

Eat right to get a leg up on the ACFT

Lt. Col. Brenda D. White, MS, RDN, LD, CSSD
Chief, Nutrition Care Division
Eisenhower Army Medical Center

Training and fueling for the old Army Physical Fitness Test was much simpler in comparison to training and fueling for the new Army Combat Fitness Test.

First, the old APFT took less time to complete and only consisted of three physical fitness events. Second, you probably didn't give much thought to what foods you consumed during your train-up (i.e. or if you trained at all), the night before, or the morning of the APFT.

However, with the new ACFT your success will largely depend upon your train-up for six physical fitness events and proper fueling (i.e. eating for success).

The key to proper fueling is understanding the energy pathways the body uses for each ACFT event. These events are the 3-rep maximum deadlift, standing power throw, hand-release push up, sprint-drag-carry, leg tuck, and the 2-mile run.

As you train and fuel for each ACFT event, your body will become more efficient in training and use/breakdown of key nutrients for energy to pass the ACFT. In essence, the production of energy is based on training intensity/duration and ensuring the right nutrients — foods — are available for conversion to energy.

There are three primary energy systems the body uses during physical activity, whether weight training, sprinting, agility moves, plyometric exercises, yoga, running or walking: Adenosine Triphosphate/Phosphocreatine (ATP-PC), Glycolytic/Lactic-Acid Anaerobic (Glycolytic), and the Aerobic/Oxidative Pathway. Both the ATP-PC and Glycolytic system do not use oxygen when nutrients are broken down for energy, whereas the aerobic system does use oxygen to breakdown nutrients needed for long-term physical activity.

The ATP-PC system fuels short-term, high-intensity, power activities such as the 3-repetition max deadlift, the standing power throw — about 8 to 10 seconds in duration.

ATP and phosphocreatine is stored energy found in the muscles. Muscles do not store a lot of phosphocreatine, so it is used up fast.

The body does make some creatine in small amounts, but it is found primarily

in protein food sources, such as beef, tuna and chicken. For those who are vegetarian, phosphocreatine can be produced from combined vegetable sources. Ask your dietician for guidance.

After ATP-PC is used up, the body

decrease, the body uses the aerobic system.

The aerobic systems fuels lower-intensity activities such as the 2-mile run, walking or biking. This system produces energy from carbohydrates (stored glycogen) and sec-

see **LEG UP** on page 8



Photo by Spc. Woodylyne Escarne

Spc. Connor White, assigned to 59th Military Police Company, 759th Military Police Battalion, executes the Leg Tuck event of the Army Combat Fitness Test on Aug. 4, Fort Carson, Colo. The ACFT consists of six events that shape Army readiness to correspond to the high-intensity combat that is seen in deployed environments.

immediately uses the next energy system, the glycolytic. The glycolytic system fuels moderate duration (about 10 seconds to 2 to 3 minutes), high-intensity power activities such as the leg tuck, hand-release push up, and the sprint-drag-carry. This system produces energy from glycogen (i.e. stored carbohydrates) in primarily the muscles and then the liver.

The only nutrient that the body can use to produce energy with this system is carbohydrates, and not just any carbohydrates, consider high-fiber, nutrient dense, whole-grain foods such as 100 percent wheat/oat breads or brown rice. Any refined carbohydrate sources will not sustain your glycogen stores. As duration continues and intensity

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Readiness is our watchword

Col. Heidi P. Mon
Commander

Eisenhower Army Medical Center

We've heard it from Army senior leaders for a number of years now: Readiness is our No. 1 priority.

Readiness is not a single event or even a series of events; readiness is a constant and persistent state. When we are called upon to fight our nation's wars or perform other duties away from our home station, such as COVID response, we should always be ready to go.

Being "ready" carries significant personal responsibility and accountability. While I charge the leaders at Eisenhower Army Medical Center to encourage, emphasize and track readiness through a number of metrics, each of us wearing an Army uniform is personally responsible and accountable for our own readiness.

That means Heidi Mon is responsible for ensuring her Periodic Health Assessment remains current. I must ensure I have a complete PHA within every 12 months — not 15.

