

MEDICAL NEWS

Volume 23, Number 11

www.militarymedical.com

NOVEMBER 2016

PRESIDENTIAL PROCLAMATION VETERANS DAY, 2016

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA
A PROCLAMATION

America has long stood as a beacon of hope and opportunity, and few embody that spirit here at home and beyond our borders more than the members of our Armed Forces. Soldiers, Sailors, Airmen, Marines, and Coast Guardsmen are part of an unbroken chain of brave patriots who have served our country with honor and made tremendous sacrifices so that we may live free.

On Veterans Day, we salute the women and men who have proudly worn the uniform of the United States of America and the families who have served alongside them, and we affirm our sacred duty as citizens to express our enduring gratitude, both in words and in actions, for their service.

Our country has the best-trained and best-equipped military force in the world, and we need to make sure we have the most supported and respected veterans in the world. We are a Nation that leaves no one behind, and my Administration has made historic investments to provide veterans access to the resources and education they need to share in our Nation's promise when they return home. Partnering with community leaders across America, First Lady Michelle Obama and Dr. Jill Biden's Joining Forces initiative works to ensure our country's heroes can thrive by combatting veteran homelessness, promoting their emotional well-being, and advancing employment training and placement -- and we have made great progress. Today, the unemployment rate for veterans is lower than the national average, and veteran homelessness has been nearly cut in half since 2010. We also recognize that some of these courageous men and women have faced and overcome profound challenges, both physically and emotionally, in defense of our freedom. We must continue to provide high quality health care to our veterans and make sure they have the support they have earned and deserve.

The example our Nation's veterans set throughout their lives is a testament to the drive



Photo By Marcy Sanchez

First of its kind

William Beaumont Army Medical Center and El Paso, Texas first-ever infant bilateral cochlear implant recipient, Zoella Hamilton (right), poses for a photograph with mother, Ashley Hamilton, during an event at WBAMC, Oct. 15. Fourteen-month old Zoella was born completely deaf and is awaiting the activation of her cochlear implants to hear sounds and voices for the first time in her life. See story on page 3.

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Army doctor's speech on sleep will keep you awake

By Sgt. Daniel J. Friedberg
7th Mission Support
Command Public Affairs Office
How many hours of sleep do you need every night?

Army Lt. Col. Robert V. Parish, commander of the 254th Medical Detachment and a clinical neuropsychiatrist, gave a "train the trainer" lesson in the science of sleep in a briefing conducted at Daenner Kaserne on Oct. 22.

He, and Army Capt. Sway Nunez, spoke to Army Reserve medical professionals of the Medical Support Unit – Europe of the 7th Mission Support Command.

The hour-long presentation was designed to inform the Soldiers of the MSU of the scientific and defense community's latest research relating sleep to the war-fighter's physical well-being.

Parish surveyed his audience for their sleep patterns and concluded that many Soldiers and adults in modern times often do not sleep as well as they

should. The reasons include work, study, life habits, family responsibilities and other stress, he said.

Most people sleep in a 90-minute pattern and should get seven and a half hours a night to be considered truly rested.

"Eight to be great," said Parish, of the target sleep duration most adults need.

Parish also explained that when humans habitually sleep less than eight hours, but more than five, they may feel well because their motor functions are fine. Their decision-making, risk analysis and planning, however, can be as poor as a person who has not slept in 36 hours.

