



The Journal

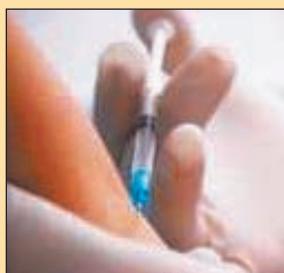
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2011 Annual Plan on Target

The National Naval Medical Center (NNMC) 2011 Annual Plan focuses on the ongoing commitment to Quality Readiness Access and Integration. With 14 champions and more than 30 objective team members implementing the objectives for each goal, successes are measured via metrics presented periodically to the Board of Deputies (BOD) and reported in The Journal.

Quality Goal: We deliver comprehensive world-class health care during transition and construction.

Quality Objective 1.1: Support and expand Patient and Family-Centered Care (PFCC) throughout the organization.

Working to infuse the command climate with an ambiance of health care delivery based on a collaborative team of patients and family, the team is implementing the following objectives: review and modify command signage; create an educational video for patients; publish an inpatient welcome package; provide customer service-specific training to reception staff; implement a process to trace the patient experience in order to evaluate practices; and recruit patient observers for command committees.

Quality Objective 1.2: Promote the execution and oversight of effective, sustainable research to improve patient care.

This objective team has been successful in unifying the process for publication clearances and presentations while decreasing the average wait time for approval. Internal Review Board Network (IRBNet), a web-based protocol management system, now has more pre-positioned forms to simplify the submission and review of protocols and publications. It's also close to becoming a single process with the inclusion now of National Intrepid Center of Excellence (NICOE) and soon-to-come Joint Pathology Center (JPC) Open protocols from Walter Reed Army Medical Center (WRAMC) and NNMC will continue to be reviewed, allowing a congruent transition. Team members are also in the process of transferring the research review unit to the renovated Building 17, ensuring a systematic

transfer of various agreements with outside partners.

Objective 1.3: Sustain continuous survey readiness.

The team has been conducting several assessments to identify potential challenges to survey readiness, such as pain assessment and reassessment, and interdisciplinary care planning. To bring more of these processes into performance expectations, the Continuous Survey Readiness audit tool for leaders is now available on the intranet. Related training is also being provided during intern, nurse, command and provider orientations. Additionally, the All Hands Survey Readiness Guide and Department Leaders' Survey Readiness Guide have been distributed.

Readiness Goal: We are ready to meet our mission anywhere, anytime.

Readiness Objective 2.1: Ensure the command achieves and maintains active duty staff readiness.

Readiness objective teams have been productive in assisting the command with earning performance based budget funds and enhancing access for staff and patients. They have made access to other services' readiness databases a priority, making sure all active duty personnel assigned to Walter Reed National Military Medical Center Bethesda (WRNMMCB) receive the same quality of care and accurate documentation of that care. To help ease patient flow and allow greater capacity, the Dental Readiness clinic has expanded along with the new medical readiness and Deployment Health Center, which will support capabilities for all branches of the service in the future tri-service environment. To improve efficiency, all medical and dental records have been combined into the Active Duty Health

Records Office.

Readiness Objective

2.2: Promote staff wellness and manage workplace stress.

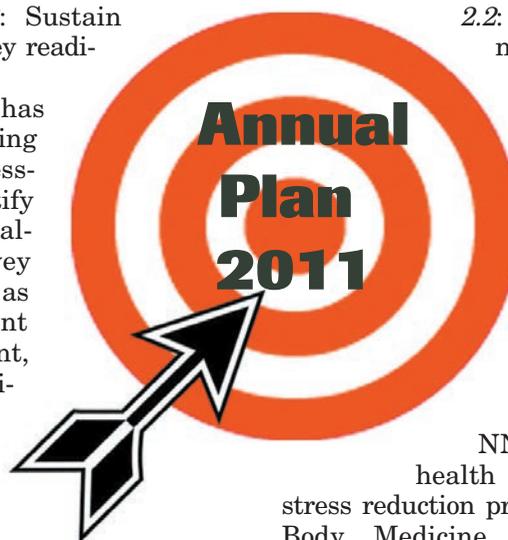
To promote staff wellness and manage workplace stress, this team is committed to helping staff manage stress by focusing on integrating

NNMC's many health promotion and stress reduction programs. The Mind Body Medicine Program within Medical Home has expanded its classes, offers yoga, meditation, guided imagery and relaxation. The team is also working with Behavioral Health to bring a variety of speakers and performers to the hospital to promote resilience, care for the caregiver, stress reduction, and healing. Behavioral health and health promotions representatives are also available upon request for visits to specific work spaces.

Access Goal: Enhance our culture of access.

Objective 3.1: Wounded, Ill and Injured, Active Duty and Prime enrollees access the right provider at the right time and at the right place, especially in this environment of transition.

