The Journal

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Annual Plan Enhances Quality, Readiness, Access, Integration

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.

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

Creating an atmosphere of health care delivery based on collaboration between patients and family, six PFCC small working groups strategically focused on identifying areas to enhance the patient experience.

After conferring with patients, the Patient Education Video Group selected cast members and are now working with production staff to complete the production of patient educational video.

Members of the Signage Group along with clinic mangers have reviewed, modified, and posted new signs in the America and Arrowhead Buildings to ensure wayfinding is PFCC friendly.

The Inpatient Welcome Packet Group collaborated with Marketing to develop a new welcome packet that has been submitted for leadership approval.

The Front Desk Training Group implemented a new customer service training model that will be managed by SEAT.

To ensure PFCC tenants are in operation, the Tracer Group is developing guideline questions for tracer teams to ask when they observe and interview patients, families and staff.

The Patient Observers action team is reviewing DoD and Military Treatment Facility processes on recruiting patient observers for command committees.

The team, as well as the command, remember Dr. Paul Florentino, who was an objective team champion and advocate for the PFCC objectives, believing in the positive changes this philosophy brings to health care delivery. The objective team and PFCC committee embrace Dr. Florentino's vision and are committed to his legacy, striving to complete their objectives by year's end.

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

NNMC and WRAMC, as members of the Defense Medical Research Network, will allow for the collaboration of research with 12 other medical research centers including the National Intrepid Center of Excellence and the Point Pathology Center. A unified research assurance to allow for research with human

subjects is also being arranged under the direction of the Army and Navy Human Research Protections Offices. This objective team has successfully unified the process for publication clearances while decreasing the average wait time for approval. All existing agreements with outside research partners are being honored and will be systematically reviewed and updated as necessary.

Objective 1.3: Sustain continuous survey readiness.

Continuous readiness is a strategic integration priority. To help identify challenges to survey readiness, the team has conducted Patient Tracers, environment of care rounds, survey readiness assessments, and mock surveys. The Continuous Survey Readiness audit tool, available to leaders via the intranet, is bringing more of these processes into performance expectations. The team is also ensuring training is performed during staff, intern, provider and command orientations. Patient Tracer findings – many of which have improved, including medication management – are presented to the Board of Deputies meeting.

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

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

This team assists the command in earning performance-based budget funds, enhancing access to care for staff and patients. The team has also made progress in accessing readiness databases of other services, ensuring all active duty personnel assigned to Walter Reed Bethesda receive high quality care and accurate documentation. The Dental Readiness clinic expansion is complete and a new Medical Readiness Clinic and Deployment Health Center will open in

See **PLAN** page 7

Chief of Staff for Integration and Transition

In this week's article, I would like to give you some information on the Transitional Orientation Program and the Day in the Life (DIL) activities here at NNMC. Since we are embarking on a historical merger with Walter Reed, it is imperative that the workforce is prepared to provide Patient and Family Centered World Class health care services for our Wounded Warriors and other beneficiaries.

In April we conducted Workspace Trainer ("Train the Trainer") sessions at WRAMC. These sessions were designed to assist them in developing the curriculum for their functional areas, clinics, and wards on workspace specific training such departmental orientation, equipment familiarization and operation, and life safety measures. In addition, Day in the Life scenario preparation workshops were facilitated for WRAMC and NNMC staff.

The Transitional Orientation sessions began on May 17, 2011, and will continue through July 21, 2011, with the purpose of training and orienting approximately 3,000 staff members relocating from WRAMC and Malcolm Grow. Topics during these sessions include: Cultural Integration; Evolving into a World Class Hospital; and Making the Transition, which includes items in the "Onboarding" process such as check-in, parking, and badging. Sessions were opened with a welcome address from the NNMC leadership. On June 23, there were an extensive number of attendees at the four sessions given at WRAMC. A total of 1,284 staff members attended during that singular day, and to date, we have trained 2,144 individuals.