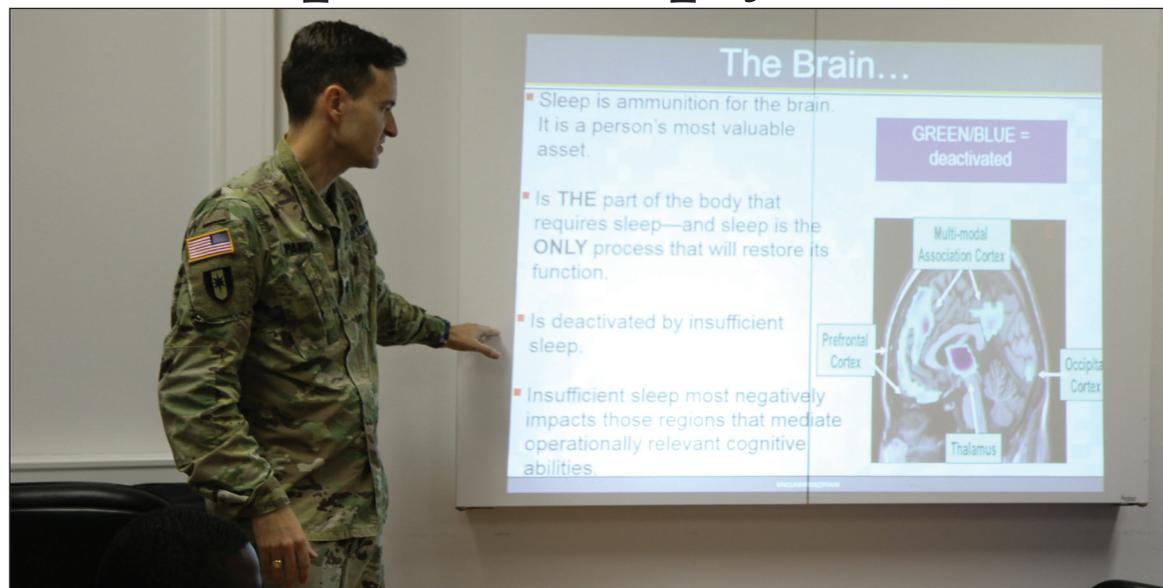
"When this sets in, cognitive compromise results," said Parish. The results are poor concentration, diminished problem-solving skills and less emotional control.

Sleep is starting to be considered as important as hydration for military operations, he added. The Army is considering how to prioritize sleep for its operational leaders to avoid making bad or even dangerous decisions effecting Soldier's lives and mission effectiveness.

Current studies are also giving support to the old wisdom that a quick nap, if done before 3 p.m., is one of the simplest remedies to make up for lost sleep, Parish said. More research is being done about the issue.

"LeBron James gets 12 hours of sleep a night in post season tournament play, and he's arguably the best player in professional basketball," said Parish, to explain how sleep is connected to performance.

Parish said that he even believes many marital issues could be solved if both partners simply got more sleep.



Photos By Sgt. Daniel Friedberg

Army Lt. Col. Robert V. Parish, commander of the 254th Medical Detachment and a clinical neuropsychiatrist gave a "train the trainer" lesson in the science of sleep to Army Reserve medical professionals of the Medical Support Unit of the 7th Mission Support Command in a briefing conducted at Daenner Kaserne on Oct. 22, 2016.



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• Veterans Day (Continued from front page)

and perseverance that define the American character. Let us uphold our obligations to these heroic individuals and never forget those who paid the ultimate price for our liberty. On this day and throughout the year, may we sustain their lasting contributions to our Nation's progress and carry forward their legacy by building a future that is stronger, safer, and freer for all.

With respect for, and in recognition of, the contributions our service members have made to the cause of peace and freedom around the world, the Congress has provided (5 U.S.C. 6103(a)) that

November 11 of each year shall be set aside as a legal public holiday to honor our Nation's veterans.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, do hereby proclaim November 11, 2016, as Veterans Day. I encourage all Americans to recognize the valor and sacrifice of our veterans through appropriate public ceremonies and private prayers, and by observing 2 minutes of silence for our Nation's veterans.

I call upon Federal, State, and local officials to display the flag of the United

States and to participate in patriotic activities in their communities. I call on all Americans, including civic and fraternal organizations, places of worship, schools, and communities to support this day with commemorative expressions and programs.

IN WITNESS WHEREOF, I have hereunto set my hand this eighth day of November, in the year of our Lord two thousand sixteen, and of the Independence of the United States of America the two hundred and forty-first.

BARACK OBAMA

AF Global response force training tests readiness

By Staff Sgt. Natasha Stannard
633rd Air Base Wing

When a country is in need of medical relief and humanitarian aid, the EMEDs team here may get the call to deploy their 25-bed field hospital within 72 hours of notification depending on their turn in a yearly on-call rotation.

"You take leave with the understanding that if you get recalled, you have to come back. When we went to Liberia, I was at my Mom and Dad's 50th wedding anniversary," said Senior Master Sgt. Curtis Miller, 633rd Medical Support Squadron superintendent. "I just got there...when I got the call. They said 'you have six hours to be back at base.'"

The training opportunity focused on mirroring what medics like Miller have encountered in humanitarian support environments where their initial response mission is to provide basic medical, while others are providing aid.

"Here at Langley we have it all; the personnel, equipment, tents, everything needed to stand up and operate a 25-bed hospital," said U.S. Air Force Col. Norman Fox, EMEDS commander. "We can go anywhere in the world in support of major combat, contingency, humanitarian assistance, disaster relief, defense support of civil authorities or stability operations."