Company and Troop Command teams will assist in reminding Soldiers when the suspense for a new PHA is due with 30-, 60- and 90-day reminders. Ultimately, it is an individual Soldier's responsibility to

I must ensure I have a complete PHA within every 12 months — not 15.

ensure the next PHA is complete within 365 days of the last PHA.

Keep in mind, with variable demands on care here at EAMC, you may not be able to schedule a same-day appointment. It's best to complete part one of your PHA and schedule an appointment for part two at the 11-month mark after the last PHA. The same applies to vision and hearing screening, and an annual dental exam.

There are many administrative tasks associated with readiness as well. Every year we are charged with a review of our personnel records and ensuring our DD93 and our SGLI are updated.

Do you know when yours is due next? Your annual training requirements including computer based training are also part of your readiness.

The DOC is a great tool to help you keep track of when your training requirements

are next due. If you don't review your requirements in the DOC daily, I recommend adding reminders to your Outlook calendar at least 30 days from the annual suspense date. This will allow you the flexibility to schedule the training when you have some extra time.

Throughout the year, we are afforded "training days" or a "Day of No Scheduled Activities," normally in conjunction with federal holidays. These days can be granted as time off for Soldiers with all current readiness requirements as verified by their supervisor. If you have any delinquencies, this day should be used to keep your readiness current by taking required training, updating or working on your administrative readiness requirements or attending to vision, hearing, dental or PHA appointments if you are not otherwise engaged in mission requirements.

Do our civilian teammates facilitate readiness? You bet they do. Our civilians are our continuity. They are the bedrock of our 5-Star family. When those of us in uniform deploy, civilians continue our mission in our stead. It is critical they keep training requirements current, just like Soldiers.

see **IKE6** on page 8

Fall: football, multi-tasking, cancer, Hispanic Awareness

Command Sgt. Maj. Natasha Santiago
Eisenhower Army Medical Center

Happy October. Fall is here, summer is gone. The leaves are starting to change colors, and the temperatures will eventually begin decreasing here within the CSRA.

Football — both college and NFL — is in full swing (NY Giants!!), and the holiday season is right around the corner. Not to mention, Halloween is this month. There is always something to look forward to.

There has been so much that has gone on over the last 60 days. Eisenhower Army Medical Center's OPTEMPO has been intense with our COVID mission sets in both the inpatient and outpatient settings. Vaccinations will continue to be a large part of ensuring the safety of our staff and patients as we continue to navigate the

In May, I was diagnosed with thyroid cancer.

COVID pandemic and this Delta variant.

As leaders, we will continue to have the hard conversations while we simultaneously address concerns. The safety of our teammates is at the forefront of my mind, and being vaccinated is one of the greatest tools we have to defeating COVID, outside of masking, hand washing and social distancing. We need every member of the team, their families and friends to remain safe and healthy.

Readiness is our watchword. We as an organization continue to navigate all of the mandatory gates needed for personal and organizational readiness. Whether it is MHS-Genesis, DHA certification, diagnostic ACFTs, Online TNG, ICTLs, PHAs or dental appointments, the team continues to shine.

The overall ability of this organization to multi-task and get things done is exceptional; just don't lose sight of taking care of yourselves in the process. #selfcare #mindfulness.

This month is Breast Cancer Awareness and Prevention Month. As I sit here and write this, I am wearing a NY Giants Crucial Catch shirt. The NFL sells a line of fan gear in support of this super important cause.

see **IKE7** on page 8

Nitty gritty of EAMC's COVID response

Col. Sheila Webb

Assistant Deputy Commander of Nursing,
Department of Nursing
Eisenhower Army Medical Center

Over the last 18 months Eisenhower Army Medical Center has been battling the COVID-19 pandemic, caring for those patients with determination, compassion and clinical expertise.

Looking back at what the medical staff has accomplished during this time, the results are truly amazing, given what they have faced.

As of this writing, this organization has cared for a total of 372 COVID-19 patients (equaling 48,360 patient-care hours), with 311 of those patients fully recovering and discharged. This far exceeds the national standard of COVID recovery.