During the months of June through August, workspace orientation and equipment training is scheduled for each of the end-user areas and focused on the particular mission of that area. This includes cross training of personnel from both WRAMC and NNMC, with the purpose of blending our staff and cultures.

The Day in the Life (DIL) exercises are designed to evaluate systems and processes that involve high risk, high volume, and potentially problem prone areas or processes, as well as looking at patient flow patterns. Six full tracer style scenarios, focusing on services not previously offered at NNMC, will be tested. The first set of exercises occurred on Tuesday, July 12, with the next evolution to occur on July 26. In addition, clinics and services are conducting their own DIL activities specific to their functional areas. Additionally, equipment training, scavenger hunts, life safety training, and open houses are being conducted for new staff during this time period. For coverage of this exercise, see page 6.

For more information about this training, contact Dr. Joan Gordon at 301-319-3817 or *joan.gordon@med.navy.mil*.

All staff relocating to NNMC are required to attend an orientation session. Newly reporting NNMC staff members who have arrived since the December 2010 timeframe are also encouraged and recommended to attend. If documentation is not available related to attendance at Transitional Orientation, staff members will be required to attend the eight hour Joint Newcomers Orientation starting in the fall.

To be prepared to serve in a Medical Home environment and provide safe Patient and Family Centered quality care to our patients, everyone relocating to the Bethesda Campus must participate. Our focus continues to be our three objectives of patient and staff safety, quality patient care, and continuous survey readiness. By participating in these assessment, orientation, and educational activities, we will be successful and meet these objectives. Thank you for your efforts and dedication, assisting with the preparation for and execution of the moves, and continuing to provide superb world class care to our patients, and their families, during this time of increased tempo and patient census.

Please address any correspondence to *NNMCDCIT@med.navy.mil*.

Chief of Staff for Integration and Transition sends

Bethesda Notebook

Transitional Orientation Sessions for New Staff

All new staff members at Bethesda are required to attend the Transitional Orientation session or the Joint Newcomers Orientation. The last chance to attend in July is Thursday July 14, from 1:30 to 3:30 p.m. in the Memorial Auditorium. Walter Reed staff, including those currently working at Bethesda, may attend the July Transitional Orientation Sessions in order to meet this requirement.

MWR Hosts Summer BBQ Luau

All single service members, E1-E6, enlisted geographical bachelors, and wounded warriors are invited to enjoy a free summer BBQ luau hosted by Morale, Welfare and Recreation (MWR) today, from 4:30 to 6:30 p.m., in front of Building 61. The BBQ will feature hula and fire and knife dancers performing at 5:30 p.m. and free food. For more information call 301-613-7031 or 240-418-1955.

Fleet and Family Offers Wealth Management Class

The Fleet and Family Service Center (FFSC) is offering a two-day class to learn about military pay, money and credit management, consumer awareness, insurance, and car and home buying. The class, open to all E1-E6 and O1-O3 service members, will be held in Building 141, classroom F, on July 22 and 23 from 8 a.m. to 4 p.m. Attire is business casual. To register, call the FFSC at 301-319-4087.

Register Now for Operation Military Kids Summer Camp

Operation Military Kids (OMK) is offering a summer camp at Western Maryland Educational Center in Garrett County from August 7-11 for military connected children ages 8-13. Older kids are invited to attend in leadership roles. The cost is free; however, a $100 registration fee is required per application and returned upon arrival or applied to the Maryland OMK program if cancelled after July 15, or for no-shows. If interested, contact Jayne Fitzgerald, Maryland OMK Program Director, at 301-405-2833, or *jeftz@umd.edu*. You may also contact Daniel Dunham, Navy School Liaison Officer, Naval Support Activity Bethesda, at 301-295-4849 or *daniel.dunham2@med.navy.mil*.