Usually these types of exercises involve fake wounds and simulated ailments. This training included that, in addition, to real patients with basic medical needs that are often found in impoverished countries in need of humanitarian relief, said Keith Morgan, medical contingency planning official.

"A lot of times, this is the first sort of definitive care these people are seeing," said Col. Susan Pietrykowski, 633rd Medical Group commander. "What we see as basic needs is a higher level of care



(U.S. Air Force photo by Staff Sgt. Natasha Stannard)

U.S. Air Force Emergency room doctors and technicians treat patients with simulated injuries and illnesses during a medical global response force training exercise at Joint Base Langley-Eustis, Va., Oct. 20, 2016. Members of the medical group put the 25-bed field hospital to the test while treating real-world and simulated patients.

for them."

For Maj. Aleacha Philson, 633rd Medical Operations Squadron pediatrics flight commander, the real-world training was vital in catching hiccups that could hinder such care during an actual humanitarian mission.

"Providing them with real patients helps them see what challenges they may be faced with," said Philson. "It provides better feedback in the after-action report. We would rather get that now than when we have an actual real word global response mission."

But, before the medics saw their first

patients they set up their own tents, generators and systems in a building block style that allowed them to either add or take away hospital sections based on the crisis' needs. At its full capacity the field hospital, which has to be operational within 60 hours of boots-on-the-ground, can provide care for a population at risk up to 6,500.

"When I was in Liberia we built our own perimeter fence, we produced our own power, set up our own communication system and tents; we did everything," said Miller, who deployed to build the field hospital in support of Operation United Assistance.

For the training, once all was set up, it was time to provide real patient care for active duty members during which Miller's primary training goal was put to the test.

"This is about going back to the basics in which we not only provide services to other people, but we're actually looking out for each other," said Miller. "Getting to know the people on your team and getting them to be able to function appropriately and effectively together is key. When I do take them down range and when we end up in that Haiti situation or Liberia situation, I know that I have a trusted team."

WBAMC surgery is first of its kind in El Paso

By Marcy Sanchez

William Beaumont Medical Center
Public Affairs Office

An Army Family's 14-month-old infant received William Beaumont Army Medical Center's first-ever pediatric bilateral cochlear implants at WBAMC, Sept. 28. According to Andrea Sweetnam, local pediatric and cochlear implant audiologist, the surgery was also the first to be conducted in the city of El Paso.

Thanks to the procedure, Zoella Hamilton, daughter of Ashley Hamilton, an Army spouse, will be able to hear sounds for the first time in her life following activation of her bilateral cochlear implants. When Zoella was first born, she failed her newborn screening for hearing and then again in February. She was then referred to an audiologist.

"For a while I was in denial. I thought she could hear but she wasn't making sounds," said the 22-year-old mother of

three. "She would look at us but there were no sounds, she was silent unless she was crying."

Cochlear implants, electronic hearing devices which electrically stimulate nerves inside the inner ear, are reserved for patients with severe to profound nerve deafness.

According to Hamilton, a native of Greenwood, Indiana, as the twins developed she noticed Zoella's development delays. While twin brother Harrison is able to say "mama" and "dada" Zoella refrains from speech.

In social settings such as playgrounds, Zoella doesn't interact with other children, said Hamilton. While her two brothers play with other children, Zoella tends to find herself in isolation.

The importance of Zoella's ability to communicate was a concern for Maj. Brian Chen, neurologist, WBAMC. According to Chen, who inserted Zoella's implants, the earlier a child

receives the implants, the healthier the child's social development is.

"There are a lot of quality of life surveys for children that look at how well they interact with others; it shows they improve in all aspects, just based on getting the implants earlier in life," said Chen, a native of Irvine, California. "We're trying to push it to implant before one year of age. Their ability to speak, their accuracy, their social interactions is better if implanted prior to one year of age."

In addition to the capability of operating on pediatrics, unilateral and bilateral cochlear implants are now an option at WBAMC for retirees and referred veterans who are eligible candidates for the procedure.

"As you age and have complete hearing loss, you become a good candidate for cochlear implants," said Chen. "We're starting a cochlear implant pipeline so that eligible candidates come from the VA to us which allows us to

capture a lot more of these patients."

According to Chen, the availability of the procedure at WBAMC will be a factor in preventing those with hearing loss from becoming isolated or depressed while decreasing referrals out of the community for this type of operation.