To accomplish this, EAMC has trained more than 350 nurses — both inpatient and outpatient — to care for COVID-19 patients. The hospital stood up a four-bed non-COVID ICU in the Post-Anesthesia Care Unit, transformed the 12-bed main ICU into the COVID-19 ICU, and created the 12-bed MED/SURG COVID-19 ward on 9West.

Through all this clinical activity, only three of EAMC's clinical providers contracted COVID-19 out of the thousands of contacts with the COVID-19 patients here. It is a cross clinical infection rate of less than 0.01 percent, far below the national rate of 10 percent. This is a testament to the quality and vigilance of donning and doffing PPE processes and procedures.

With the Delta variant, EAMC has seen its COVID-19 inpatient numbers exceed those seen this last winter. As the regional COVID-19 inpatient medical center EAMC requires a patient-care platform with capacity to care for not only our local beneficiary



Photo by Col. Ronald S. Gesaman

Maj. Jessica Cassidy briefs Col. Heidi Mon, commander, Eisenhower Army Medical Center, Aug. 25 on the COVID ICU, COVID ICW (MED/SURG) expansion plan and the non-COVID MED/SURG and Telemetry Unit consolidation plan in the first floor VTC conference room.

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see **NITTY GRITTY** on page 9

Meeting cancer head on — with confidence

Lt. Col. Ryan Oleszewski, MD
Chief, Hematology Oncology
&
Maj. Nathan Tidwell, DO
Assistant Chief Hematology Oncology
Eisenhower Army Medical Center

In the United States, according to the National Cancer Institute, approximately 40 percent of the population will experience cancer at some point in their life.

Cancer will affect all of us. Either you, yourself, will go through the experience, or someone close to you will. Cancer can be physically, emotionally and financially devastating.

Eisenhower Army Medical Center aims to soften those blows by equipping patients with the tools needed to manage all aspects of the cancer diagnosis.

Breast Cancer Awareness

Breast cancer is one of the most commonly diagnosed cancers, and most frequent cancer treated at Eisenhower. It is estimated that more than 50 women with breast cancer are treated at Eisenhower every year.

Eisenhower offers a strong multidisciplinary team to help patients and their families every step of the way, from prevention through survivorship.

The first line of defense in fighting cancer is prevention and early detection through screening. As part of its multidisciplinary team, the oncology department takes part in outreach programs. Through

Breast cancer is the ... most frequent cancer treated at Eisenhower.

these programs, patients learn about the best practices in nutrition, smoking cessation and available cancer screenings. These outreach programs are designed to help patients understand the risks of developing cancer and the steps they can take now to prevent it.

During breast cancer screening, if anything abnormal is seen on a mammogram, the patient is called back for further imaging and, likely, a biopsy. If the biopsy confirms cancer, the patient is notified by EAMC's breast cancer case navigator, Alice Valentine. She is often the first interaction patients have as they start down what can feel like a very daunting path.

Valentine takes the time and has the expertise to guide patients, and help them understand their diagnosis and what the next steps look like. She is their primary point of contact at the start and guides them through necessary labs, tests and appointments to get them on the path to treatment and, hopefully, remission of their disease.

The greatest strength of EAMC breast cancer treatment is the multidisciplinary team approach. This team composed of the medical oncologist, surgical oncologist and radiologist that meets every other Thursday. Prior to meeting with patients, this team reviews each patient case and creates an individualized treatment plan. Factors such as the tumor size, location, prognostic markers, the patient's concerns, comorbidities are all taken into account to develop a treatment plan that meets each patient's specific needs.

At the patient's first appointment, she will meet face-to-face with the surgical oncologist and medical oncologist at the same time. They will discuss the treatment plan prepared prior to the meeting. The goal of this joint encounter is to develop a relationship of trust with the patient and begin to better understand her goals. The multidisciplinary team will collaborate with the patient to make adjustments to the treatment plan.

Once a treatment plan is finalized, the patient is provided with appointments so the next steps of the plan can be carried out as efficiently as possible.

Valentine continues to be a resource and guide to patients as they start to become familiar and understands the process breast cancer treatment. She is able to answer many questions that arise and, if needed, communicate new questions to the doctors.

After any surgery, the treatment plan calls for the final staging of the tumor to be completed. Then the tumor board meets to finalize treatment plans and make adjustments as needed.