This objective was established to implement and sustain a systematic, proactive and responsive access plan that meets or exceeds beneficiary expectations. The team is improving three components of access for our population: Wounded, Ill and Injured are seen within EATC (Enhanced Access to Care) Standards; Medical Home will provide the patient a specialty appointment prior to leaving the clinic; and the patient will have an appointment that reflects "choice." The team is developing and working hard to create business practices that support the three initiatives within



Commander's Column

Please join me in welcoming our newest shipmate aboard, Rear Adm. Thomas E. Beeman. Rear Adm. Beeman was selected by Surgeon General of the Navy, Vice Adm. Robinson to lead the National Intrepid Center of Excellence (NICoE) as the new Deputy Commander.



Philadelphia; Administrative Officer, Fleet Hospital, Fort Dix; Officer in Charge, Detachment C Fleet Hospital; Executive Officer and Acting Commanding Officer, Fleet Hospital, Fort Dix; and Commanding Officer, Operational Health Support Unit, San Diego.

NICoE, a remarkable facility dedicated to providing hope for military personnel and veterans suffering Traumatic Brain Injuries (TBI) and Psychological Health (PH) conditions, is as much a part of the National Naval Medical Center as any other ward at the hospital – an extension of our capabilities. The NICoE supports medical treatment facilities and providers in close proximity and throughout the U.S., offering an interdisciplinary team assessment in a holistic, patient-centered environment, along with cutting-edge diagnostic capabilities.

Given Rear Adm. Beeman's knowledge and expertise, I believe he is most suitable for this role of leading this world class center and ensuring its continued advancement in services for those coping with considerably complex psychological health issues.

A member of NNMC's Board of Directors, Beeman, has a significant background in leadership. He was assigned Assistant Officer in Charge, Program 32 Unit, Naval Hospital

Philadelphia; Administrative Officer, Fleet Hospital, Fort Dix; Officer in Charge, Detachment C Fleet Hospital; Executive Officer and Acting Commanding Officer, Fleet Hospital, Fort Dix; and Commanding Officer, Operational Health Support Unit, San Diego. Additionally, Rear Adm. Beeman has served as the Special Reserve Component Advisor to the Chief of Staff, Bureau of Medicine and Surgery and Reserve Component Specialty Leader for the Medical Service Corps Health Care Administrators. As President and Chief Executive Officer of Lancaster General Health System, Rear Adm. Beeman led a team of more than 7,500 employees serving in hospitals, clinics and other health care facilities. A fellow of the American College of Healthcare Executives and the College of Physicians of Philadelphia, Rear Adm. Beeman has also published numerous academic articles.

Welcome aboard shipmate. I am confident that you will lead the way in this great endeavor to help heal our nation's service members and veterans.

Commander sends,
Rear Adm. Matthew L. Nathan
Medical Corps,
United States Navy

Bethesda Notebook

Springing Forward Into Safety

Setting the clocks forward this week has resulted in pre-dawn mornings for some pedestrians and motorists on campus. Facilities is continually monitoring the lighting within various parking lots and crosswalks. It's important for all pedestrians to make themselves seen by wearing or carrying items that are reflective.

Flagger operations are in place at various locations across campus to aid in the safety of both motorists and pedestrians. Please adhere to flagger guidance. These flagger operations are in place at various locations across campus to aid in the safety of both motorists and pedestrians. Failure to comply with flagger direction, by either motorist or pedestrian, may result in serious injury. Security is actively monitoring compliance of flagging operations.

Drivers should also use extra caution around crosswalks and heavily traveled pedestrian areas. While pedestrians have the right-of-way in crosswalks, they should make sure to establish eye contact with the driver, ensuring they are seen before crossing the street.

Within garages, pedestrians should not walk too close to the inside/endcaps of the floors; rather, they should remain on the exterior of the floor. Drivers should also maintain a safe speed limit — 5 mph. Security is monitoring the garages for safety issues. Exceeding the speed limit could result in pedestrian injury and/or death.

For more information, e-mail Naval Support Activity Bethesda's (NSAB) Transportation Program Manager Jeffrey Miller at jeffrey.miller@med.navy.mil.

Five Week Notice for PFA Cycle

The Navy's Physical Fitness Assessment (PFA) cycle begins April 18 at NSAB. All medical waivers are due to the PFA office, 1st floor, Building 11, Room 171, no later than April 11. Scheduling for the assessment began Monday. All scheduling can be done by telephoning 301-295-5502. All members checking in to the command after Feb. 7 are exempt. Testing for the run portion will be conducted Monday through Friday. The swim test will be April 19, 26, May 3, 10, 17, and 31. Machine testing will be conducted every Wednesday. The PFA cycle ends June 10.

Drug Screening (Urinalysis) Has Moved

The Drug Screening (Urinalysis) office has moved

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Anabolic Steroids: The Good, The Bad, The Ugly

**By Mass Communication Specialist Seaman Dion Dawson
Journal staff writer**

The National Naval Medical Center (NNMC) would like to make everyone aware of the benefits and dangers of anabolic steroid use.