What makes the operation unique for infants is based on the structure and sensitivity of the ear canal with careful procedures required for success.

Zoella's cochlear implants will be activated in the coming week pending a follow-up appointment with an audiologist, of which will determine if she will be capable of hearing her parent's voices for the first time.

To Hamilton, the pending success of the bilateral cochlear implants goes beyond the sounds and words Zoella will be capable of processing.

"The biggest thing for me is for her to hear me tell her 'I love you.' That would mean a lot," said Hamilton.

Airman follows in mothers footsteps, becomes flight nurse

By Staff Sgt. Robert Hicks

621st Contingency Response Wing

As a child, Capt. Katie Slugoeki, 321st Air Mobility Operations Squadron flight nurse, would tag along with her mother, who has now been a nurse for more than 30 years, while she worked and saw the impact her mother had on her patients' lives.

Since she was just a young girl using her mother's stethoscope on her baby brother, Slugoeki has had a passion for taking care of others thanks to her mother's influence and this passion has come into full fruition as she now helps members in the Armed Forces more than 30,000 feet in the air.

"Besides my grandparents serving during World War II, no one else in my immediate family has ever served in the military, but I've always had such admiration for those who have," she said. "About the same time I decided on a career in nursing (high school), I also decided that I wanted to join the military to serve our troops."

She explained that during her search for colleges, she only had two require-

ments: a nursing program and an ROTC program so she could commission into the Air Force.

"After doing some research on my own, I discovered flight nursing and knew that taking care of wounded troops while getting them back home lined up with my desire for joining the service," Slugoeki said. "I loved the idea of having a significant impact on the lives of our wounded warriors."

Once she joined the Air Force and became a flight nurse, she realized it was much tougher than she imagined, but she was up for the task.

"Flight nursing in the Air Force is a completely different world," she said. "Not only do you have to take everything you've learned working in the hospital and apply it to working inside an aircraft, but you have to have in-depth understanding of each aircraft you fly in and how the flight can effect each patient based off of their individual injuries. When you're 35,000 feet in the air, you have to rely on solid nursing judgment, critical thinking, and your medical crew to make sometimes



Capt. Katherine Slugoeki plays nurse using her mom's stethoscope while playing with her baby brother.



courtesy photos

Capt. Slugoeki inserts an IV into a simulated patient during a training mission at Kadena Air Base, Japan.

very serious decisions for the patients in your care."

They're never alone during a mission though; a lot of parts come into play with aeromedical evacuation. The Air Force has a team of doctors, nurses and medical technicians on call and available at all times by phone to assist AE crews while they're en-route with patients.

Since joining the career field, she has deployed to Kandahar Air Base, Afghanistan, where she worked at the contingency aeromedical staging facility. During her six months, she helped prep wounded soldiers at the hospital and transported them to the aircraft for their flights back to Germany.

After her deployment, she was assigned to Kadena Air Base in Japan, where there was an active mission transporting a wide range of patients from anywhere in the Pacific back to the United States. She also spent four months at Ramstein Air Base in Germany, flying into Bagram Air Base, Afghanistan, to pick up patients to transport them back to Germany.

"Serving as a nurse in the Air Force has been such an exciting and fulfilling experience, and I can't imagine doing anything else," Slugoeki said. "I've been handed a tremendous responsibility caring for our wounded troops. In some cases, the men and women that we transport and take care of have put their lives on the line for us and having the opportunity to give back to them has been extremely rewarding."

She is currently a member of the 321st AMOS, where she stands ready 24/7/365 on a 12-hour notice to be part of a rapidly deployable team of command and control experts that plan and execute expeditionary air mobility operations.

"Over the last seven years I've spent working as a nurse in the Air Force, I've seen each step of the impressive transport process for our injured troops," she said. "The number of people and teams involved, and the amount of care that goes into each step has ensured that we are providing excellent care from the point of injury throughout the entire evacuation process."

31st MEU Marines learn lifesaving skills

By Cpl. Samantha Villarreal
31st Marine Expeditionary Unit

During the two-day course, Marines from across the 31st MEU learned emergency medical response techniques to respond to casualty situations, according to Petty Officer 2nd Class Mark Watts, a hospital corpsman and course instructor with Combat Logistics Battalion 31, 31st MEU.