The tumor board consists of a surgical oncologist, medical oncologist, radiation oncologist, radiologist and pathologist. They meet every other Monday to discuss each patient's individual case. Cases are also reviewed to see if there are trials available for the patient, or if genetic testing is warranted. The physicians on the tumor board finalize the treatment plans. The patient then meets with medical oncology to discuss the next steps in the patient's treatment plan.

When the patient meets with the medical oncologist to discuss

WANTED

Dental prosthetic program seeks denture candidates

Staff Reports
Dental Health Activity
Fort Gordon, Ga.

The Fort Gordon Prosthodontic Residency Program is looking for complete denture patients; i.e., no teeth remaining in the upper or lower jaws, for residency training purposes.

Qualified applicants must have a valid military ID card and be DEERS-eligible (family member or retired). DEERS eligibility will be determined prior to making an appointment. At the initial screening appointment, the staff prosthodontists will consider if individuals are qualified for the purposes of residency training.

Please bring a list of all medications taken. If selected, patients will receive a new set of dentures at no cost with a limited amount of follow-up care. Appointments will be accepted from Oct. 1-15.

Phone 706-787-5102 weekdays, 8:30-11:30 a.m. or 12:30-4 p.m., to set up a screening appointment.

6 Community fights pandemic alongside medical staff

Laura Levering
Public Affairs Office
Fort Gordon

The effects of the pandemic have inevitably put a strain on the workforce; perhaps none more-so than those working in the medical field. Fortunately, a great deal of the strain on Fort Gordon has been alleviated thanks to ongoing collaborative efforts between the installation's Army Public Health Nursing branch and various Fort Gordon personnel; namely the command and its support teams.

APHN's mission is to "enable total force readiness through promoting population-focused health, mitigating disease and injury, assuring force health protection, informing policy, and responding to emerging health threats." It is essentially the Army's equivalent of the Department of Public Health, explained Lt. Col. Dionicia Russell, chief of APHN, Eisenhower Army Medical Center.

"We have to not just educate people, but any infectious disease, not just COVID, that comes across Fort Gordon. We have to actually trace and report to the county health department," Russell said.

When the first COVID-19 case on Fort



Photo by Laura Levering/Fort Gordon Public Affairs

1st Lt. Aboubacar Coulibaly, COVID-19 disinfection training instructor, goes over personal protective equipment needed when disinfecting an area that was inhabited by a person who tested positive for the disease.

Gordon was confirmed in February 2020, Russell began preparing for the worst. By mid-March, much of the installation had temporarily closed as the number of confirmed cases rose. Accomplishing APHN's mission was already a challenge with just herself and two other nurses on staff. The added need for tracing COVID-19 made it nearly impossible for an already strained staff.

"When that happened, the Army sent out some guidance that if our numbers started going up, we could reach out to the post and they gave us a standardized process we could follow to do contact tracing and to do cleaning teams as that increased," Russell said. "We took that guidance when we saw our numbers started inching up."

Reaching out to the installation's command team and Directorate of Plans, Training, Mobilization and Security, Russell said she received an outpouring of support from all sides. Her request for borrowed military manpower was approved, and a dedicated COVID-19 contact tracing team were established. CTTs consist of service members from all backgrounds and branches of service. They serve on 90-day rotations. Their duties include — but are not limited to — calling patients who tested positive for COVID-19 and instructing them on their next steps. Using a detailed questionnaire, CTTs trace patients' movements in an attempt to notify other potentially exposed persons and prevent

further spread of the virus.

"The tracers are trained how to ask questions, and a nurse is there in case one of the tracers comes across one of the individuals who tested positive has any other medical issue," Russell said.

CTTs ask questions about patients' symptoms and living conditions to ensure the best possible plan of action, which can range from staying at home in isolation or being advised to be seen at a hospital immediately. Everything is sent to the patient via email so they know exactly what they should do.

"All of it is education that has been approved by our providers," Russell said. "It is a monumental (task) when the tracers do the packets ... they send the packets back to the nurse, the nurse looks through the entire packet ... If anything is missing, she sends it back to the tracer and the tracer completes it," Russell said.