On Feb. 27, 1991, Congress made anabolic steroids a controlled substance. On that day, anyone holding a supply of anabolic steroids was required to surrender it to Drug Enforcement Administration authorities or transfer it to a government-approved distributor.

The Department of Defense (DoD) has seen a jump in steroid use from 2005.

"Steroids are important when they are medically necessary; however, overuse or improper use can cause significant long-term adverse effects such as bone loss, diabetes, Cushing's syndrome, and liver cancer," said Lt. Cmdr. Vinh Mai, assistant head of Internal Medicine & Endocrinology at NNMC.

"Steroids can also have beneficial effects in treating certain inflammatory conditions or disorders," he added. "If used properly, they can be helpful in certain clinical conditions.

In addition, steroids are used to treat conditions that occur when the body produces abnormally low amounts of testosterone, such as delayed puberty and impotence. They are also used to care for Auto Immune Deficiency Syndrome (AIDS) patients that endure body wasting, said Mai.

In addition, "Endocrinologists generally use steroids as replacement therapy in patients with adrenal insufficiency, i.e. Addison's disease. Care is exercised not to over-compensate steroids in these patients due to adverse clinical outcomes," he said.

Anabolic steroids are rarely prescribed Mai said, so patients should consult a physician or specialist prior to beginning a steroid regimen to prevent potential negative outcomes.

Most commonly abused by athletes to promote muscle

gain, anabolic steroids are typically injected or taken orally.

"Steroids are out there. They can be used for legitimate reasons and they can be used for personal reasons, like in sports and the military," said Special Agent Leslie Smith, with Naval Criminal Investigative Service (NCIS) at NNMC. "Every medicine has a purpose, [but] doing it for cosmetic reasons is cheating."

"Anabolic steroids should not be made available to the public since its adverse consequences can be extreme and its use can be abused," said Mai.

Additionally, there are emotional effects as well.

"What a lot of people [who abuse steroids] don't see is the impact the steroid has on everybody else around them," said Smith. "It comes to [NCIS] attention because the steroid has caused the person to become engaged in a criminal act, whether its aggression or beating up a loved one or getting themselves into trouble. You see the change in behavior and how it affects his family, his friends and co-workers. The individuals around you are noticing something's changing. It impacts work performance and how the person interacts with other individuals."

Smith said a lot of people don't think about the physical, emotional, and behavioral effects that it will have on them.

"You could be an awesome Sailor, Soldier, Marine, or Airman, but the moment you use steroids, you're tainted," she said. "You ruined a 20-year career in a matter of minutes."

If a command has probable cause, you can be tested for steroids, said Master-at-Arms 1st Class Craig Hector, with the Urinalysis Drug Screening Department at NNMC.

Also, possession of steroids without a prescription carries a federal penalty of up to one year in prison and a fine of at least \$1,000 for a first offense, while military service members could face discharge, due to the zero tolerance drug policy.

For more information on steroids, contact your primary care manager (PCM).

The Patient Navigator

HELP US HELP YOU.

At the National Naval Medical Center, we want to do everything we can to make your experience extraordinary, each and every time. You can have a voice in helping us define that by providing you and your family's perspective on how we can improve our service to you.

FAQs:

Q: What will NNMC be called when NNMC and Walter Reed Army Medical Center merge in September 2011?

A: The new facility will be called Walter Reed National Military Medical Center Bethesda (WRN-MMCB) or Walter Reed Bethesda and be located on the current Wisconsin Ave campus in Bethesda.

Q. Will current NNMC patients be affected by reassignment?

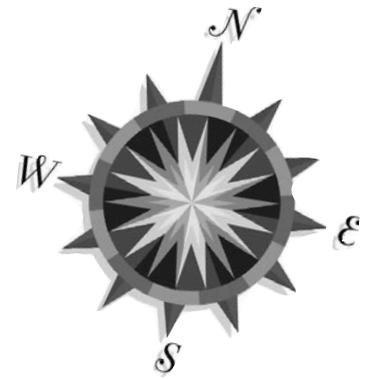
A: Patient reassignment is when a patient's Primary Care Manager (PCM) or Military Treatment Facility (MTF) services are transferred to another PCM or MTF where they will receive primary care. Since Walter Reed will integrate in September, all WRAMC enrollees will be reassigned. Some of NNMC enrollees will be affected as well.

Q: Will my family be enrolled to the same Military Treatment Facility (MTF)?

A. If a member of a family is currently enrolled at the same MTF, they will continue to be enrolled together, as desired. If a family wishes to enroll at the same MTF and they have not done so, they may elect to do so.

Q: How and when will enrollees know where they will be enrolled and who will be their PCM?

A: In March, The Joint Task Force (JTF headquarters) will send beneficiary reassignment letters indicating projected enrollment sites. Please follow directions in the letter for any questions or concerns you may have. In the summer, JTF will send a final notifi-



cation letter identifying MTF location and PCM assignments to those enrollees at WRAMC and NNMC who will be reassigned.