“CLS gives Marines basic hands on certification for the three major preventable causes of death on the battlefield; mass hemorrhage, airway obstruction and collapsed lung,” said Watts. “It prepares Marines to become first responders, should the need arise.”

The course consists of one day of in-class instruction and one day of hands-on training. Marines are separated into three groups dedicated to testing Marines on casualty assessment,

IV administration and body splinting. The CLS students practiced injury assessment, response to mock injuries and scenarios given by the instructors. During IV administration, Marines were led through the insertion process before practicing on their own. “Marines learn how to insert an IV, how to maintain an airway in cases that CPR is not feasible in the battlefield, and how to apply a tourniquet,” said Watts. The scenario-based training helped prepare Marines to respond quickly and efficiently to potential casualty situations.

“It’s a confidence booster,” said Sgt. Daniel Moreno Espinoza, a maintenance chief with CLB-31, 31st MEU. “No matter how many precautions are taken, during training or in combat, there is a possibility someone’s going to get hurt. Having combat lifesavers guarantee a quick response.”



U.S. Marine Corps photos by Cpl. Samantha Villarreal

Lt. Sarah Faris, left, oversees Sgt. William Lashbrook, with Combat Logistics Battalion 31, 31st Marine Expeditionary Unit, insert an IV into Sgt. Keysean Chavers during a Combat Lifesaver Course aboard the U.S. Navy amphibious assault ship USS Bonhomme Richard (LHD 6) Oct. 22, 2016. During body assessments, Marines responded to mock injuries given by the corpsmen instructors.



U.S. Navy Lt. Sarah Faris, a trauma nurse with Combat Logistics Battalion 31, 31st Marine Expeditionary Unit, teaches Marines IV administration during a Combat Lifesaver Course aboard the amphibious assault ship USS Bonhomme Richard (LHD 6) Oct. 22, 2016. Marines taking the course learn basic lifesaving skills to respond to critical situations.



U.S. Navy Petty Officer 3rd Class Timothy Pryor, a hospital corpsman with the 31st Marine Expeditionary Unit, demonstrates proper tourniquet use during a Combat Lifesaver Course aboard the amphibious assault ship USS Bonhomme Richard (LHD 6) Oct. 22, 2016.

A Prescription For Success

By Sgt. Aaron Ellerman, U.S. Army Central

CAMP BUEHRING, Kuwait— A dosage of help enters the bloodstream. The pain subsides. Now it’s back to the fight.

The 31st Combat Support Hospital pharmacy team and their Army of tiny pathogen killing medicines are helping keep the U.S. Army Central force ready to effectively accomplish their mission.

“I wish I could say that everyone is healthy enough to not take medication, but that is unfortunately not the case so we must provide them comparable care to what they would receive back home,” said Capt. Sarah Steger, 31st Combat Support Hospital pharmacist.

Based in Camp Arifjan, Kuwait, the team provides pharmaceutical support to patients suffering from injuries and illnesses throughout the ARCENT area of operations. The drugs and supplies issued here help patients during their recovery process by mitigating pain and curing ailments.

“We process more than 3,500 outpatient prescriptions a month to service members and civilians while providing support to our inpatient care and other facilities throughout the region,” said Steger.

Steger and her team of technicians are always on call to meet the demands of the region and have to overcome numerous challenges the deployed environment presents.

“Ordering supplies and medications is definitely a challenge here, because we may not be able to get the exact medication in a timely matter,” said Sgt. Justin Sayre, a pharmacy specialist with the 31st CSH.

According to Sayre, the pharmacy works with the prescribing doctors to recommend similar or alternative products to be prescribed when there is a shortage, allowing the patients to continue treatment.

The 31st CSH pharmacy is one of the only pharmacies in theater equipped with a Laminar Flow Hood. The hood allows the capability to make intravenous products and mix compounds in a sterile environment.

“We manufacture compounds and IVs here, which greatly increases our ability to accomplish our mission and provide more care to our patients,” said Sayre.

Steger said the goal of the pharmacy team is to provide much more than just prescriptions to patients.

“Our main focus is making sure the patient is aware of their own health and the ways to treat it effectively. It’s important to create trust between the patient and the pharmacy, I want them to be able to come in and feel comfortable asking us whatever questions they may have about the medications we have whether it be the dosage, side effects or just general treatment questions,” said Steger.