Once CTTs were established, the next step was to establish COVID-19 cleaning teams, which Russell managed again, thanks to command support, she said.

"When we were setting up the contact tracing teams, we knew it was important to set up cleaning teams, but at the time our focus was trying to get all of those cases traced," Russell said.

When a person tests positive for COVID-19, the area in which the person

see **DISINFECTION** on page 11



Photo by Laura Levering

Spc. Travis Spires, U.S. Army Cyber Command, participates in COVID-19 disinfection training Aug. 17. Spires said he attended the class as a way to help prevent the spread of the disease.

‘A greater purpose’ Military blood program relies on donors

Laura Levering
Public Affairs Office
Fort Gordon

Petty Officer 3rd Class Shailynn Galvin, of Navy Information Operations Command – Georgia, has donated blood at outside community blood drives, but up until Aug. 31 she had never donated at Fort Gordon’s Kendrick Memorial Blood Center. So when the 21-year-old heard her command was sponsoring a blood drive at KMBC, she didn’t hesitate to donate.

“I came out because I heard this is a direct support to our troops, and I don’t know about you, but if I was in need of blood, I would hope that they have it,” Galvin said.

Galvin was one of more than 150 Fort

Gordon Navy personnel who donated lifesaving blood to the Armed Services Blood Program Aug. 30-31, which as Galvin learned, goes directly to military members and their families.

Erin Longacre, Fort Gordon ASBP blood donor recruiter, said organized blood drives — such as the Navy’s — are what keep the program going. As the official blood collection and transfusion program for the U.S. military, the ASBP’s mission is to “provide quality blood products and services in both peace and war.”

“A big part of our mission is to maintain readiness for our special operations’ teams, our forward-medical assets need blood to



Photo by Laura Levering/Fort Gordon Public Affairs

Staff Sgt. Jesse Elwood, a medic with Kendrick Memorial Medical Center, prepares packets of blood for their next phase of going from donor to recipients as part of the Armed Forces Blood Program, Aug. 31. The ASBP is the official blood collection, manufacturing and transfusion program for the U.S. military.

help save lives far forward, and in some cases, injured troops can receive blood at the point of injury, so we are able to get blood products to those who need it,” Longacre explained.

The ASBP also supplies blood to military hospitals stateside, where service members’ families and retirees may be on the receiving end of donations.

Blood donated at KMBC is processed immediately and leaves the center on the third day of collection, giving it the longest shelf life possible.

Unlike its civilian center counterparts, KMBC is restricted to soliciting on federal property, which can pose a challenge and is one of the reasons staff travels to other installations to conduct blood drives. Longacre said the Fort Gordon team travels to Fort Jackson and Parris Island, both in South Carolina, where they set up mobile sites to collect blood donations.

All blood types are needed, but O negative is the most sought after because it is “universal,” meaning it can be given to anyone, unlike B negative, which is extremely rare — and all the more reason Galvin was eager to donate. Galvin said she was surprised to learn when she enlisted that she is part of less than 2 percent of the population that has B negative blood.

“It’s needed on a regular basis, so that’s also why I came,” she said.

Petty Officer 1st Class Anastasia Smith, see **PURPOSE** on page 11



Photo by Laura Levering/Fort Gordon Public Affairs

Petty Officer 3rd Class Shailynn Galvin, of Navy Information Operations Command – Georgia, relaxes while donating blood Aug. 31 at Kendrick Memorial Blood Center. Galvin was one of more than 150 Navy personnel who donated to the Armed Services Blood Program during a blood drive organized by NIOC-Georgia. Assisting Galvin is Staff Sgt. Jesse Elwood, a medic assigned to Kendrick Memorial Medical Center.

IKE6 from page 3

I'm humbled by the passion and dedication I witness daily toward meeting our readiness and health care delivery mission requirements. If you're not meeting your individual readiness requirements and need assistance, reach out to your leadership. As a 5-Star family, I know we can help each other raise our readiness rates in recognition of our commitment to EAMC, the AMEDD, the Army and our nation.

We are Eisenhower.

— IKE6

LEG UP from page 2

ond, primarily fats.

