USNH Yokosuka supports readiness with new walk-in concept

By Jennifer Savage, USNH Yokosuka Public Affairs

U.S. Naval Hospital (USNH) Yokosuka introduced a new concept to increase individual mobilization (medical) readiness (IMR)- one of its top strategic goals for 2009.

USNH Yokosuka's Commanding Officer Capt. Kevin Moore, and the hospital's board of directors pledged to have 85 percent of its active duty staff fully medically ready and less than five percent of that staff medically indeterminate in fiscal year 2009.

To be considered successful, not only would the hospital have to meet that goal, it would have to maintain it over time.

Therefore, the hospital board of directors established an IMR strategic goal team consisting of a member from every directorate that has a stake in fulfilling IMR requirements.

"This was not just a directorate goal; it was a command-wide goal. It was an all-command effort to put the Sailor and Marine first and we needed buy-in from all areas of the hospital," said Moore.

Capt. Daizo Kobayashi, the hospital's director for public health services, led the 15-member team as it met about twice a week over a period of six months.

The team began by looking at what other military treatment facilities were doing to ensure IMR. The members learned from other practices and created a model for improving IMR tailored to USNH Yokosuka's specific needs.

"Because of our layout, and because of certain needs and expectations from our local military community, we are not just like any other military treatment facility," said Kobayashi. "We needed to create something that we knew would work for us."

Hospitalman Francine Pique of USNH Yokosuka checks in a patient for a periodic health assesment as part of the USNH Yokosuka walk-in concept.

Photo by Richard McManus

The team decided to focus on one piece of the medical readiness pie that it could assert the most immediate and effective influence on, the medically indeterminate piece.

Medically indeterminate patients are either considered in dental class four or have none or an overdue periodic health assessment (PHA), scenarios that may be easily resolved.

After the team decided where it would like IMR to go, it looked at where medical readiness had already been and established a baseline IMR rate for the hospital in January 2009. At that time, 70 percent of the hospital's active duty staff was fully medically ready and more than 10 percent of its staff was medically indeterminate.

The IMR goal team decided on a three-pronged approach to increasing the number of people who are fully medically ready and decreasing the number of people who are medically indeterminate.

It implemented a walk-in concept for all PHA patients, stepped up medical readiness reporting system (MRRS) training and enhanced patient tracking efforts.

The walk-in concept allows the majority of patients to complete the PHA in one day. Service members must first complete the online health assessment report tool and fast on water for 12 hours before they can walk in without an appointment, retrieve the medical record and proceed to the PHA desk. Here the PHA checklist begins.

The service member will visit immunizations, occupational health, environmental health, dental, laboratory and optometry, all on a walk-in basis, and report back to the PHA desk when the check list is complete.

At that point, if an independent duty corpsman (IDC) is available and there are no health issues, the IDC can sign off to complete the PHA the same day. Then, the service member is done with the PHA process and is considered medically ready.

"An important aspect of this walk-in concept is that it puts in place a series of checks and balances to ensure that once the patient arrives in the hospital, every item on the PHA is completed or scheduled to be completed before that patient leaves," said Kobayashi.

MRRS is a critical part of those checks and balances, and therefore so is training staff on the Web-based database.

Having point of service with individuals trained in MRRS means the results can be entered immediately, giving the patient and hospital a real-time update of records.

The hospital conducted a monthlong special training session on MRRS that consisted of both classroom lectures and workcenter training.

The hospital goal is to have two to three people in each clinic trained in MRRS at any given time.

There is also a method in place for tracking patients who do not complete the PHA in one day, which is typically due to health concerns that a provider must address or if the service members received immunizations that require follow up.

Before the patient leaves the hospital, an appointment is made with a provider or for the immunization follow up.

The hospital's central appointments then phones to remind the member of his appointment a few days before, and corpsmen from the PHA desk also call to remind the service member on the day of the appointment.

This three-tiered approach led the IMR team to reaching its goal in June of this year, after the hospital maintained a fully medically ready rate of more than 85 percent and a medically indeterminate rate of less than five percent for three months.

The practice was recognized by the Navy Inspector General (IG) as a Navy best business practice when the IG team visited USNH Yokosuka in May 2009.

Kobayashi credits the success of the IMR initiative to keeping in mind the needs of both the hospital's patients and the hospital's various clinics.

"This walk-in concept works because it makes the process seamless to the patient, but is also in line with established business practices in each of the clinics involved," said Kobayashi.

Although the goal has been met, the team does not consider the IMR process over. The team still meets once a week to further fine tune the process as needed. It is also working to have standard operating procedures in place at each clinic work stations for continuity and is holding monthly refresher training.

"Individual medical readiness is critical to supporting the Navy's individual augmentee and humanitarian efforts. We simply must have our military members ready to deploy because it ensures our mission readiness," said Moore. "We are ready to, and proud to, serve Navy Medicine and our nation in this manner."

Back to school traffic safety tips help keep your kids safe

By Dana Calvin, CFAY Safety Office

The first day of school for Department of Defense Dependent Schools students in Yokosuka started Aug. 31. Commander Fleet Activities Yokosuka Traffic Safety Division wants to refresh everyone's memory to help keep our students safe with a few import safety reminders to pass along to your children:

• Instruct your children to only move forward to board the school bus after it has come to a complete stop and the driver opens the door.

• It is highly recommended that your children wear brightly colored clothing, especially if waiting for the bus before sunrise or getting home after dark. A great idea would be to place removable reflective tape on their outer garments to include hats and coats.

• Remind children that when exiting the bus to move as far away from the vehicle as possible and to remain clear of the bus rear wheels so the driver can see they have cleared the bus and are safely away from traffic.

• Teach your children to be aware of other traffic in the area. Do not assume that drivers will stop for them or even see them. If children must cross the street, then they should do so only in a designated crosswalk while constantly looking both ways as they cross the street until they are safely on the other side. Remember, in Japan, you should look right first.

• Drivers should take extra caution when traveling during peak school hours when students are going to and from school and always obey the posted speed limit signs. Never assume a child will look before they cross the street, even at a cross walk. All pedestrians should use the push button activated crosswalks signals where available.