Miscellaneous



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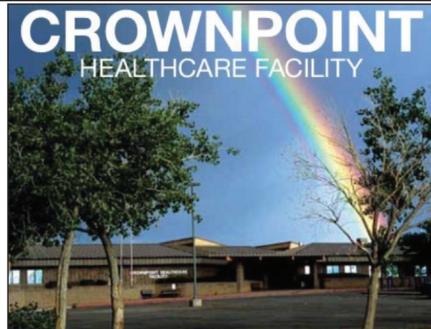
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DEERS and Your Income Tax Reporting

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Starting last year, the DoD reported

health care coverage of its service members and their dependents to the IRS. This report allows the IRS to determine which families had minimum essential coverage. Basic health care coverage that meets the Affordable Care Act requirement. If you don't have coverage, you may have to pay a fee for each month you aren't covered. (MEC) as required by the Patient Protection and Affordable Care Act (ACA).

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Make sure you go to the right place if you have questions about any required forms you might need. Army, Air Force, Marine Corps and Navy members, retirees and annuitants serviced by Defense Finance and Accounting Services can opt-in to receive their IRS Form electronically via myPay (<https://mypay.dfas.mil/mypay.aspx>) or call 1-888-332-7411 for assistance. For more information on how TRICARE works with the ACA, go to the TRICARE website (<http://www.tricare.mil/About/MEC>).

Miscellaneous

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PA students now get hands-on experience at BAMC

By Lori Newman
Brooke Army Medical Center
Public Affairs

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, Texas – Brooke Army Medical Center recently partnered with the Army Medical Department Center and School to become a Phase 2 site for the Interservice Physician Assistant Program.

The IPAP is responsible for the education of Physician Assistants for the uniformed services of the Department of Defense and Department of Homeland Security.

Army, Air Force, Navy and Coast Guard students first must complete a 16-month didactic phase at AMEDDC&S, which consists of basic medical science courses intended to develop their knowledge of critical medical concepts.

After completing Phase 1, the students continue with their medical clerkships at one of 22 medical Phase 2 sites across the country. BAMC became a Phase 2 site in April.

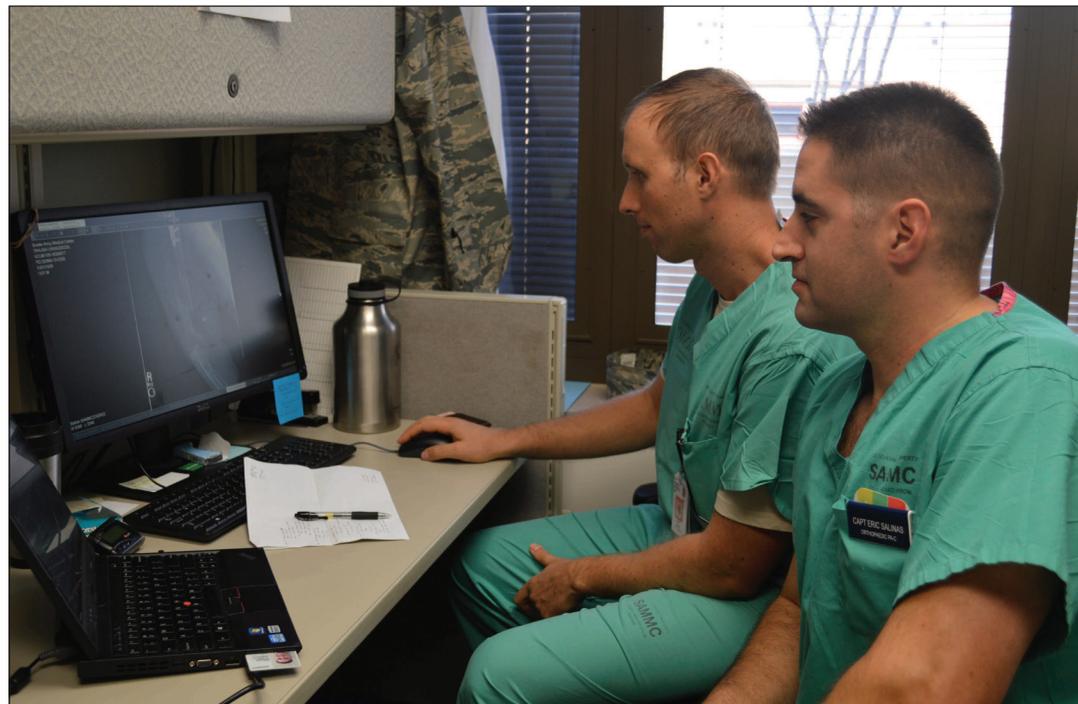
“During Phase 2 the students go through clinical rotations in several specialties over a 13 month period,” said Lt. Col. David Broussard, Phase 2 clinical coordinator. “After they complete Phase 2 they receive a Master of Physician Assistant Studies through the University of Nebraska Medical College.”