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Barracks: 'Residents Are Our Primary Concern'

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

With every day bringing integration closer, execution and dedication is important now more than ever, and the barracks at Naval Support Activity Bethesda (NSAB) are updating residents and continue to make service improvements.

"To prepare for the integration, we have consolidated the rooms," said Chief Sarmaine Johnson, Command Senior Enlisted Leader for NSAB. We are also continuing to ensure basic functions of the rooms are in order. We just converted the rooms to self-maintained heating and air conditioning units, allowing the resident to control their temperature themselves. This allows us to run things smoothly and minimize any holdups or problems from occurring, said Johnson.

Johnson said her pride motivates her when dealing with day-to-day operations.

"I pride myself on the 24-hour customer service policy," she added. "I pride myself on the activities and events offered through the liberty center. I also pride myself on the cleanliness, upkeep and overall success of the Bachelor Enlisted Quarters (BEQ). If there is a problem and it is not resolved in an expected amount of time, I have an open door policy. A resident can call me, come by and knock on my door and we will find out why the problem hasn't been resolved and move forward with a solution."

One of the primary missions of the barracks staff is to support the junior enlisted personnel living in the BEQ, providing leadership and supporting their endeavors.

It's very important that we give 100 percent and show the hard work and care we put forth every day. Right now, we are in the process of assigning the rooms to the staff that's coming over from Walter Reed Army Medical Center (WRAMC), so that when they arrive, they can give us their name, collect their room key and go to their new room, continued Johnson.

"At the end of the day, we fulfill the needs of the residents," said Second Class Petty Officer Nicholas Roby, Solace Hall (Building 61 BEQ) assistant building manager with NSAB. "Here, the residents are welcome to the gym, pool table, free laundry room, television room and other amenities. I look at everything that's offered and I'm a little envious. The living condition of these barracks, paired with the staff's dedication and hard work, create an ever-improving environment for our service members."

When a resident moves into the barracks, their room comes equipped with a standard-size bed, two dressers, a desk, mini-fridge, microwave, flat screen television with cable and free Wi-Fi. The residents also have access to discounted rates on all Liberty Zone events, a gym, community room equipped with a pool table and lounging furniture, 24-hour laundry room access and vending machines.

BEQ staff members have noted the satisfied residents stopping by the help desk frequently with compliments.

"I love the barracks. Whenever I have a problem, whether it's with my room or with anything else in the building, I am taken care of every time with quality service and respect," said Team Lead Hospitalman Joey Gant, who works in Pediatrics. "I can sleep better at night because I know now that this is my home."

When he's at work, Gant said he can focus solely on his work because in the back of his mind, everything is okay at home.

To continue updating residents on integration, how it will impact them, and ensuring their questions are answered, the BEQ held a town hall meeting Wednesday, led by Capt. Michael Malanoski, commanding officer of NSAB.

"There will be some things offered in the wounded warrior barracks that won't be offered in the permanent party barracks," said Johnson.

For example, each suite in tranquility hall will have a washer and dryer and each room will include a computer. "The reasoning for all of this has to be understood. We don't want any building to feel slighted because of the services offered," said Johnson.

The mission of the meeting was to inform residents of provisions offered in the wounded warrior barracks and to answer questions from permanent residents.

"There needs to be some sort of unit cohesion that takes place to continue the success of the integration," said Johnson.

For more information on the barracks, contact Chief Johnson at 301-319-8897 or e-mail her at *Sarmaine.johnson@med.navy.mil*.

ASBP Visits Bethesda to Support Wounded Warriors

By Mass Communication Specialist 2nd Class John K. Hamilton
***Journal* staff writer**

(photo by Mass Communication Specialist 2nd Class John K. Hamilton)

The Armed Services Blood Program (ASBP) visited the National Naval medical Center (NNMC) on Friday to collect blood in support of wounded warriors.

The Armed Services Blood Program (ASBP), tasked with collecting blood products for active duty military and their dependants, visited National Naval Medical Center (NNMC) on Friday to collect blood in support of wounded warriors.