If you would like to provide specific feedback on your care experience, e-mail patient.navigator@med.navy.mil. We welcome your stories of exceptional experiences so that we can understand what made it so special and explore duplicating it throughout our entire medical center environment.

Common questions will be addressed in the Patient Navigator column. We will be happy to address any personal questions individually if you provide your contact information. Feedback is important to us and we will consider your concerns and suggestions carefully. In fact, your feedback is what helped start this column. We want to provide you with useful information to help you navigate your care. Also, we want you to know you have a way to provide feedback so you know we are constantly working toward providing an extraordinary experience.

You may also visit the Customer Service Office in Building 9, first floor near the Information Booth, to talk with a patient advocate.

Sincerely,
Chisun S. Chun,
Your Chief Executive
Officer Deputy
Commander for
Healthcare Operations

Celebrate Nutrition Month: Eat Right With Color

As part of National Nutrition Month, the Nutrition Services Department at the National Naval Medical Center (NNMC) is promoting the importance of making informed food choices. This article is written by Veena Rajpal, Registered Dietitian, Nutrition Services Department (NNMC). Ms. Rajpal currently works in the critical care unit and on the Medical/Surgical/Oncology ward. She has a passion for eating healthy and teaching the power of eating healthy and disease fighting foods.

A continuation of "Eat right with color."

By eating fruits and vegetables of various colors, one can get the best all-around health benefits, helping control blood pressure and prevent heart diseases, strokes — even some types of cancers. This week we will focus on foods of orange and red color.

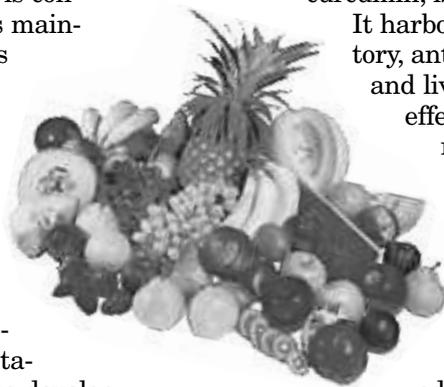
Red fruits and vegetables are colored by natural plant pigments called "lycopene" and "anthocyanins." Lycopene, found in tomatoes, watermelon and pink grapefruit, for example, may help reduce risk of several types of cancer, especially prostate cancer. Lycopene in foods containing cooked tomatoes, such as spaghetti sauce, and a small amount of fat (olive oil) are better absorbed than lycopene from raw tomatoes.

Strawberries, raspberries, red grapes contain anthocyanins, which act as powerful antioxidants and protect cells from damage. Some other examples include red apples, beets, cherries, cranberries, red peppers, pomegranates, radishes, red potatoes and red watermelon.

Orange/yellow fruits and vegetables are usu-

ally colored by natural plant pigments called "carotenoids." Beta-carotene, found in sweet potatoes, pumpkins and carrots, is converted to vitamin A, which helps maintain healthy mucous membranes and eyes. They also help lower LDL cholesterol and blood pressure, promote collagen formation and healthy joints, fight harmful free radicals, encourage alkaline balance and work with magnesium and calcium to build healthy bones. One study found that people who ate carotenoid-rich vegetables were 43 percent less likely to develop age-related macular degeneration, an eye disorder common among the elderly, which can lead to blindness.

Citrus fruits, like oranges, are an excellent source of vitamin C, a natural source of antioxidant and folate, which is a B vitamin that helps reduce the risk of birth defects. An orange is low in calories and rich in fiber, which is needed for maintaining good colon health. This citrus fruit also contains phytochemicals and is an important source of potassium and calcium. Additionally, it has been known to help reduce the risk of some types of cancers, infectious diseases and chronic diseases like arthritis, obesity, coronary heart diseases. Other examples of the orange/yellow group include cantaloupe, carrots, grapefruit, lemons, butternut squash, nectarines, yellow summer or winter squash, sweet corn, sweet potatoes and tangerines.



The herb turmeric, which gets its unique color and health benefits from an ingredient called curcumin, is another orange-colored food.

It harbors antioxidant, anti-inflammatory, antibacterial, stomach soothing and liver and heart protecting effects. Turmeric is also thought to reduce inflammation by reducing histamine levels; however, you should avoid overuse.

Here are some tips to include orange/red vegetables and fruits in your diet:

- Try to include some roasted diced yellow or red bell pepper in your salad.
- Pack a snack with fruits like oranges, apples, strawberries, tangerines or carrots.
- Use lemon juice on fish, chicken, bean soups or try ice water with lemon slices.
- Add a pinch of turmeric to stir fried vegetables.
- Have a dessert fruit bowl made with cantaloupe, papayas, pineapple, or watermelon after dinner.
- Add 1 tbsp of tomato sauce when you are making beans, or any curry dishes.

By eating foods of different colors, you can get a diverse amount of essential vitamins and minerals.