If you sprint at the end of the 2-mile run, your body will convert back to the glycolytic energy systems for its' fuel source (i.e. stored glycogen).

As Francis La Rochefoucauld, French writer from the 17th century, said, "To eat is a necessity; but to eat intelligently is an art."

You must ensure you are eating the right foods at the right time to maintain your training. It is recommended you consume at least six to eight small meals a day with a balance of complex carbohydrates (i.e. whole grains with at least 2 to 3 grams of fiber) versus simple carbohydrates (refined sugary foods, etc.) lean proteins and good fats (i.e. monounsaturated and polyunsaturated).

Remember to start exercise well hydrated, drink at least 2-3 cups of fluid 2 to 3 hours before you exercise to allow excess fluid to be lost in urine and replenish accordingly afterwards.

After the ACFT, (You passed; Hoooooah!), consume a balanced meal with high-glycemic index type foods. High GI foods will replenish your glycogen stores faster, and the balanced meal will aid in your overall recovery from the ACFT.

IKE7 from page 3

In May, I was diagnosed with thyroid cancer. Last month, I had my thyroid removed. Though I cannot relate specifically to those who have dealt with Breast Cancer, this month now resonates with me differently.

To all EAMC family members who are dealing with breast or any kind of cancer, know that you are strong; we are here to be your support network and you are cared about immensely. Keep fighting.

To all EAMC family who are survivors, please share your stories. Sharing your journey will help more people than you know. Never forget; there is always strength in numbers.

This month we also observe Hispanic Heritage Month. This observance goes from Sept. 15 through Oct. 15. Please watch for information on how EAMC will celebrate.

I talked about it in the beginning, but Halloween is at the end of the month. I am really excited for this year because my little PJ is 14 months old, and Hector Sr. and I will be able to dress him up. With that said, I hope that as you participate in Halloween festivities this year, you remain safe and alert of your surroundings. If you hand out candy, or partake in trick-or-treating, try to find ways to do it with social distancing in mind.

Be creative. Remember, social distancing does not mean social isolation. I look forward to seeing some great Halloween photos this year.

—IKE7

September**Patient Safety Employee of the Month**

Photo by Andrea Chavous

Spc. Attila Szentgyorgyi-Toth, know colloquially as "Spc. Z," left, a medical laboratory technician at Eisenhower Army Medical Center, is recognized for his dogged determination tracking down a disconnect in a patient's samples. Making the presentation Sept. 7, is Col. Heidi Mon, commander, EAMC.

Patient Safety Division

Spc. Attila Szentgyorgyi-Toth, who goes by "Spc. Z," is a medical laboratory technician who consistently demonstrates reliable patient care by following standard operating procedures without deviation and paying meticulous attention to detail that recently resulted in likely saving a patient's life.

The native of Neshanic Station, N.J., takes the extra time to investigate patient samples that are not in line with the norm. His extra attention to detail paid off last month when he questioned a patient's sample results he received just the hour previously. Instead of placing the specimens on the analyzer and certifying the results, he took the time to flag these specimens and run them off-line to ensure the other techs were aware.

The results from hematology specimens were only slightly different from the previous results just an hour earlier, but he decided to investigate more anyway.

He called the floor to speak with the nurse and it was discovered that the second set of samples were mislabeled. At that time the chemistry test finished with a critical glucose level of more than 800 while the normal range is 70-100.

Without "Spc. Z's" attention to detail and understanding of his job, this error might never have been caught and a critical result may have been called on the wrong patient. The mistake potentially could have caused medication to be given when in fact no recourse would have been necessary.

"Spc. Z," who aspires to be a licensed physical therapist, definitely embodies Eisenhower Army Medical Center's purpose of a providing "medical readiness through quality, timely, safe health care, and exceptional medical education," as well as EAMC's vision of "providing a 5-Star health care experience."