"We serve not only Walter Reed, Andrews Air Force Base and NNMC. In addition, we provide a set quota of units that go down range to the war fighter," said Chief Hospital Corpsman John Newsome, leading chief petty officer for Armed Services Blood Bank Center (ASBBC). "Every unit of blood that we collect can provide enough products to save two lives," he added.

The integration between Walter Reed and NNMC will eventually lead to the dismantling of the Walter Reed blood program.

"We have [a] specific number [of blood products] we have to meet to send down range, but with the integration happening, our responsibilities have increased drastically," he said.

In describing the process, Newsome noted that quotas and numbers are gradually increasing to the point where the program would like to have as much as 1,200 units per month.

Once the blood has been collected, it goes through a week-long process before it is suitable for transfusion among military members on the front line.

"After we get the blood from the donor, we take it to our in-house for processing or separating the whole blood from the plasma, and then it gets shipped to New Jersey, where they do the testing. Then, from there, it gets shipped to Afghanistan or Iraq, or wherever a war fighter is in need, and they get transfused there," said Hospitalman Faramarz Hassanpour, corpsman assistant.

Preparation is key when donating blood, as the goal of the ASBP is to have as many usable units of blood as possible.

"A person can prepare for a blood drive by hydrating well a few days before donating. The most common cause of deferral especially in women is low iron content. Eating a healthy diet rich in green leafy vegetables such as, spinach, kale, brussels sprouts, broccoli, and even cauliflower will increase iron levels in the blood. This is especially important a few weeks before the actual donation," said Newsome. "We have a great team here that works very hard. Their hours fluctuate because of the blood drives, but our team stays dedicated. The ASBBC and the blood banking program [rely] on the staff here and they are doing a terrific job."

Newsome went on to note the success of this year's drive.

"We collected more units this time than the last drive we held here at NNMC, with a total of 87 units of good blood," he said. "I want to thank everyone who participated in this blood drive. Your dedication to patients is essential to us being able to complete our mission of providing units to patients and the Sailors and Soldiers in theater."

The ASBP and ASBBC are constantly looking for volunteers to help assist in the setting up and packing up of the blood donation centers. For information on how to volunteer or to donate blood, contact Chief Hospital Corpsman John Newsome at 301-319-8849.

Bare Essentials: Running Sans Shoes Gaining Ground, Doctors Caution

By Mass Communication Specialist 3rd Class Alexandra Snyder
***Journal* staff writer**

If you're the type of runner who thinks nothing should come between you and your workout, including your shoes, "barefoot" running may be for you.

Gaining in popularity since the mid-80s, barefoot running is the act of running barefoot, literally, or with web-like toe shoes that provide lighter protection from the elements. Proponents of the trend say that removing their shoes allows them to reduce their risk of chronic injuries that occur during the heel strike movement while wearing traditional running shoes.

"The premise behind running barefoot is essentially that the intrinsic muscles, joints, ligaments and mechanoreceptors of the feet require stimulation to function properly, and this optimal function is inhibited by highly supportive and cushioned shoes," said Bill Morgan, a chiropractor at the National Naval Medical Center (NNMC). "Foot muscle atrophy and dampened sensory receptors combine to cause injury and reduce performance."

Whether or not barefoot running is better than running with shoes remains to be proven scientifically, said Morgan, but one thing that is certain is wearing the wrong shoes can cause injuries, such as bunions, blisters and stress fractures.

"Running barefoot can produce its share of injuries as well," said Morgan, adding that the injuries can run the gamut from tendonitis and frostbite to lacerations due to lack of foot protection. "Our ancestors invented shoes for a reason, to protect their feet from hostile environments as they migrated from regions of soft [ground] to more foreboding terrain."