Make it a resolution to include a wide variety of colorful vegetables and fruits in your diet. Happy Nutrition Month!

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PLAN:

From Page 1

the clinical setting, establishing a seamless environment of transition.

Objective 3.2: Clinics operate under a standard set of access business practices.

A diverse group of health care providers, nurses, clinic managers, customer service representatives and telecommunications specialists, the team has worked diligently over the past six months to develop a core set of business rules for NNMC clinics, which provide an extraordinary care experience for our patients. The team collected best business practices from DoD clinics around the world to create a draft set of rules which focus foremost on patient and family needs, ensuring patients are able to communicate easily with clinic staff and obtain the right appointment with the right provider in a timely fashion. The team will vet the draft rules through the hospital's clinic managers, the command Access manager, the Executive Committees of Nursing and Medical Staff and patient representatives. The team plans to have the final set of rules ready for approval by the hospital's Board of Deputies this summer.

Objective 3.3: Enhance patient partnerships through shared understanding, education, and expanded communication methods.

To enhance communication of clinical, administrative and educational information to patients, the team initially planned to review current modes of communication, ensuring they are up to date (i.e., Web sites and brochures). The team plans to review "best practices" from private sector medical organizations as well as other medical treatment facilities to see if they are applicable for our medical center. The team will

then promote and implement the most preferable means identified.

Integration and Transition Goal: Transform, with all partners, from the present to the future medical center.

Objective 4.1: Promote understanding of the future state through education and planned communication strategies.

This team is off to a strong start toward meeting their goal this year. The "Working Together" lapel pins have been distributed at both NNMC and WRAMC and, most recently, the team has published the BRAC Buzz newsletter. "A History of NNMC and WRAMC," was on display during the Oct. 14, 2010, training day. In addition, the Cornerstone Day in November 2010 commemorated the anniversary of President Roosevelt laying the cornerstone for NNMC's Building 1, and in January, the final and commemorative NNMC Guide was published. A BRAC Town Hall was also held in March, offering presentations by the JTF, Nuebrand, and Ft. Belvoir Community Hospital. The team is also planning an integration-themed art show, a symbolic run/walk from WRAMC to NNMC, an event to fill and bury a time capsule, and a ceremony for renaming the facility.

Objective 4.2: Define, align and implement the future medical center.

This objective has several teams continuing to align and define the organization, regularly updating the organizational structure as department/service chiefs develop operation concepts for their respective areas. As we merge into a single facility, integration teams recommend a continued marketing of BRAC, integration and transition, further educating and raising cultural awareness. One team's focus is the NNMC Organization Manual, the 5450, which is a written description of our organizational chart. It is

Goals	Objectives	Champions
Quality We deliver comprehensive world-class healthcare.	1.1 Support and expand Patient and Family-Centered Care throughout the organization.	Dr. Fiorentino COL Spain
	1.2 Promote the execution and oversight of effective, sustainable research to improve patient care.	CAPT Hartzell COL Nace
	1.3 Sustain survey readiness.	COL Forster CDR Sears
Readiness We are ready to meet our mission anywhere, anytime.	2.1 Ensure the command achieves and maintains active duty staff readiness.	CAPT Pickel CDR Harman
	2.2 Promote staff wellness and manage workplace stress.	CAPT Ralph CMC Boss
Access Enhance our culture of access.	3.1 Wounded, ill and injured, Active Duty and Prime enrollees access the right provider at the right time and at the right place, especially in this environment of transition.	Ms. Chun CAPT Kobelja
	3.2 Clinics operate under a standard set of access business practices.	
	3.3 Enhance patient partnerships through shared understanding, education, and expanded communication methods.	
Integration and Transition Transform, with all partners, from the present to the future WRNMMCB.	4.1 Promote understanding of the future state through education and planned communication strategies.	COL Callahan CAPT Bitonti
	4.2 Define, align and implement the future medical center.	

nearly complete to reflect the new medical center. These teams also continue to work on aligning Quality Management, Credentials, and Executive Committee of the Medical Staff (ECOMS) policies with a focus on the single Medical Center.

Having a solid, dynamic plan can help our staff focus on what's most important during this time of major change and transition. The plan is robust and relevant, and the command is taking strides toward fulfilling the objectives that have been identified as most important during this final year as NNMC. In addition, the hospitals' vision and mission, goals and objectives are designed to help ensure our continued success is quality care – while keeping our wounded warriors, patients and their families, and staff front and center in all we do.

"The Annual Plan is about more than just planning, it's how we do business here. Our leadership assesses how we're doing, ensuring best practices and continued success. In more than two decades in health care organizations, I believe that the discipline that NNMC has built around the annual planning process is the best I have ever seen,

and is one of the key strategic practices we will carry forward into Walter Reed National Military Medical Center Bethesda," said NNMC's Chief of Staff Col. Charles W. Callahan.

