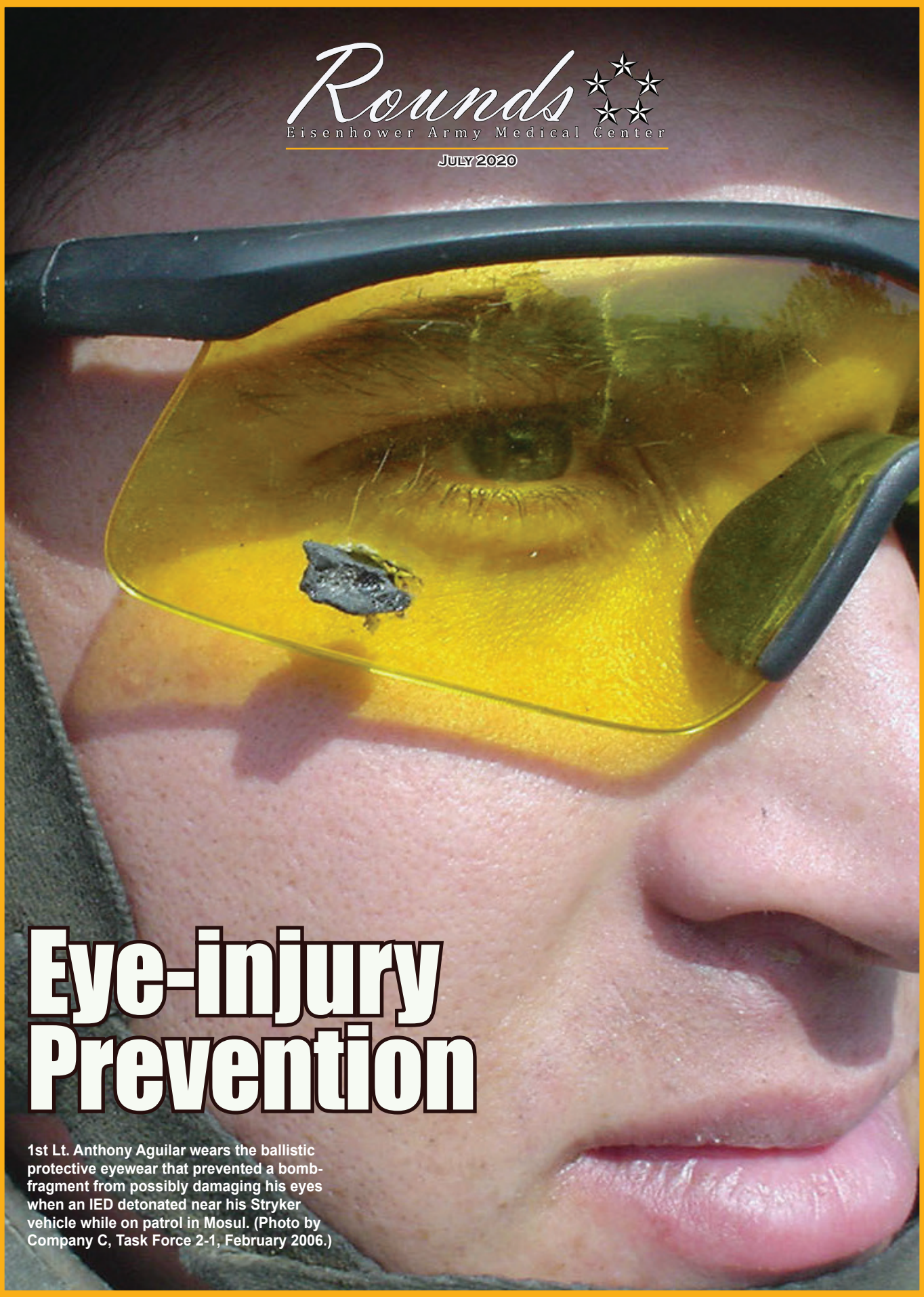
Rounds
Eisenhower Army Medical Center
July 2020



Eye-injury Prevention

1st Lt. Anthony Aguilar wears the ballistic protective eyewear that prevented a bomb-fragment from possibly damaging his eyes when an IED detonated near his Stryker vehicle while on patrol in Mosul. (Photo by Company C, Task Force 2-1, February 2006.)

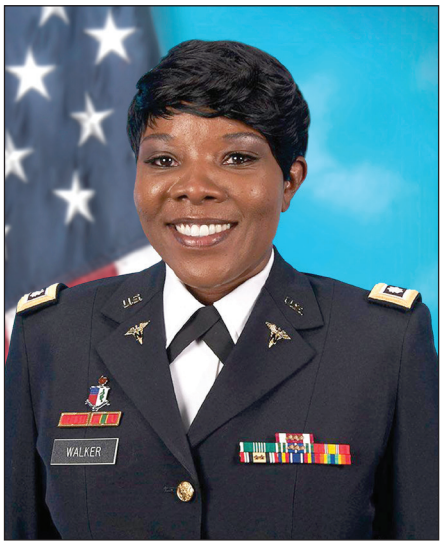
Walker follows Walker as Troop Command commander

Staff Reports

Editor's note: Lt. Col. Kenora Walker assumed command of Troop Command from Lt. Col. Jolanda Walker in a ceremony held at Eisenhower Army Medical Center June 25. Walker's biography follows.

Lt. Col. Kenora L. Walker, was born and raised, with her three siblings, in the loving home of her mother in Alachua, Fla. She attended Central Texas College and completed the course requirements as a licensed vocational nurse and earned an associate degree in nursing. She attended the University of Texas at Arlington where she received a Bachelor of Science in Nursing and a Master of Science in Health Care Administration from Grand Canyon University. Walker is a board-certified Medical Surgical Nurse and member of the American College of Health Care Executives.

In 2004, Walker received a direct commission as a first lieutenant in the Army Nurse Corp. Throughout her career as an Army Nurse, she has enjoyed numerous assignments. During her tenure as a staff nurse and assistant head nurse at Carl R. Darnall Army Medical Center; Fort Hood, Texas, from 2004-2009, Walker deployed with the 10th CSH in support of Operation Iraqi Freedom (2008-2009). She was assigned as an emergency medicine nurse in the Bagdad ER. Upon returning from deployment, she was reassigned to Bayne Jones Army Community Hospital; Fort Polk, La., as the emergency medicine clinical nurse OIC and the patient caring touch facility ambassador, from 2009-2012.



File photo

Lt. Col. Kenora L. Walker assumes command of Troop Command from Lt. Col. Jolanda Walker at Eisenhower Army Medical Center June 25.

Walker was then assigned as the chief nurse of four primary care clinic and the chief of inpatient behavioral health services at William Beaumont Army Medical Center, Fort Bliss, Texas, from 2012- 2015.

Of all of her assignments, Walker proclaims Fort Stewart, Ga., (2015-2018) as her favorite and most challenging assignment. There she was assigned as the chief of medical surgical specialty nursing, clinical executive officer and the chief of planning, training, mobilization and security. Walker recently departed Carl R. Darnall Army Medical Center; Fort Hood, Texas, (2018-

see **TROOP COMMAND** on page 8

RODRIGUEZ ARMY HEALTH CLINIC

Walker assumes Rodreguez' command from Wienke

Staff Reports

Editor's note: Lt. Col. Joseph Walker assumed command of Rodriguez Army Health Clinic from Lt. Col. Rachel J. Wienke in a virtual ceremony held at Fort Buchanan, Puerto Rico June 5. Walker's biography follows.

Lt. Col. Joseph W. Walker is a native of Fremont, Calif. In 2003, he earned a Bachelors of Science in Commerce from Santa Clara University, in California and commissioned into the United States Army June 14, 2003 through the Santa Clara University Reserve Officer Training Corps.