Team leader in Podiatry at NNMC, Lt. Cmdr. Ian McGuiness, agreed, stating, "Running barefoot will greatly increase your chances of cuts and abrasions to the feet. Any break in the skin on the foot is a potential source for infection. Any time you radically change biomechanical motion of the body, you run the risk of an over use injury. Tendonitis can also develop from a muscle being forced to work more than it is used too. Stress fractures — small cracks in a bone — can easily develop when that bone is subjected to undue stress from a lack of support or cushion."

Regardless of which foot wear is best, switching from shoes to bare feet requires an adjustment period to allow the bones and soft tissues of the feet to adapt to the new stresses that barefoot running places on the lower extremities, said Morgan.

"Achilles tendons are particularly susceptible to injury if there is a sudden change in its position of function," he said. "Most conventional running shoes place the tendon in a shortened position and suddenly switching to barefoot running places an unaccustomed strain on it, making it more susceptible to rupture."

Converts of barefoot running note that beyond the required adjustment period, there is a time and a place for wearing the "water sandal mixed with toe sock" foot coverings.

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(photo by Mass Communication Specialist 3rd Class Alexandra Snyder)

Personnel Specialist 3rd Class Patrick Fisher, the awards manager in NNMC's Manpower Department, has been using barefoot shoes for five months.

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Navy Medicine Launches New Blog on DODLive

From U.S. Navy Bureau of Medicine and Surgery Public Affairs

Navy Medicine announced the launch of its new blog July 5, designed to facilitate a unique and constructive two-way dialogue between Navy Medicine and its stakeholders, including service members and their families.

U.S. Navy photo by MC1 Todd Hack

Left: Hospital Corpsman 3rd Class Durell Jacobs, assigned to Naval Medical Center San Diego, administers the seasonal influenza vaccine to pediatrics nurse Myra Deala during a SHOTEX for the hospital staff. The medical center preventive medicine team immunized 673 service members and staff.

"My hope is that this open forum will serve to inform and generate lively discussion all across our enterprise and around the world," said Vice Adm. Adam M. Robinson, Jr., U.S. Navy surgeon general, and chief, Bureau of Medicine and Surgery (BUMED).

Navy Medicine is committed to delivering meaningful and current information on its global operations while garnering feedback from the medical community and those Navy Medicine serves.

Blog topics will include Navy Medicine's support of global operations, humanitarian aid and disaster relief, stories about the courage and sacrifice of Navy Medicine, noteworthy research and development, and discussion items relevant to BUMED and Navy Medicine.

"With the spirit of commitment and service in mind, let us begin the discussion of how we can best meet our current and future challenges," said Robinson. "I encourage all readers and bloggers, no matter their rank, position, or location, to provide constructive feedback on our goals and policies, because a good idea knows no rank."

The Navy Medicine blog is available at: *http://navymedicine.navylive.dodlive.mil*.

Navy Medicine is a global health care network of 63,000 Navy medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield. For more information visit *www.med.navy.mil/Pages/Default.aspx*.

For more news from Navy Medicine, visit *www.navy.mil/local/mednews*.

RUNNING

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"I would never run more than a couple miles in the shoes," admits Personnel Specialist 3rd Class Patrick Fisher, the awards manager in NNMC's Manpower Department, who has been using barefoot shoes for five months. "I love running and hiking in them because they provide more flexibility in your toes and more control in your stride, but when you first use them you have to adjust the way you run because you notice that you're striking your heel a lot on the ground and after awhile it hurts. You have to run more on the balls of your feet."

Many of your brand name running shoe companies make minimalist shoes, with a cushioned sole and less motion control, said McGuiness.

"If a person is truly interested in trying these, I would recommend a program of brisk walking and light jogging for a few weeks before any true running workout," he said.

Fitting for any brand of these special shoes varies and should be conducted by a professional before purchasing, added Fisher.

"I run two sizes bigger in barefoot shoes than I wear in typical running sneakers," he said. "To purchase these shoes you need to go into a store to be sized because they need to fit your toes more than they need to fit the length of your foot. Without the toes fitting, you won't get the results you're looking for."