FISHER HOUSE



Courtesy Photo

Thanks to the American Legion Albert Gordon Post 56, Jefferson, Ga., for their support and contribution to the Eisenhower Army Medical Center Fisher House – Fort Gordon. Members of American Legion Post 56 made the 120-mile drive Aug. 26. They were greeted by Col. Heidi Mon, commander, Eisenhower Army Medical Center, and EAMC Command Sgt. Maj. Natasha M. Santiago and the Fort Gordon Fisher House manager Francisco Cruz. Members of the Post 56, — Joseph Ruttar, Dennis A. Cote', Joseph Moran, and Donald Stewart, Sons of the American Legion Post 56 — presented \$1,000 to Mon for the Fisher House.

CANCER from page 5

chemotherapy, she also meets with the oncology nurse case manager. The nurse case manager is able to take over from Valentine to guide the patient on the next steps through chemotherapy and radiation. Often these treatments result in secondary issues that may include behavioral health evaluation, employment issues, follow-up testing and survivorship care plans.

Every patient is treated as an individ-

ual at Eisenhower because every person is unique. The multidisciplinary team of physicians and support staff walks each patient through the cancer treatment process and continues to provide them with the help they need as they carry on. That support continues throughout their life as they participate in our survivorship program.

Cancer is ubiquitous and life-altering, but the Eisenhower oncology team is dedicated to facing it head on and helping their patients do the same — with confidence.

NITTY GRITTY from page 4

population, but also for our regional MTFs at forts Stewart, Benning and Jackson.

To accomplish clinicians developed a COVID inpatient Primary, Alternate, Contingency, and Emergency, or PACE, Plan. Currently the staff operates the alternate phase of the plan with an expanded non-COVID ICU in PACU and the MED/SURG COVID ward on 9 West. Over the weekend of Aug. 21 inpatient nursing leadership developed the operational concept of how to expand and staff the contingency phase of our PACE Plan. The intent was to provide the commander with recommendations and decision points regarding EAMC's crisis staffing for inpatient nursing and bed capacity during this fourth wave of COVID.

The concept developed the following plan:

- Increase ICU capacity by six beds
- Increase Intermediate Care Ward (MED/SURG Ward) capacity by four beds total
- Condense all non-COVID ICW patients to 11W
- Condense all COVID ICW patients to 9 West and increase capacity by eight beds
- Open COVID ICU 6 West with four beds initially
- Detail 32 staff to inpatient services to serve as either a team nurse or care extender.
- Assign Certified Registered Nurse Anesthetists as Advanced Practice Registered Nurses team lead in the PACU ICU, mitigating risk and expanding airway management capabilities.
- Once teams are established, increased patient ratios can be considered.



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.

October:
Think of someone who has been waiting for something from you. Today, deliver what they have been waiting for.

10 Short tutorial on using PubMed's clinical queries

Mary E. Gaudette
Librarian
Eisenhower Army Medical Center

Due to the depth and preciseness of its predefined filters, PubMed's clinical queries search tool is an extremely efficient application for locating scholarly literature on clinical or specific disease topics. It greatly simplifies the process of retrieving articles that report on clinical trials.

The filter drop-down menu offers the option of searching for the following trial types: therapy (the default setting), diagnosis, etiology, prognosis and clinical prediction guidelines. For users interested in knowing the composition of the filters, clicking on the "Clinical Queries filter details" link reveals their respective search terms, search fields and Boolean (and, or, not) operators. Additionally, the sensitivity or specificity of the results can be determined by selecting either the broad search

(the default setting) or the narrow search option from the scope drop-down menu.

To perform a search, users need enter in the search box only the main nouns (PICO terms) from their clinical questions. For instance, to search for trials addressing the clinical question "In children (population), is duct tape (intervention) as effective as cryotherapy (comparison) for treating warts (outcome)?" the user would select the therapy filter and enter in the search box only the terms "children," "duct tape," "cryotherapy," and "warts." (Note: When typing in the terms, do not insert commas between them or set them off with quotation marks).


Using the same example, if the clinical question did not reference a specific population, then only the terms "duct tape," "cryotherapy" and "warts" need be entered in the search box. Likewise, if there were no specific comparison treatment referenced in the question, the term "cryotherapy"



would not be included.

To access PubMed's clinical queries tool, go to <https://pubmed.ncbi.nlm.nih.gov/clinical>. For assistance with it, or assistance with composing a PICO-formatted clinical question, contact the librarian at 787-4446, or send an email to mary.e.gaudette.civ@mail.mil.