"I thank each and every one of you for adapting to change and leaning into the integration while keeping your focus on the patients and your sights on the horizon where we build this showcase of military medicine together with Walter Reed. As we repeatedly show our progress to various leaders, most are struck by the collaborative environment and can-do spirit here. They see it at Walter Reed as well, and we like to show off (in my humble opinion) the most successful and integrated leadership board room in military medicine when you consider our mix of Army, Navy, and civilian leaders," said NNMC Commander Rear Adm. Matthew Nathan.

To learn more about these command goals and their implementation, please visit the NNMC Annual Plan 2011 Web site, available via the intranet.

PREMIERE EVENT

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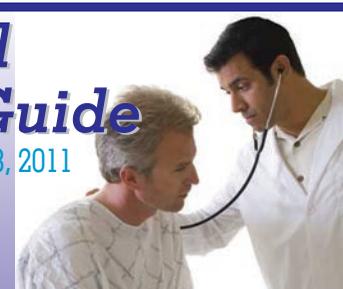
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Health and Wellness Guide

Publishing May 12 & 13, 2011



This guide will feature hospitals, emergency care centers, cosmetic surgeons, and many more medical specialties military families need when they move to a new area. This section will be divided by regions (MD, DC and VA) to help people find facilities near them. Distributed to over 125,000 military and civilian personnel within 11 military newspapers in MD/DC/VA.

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NICoE, MIT Host Neuroscience Symposium

By Sarah Fortney
Journal staff writer

Renowned experts in the field of traumatic brain injury (TBI) and neuroscience from across the U.S. and Europe gathered Wednesday at the National Intrepid Center of Excellence (NICoE), located at Naval Support Activity Bethesda (NSAB), for a symposium on the "Regeneration of Brain Synapses: Science, Implications and Opportunities."

For years, Massachusetts Institute of Technology (MIT) has offered such meetings, and Wednesday's meeting at the NICoE was an outgrowth of one held at MIT last May, said NICoE director Dr. James Kelly.

During the one-day symposium, organized by the Center for Brain Science and Metabolism Trust at MIT in collaboration with the NICoE, experts spoke about the effects many diseases and conditions have on the synapse — the communication between nerve cells.

These synapses play an important role in normal brain function and have been typically known to malfunction or die off amongst individuals with particular conditions, said Kelly. Now, under certain conditions, synapses are known to grow in size.

"We hope to learn more about the potential to influence regeneration which leads to improved brain function," he said. "It is our hope that this meeting will lead to new ideas for future research and collaborations among the participants and their organizations."

Helping to glean knowledge across different backgrounds, including both military and civilian medicine, the symposium was also an opportunity to continue to grow relationships in the academic field and with partners such as the National Institutes of Health (NIH). Experts addressed practical questions, such as whether it's possible to halt the decline of Alzheimer's or Parkinson's disease and whether it's possible to speed the recovery of brain function after a traumatic brain injury (TBI).

"It's just one of those magnificent opportunities that we have here on

this campus," said Kelly.

Amongst the many subject matter experts in attendance were Dr. Richard Wurtman, the Cecil H. Green Distinguished Professor at MIT, and Dr. Walter Koroshetz, deputy director of the National Institute of Neurological Disorders and Stroke at NIH.

Also in attendance was Col. Geoffrey Ling, professor and interim chair of Neurology at the Uniformed Services University of the Health Sciences. Ling spoke about the impact of brain trauma in the military arena. Also the program manager for the Defense Advanced Research Projects Agency (DARPA) and director of Neurointensive Care at Walter Reed Army Medical Center, Ling believes it's important to diagnose and properly test brain injuries to avoid re-injury, a condition called Second Impact Syndrome (SIS).

"This is when the brain is re-injured before it has time to recover," said Ling.

When this happens, the brain may respond by swelling rapidly, he said, adding, "The patient may become comatose or even die. It is vital that patients be allowed to fully recover prior to being put at risk again."

Deputy Director of the NICoE, Dr. Thomas DeGraba stated, "We have the challenge and privilege of taking care of our [service members] who have the combination of traumatic brain injury and psychological health issues. Our goal is to be able to identify those elements that help more rapidly identify injuries and to be able to identify what treatments work, given the signs and symptoms the patients have so that we can get that information to our colleagues at other MTFs (military treatment facilities). We want to be able to be that resource to their providers to give them [the] information we found. We're here for providers throughout the MHS (military health system)."

NICoE Deputy Commander Rear Adm. Thomas Beeman, said, "The NICoE is designed in a way to treat, educate and [conduct] research that allows us to advance our knowledge of TBI and PTSD (Post Traumatic Stress Disorder)."



Dr. James Kelly, director of the National Intrepid Center of Excellence (NICoE), welcomes several experts in the field of neuroscience to the "Regeneration of Brain Synapses: Science, Implications and Opportunities" at the NICoE on Wednesday.

(photo by Sarah Fortney)



Dr. Richard Wurtman, the Cecil H. Green Distinguished Professor at MIT, spoke during the brain synapses symposium Wednesday at the NICoE.