Before beginning a barefoot running, or any exercise regimen, contact your primary care manager (PCM). For patients enrolled at NNMC to do so, call 301-295-6289.

A Cut Above, Lowering Ears for Over 20 Years

By Mass Communication Specialist 2nd Class John K. Hamilton
***Journal* staff writer**

At Naval Support Activity Bethesda (NSAB), it's business as usual thanks to the professionals at the Naval Exchange Barber Shop, located on Main Street, driven to provide a professional, stylish haircut for the professional work environment.

The barber shop offers, haircuts, mustache trims and shaves in a convenient location to serve military members, their dependants and staff at NSAB.

"I come to this barbershop every two weeks and I haven't had a bad cut yet, it is also very convenient as I can normally walk by on my way to work in the mornings, and get a quick cut," said Hospital Corpsman 3rd Class Terry Antrobus, administrative assistant for the physical therapy department at NNMC.

"I take great pride in serving our men and women in uniform," said Richard Yakovleff, master barber, Naval Exchange. "I like what I'm doing otherwise I wouldn't have been doing it for 20 plus years. When I give them a good haircut and see that person happy with the result, it makes me happy because I enjoy seeing a smile on the person's face I just served," he added.

(photo by Mass Communication Specialist 2nd Class John K. Hamilton)

Navy Capt. Robert Koffman, chief of clinical operations at the National Intrepid Center of Excellence (NICoE), gets his weekly cut by Richard Yakovleff in the Naval Exchange Barber Shop on Main Street.

Military regulations require strict adherence to the standards of hair grooming, so having a barber trained with these regulations in mind can mean the difference between "being in uniform."

"It makes me feel good to make them look good and make sure they get a haircut that is within regulations. Staying within regulations is very important, some people might not be aware that their sideburns need to be a certain length, we try to give the customer the style they want, while at the same time keeping it up to par with Military Regulations," said Yakovleff.

Stylish grooming is not the only order of the day for the Master Barber; a keen ability to connect with their customers to talk about life can sometimes be required.

"You learn a lot about people in this business and sometimes you're almost like a psychologist. I try to stay positive and say positive things and be helpful whenever I can," said Yakovleff.

For a clean, refreshing cut, stop by the NEX Barber Shop, open from 7:30 a.m. to 4 p.m., Monday through Friday.

'A Day in the Life' Ensures Smooth Transition, Seamless Patient Care

Lt. Cmdr. Select Rudy Madrid, Emergency Room/Trauma Clinical Nurse Specialist in NNMC's Emergency Department, explained daily operations at Bethesda to WRAMC staff on Tuesday during a "Day in the Life" exercise.

(photo illustrations by Sarah Fortney)

Staff members from the Emergency Department at the National Naval Medical Center (NNMC) and Walter Reed Army Medical Center (WRAMC) worked together Tuesday during a "Day in the Life" exercise. To ensure a smooth transition and seamless patient care, the day's events included six full scenarios, focusing on services moving from WRAMC that have not been previously offered at NNMC.

For more news from other bases around the Washington, D.C. area,
visit www.dcmilitary.com.

NHRC Launches Next Survey Cycle of Largest DoD Population-Based Military Health Study

A Naval Health Research Center release

Beginning in May 2011, the Millennium Cohort Study, which is conducted at the Naval Health Research, began enrolling new volunteers into this DoD-wide study. This year, the research team expects to add 50,000 U.S. service members to reach a total goal of more than 200,000 participants. Enrollment is projected to last six or more months.

The Millennium Cohort Study is the largest prospective military health study in the United States and captures data on service members from all of the military branches. Enrollment cycles, which occur every three years, have been timed to assess occupational exposures and health outcomes that may be related to deployment. This study is in its tenth year and is scheduled to continue until 2022.