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The advertisement features a background image of a medical professional in a clinical setting, wearing a mask and focused on a task. The text is overlaid in white and blue, with a blue bar at the bottom containing the MHS GENESIS logo and website URL.

DISINFECTION from page 6

was must be thoroughly disinfected before the space can be re-inhabited. Rather than send out a contracted cleaning team to disinfect, which can cost tens of thousands per cleaning, APHN developed a class. Classes are currently led by 1st Lt. Abou-bacar Coulibaly, environmental health officer with EAMC, every other Tuesday, in a train-the-trainer format. Everyone who takes the class is encouraged to take their knowledge and share it with others in their organization, thus creating a CCT.

“The more people we get trained on how

to properly disinfect, the faster they can return to their space,” said Coulibaly. “It saves the Army a lot of money and contributes to mission readiness.”

Spc. Travis Spires, U.S. Army Cyber Command, a recent graduate of the class, said he learned a lot and plans on teaching the class to others in his unit.

“There’s definitely a lot more to it than just wiping a surface down or spraying it with Lysol,” Spires said. “It’s a good class everyone should take.”

Although Russell hopes there comes a day when CCTs and CCTs are no longer needed, she said she struggles to find the words to

describe how thankful she is to have them.

“Our post has gone above and beyond ... I am really proud of what we’re doing here on Fort Gordon,” Russell said. “I am so thankful because we would have never been able to do this mission without the support, so what a beautiful collaboration we have had with the entire post.”

COVID-19 disinfection training is held at the Department of Preventive Medicine, APHN office, in Building 38701. Classes are limited to 10 people and are on a first-come, first-served basis. Anyone interested in signing up for the class should contact Coulibaly at 706-787-1215.

PURPOSE from page 7

NIOC-Georgia, co-organized the Navy blood drive. A repeat donor herself, Smith said her goal was to get as many donors as possible through the doors. Her mission was successful.

“We had so much support that towards the end of the day we got over capacity,” Longacre said.

As a result, the drive was extended an extra day — something Longacre would much rather see happen versus there being a shortage of donors — especially at a time when donations are lower than normal due to the pandemic.

“The need is there,” Longacre said. “Whenever there is a crisis that keeps people away from blood drives, we always experience a great need.”

The actual donation process only takes 10-15 minutes, but Longacre said to prepare for an hour from start to finish due to the prescreening and break time afterwards.

KMBC is currently unable to accept walk-in donations due to an upcoming move. The clinic will be moving into a brand new building Oct. 1, at which time it



Photo by Laura Levering/Fort Gordon Public Affairs

Staff Sgt. Francis Koroma, a medic assigned to Kendrick Memorial Blood Center, prepares vials of blood while a sailor donates blood Aug. 31.

will reopen for walk-ins and appointments. The new location is directly across the parking lot from its current location.

“The new facility is going to have more storage capability, more processing capability, more collecting capability. Everything is going to be better over there and that will better help us provide the blood we need to both downrange and here at home,” Longacre said.

In the meantime, Galvin hopes the community — particularly would-be first-time donors — give donating blood some serious consideration.

“Honestly, the purpose is greater than the process, so if you know what you’re

doing it for, again, that’s the purpose,” Galvin said. “And it’s more important than the process that you have to go through.

Before you donate

Blood donors must weigh at least 116 pounds and can donate every 56 days. Prepare by eating a good, iron-rich meal the day before donating blood. Hydrate before and after donating, especially if it is hot outside. People can donate blood regardless of vaccination status. However, anyone who has tested positive for COVID-19 must wait at least 14 days before they can donate blood.





Margarita Duncan,
Health System Assistant,
Neuroscience and Rehabilitation
Center, at Eisenhower
9 years, in the Army
22 years



Kevin L. Johnson,
IMD Cyber Security Branch,
at Eisenhower 8 months



First Lt. Desiree N. Aguilar,
RN, Intensive Care Unit,
in the Army and at
Eisenhower 2 1/2 years



First Lt. Devon L. Collins,
RN, 9 Med/Surg Unit, in the
Army 2 years, at Eisenhower
22 months