(photo by Sarah Fortney)

Town Hall Provides Supervisors Tools for Integration

By Sarah Fortney
Journal staff writer

Offering resources and guidance on the process of integration for National Naval Medical Center (NNMC) supervisors, the Civilian Human Resources Council (CHRC) held a town hall meeting Friday in the Laurel Clark Memorial Auditorium.

Until the new Walter Reed National Military Medical Center Bethesda (WRNMMCB) opens in September, the CHRC will host a series of meetings on the second Friday of each month to keep civilian employees in the know throughout integration. These meetings feature subject matter experts, who address staff questions and concerns. They are also offered at Walter Reed Army Medical Center (WRAMC) and DeWitt Army Community Hospital (DACH).

On Friday, staff had the opportunity to attend one of two sessions, which focused on position descriptions, job classifications and how to support employees through a culture of integration.

"We specifically wanted to do these sessions for supervisors to make sure you have the tools you need," said Nory Hagerty, CHRC consultant to the Joint Task Force (JTF) CapMed CHR council.

During integration, job classification is key, as there are differences in job classifications between WRAMC and Dewitt Army Community Hospital (DACH), she said. While both Army and Navy use the same standards, there is some variety.

"We've found so far that they're fairly close," Hagerty said.

The council is reviewing all Navy and Army job classifications and creating standardized position

descriptions, she explained.

"Classification is an important part of your job. It really is a foundational process for everything else we do," she said, adding, "[Position descriptions are] absolutely the foundation because [they] give you the basis for performance objectives, your pay, the vacancy announcement."

It's important to ensure all position descriptions fit into the standards set by the U.S. Office of Personnel Management, she said, ensuring equal pay for equally substantial work. To focus on these matters, the council has also formed a classification team.

"We are going to do whatever we can to maintain the grades people have so there's some stability through the transition," said Hagerty. She also noted that no employees will have to endure a pay grade downgrade.

Staff members have questioned what will happen if two employees begin doing the same job in the same location, she said. It may be necessary for both employees to continue doing the same job to support an increased work load.

"We [also] need employees all over the place with good skills, so it's possible we'll be able to use the skills [elsewhere] that the employee has," said Hagerty. "This is particularly true in administrative areas."

Throughout integration, staff members are looking to leadership for assistance and information, said Joanie Rufo, of the Careerstone Group, a leadership development firm contracted by the JTF. To help employees through change, she encourages supervisors to look at how employees are responding to change and to pay attention to



(photo by Sarah Fortney)

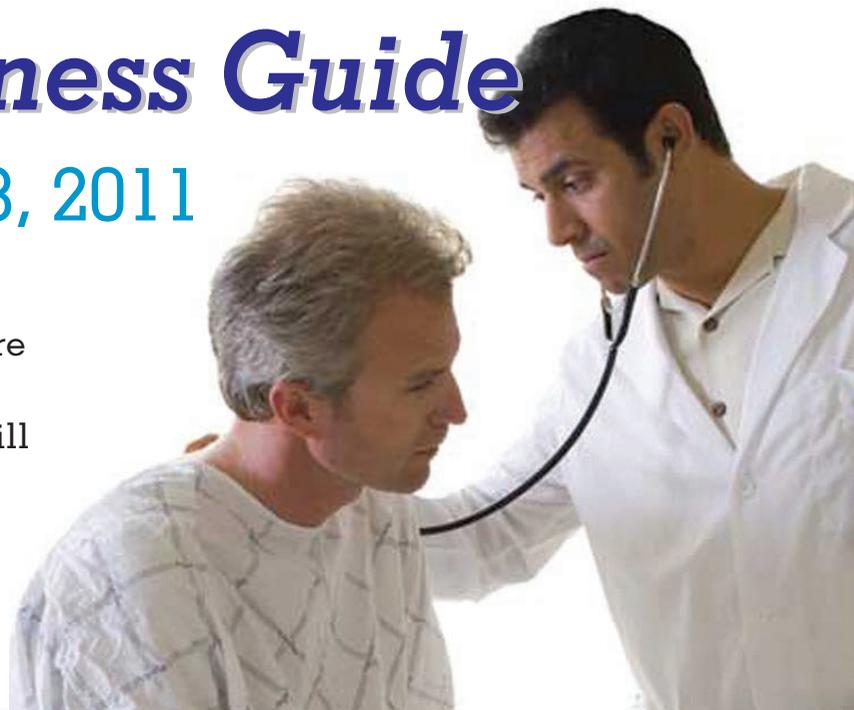
Joanie Rufo, of the Careerstone Group, LLC, spoke to supervisors about cultural integration during a town hall meeting Friday at the National Naval Medical Center.

See MEETING page 9

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MEETING:

From Page 8

cultural integration.

“Transition is the internal process that every human being goes through during change,” said Rufo.