Walker's military assignments include Platoon Leader, 1-30 Infantry and 3-1 Cavalry, 3rd Brigade Combat Team, Fort Benning, Ga.; Operations Officer, 14th Combat Support Hospital, Fort Benning, Ga.; Bravo Company Commander, 14th Combat Support Hospital, Camp Bucca and Camp Cropper, Iraq; Captain's Career Course Small Group Leader at the AMEDD Center and School, Joint Base San Antonio, Texas; Chief of Medical Operations and Plans, Headquarters, 82nd Airborne Division, Fort Bragg, N.C.; Support Operations Officer, 261 Multi-functional Medical Battalion, Fort Bragg, N.C.; Chief of Plans, 8A Army Surgeon Directorate, Yongsan, Korea; Executive Officer and Senior OC/T for the 4-393 Medical Training Task Force, Fort Hood, Texas; Chief of Operations, Madigan Army Medical Center (MAMC), Joint Base Lewis-McChord, Wash; Deputy Surgeon, Security Force Assistance Command (SFAC), Fort Bragg, N.C.; and HHC (P) Commander, Security Force Assistance Command (SFAC), Fort Bragg, N.C. Walker has deployed twice in support of Operation Iraqi Freedom.

Walker is also a graduate of the Army Medical Department (AMEDD) Officer Basic Course, and AMEDD Officer Advanced Course, Fort Sam Houston, TX; the Army Command and General Staff Officers Course (CGSC), Fort Leavenworth, Kan.; the Joint

see **RODRIGUEZ** on page 8

Rounds
Eisenhower Army Medical Center

July 2020
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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.

How quickly a year of interesting events goes streaming by

Col. Carlene A.S Blanding
Commander
Eisenhower Army Medical Center

Happy Independence Day. It was 244 years ago that a young nation gained its independence from England. We continue to pray for our country as we the fight continues for all men to be treated equally and fairly as citizens of this great country.

This month marks my "One Year" in command. As I reflect on the past year, I am amazed at how quickly it has gone by. In this past year, we have engaged in a few big areas such: Patient Centered Medical Home Reset; Defense Health Agency Transition; Position Control Reconciliation; 6935 discussion; Development of the Command Strategic Plan; continuous preparation for Joint Commission; and the surprise of the year, COVID-19.

None of us could have predicted the life-altering and organizational changes that COVID-19 would bring. Yet in spite of all of these big rocks in our rucksacks, we persevere. As an organization, we remain committed to the mission and continued providing 5-Star care to all those who trust us with their care.

As we move into the heat of summer, my focus is on the safety of each member of this team. We recently received the results of our ARAP and Patient Safety Surveys. Both surveys highlighted areas in our safety programs that needs to be addressed such as effective communication among teammates, more effective safety programs, employee and management engagement, staffing and workload concerns, and clinician burnout. I have heard your concerns and we are working on addressing those as part of our strategic plan.

Another area of direct focus is our Restoration of Services, effective June 22 we have returned to providing readiness services to our active duty populations as part of our phased approach to ensuring the safety of our staff members and our patients.

Eisenhower is an organization built on the strength and endurance of each member and as we move through this season of change, it will require all of us to stay focus and vigilant in adhering to the new policies and procedures put in place for all of our safety. Please adhere to our Universal Masking Policy.

Join me in welcoming our new teammates that joined the EAMC family last month.

Thank you for all you do to make Eisenhower an organization where people feel valued and are always treated with dignity and respect.

We are Eisenhower.

—Ike 6

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

Thoughts from the command sergeant major

Command Sgt. Maj. William Allen
Eisenhower Army Medical Center

Eisenhower family, as the anniversary of the birth of our nation approaches, I would like to share what that means to me through an incident that occurred here at Eisenhower.

On May 15, we attempted to put up the garrison flag, to see if it would fit correctly on the Eisenhower Army Medical Center flagpole. Afterward, I quickly discovered that folding it would be a chore with the few personnel I had on hand. I made rounds throughout Eisenhower, looking for some help.

As you can see by the photograph, enlisted, officers and civilians all came to the rescue. There was no division, no barriers, no reluctance to help each other; everyone eagerly pitched in to help. Bound by two common factors: we are Eisenhower, and we are Americans, was all that mattered.

I believe this picture also accurately portrays a snapshot of America. Our individual freedoms and independence make us unique as a nation, allow us to have differing points of view, allow us the opportunity to express our views and provide opportunities to make a better life for ourselves. If 9/11 taught us anything, it's that in times of crisis, we value these gifts and stick together as a nation.

Photo by Command Sgt. Maj. William Allen

Nearly two dozen Eisenhower soldiers — enlisted and officers— and employees help fold the garrison flag in the fourth floor courtyard May 15.

This Independence Day, enjoy the time with your family, friends, coworkers, or anybody you want safely and responsibly. Enjoy our freedoms, love your fellow man, stamp out hatred and divineness, and be a good role model for your community.

Cradle to Grave: medical equipment life cycle management

Chief Warrant Officer 3 Shannon T. Titus
Chief of Equipment Management Branch
Eisenhower Army Medical Center

Medical Equipment Life Cycle management is managing the process from purchase to destruction of medical devices. At Eisenhower Army Medical Center, the Property Management section is charged with this task. It allows the clinicians, surgeons, doctor's, and staff to have access to most effective and advanced technological equipment. Even though Property Management oversees the program, Life Cycle management is a total team concept.

It all starts with the Property Management section issuing a five-year replacement plan to the end users. The end users sign the documentation acknowledging the fact that they currently have equipment that will be at their end of life within the next five years. The intent is to identify and provide replacement documentation well in advance of the expiration date of the equipment. Once the team of end users identify the items needing to be replaced, they provide an equipment request of the item that's best for the facility based on their clinical expertise. This request is then validated by Medical Maintenance, Facilities, and Information Management Division to determine if we can sustain the new item requested. Once approved by the Program Budget Advisory Committee, then Resources Management Division releases funds to purchase the item.

On a much larger scale, the Technology Assessment and Requirements Analysis team has been created by the MEDCOM to assist facilities in identifying the need for high-dollar equipment purchases. The team assesses clinical operations; workload requirements; technical operations; and equipment maintenance, use, and life cycle. The team then translates those findings into recommended process improvements and equipment replacement plans. Since 1995, the program has achieved a recognized cost savings of $300 million for the Army Medi-

see **CRADLE** on page 12

Photo by Chief Warrant Officer 3 Shannon T. Titus

Dollie Wood and Alvin Edwards of the Property Management Section help Staff Sgt. Chad Watson, center, NCOIC of the operating room, inventory and sign for new equipment in Eisenhower Army Medical Center's Property Equipment Staging Area.

Using the library's list of electronic books, journals

Mary E. Gaudette
Librarian
Eisenhower Army Medical Center

The following suggestions will help avoid common errors when attempting to locate or use the 15,254 full-text journals and 25,290 e-books currently available via the Health Sciences Library's A-Z list of electronic books/journals.

A link to the A-Z list is the first entry in the "Books/Journals" section of the library's IkeNet page, but you can expedite access to the List by bookmarking any internet browser with the web address http://xj8nj4af6u.search.serialssolutions.com/?L=XJ8NJ4AF6U&tab=ALL.

When using the A-Z list to locate an article, remember to search by the title of the journal in which the article was published; do not attempt to search by the title of the article itself.

Be sure to check that a wanted article's publication date falls within the "from – to" date-coverage information displayed in the search results. Also for those journals that are available from multiple collections, you need to check the coverage dates for each collection. For example, the journal Clinical Imaging is available from three different journal collections, each with very different coverage dates. (If an article's publication date is outside the displayed coverage dates, contact the Library for access assistance.)

For e-books, pay attention to comments displayed following the link to the book. For instance, the comment "Access is limited to one simultaneous user" lets you know if the book's contents do not load, it is because someone else is already using it at that moment, and you will have to try accessing it at another time.

Although the A-Z list can be accessed and searched from any computer anywhere, if you are not using an EAMC workstation PC, access to the resources themselves will require an EZproxy account.