The students are also required to pass a national certification exam before they can practice within the Department of Defense, Broussard said.

“Currently we have students rotating in the Emergency Department, Internal Medicine, Orthopedics, Dermatology, and Obstetrics and Gynecology,” Broussard said.

The Physician Assistant Education Association, the only national organization representing physician assistant education in the United States, accredited the program.

Army Officer Candidate Shane Tracy is one of the first students to come



(U.S. Army photo by Lori Newman/Released)

Army Officer Candidate Shane Tracy (left) looks at an X-ray with Physician Assistant Air Force Capt. Eric Salinas Oct. 24, 2016 in the Orthopedic Clinic. Tracy is one of the first students to take part in the Phase 2 of the Interservice Physician Assistant Program at Brooke Army Medical Center.

through the Phase 2 training at BAMC.

“I think it’s an awesome opportunity because there are a lot of residents who train here,” Tracy said. “It’s a teaching hospital so when patients come here they know there are going to be students, residents, interns and doctors. The patients are very receptive to having a PA student work with them.”

Tracy is currently shadowing Air Force Capt. Eric Salinas, a PA in Orthopedics.

“I think the new PA program is really awesome,” Salinas said. “[Because BAMC is the only Level I Trauma Center in the Department of Defense], it’s good that these students are getting to have that unique experience many other students don’t. I think ultimately it will lead to the production of higher caliber PAs in the future.”

Air Force Officer Candidate Brandy Williams agrees.

“I feel being at a Level I Trauma Center the experience I’m going to get here far exceeds some of the other choices that we had to choose from,” Williams said. “I like the fact that when you work in the emergency department you are seeing not only military and dependents but also the civilian side.”

Williams decided to tackle the PA program after serving 14 years in the Air Force as a laboratory technician. She is currently doing a rotation in Internal Medicine with Dr. Thang Pham.

“Everybody has been really welcoming; the docs I have worked with are more than happy to share their knowledge,” Williams said.

“I’m not sure what I would like to specialize in yet, but I like the idea of family practice and being well-rounded in the aspect of being able to handle multiple things,” she said. “But, I haven’t rotated through Ortho yet, and you get to play with power tools there, so I might like that.”

“I think it’s an awesome opportunity because there are a lot of residents who train here. It’s a teaching hospital so when patients come here they know there are going to be students, residents, interns and doctors.”

– Shane Tracy, Army Officer Candidate

“I’m excited about my next rotation – OB/GYN,” Williams said.

There are currently six students at BAMC, and one more will start in December. New students come into the Phase 2 program every four months. Along with the rotations, the students must also complete 180 hours in the Emergency Department on nights and weekends.

“The Physician Assistant training is a great program that provides well rounded clinical skills and knowledge which are essential in caring for patients,” Pham said.

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Effective communication helps medical center save lives

By Andrew Damstedt

Naval Support Activity Bethesda

For the 86 people who were checked for skin cancer during the 2016 Melanoma Awareness Day Skin Cancer screenings in May, 40 received biopsies of suspicious lesions and 15 later received a skin cancer diagnosis.

The event was heavily promoted by Walter Reed National Military Medical

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Center's (WRNMMC) Strategic Communications Department. The department created multiple products, including an insert in The Journal, a large physical banner that hung in the America Building, an intranet banner, social media posts and flyers.

"It's a really important day – the skin cancer screening day," said Catherine Myrick, WRNMMC senior strategic communications specialist, who said the day was open to all staff even those without Tricare. "Some people just don't have the time to schedule appointments, but they're wondering about this spot here or there. That was a good avenue for them to be at least diagnosed; even though they can't receive follow-up care here they know they need to do it elsewhere."

The skin cancer screening insert, which recently received a MDDC Press Association award, is one example of the many ways the Strategic Communications Department strives to put out healthcare information in an easily accessible and understandable way.

The Strategic Communications Department has a staff of nine people who create individualized hospital ward brochures, educational brochures, and booklets for patients to understand the care they'll receive at the medical center.