Regardless if the change is positive or negative, individuals go through a few stages before coming to terms with the fact of the matter, she said. First, there is usually some internal conflict and resistance, as the individual tries to decide how to reach a status quo. Then, they reach an exploration stage, figuring out how to deal with the change, before coming to a level of commitment, in

which they begin to think of ways to adapt to the change.

“If you notice where [your staff] are in that cycle, that goes a long way,” said Rufo.

Another antidote is focusing on what is in your control, identifying what you have influence over, and what is out of your hands, she said.

She went on to explain that cultural integration is not about asking someone to give up their heritage.

“We respect the different positions that are coming to the table,” she said. “It’s not about the Army way or the Navy way or the Air Force way, or the civilian way, it’s how can we come together,” she said. “Keep your eye on the prize, and keep your staff focused on the eye of the prize, so to speak.”

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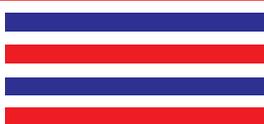
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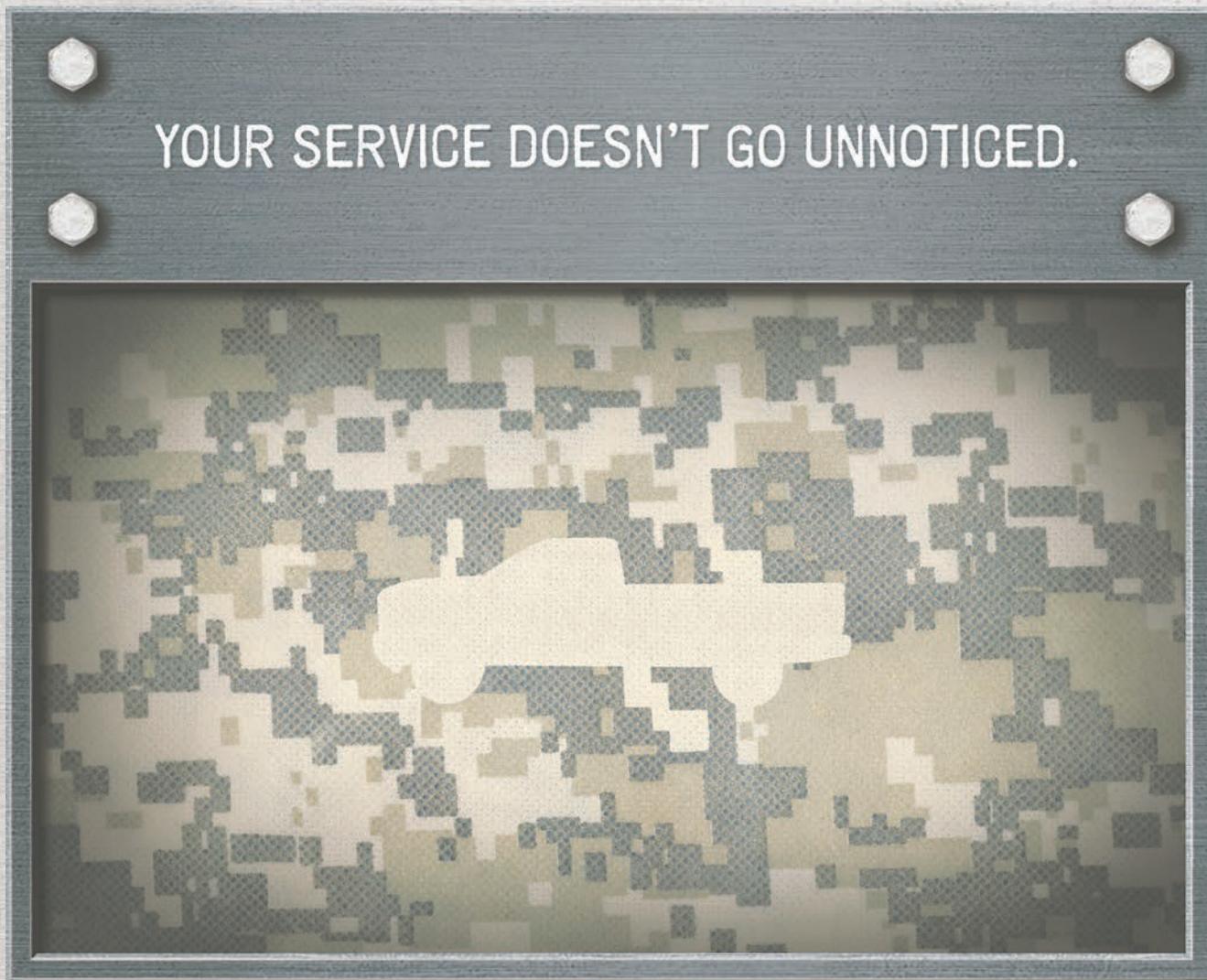
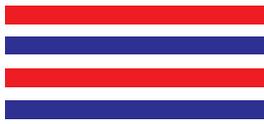
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