For assistance with the A-Z list, or to request an EZproxy account, contact the librarian at 787-4446, or send an email to mary.e.gaudette.civ@mail.mil.

Keep an eye on eye protection, safety

Alice Jackson, MSN, RN
Army Public Health Nursing
Eisenhower Army Medical Center

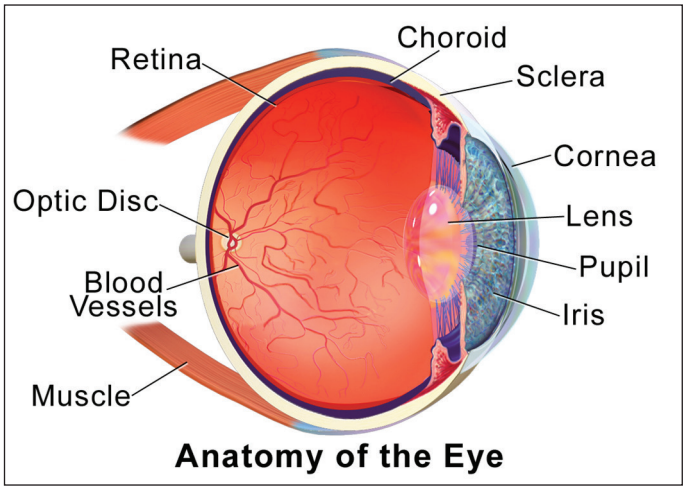
OSHA's eye and face protection standard, 29 CFR 1910.133, require using protective eye wear and face protection when workers are exposed to eye or face hazards such as flying objects, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.

The current standard for safety eye wear published by the American National Standards Institute is called the Z87.1-2010 standard. The previous standard it replaced was called Z87.1-2003.

Retired Maj. Gen. Ming Ted Wong stated in an interview for National Eye Injury Prevention Month, encouraged us to take steps to protect our eyes and that 90 percent of eye injuries could have been prevented with using the appropriate eye protection.

The human eye is one of the most valuable sense organs that enables us to see the world around us. The eyeball is a beautiful machine with lots of different parts working together and some the parts include:

- Cornea is the front portion of the eye and focus light as it pass through.
- Iris is behind the cornea, the colorful part.
- Pupil is a black circle, let lights into the eye and has capability to be smaller or larger depending on how much light get through.



Blausen.com staff (2014); Medical Gallery of Blausen Medical 2014

- The lens focuses the light onto the back of the eye.
- Ciliary muscles hold the lens in place.
- The retina is the back wall of the eye ball. The retina has rods and cones.
- Rods help us see in the dark.
- Cones need more light than rods to work well.
- The optic nerve is behind the retina and carry messages to the brain. The brain translate what we are looking at/seeing.
- Sclera is the white part of the eye that protects the eyeball.

Take steps to protect your eyes by wearing eye protectors such as goggles, face shields or safety glasses when doing lawn mowing, home repairs and sports, woodworking, and grinding metal. Protective glasses help prevent abrasions, UV burns, trauma, chemical splashing, cooking with ingredients that can splatter, and using power tools. Wear sunglasses while boating, tanning and being out in the sun.

Treating eye injuries: don't touch the eye; don't rub the eye. If chemicals get in your eyes, flush with clean water for 20 minutes and seek ophthalmology treatment.

Every place of employment should have an eye washing station. The main requirements for eyewash stations include providing a controlled flow of flushing fluid to both eyes simultaneously at low velocity and no less than 0.4 gallons per minute for 15 minutes. Ensuring that the appropriate flushing system is installed within 10 seconds or 55 feet from the hazardous area is critical.

Editor's note: The month of July is Eye Injury Prevention Month by the American Academy of Ophthalmogy to raise awareness of eye injuries and their prevention.

Helping, in and out of the clinic

Maj. Demietrice Pittman, PhD
Deputy Chief, Department of Behavioral Health
Eisenhower Army Medical Center

Sustaining social connections, displaying teamwork and maintaining physical, mental and spiritual health can be difficult during the COVID-19 pandemic. The Department of Behavioral Health located at Eisenhower Army Medical Center has been working hard to ensure employee connections improve teamwork within and across the organization. Internal and external connections have been formed in order to maintain readiness, participate in self-care and provide 5-Star care to their patients.

Excellence

Congratulations to Pfc. Cody Walls, DoBH, for winning the Bravo Company Soldier of the Month Board for May 2020. The board noted that his performance along with two other behavioral health technicians (Pfc. Zakayla Pegram and Private and Class Samantha Goings) were part of one of the best collective board performances in the last two-plus years.

Nils Chandler, licensed professional counselor and Sgt. Kameron Wideman, behavioral health technician, from Fort Gordon have both traveled to the SOUTHCOM clinic in Miami to assist with assessments and evaluations after the departure of some key psychological health providers.

Teamwork

When COVID-19 resulted in reduced services for the Residential Treatment Facility, the 36-bed unit that treats substance use disorders from across the DOD, the team quickly regrouped and offered their services to the hospital. Many of the staff are currently manning the COVID Info line conducting evaluations for substance abuse and psychological conditions in the outpatient setting. In addition, thank many of them for prescriptions because

see **BEHAVIORAL HEALTH** on page 13

Photo by 1st Lt. Charmaine Ibarra

Eisenhower Army Medical Center receives an emergent delivery of specimens via Blackhawk helicopter from Fort Benning, Ga., during an outbreak of the virus at that installation in late May.

Laboratory rises to the challenge

Maj. Ashleigh Felpel
Chief, Department of Pathology
Eisenhower Army Medical Center

The nation watched with dread and fear as the novel coronavirus, known as COVID-19, spread across the country in February 2020. There was a flurry of activity DOD-wide to try and prepare, including here at Eisenhower Army Medical Center.

The Department of Pathology started their preparation by standing up the first of many testing platforms, the ABI 7500, an instrument located in our biosafety level 3 or BSL3 laboratory. This specialized laboratory and instrumentation is traditionally reserved for testing of extreme biohazards such as the Ebola virus, and is subject to significant regulatory oversight and security clearance.

Given the pandemic involving a potentially deadly virus, and with guidance from the Centers for Disease Control, the BSL3 laboratory manager, Tanielle Willins, was able to maximize the use of the ABI 7500 for the initial onslaught of testing. While functional, the testing platform itself was tedious, complicated and limited by lack of availability of materials required for testing. It was quickly ruled out as an enduring solution for the testing required to keep ahead of the virus.

The FDA has issued several Emergency Use Authorizations, allowing medical manufacturers to make testing commercially available without going through the usual rigorous regulatory validation standards. One such test that was authorized early was the Panther Fusion. It was by sheer luck that the laboratory at EAMC had already purchased this instrument for other testing, and the installation was nearly complete by the time Georgia was seeing a rise in number of confirmed cases of the virus.

The lab team at EAMC kicked into high gear, training and gaining competency on a technically challenging instrument at a remarkable rate. This was in spite of completing the training over the phone and from online tutorials instead of attending the face-to-face instruction originally planned. Like so many other events, face-to-face trainings were subsequently abandoned due to restrictions on travel.

What started as one or two subject matter experts grew into a small group of competent COVID-19 technicians as the lab employed a train-the-trainer model to teach teammates from other sections parts of the testing process. Spc. Christopher Patterson-Jordan was integral to this effort, training more than 20 other bench technicians on a complicated step of the COVID-19 testing process.

The command team even secured additional personnel: fellow laboratory colleagues from the Defense Forensic Science Center out of Atlanta. The "Atlanta Team" has added significant expertise and greatly expanded capability of the laboratory testing, allowing 24/7 operations to become a reality.

This process was largely trial and error, with hours of brainstorming and re-hashing among a large group of individuals led by Lt. Charmaine Ibarra and Capt. William Clodfelter.