They're also involved in making health safety lab coat or badge card checklists, and radiology treatment cards. The department helps keep staff,

patients and visitors updated about changes to the medical center because of the many construction projects happening and scheduled to happen on base. And the list goes on.

The department recently updated a pediatric department booklet to help patients diagnosed with diabetes understand how to maintain their health on a daily basis, she said.

"We turn a lot of 'doctor speak' into patient accessible language, and we're delivering that in an easy-to-understand piece so patients aren't confused or overwhelmed," Myrick said.

Because of a rise in opioid overdose deaths in the United States, the department also recently updated an opioid education brochure, which is reviewed with each patient and caregiver for those patients who are prescribed an opioid. The Centers for Disease Control and Prevention reported that opioid drug overdoses reached an all-time high of 28,000 people in 2014 – with at least half involving a prescription.

The education brochure created by Walter Reed Bethesda Strategic Communications Department explains that "opioids are a type of drug used in many prescription pain medications and illegal drugs such as heroin. Opioids minimize the effects of pain signals sent to the brain."

The brochure also goes over the risks including, what happens if someone overdoses and how to administer naloxone – a temporary antidote to an opioid overdose. The brochure goes over opi-

oid medication safety, what not to mix when taking an opioid, and a space to write down the patient's doctor name and number.

"This is life-saving information that is communicated in a patient-accessible, easy to understand language," Myrick said.

The Strategic Communications Department was established in 1998 to explain the new Tricare system and has since expanded to include health care promotions and letting patients know their health care options, she said.

For example, Myrick said the department created a booklet about all the military treatment facilities in the region and what's offered at each facility.

"[Patients and family members] responded well to that because they didn't know about the nurse advice line or that we had a Fast Track in our ER," Myrick said.

The department also created a standard for reporting patient safety, quality of care, patient satisfaction and health outcomes data, by creating web pages at the medical center's website at <http://go.usa.gov/xkF4w>.

"How we went above and beyond was to create a narrative for each metric that is reported so that our patients and other beneficiaries would be given practical information about what they were seeing in terms of data and what it means for them, including ways to be proactive about maintaining their health and making informed healthcare decisions," Myrick said.

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379 MDG celebrates new facility, expanding capabilities

By Senior Airman Cynthia Innocenti
379th Air Expeditionary Wing

After a year in the making, the 379th Expeditionary Medical Group held a ribbon cutting ceremony to herald the opening of the new 379th EMDG medical administration building here, Nov. 2.

The process of building the facility officially started when the contract was awarded in September of 2015. The U.S. Army Corps of Engineers headed the project when notified to proceed in October of 2015.

The opening of the new building allows for an expansion of available services in one consolidated location to include mental health, biomedical equipment repair and bioenvironmental engineering services.

Housing these teams in one main location will also allow for more efficient interoperability between clinical teams and establish a convenient one-stop-shop for AI Udeid Airmen seeking medical services.

“This facility will allow for more space for our newly arrived apheresis team and give new capability in collecting and supplying blood for transfusions in our area of responsibility,” said Lt. Col. Ramon Veglio, the medical logistics and readiness flight commander with the 379th Expeditionary Medical Support Squadron.



(U.S. Air Force photo by Senior Airman Cynthia A. Innocenti)

U.S. Air Force Lt. Col. Ramon Veglio, the medical logistics and readiness flight commander, left, and Lt. Col. Stella Garcia, the 379th Expeditionary Medical Support Squadron commander, both with the 379th Expeditionary Medical Group, hang the ribbon for a ribbon cutting ceremony to open the new medical administration building at Al Udeid Air Base, Qatar, Nov. 2, 2016. The expansion to the 379th EMDG will allow for apheresis, mental health, biomedical equipment repair and bioenvironmental engineering to be housed in one facility.

The project was a 379th Air Expeditionary Wing team effort. The 379th Expeditionary Communications Squadron activated digital communications and analog phones, the 379th Expeditionary Contracting Squadron procured, assembled and installed the furniture and assisted in custodial services, while the 379th Expeditionary Civil Engineer Squadron acted as a liaison between the 379th EMDG and the Air Force Civil Engineering Center to ensure their needs were relayed.

Col. Timothy Martinez, the 379th EMDG commander, explained what a huge accomplishment it is to have com-

pleted the construction of this facility in such a short time. He and his Airmen are proud of the new building they call home.

“We’re happy to be in an office

all together,” said 1st Lt. Lyubomir Angelov, the medical support services flight commander. “This creates a higher quality communication environment between Airmen.”

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