

**APRIL:  
Compliment  
three peers  
today.**

**April**

## Patient Safety Employees of the Month



Photo by David M. White

**Eisenhower Army Medical Center Command Sgt. Maj. William Allen practices new social greeting rituals, with Capt. Danielle Miles, 11 West CNOIC, as she accepts the patient safety recognition on behalf of the entire staff March 26.**

### Patient Safety Division

A patient safety event that did not reach the patient is also known as a “near miss,” a “close call” or a “good catch.”

Near misses or close calls are incidents where there is a beneficial outcome or where harm was prevented. Reporting these events are excellent sources of education. It is important to share details of these events to help develop and spread best practices.

The clinical staff at Eisenhower Army Medical Center’s 11-West was recognized by Command Sgt. Maj. William Allen March 26 for their commitment to the system of relying on Patient Safety Reporting to improve

patient care processes.

The opportunities for continuing education and process refinement included:

- A patient was prescribed 750mg of liquid Keppra. The Omnicell, a medication dispensing machine prompted the staff to remove one dose but liquid Keppra comes in 500mg/5ml cups. Omnicell should have prompted the nurse to remove two and then warned it was a partial dose.
- A patient was prescribed 15mmol of potassium phosphate. The nurse found pharmacy had delivered two bags for a total of 30mmol instead (each bag contained 15mmol) with labels reading “administer each

bag over 2.5 hours for a total of 5 hours.”

- A patient was prescribed a flu shot. Orders had been placed for patient to receive the flu shot for patients younger than 9 years old. When the nurse was handed the dose of flu shot, the label read it was for patients older than 65 years old. The patient was in his 40s.

Patient Safety Reports help build an accurate picture of patient safety and enable health care professionals to work together to actively develop ways to address underlying causes of harm that may currently be unrecognized within the health care setting. Fully using the PSR for all patient safety events will ultimately lead to better education about patient safety, the sharing of best practices, and the innovation of new and improved ways to keep patients safe from avoidable harm.

An increase in the reporting of patient safety events is a sign that an open and fair culture exists, where staff learn from things that go wrong. Practices with a culture of high reporting are more likely to have developed proactive reporting and education to ensure the services they provide are safe. Therefore, an increasing trend of reporting is a good thing.

Other industries have shown that, as an organization’s reporting culture matures, staff become more likely to report incidents. Therefore, an increase in incident reporting should not be taken as an indication of worsening patient safety, but rather as an increasing level of awareness of safety issues and a more open and transparent culture.



**SHARP**<sup>SM</sup>  
SEXUAL HARASSMENT/ASSAULT RESPONSE & PREVENTION



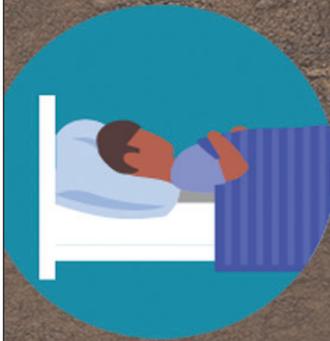
**Eisenhower**  
Army Medical Center



# We are Eisenhower

FIGHTING COVID-19 AT EVERY TURN

If you are sick, help prevent the spread of COVID-19



Stay home except to get medical care



Separate yourself from other people in your home



Call ahead before visiting medical facilities



Clean your hands often with soap and water