The final process guarantees both efficiency of testing and quality of results. This did not come about without significant challenges including an initial lack of personnel, lack of availability of supplies and funding, and even the sudden, tragic loss of a highly valued team member, Staff Sgt. Jeffery Hendricks, in the midst of the crisis.

Through teamwork, commitment, and persistence, the laboratory team has made the extraordinary happen. The little laboratory in the basement of EAMC is now the regional hub for COVID-19 testing, accepting several hundred to more than 1,000 specimens per week from multiple military treatment facilities in the region.

Formation of Medical Service Corps

Capt. Julian P. De Castro
Health Physics Service
Eisenhower Army Medical Center

The Medical Service Corps, formed in n 1946 by Maj. Gen. Norman T. Kirk, fills the need for administrative and subject matter experts from allied health sciences. These specialty roles were previously held by physicians. Officers who were tasked with these specialty and administrative roles were also expected to provide expertise in new and emerging technologies.

The Medical Service Corps was initially composed of the Sanitary Corps, Medical Administrative Corps and Pharmacy Corps. In January 1946, the initial authorizations were the following:

- 1,500 Regular Army MSC officers for an army of 500,000 Soldiers,
- 2,325 officers for an army of 750,000 Soldiers or
- Three MSC officers per 1,000 active duty Soldiers.

The MSC was established when Congress passed the Army-Navy Medical Services Corps Act of 1947. This act, signed on Aug. 4, 1947, established the Medical Service Corps in both the Army and the Navy. When the act was passed, the Administrative Corps, the Sanitary Corps and the Pharmacy Corps were abolished. The MSC then had four sections: Pharmacy, Supply, and Administration; Medical Allied Services; Sanitary Engineering; and Optometry.

The following are insights from current Medical Service Corps officers who are currently working during the Covid-19 Pandemic. These passages show the effort and strides the officers and their respective departments are making to protect both the patient population and the Eisenhower Army Medical Center staff.

Source: The History of the U.S. Army Medical Service Corps (Richard V.N. Ginn)

Photo by Capt. NAME Rodriguez

Eisenhower Army Medical Center's pharmacy set up curbside operations inside a DRASH Tent in response to the COVID-19 Pandemic. Here teams of "pickers" and "runners," built from various areas within the EAMC Hospital staff, helped facilitate the work flow.

Pharmacy

The Pharmacy Service have optimized their efforts to still provide great healthcare to its patients while taking the proper precautions with the COVID-19 pandemic. Efforts span from simple controls like Plexiglas on customer service windows to a drive-thru service for their outpatient service. These efforts allow the Pharmacy Service to be resilient to the challenges that COVID-19 and other roadblocks may provide. Each department's accounts are as follows.

Inpatient Pharmacy has placed both patient and employee safety as the most important priorities during this COVID-19 Pandemic. There was a need to tailor the Inpatient Discharge Operations, so new processes were put in place.

The Inpatient Pharmacy also contributed to the inpatient bed expansion plan as they provided support to the new units through supply distribution.

One of the first orders of business was to create COVID-19 specific order sets in Essentris to streamline the administration process. Essentris is DOD's current Electronic Health Record System. The pharmacy service worked with IMD and PAD to match and verify technical specifications in CHCS and Essentris; specifications needed to be met to ensure that the workflow executed smoothly and that orders were met. The in-patient pharmacy worked with both Logistics and Omnicell (dispensing cabinets) team to ensure, align, and optimize the formatting of the Omnicells.

The Omnicells were needed for the two new extra units in order to provide proper care, regardless of location. Civilian pharmacists Dr. Cody Babcock and Lynda Scaffe also contributed greatly to the execution of this effort.

The outpatient pharmacy, led by Capt. Andrew Waite and Capt. Elizabeth Lee, has placed both patient and employee safety as its most important priorities in the time of COVID-19.

The pharmacy department altered its daily operations to curtail any potential threat of spreading the coronavirus. In doing so, the outpatient pharmacy had developed a curbside pharmacy drive-through. This new delivery method was a unique service that the pharmacy department has never done before. To abide with social distancing, the pharmacy had installed Plexiglas on all the counter windows. As health care professionals for the Medical Service Corps, the pharmacists have taken great strides in assisting staff and patients in every way possible to make them feel safe and appreciated, especially in this time of the COVID-19 pandemic.

Pathology

EAMC serves as the regional COVID-19 testing hub. The laboratory processes samples from Fort Campbell, Fort Jackson, Fort Rucker, Fort Stewart and Fort Benning. Laboratory operations run 24 hours a day, 7 days a week. Various laboratory personnel from each section of the lab are dual-hatted and currently assist with the mission. Fort Benning flew approximately 200 samples by Blackhawk May 29 at 11 p.m. In turn, EAMC's COVID-19 Testing Team was able

see **MSC** on page 8

MSC from page 7

to fulfill a 16-hour turnaround time for the samples.

The Panther Fusion is currently being used for high-throughput molecular testing of COVID-19 specimens. EAMC can currently run about 630 samples a day with the use of the Panther Fusion. Without the Panther Fusion, the regional testing capability will go down by 75 percent. Eight personnel from the Defense Forensics Science Center from Atlanta are currently being trained on the Panther Fusion. Visiting personnel include chemists, biologists and a physical scientist. The lab is at the forefront of the COVID-19 pandemic "battlefield."

Dept. of Behavioral Health

In response to the global COVID-19 pandemic, the Department of Behavioral Health quickly moved to come up with a solution to reduce routine in-person appointments to limit possible exposure of both patients and staff to COVID-19 while maintaining excellent 5-Star care. The Chief of DoBH, Lt. Col. Stephanie Latimer, moved patient care outside of the main hospital and consolidated care in Building 329. This was not an easy feat because DoBH is the second largest department in EAMC.

The DoBH houses eight different clinics: Outpatient Behavioral Health Services, Residential Treatment Facility, Inpatient Services, Child and Family Behavioral Health, Intensive Outpatient Psychology, Community Behavioral Health Services, Substance Use Disorder Clinical Care and Family Advocacy Program. This resulted in all of the service lines being able to offer both telehealth and in-person appointments for patients while limiting traffic to reduce possible physical contact within the main hospital.

During infectious disease outbreaks like COVID-19, the risk of burnout for health care providers and staff is high due to long hours, uncertain outcomes and limited social interactions with loved ones. Ike's Lounge was developed by the DoBH to provide evidence-based resources to the EAMC staff. Ike's Lounge assists with meeting the physical, psychological, and emotional wellbeing of the EAMC staff. The Lounge provides hourly shuttle service, healthy snacks, two media rooms, mindfulness yoga, gaming and chaplain services. There are six relaxation rooms that include Christmas, Valentine's Day and the beach. These relaxation rooms allow hospital personnel to regroup. An on-site licensed behavioral health therapist is available when one-on-one care is requested.

The goal is to exercise every measure of infection control and physical distancing, while simultaneously offering tools that maintain resiliency.

Ike's Lounge is available to EAMC staff and Fort Gordon's first responders in building 327 Hospital Road from 730 a.m. to 4 p.m. with shuttle service in front of EAMC emergency department entrance on the second floor.

File photo

Lt. Col. Joseph Walker assumes command of Rodriguez Army Health Clinic from Lt. Col. Rachel Wienke in a virtual ceremony at Fort Buchanan, Puerto Rico June 5.

RODRIGUEZ from page 2

Medical Planner's Course (JMPC), Bethesda, Md.; the Support Operations (SPO) Course Phase II; the Cadre Training Course; and the Small Group Instructor Training Course (SGITC). He also holds a Masters of Arts in Human Resources Management from Webster University.

Walker's awards and decorations include the two Bronze Stars, four Meritorious Service Medals, five Army Commendation Medals, one Army Achievement Medal, National Defense Service Medal, Iraqi Campaign Medal, Global War on Terror Expeditionary Medal, Global War on Terror Service Medal, Korean Defense Service Medal, Army Service Ribbon, and the Overseas Service Ribbon.

Walker has been awarded two Meritorious Unit Commendations and one Army Superior Unit Award, and he proudly wears the Expert Field Medical Badge, Air Assault Badge and Parachutist Badge.

TROOP COMMAND from page 2

2020) where she was employed as the section chief of medical surgical nursing and the assistant deputy commander for medical services.

Her military education includes AMEDD Officer Basic and Advance Course, AMEDD Head Nurse Leadership Development Course, Joint Forces Combat Trauma Management Course, Master Resilience Training, Medical Management of Chemical and Biological Casualties, C.J. Reddy x2, Basic Health Care Administration, Intermediate Level Education, Entry Level Executive Nurse Course, AMEDD Iron Major, Lean Leader, AMEDD Executive Skills Course, Senior Officer Legal Orientation Course and AMEDD/BN Pre-Command Course.

Walker's awards and decorations include Meritorious Service Medal (4OLC), Army Commendation Medal (1OLC), Army Achievement Medal (3OLC) Meritorious Unit Citation, Army Superior Unit Award, National Defense Service Medal, Iraq Campaign Medal, Global War on Terrorism Service Medal and the Army Service Ribbon.

Walker is the proud daughter of Sheryl M Dixon. She is married to retired Sgt. 1st Class Ramon D. Walker; together they have three children: Tyrone, Kayla and Jayden.

Pain management and interactive virtual patient education

Michele Meddings
Physician Assistant
Eisenhower Army Medical Center

Chronic pain is a common complex health problem that affects the quality of life for millions of individuals daily. According to National Institute of Health, "chronic pain affects more Americans than diabetes, heart disease, and cancer combined." More specifically, multiple studies have revealed both a higher pain prevalence and severity in U.S. military service members and veterans than in the non-veteran population. The effects of chronic pain are multi-faceted with both physical and mental components. These components must be addressed holistically using comprehensive interdisciplinary care.

The effects of chronic pain are multi-faceted with both physical and mental components

The Interdisciplinary Pain Management Center at Eisenhower Army Medical Center is committed to providing safe and effective pain management services to improve function and readiness of the active duty population. Expectation management and patient education are some of the major challenges faced when treating patients with chronic pain. During their initial visit, many new patients express a goal of being "pain-free" or "fixed" and are often frustrated by prior treatments that have not worked quickly or lasted long-term. To begin developing a partnership with the patient, as well as an understanding of the issues each individual is experiencing, education is critical at this initial encounter. Patient-centered care and education fosters patient engagement and has been shown to improve patient outcomes.

The COVID-19 pandemic has strained medical resources worldwide and limited access to care for our patients; yet, chronic health conditions persist. This limited access to care can be particularly challenging for patients dealing with chronic pain who no longer have access to treatments used to help control their pain. During this time, it became essential that patients have self-management strategies in their "tool-box" because other provider-assisted modalities may be unavailable or limited. Current patients of the IPMC have been educated on coping skills and tools that they can apply daily; however, new patients waiting to be seen have not had the same opportunity and education.

The IPMC team recognized a need to improve access and delivery of health care to newly referred patients to the IPMC during the pandemic. Staff members came together to develop a supportable and sustainable solution. In true interdisciplinary fashion, medical, rehab, nursing and administrative staff met in person and virtually during the planning and implementation phase. Team members joined initial sessions to provide feedback. Support from nursing and administrative staff was crucial in scheduling and corresponding with patients by phone and email to ensure attendance and to proactively prevent any potential technical issues. The hard work and dedication by the entire IPMC team led to the successful development and launch of the virtual welcome and orientation program.

The program provides patient education and fosters a positive patient experience in spite of delays caused by the COVID-19 pandemic. The goals of the program are to provide an informative education product that engages and provides value to the patient. It can be conducted virtually or in a group setting. It provides information that is common to the group, promotes change, and can be put into use immediately by the patient while waiting for a scheduled in-person evaluation.

The virtual program is conducted by IPMC providers, Dr. Mary Ellen Earwood, Dr. Jared Anderson, and Dr. Alan Teuton, PharmD, and via the Adobe Connect platform. This platform was made available by the DHA Virtual Medical Center and is easily accessible by patients from web browsers and smartphone/tablet apps. A typical session consists of 10-15 patient participants and lasts for 90 minutes. Presenters use audio, video, slideshow and interactive capabilities to communicate with the patients. The curriculum includes useful clinic information, education on chronic pain, an explanation of the role of medications commonly used for pain, expectation management, goal setting, and an introduction to active functional movements. As part of the program, patients are presented with an activity referred to as the "2-Minute Mobility Break" and are encouraged to perform the exercise along with the presenter.

To date, 50 patients comprised of service men and women from the Army, Air Force and Navy have completed the program. Feedback from the patients about the program during the pilot phase has been very positive. All of the patients who completed the post-event survey rated the event as Excellent (46 percent), Very Good (45 percent) and Good (9 percent). Surveyed patients also reported that they are Very Likely (65 percent) or Likely (35 percent) to begin performing the 2-minute Mobility Break on a daily basis.

Respondents' comments include: "I liked having the multiple disciplined doctors give their presentation on what is most commonly seen/discussed with their patients. Great quick review. Especially liked the pharmaceutical section and information provided;" "Lots of great information;" "The sense of genuine care from the team;" "Very informative;" "I liked the demonstration of the 2-minute exercises;" "The hosts were polite and professional, it was interactive, and the ease of use;" "It was very detailed, but not boringly so. Also I like that Dr. Anderson took the time to show us the 2-minute mobility drill to ensure we knew how to do that;" "The event really covered most of the general knowledge we need to know starting a process like this which I really appreciated."

The initial success of the Virtual Patient Education Program demonstrates that virtual technology can provide an engaging educational experience for patients, one that will ultimately promote positive change and augment their ongoing care. This project has opened the doors for new opportunities for the IPMC team to reach patients during the pandemic and beyond. These types of programs allow for continued relationship building between providers and patients, in addition to cementing the 5-Star care.

Summer safety in the face of COVID-19

Vincent L. Wilson
Chief, Safety and Occupational Health Manager
Eisenhower Army Medical Center

Summer is upon us and it is, once again, time for the Summer Safety Campaign. We have embarked upon the critical 100 days of summer which began June 20 and ends Sept. 22. This is, of course, the largest vacation period of the year. The sun is shining and people are out visiting family and friends, cycling, jogging, swimming, grilling, playing and having a good time.

It's also a time of celebration, recreation, staying awake for long hours and sometimes driving more than your body has the energy for. With all those fun outdoor activities, the following safety tips are offered to make your summer vacation a safe and happy one. Although our summer safety reminders usually herald the same guidelines, this summer may look a little different than past summers. Summer activities during COVID-19 aren't quite the same as your traditional activities. As we continue to practice social distancing and begin to slowly reopen in the wake of the pandemic, some summer traditions such as summer camps, outdoor concerts, big firework displays and summer vacations may be curtailed for everyone's safety.

In the wake of the COVID-19 pandemic, we must increase our safety awareness by taking additional precautionary measures and remaining vigilant to stop the spread of this disease. Here are a few safety tips, facts and strategies to keep in mind while you consider your summer preparations.

Drinking, driving, distractions

Driving after drinking is deadly. Yet it still continues to happen across the United States. If you drive while impaired, you could get arrested, or worse. You may be involved in a traffic crash that causes serious injury or death. In every state, it's illegal to drive with a BAC of 0.08 or higher, yet in 2018, one person was killed in a drunk-driving crash every 50 minutes in the United States.

The National Highway Traffic Safety Administration reported 10,511 alcohol-related fatalities in 2018 from motor vehicle traffic crashes in which at least one driver had a blood alcohol content of 0.08 or higher. This totaled 29 percent of fatalities for that year.

Every year 1.5 million impaired drivers are arrested yet only one arrest is made for every 772 occurrences of driving under the influence of alcohol or drugs. Repeat offenders account for a high number of alcohol-related crashes.

America is at a crucial point where we must all do more as communities and as individuals if we are to make significant declines in the number of alcohol- and drug-related crashes.

660,000 drivers per day use their phone while driving.

1.6 million crashes occur annually due to cell phone use.

Texting while driving is six times more likely to cause an accident than driving under the influence.

It takes 3 seconds after the driver's attention has been diverted from the road for a crash to occur. Texting while driving results in 400 percent more time in diverting driver's attention from the road.

Bicycle safety

Bicycling is one of the best ways to get exercise, see the sights and reduce your carbon footprint. However, bicyclists face a host of hazards. They often must share the road with vehicles, and injuries can happen even on a designated path.

The number of deaths from bicycle incidents increased 29 percent over an eight-year period, from 793 in 2010 to 1,024 in 2017, according to injuryfacts.nsc.org. The 1,024 bicyclist deaths in 2017, involved 679 motor vehicles.

With about 80 million bicyclists sharing the road with motorized vehicles, it is imperative that bicyclists take some safety precautions.

- Remember to use arm and hand signals
- Ride with traffic, not against it
- Always wear an approved bicycle helmet
- Avoid riding at night if possible
- If you must ride at night, install front and rear lights on your bicycle and wear reflective clothing

Walking, jogging safety

- Execute warm up exercise prior to walking, jogging or running
- Jog, run or walk on sidewalks facing traffic; exercise caution when jogging, running or walking near roadways
- Choose good shoes for jogging, walking or running
- Wear loose clothing with light colors. In the evening use reflective clothing
- Drink fluids (water or energy drink) before and during a walk, jog or run
- Watch for signs of heat stroke in hot weather
- Jog, run or walk in a familiar area; carry a whistle or cell phone
- Allow a cool-down period

Water activities

- Use an approved safety cover and keep the pool covered when not in use
- Never allow children access to the pool without adult supervision
- Fence and lock your pool (consider installing a water surface tension alarm)
- Always test water depth before diving
- If you are unable to see below the water's surface, don't dive
- Never dive into rivers or other moving bodies of water
- Keep your arms extended above your head when diving
- Always swim with a partner
- Never allow young children to swim without adult supervision
- Never swim when you are tired, under the influence of alcohol, drugs or medication
- Know and observe your swimming limitations and capabilities
- Avoid swift-moving water. If caught in a current, swim with it and angle toward shore or the edge of the current
- Observe warning signs
- Stay out of the water during thunderstorms and severe weather

Heat ailments

Heat exhaustion occurs due to loss of water and salt through sweat.

Symptoms: Headache, nausea, dizziness, weakness, and cool, clammy skin.

Treatment:

- Stop and rest
- Hydrate and get into a cool room or shade
- Loosen clothing and apply cool wet towels or pour cool water over the head
- Prevention: Same as heat cramp prevention

Heat cramps occur after several hours of physical exertion in the heat.

Symptoms: Painful muscle spasms usually in the legs or abdomen.

see **SAFETY** on page 15

U.S. Army Photo by Spc. Andrea Salgado Rivera

U.S. Army Paratroopers assigned to the 82nd Airborne Division were involved in a unique Physical Readiness Training session combine with functional exercises at Fort Bragg, N.C., June 20, 2018. PRT is conducted to maintain Soldiers fitness and enhance their combat readiness.

Training your expectations

Maj. Shay M. Lopez
Chief, Physical Performance Services
Eisenhower Army Medical Center

Along with your capacities and abilities to run, lift, hang or throw, we must train our expectations of ourselves and those we lead.

The National Association of Strength and Conditioning suggests long-term athletic development and ability not only takes time but also follows a progression they call the "ABCs," namely agility, balance, and coordination.

Whether you long for the days of the Army Physical Fitness, you pride yourself on running or you are overjoyed with the Fort Gordon gym re-opening for active duty, your development and capabilities are all based in the same principles - agility, balance and coordination.

A healthy individual will take eight weeks of consistent training for muscle adaptation. During those eight weight weeks, you are not simply gaining more muscle but rather the abilities to manage your weight in motion and the fine control of what you are working. Strength is not simply a function of a larger muscle, but a team of muscles working together in well-timed coordination.

The magical number of eight weeks to greater you is relative to being healthy and uninjured. You must have some experience and consistency in training. You may notice someone has an odd way of moving, has difficulty bending over or reaching overhead. It is these basic motions that dictate how you or another team member may proceed as they train.

In a 2015 study published in the Journal of Human Kinetics, authors looked at the mobility or range of motion and strength of the hips, ankles and knees for men and women to determine the impact on their ability to perform a squat.

For men, ankle range of motion with a bent knee and hip motion were significantly associated with squat depth. So in plain terms, for men in the study, the flexibility of those ankles, hips and knees mattered getting into proper and effective form for the deadlift in the Army Combat Fitness Test.

For women, ankle motion with a straight knee and ankle extension strength were significantly associated with squat depth. Translation: women's ankle motion and strength are important to a squat.

Part of training for therapy personnel in the Physical Performance Service Line is to hone in on the movements that are dysfunctional that lead to more dysfunction and contribute to injury.

Put simply, building strength or expectation on faulty movement has high risk for failure. If you have been in physical rehab of any kind you will recall the tough road to even small abilities such as increases in range of motion or accomplishing a minute functional task like putting a backpack on a shoulder or squatting to pick up a pen.

The Army intends to apply functional principles to our physical training. The Physical Readiness Training Manual released in 2012 was intended as a step towards ingraining some relative variance in physical training and approaches. The large manual left many doing the warm up and recovery drills and still training to the Army Physical Fitness Test, this included prizing frequent runs and running prowess.

While, the two-mile run is still a part of our new ACFT, there are some realities to be faced with regards to running.

Many join the Army without a background in running. Basic trainees are taught the mechanics of a rifle and disassembling, reassembling, but few recall any blocks of instruction on running, running

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CRADLE from page 4

cal Department in service and maintenance contracts, equipment purchases, group buys, and environmental hazard reduction. The TARA team recently conducted an analysis of EAMC's requirements from Jan. 27-31. Their recommendations will generate a cost avoidance of $1.9M for the facility.

Medical equipment devices are broken down in three distinct categories for procurement. Capital Expense Equipment Program is equipment purchased locally by the MTF under the amount of $99,999. Super Capital Expense Equipment Program is equipment purchased through a centrally managed Department of the Army level program where the costs are between $100,000 and $249,999.

Medical Care Support Equipment is managed like SuperCEEP however this is used for the devices that equal or exceed the price of $250,000. So far for FY20, EAMC has spent a total of $2.16M in procuring new CEEP equipment for the facility thanks to the team's total efforts.

Overall, the Medical Equipment Life Cycle program is a multi-layered, collaborative effort from MEDCOM to the end users, focused on providing our end users with the most technologically advanced equipment that assists with providing our patients with the greatest access to care.

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mechanics, running form or pitfalls to avoid. It is not a stretch to call many in our ranks, at best, novice runners.

A 2015 meta-analyses on Incidence of Running-Related Injuries Per 1,000 hours of running in different types of runners, revealed a weighted injury incidence of 17.8 (95 percent confidence interval 16.7–19.1) in novice runners and 7.7 (95 percent CI 6.9–8.7) in recreational runners.

Novice runners seem to face a significantly greater risk of injury per 1,000 hours of running than recreational runners.

As of now, both ACFT and APFT requirements are suspended, pending further guidance. Soldiers can use their last APFT score to remain promotion eligible, and the Army extended the expiration dates of previous APFT scores.

But for those holding out hope that the ACFT will just go away, sergeant major of the Army may have you thinking.

On May 21, SMA Michael A. Grinston said he remains optimistic that most units will have the needed items for the test by the end of June, despite the impact of the virus. He has spoken to the Army Materiel Command and was assured the fielding process remains on schedule.

The ACFT is "better suited for physical distancing" than its predecessor, the Army Physical Fitness Test, as most of the exercises are done while safely distanced from others, the SMA noted. During the two-mile run, for instance, a limited number of lanes can be made available to runners and the event does not need to be done in large groups. The hand-release pushups test requires another individual to properly count repetitions, but the tracking person can count at a six-foot distance.

Soldiers will be required to wipe down each piece of exercise equipment with sanitizer after completing the corresponding test. "If you touch the bar for your max deadlift," Grinston elaborated, "you wipe the bar down and then you move on to the next station."

If you are at a loss of what to do or where to start or how to lead, you are not alone.

It may be time to crack that 300 page plus physical training manual for ideas.

But start with the basics — recall the six events — the deadlift, the standing power throw, hand release pushup, sprint drag carry, leg tuck, then the two-mile run or alternate cardio events of swim, bike or row.

Can you, without weight, accomplish the basic movements of squatting down, reaching over head, remaining in a straight line in front leaning rest, hang from a bar or pull your knees to your chest? Can you stay in motion of some kind for at least 25 minutes, the max time for an alternate cardio event? If not, what are your expectations? Would you expect a child who is still learning the alphabet to suddenly be able to read? Even in eight weeks?

Find inspiration where you can, and time even in short supply, is worth its good use. More and more science is showing that exercise, even in short stints and even submaximal, done consistently, makes us not only healthier but shapes us towards our better, athletic selves.

So remember the worst workout is the one that didn't happen at all.

U.S. Army photo by Staff Sgt. James Avery

A Soldier assigned to Fort Drum, N.Y. carries two 40 pound kettle bells during a field test for the new Army Combat Fitness Test, Nov. 1, 2018.

BEHAVIORAL HEALTH from page 5

they have been working hard to manage the pharmacy curbside services.

Michael Almeter, LPC Substance Use Disorder Clinical Care, took the lead by cross-training the Residential Treatment Facility providers on substance use bio-psychosocial, coding, documentation, and conducting emergent intakes within EAMC. This initiative allowed RTF providers the ability to continue patient care, sharpen skill sets and operate in an outpatient setting while the RTF is not accepting new patients.

Fitness and social connections

Due to COVID-19, organized physical training was placed on hold and many gyms have been closed. This did not stop the team from continuing to exercise and maintain readiness. Capt. Nancy Hausterman, a clinical psychology resident, quickly came up with the idea of conducting a Run Streak Challenge. Participants are to run or walk a mile each day during the challenge. They log their miles via a smartwatch, phone or even a calendar for 41 days (Memorial Day to July 4th). The idea originally came from one of the founders of the U.S. Running Streak Association in 1994. There are numerous running streak groups worldwide. Hausterman said, "I was inspired by the concept to motivate people to engage in physical fitness and stay healthy even in the midst of the pandemic."

Courtesy photo

The Department of Behavioral Health had four different five-person teams participate in the Relay Race to raise money for organizational day. DoBH won 1st, 2nd, and 3rd place out of the 12 teams that competed.

The Behavioral Health department also organized four different five-person teams to participate in a Relay Race on June 12 to raise money for the Organizational Day that will take place July. Teams had names such as "Psyched up," "Not too Fast but Furious," and others to motivate themselves.

"We decided to make it a challenge and see if the younger soldiers could beat leadership" stated Lt. Col Stephanie Latimer, chief of the Department of Behavioral Health. The department had shirts made and winners were excited to take home 1st, 2nd, and 3rd place.

MS Teams is the wave of the future and the department has decided to push everyone to set up an account. There is a challenge to beat the current numbers for the organization. The system allows an easy way to communicate across the clinics to continue to collaborate and accomplish the mission. Capt. Jessee Goldblatt, Clinical Psychology Resident, is a "Teams" enthusiast and has become the go-to person to set up Teams for didactic/meeting. He has dedicated extra time in helping speakers/residents/providers with effortless grace.

Maj. Jennifer Iveland, program director for the Clinical Psychology Residency Program, expressed satisfaction with its use. She said, "We hosted a huge didactic with it and it worked great."

DoBH had started an internal and external newsletter to share information with each other and the units they serve. The internal newsletter has reminders of upcoming training, happenings in the department, birthdays, an employee spotlight and a Kudos Korner. It has been well received and will continue to growth. The external newsletter is distributed to the units such as the 15th Signal Brigade and the 35th Signal Brigade to give out information about the department and tips on improving readiness.

Patient care

Maj. Aaron Armstrong, psychiatrist and chief of Inpatient Behavioral Health, has been working diligently with the primary care and family medication clinics to offer education about the department of behavioral. His consultations have educated staff on the capabilities of the department as well as the best way to refer patients for services. He hopes to continue the engagement to ensure a seamless transfer of care to the specialized services offered by DoBH. "I think it is important to connect with different providers in the hospital and have been overwhelmed at the requests for information," said Armstrong.

DoBH is committed to providing an atmosphere for safe, treatment-based interventions that promote restoration, learning and growth during this time. The team quickly shifted to virtual appointments for a majority of the patients. Per regulations, providers are contacting patients by phone or through the video use of the approved apps (FaceTime, Google Duo or Skype). This flexibility has allowed patients to continue their care through these uncertain times and ensured that new patients have access to the services they need. Patients have responded well and it has increased attendance for appointments due to ease. Although COVID-19 has disrupted schedules and encouraged physical social distancing, the Department of Behavioral is striving to maintain readiness, 5-Star care and connections.

245th anniversary of US Army Chaplaincy

Reflections on the care of souls

Lt. Col. Peter Ferris, chaplain
Department of Ministry and Pastoral Care
Eisenhower Army Medical Center

The 29th of July marks the birth of the U.S. Army Chaplaincy along with the birth of the U.S. Army. At 245 years old, they both precede the birth of our great nation by one year.

Some of you have probably seen the portrait of Gen. George Washington during the Revolutionary War at Valley Forge kneeling in prayer in the snow with hands clasped together petitioning God for strength and wisdom in the cause of liberty. The painting is done so well that you feel you are just yards away observing such a private and powerful moment. I suppose one might even call Valley Forge, Washington's Gethsemane.

Washington knew the value of a trained force, not just mentally and physically, but spiritually. He was instrumental in seeing chaplains strategically placed in regiments to care for the soldier's soul.

I have in my library a history of the chaplaincy from the Revolutionary War to the late 20th century. In the volume on the Revolutionary War, I well remember reading a line that has stuck with me from the inception of my ministry as an Army chaplain: "the chaplain's business is the care of souls and he does well not to meddle in any other business."

Since that time and right and up to the present day, numerous chaplains are engaged in ministry doing that one thing: caring for souls.

We celebrated the birthday of the Army last month and with the narration of history, one can just as easily find story after story of faithful chaplains whose ministry parallels that of the battles of our country, and the souls they cared for.

Discipline, corrective training, is a sign of love: the gold standard in soul care.

Over the course of my career some soldiers have asked me how they can become a chaplain. After I explain what is required, then comes the deer in the headlights look. They had no idea what they just got hit with. They thought we walk around slapping people on the back — definitely a no-no now in a COVID-19 environment — passing out candy, flashing our grilles like Joel Osteen and bolstering troop morale.

Who doesn't want to feel good? But sugar-coating issues doesn't help anyone.

Sometimes you may feel bad after meeting with a chaplain, perhaps because he or she was straight with you about your spiritual condition and would not allow you to continue down the path to destruction without a warning. If this be so, rise up and call that chaplain blessed.

Hebrews 12:11 says, "All discipline for the moment seems not to be joyful, but sorrowful yet to those who have been trained by it, afterward it yields the peaceful fruit of righteousness."

Discipline, corrective training, is a sign of love: the gold standard in soul care. The English Puritan ministers have rightly been called physicians of the soul.

Apparently during an exchange with Richard Rogers, a puritan minister, one exasperated gentlemen asked Rogers why he had to be so precise. Rogers replied "Oh, sir, I serve a precise God."

Physicians wield the scalpel with precision to heal a malignancy of some kind. You don't want an imprecise physician when your life is at stake. Should you require anything less in those who have care of souls?

May God grant the U.S. Army an unbroken succession of godly chaplains, who like the Puritan ministers of old, are "surgeons of the soul" who apply the balm of Gilead to heal the sin sick soul.

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.

July:
Think of and implement one change in the way you do your job that would increase your helpfulness to coworkers who are affected by what you do.

July

Patient Safety Employees of the Month

Photo by David M. White

Elizabeth Fitzgerald, center, LPN on 9MSP at Eisenhower Army Medical Center Commander, is recognized by Col. Carlene A.S Blanding, right, EAMC commander and Command Sgt. Maj. William Allen June 25 for her role in preventing an adverse outcome in a patient's care.

Patient Safety Division

Elizabeth Fitzgerald, an LPN who has worked on 9MSP for more than 17 years, was nominated for this award for her outstanding performance in patient care. Upon receiving report and assessing a patient, she identified changes in the patient's vital signs and lab values that were foreshadowed a poor outcome.

She immediately notified the charge nurse and the provider and initiated prescribed interventions that were critical in this patient's care. The patient was promptly moved to the ICU for closer monitoring, which resulted in a positive patient outcome.

Not only did this seven-time grandmother take exceptional care of this patient, she also took the time to offer emotional support.

If it wasn't for Fitzgerald's experience, intuition and commitment to patient care, this patient may have had an unfavorable outcome.

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Treatment:
- Get out of the heat and into the shade
- Hydrate with water or sports drink
- Stretch/massage the muscle

Prevention:
- Acclimatize to the environment so your body adapts to heat
- Hydrate with water or sports drink before and during exercise
- Avoid exercising during hottest part of the day
- Wear light, loose clothing & use sunscreen

Heat stroke is a serious condition when the body's cooling system stops working and core temperature rises to dangerous levels. If ignored, heat stroke can lead to death.

Symptoms:
- Red, hot and dry skin
- Rapid but weak pulse
- Rapid but shallow breathing
- Confusion, faintness, staggering, hallucinations
- Unusual agitation or coma

Treatment:
- Reduce body temperature by cooling the body
- Remove unnecessary clothing
- Apply water, cool air, wet sheets or ice on the neck, groin and armpits to accelerate cooling
- Seek medical attention immediately
- Prevention: Same procedure concerning heat cramps or heat exhaustion

Summer grilling

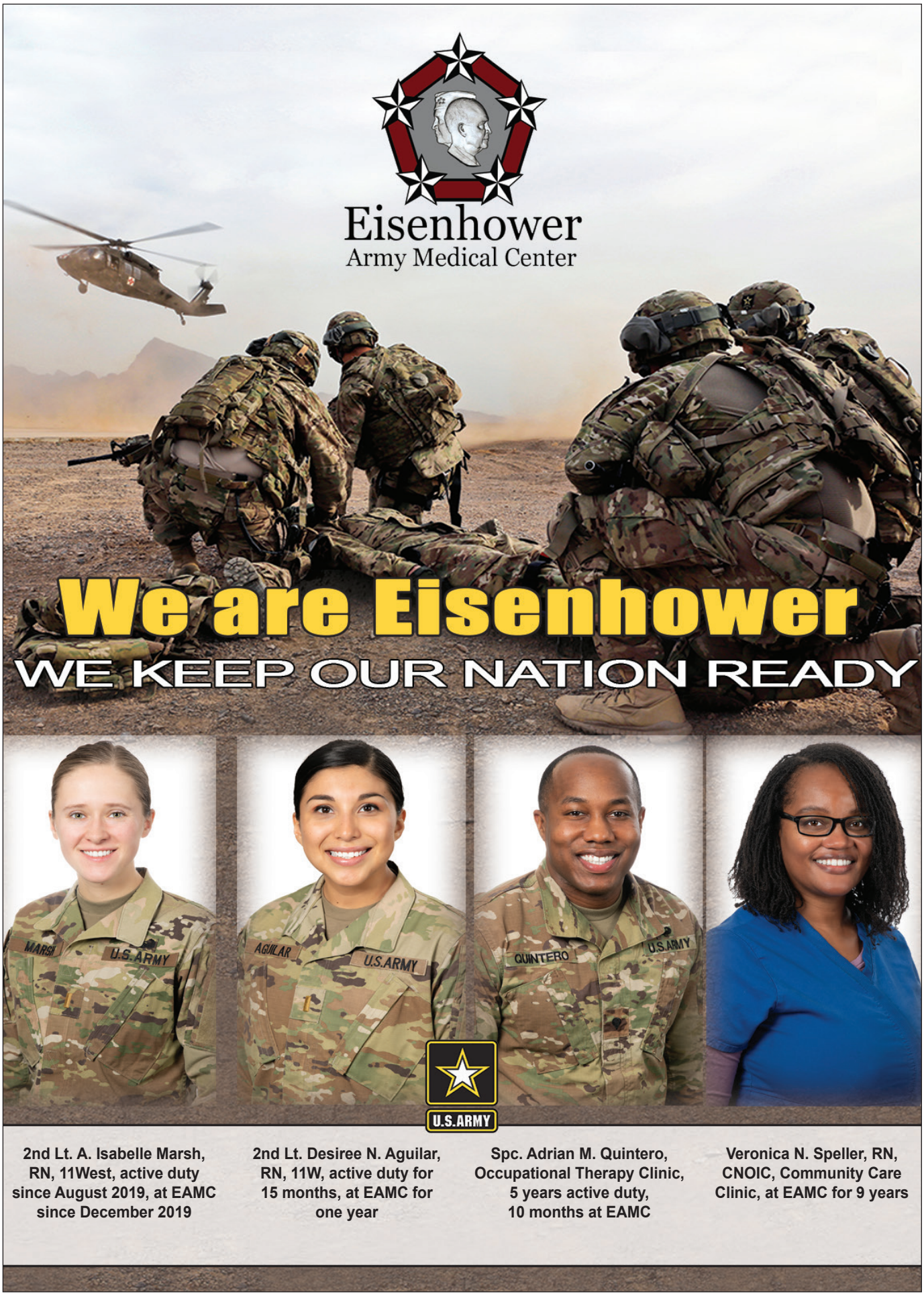
- Place grill in well-ventilated area and away from children's play area
- Wear fitted clothing so loose clothing doesn't contact fuel or fire
- Stand up wind when lighting the fire
- Do not use flammable liquids to start the fire or to relight the coals
- Be in attendance at all times

COVID-19 and public safety

- Wash hands often with soap and water for at least 20 seconds especially after you have been in a public place or after blowing your nose, coughing, or sneezing.
- Use a hand sanitizer that contains at least 60 percent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wear cloth face coverings when you have to go out in public.
- Maintain a physical distance of at least six feet between yourself and others while in public

Whether you decide to camp out in your own back yard this summer to avoid excessive contact with others or take a drive to your favorite beach to soak up the sun, remember to practice safety. The Centers for Disease Control recommends everyone should do their part this summer to flatten the curve.

Visit https://www.cdc.gov for information on how to protect yourself and your family for summer in the face of COVID-19.



2nd Lt. A. Isabelle Marsh, RN, 11West, active duty since August 2019, at EAMC since December 2019

2nd Lt. Desiree N. Aguilar, RN, 11W, active duty for 15 months, at EAMC for one year

Spc. Adrian M. Quintero, Occupational Therapy Clinic, 5 years active duty, 10 months at EAMC

Veronica N. Speller, RN, CNOIC, Community Care Clinic, at EAMC for 9 years