"The Millennium Cohort Study is poised to provide critical information toward understanding the long-term health of future generations of military members, thus contributing to force health protection, a DoD priority," said Dr. Nancy F. Crum-Cianflone, the study's principal investigator. "In addition to the enrollment of service members in this cycle we hope to enroll about 10,000 military spouses as part of the Millennium Cohort Family Study."

The Millennium Cohort Family Study is designed to get a better sense of how military families are coping with military life after nearly a decade of war. Spouses who enroll will be contacted every three years to complete a follow-up survey, even if their sponsor is no longer in the service.

Findings from this study will go a long way in helping to understand the emerging and changing needs of military families, as well as the cumulative effect of multiple deployments.

The Millennium Cohort Study team is currently working on a number of research efforts to prospectively investigate military, veteran, and public health concerns possibly related to military service. Specifically, the study is designed to combine survey data with vaccination, personnel, deployment, and military health system information, to evaluate the impact of military service, including deployment, on various health measures.

In response to concerns about the health effects of deployments following the 1991 Gulf War, the Congress and the Institute of Medicine recommended that DoD conduct prospective epidemiological research to evaluate the impact of military exposures, including deployment, on long-term health outcomes.

The Millennium Cohort Study, the largest prospective health study in the military with more than 150,000 participants at present, meets this critical need. Although the original designers of the Millennium Cohort Study could not foresee the post-2001 military conflicts, the project is perfectly positioned to address health outcomes related to these operations.

More than 40 percent of Millennium Cohort participants have deployed in support of the wars in Iraq and Afghanistan and their input will enable investigators to prospectively evaluate detailed data from before, during, and long after these deployments. Current areas of analyses include post traumatic stress disorder, depression, alcohol misuse, respiratory illnesses, and traumatic brain injury.

For more information on the Millennium Cohort Study visit *www.millenniumcohort.org*.

PLAN

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August 2011, which will support all branches of the service in a tri-service environment. To help ensure annual medical and dental readiness requirements are met, a Health Readiness Call Center now coordinates appointments and fosters a one-stop-shop approach.

Objective 2.2: Promote staff wellness and manage workplace stress.

This team is committed to reducing stress, promoting health, and maintaining a culture of healing. The Mind-Body Medicine Program, within Internal Medicine Medical Home, offers 20 classes each week for patients and staff, including yoga, meditation, and guided imagery. NNMC's "Stages of Healing" program, organized and coordinated by the Behavioral Health staff, brings visual, musical, theatrical and spoken word performances to patients and staff to help promote the healing process. These performances also allow for dialogue which otherwise may not occur. Performances are scheduled through early 2012.

Access Goal: Enhance our culture of access.

Objective 3.1: Wounded, Ill and Injured (WII), 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 team is improving several components of access through an Enhanced Access to Care (EATC) standard for Wounded, Ill and Injured service members. Records are now tagged with a TRICARE Healthcare Deliver Plan code, so nurse case managers and clinic managers/appointment clerks can easily identify wounded, ill and injured members and schedule appointments for them within the EATC's standard of seven business days. The team is also improving access to care for beneficiaries. A daily report now tracks and assesses this metric. Additionally, clinic and provider templates are being updated and streamlined, enhancing the "3rd next available appointment" metric, monitoring improvement in this area.

Medical Home has also doubled its capacity to directly make specialty appointments for its enrollees, and a pilot project team is focusing on "discharge care" for all Medical Home patients.

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

This team has finalized the business rules for all clinics at Walter Reed National Military Medical Center Bethesda (WRNMMCB), which are being formatted for dissemination to all clinic staff and providers. The team also finalized clinic phone tree scripts and is working with leadership to ensure clinics are ready by mid-July for recording. The phone trees will be activated before the new hospital opens.

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

To enhance communication with patients and families, this team is focusing on each clinic's Web site. The team surveyed patients to help identify communication tools to use in the future.

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.

The team has made valuable contributions to communication efforts during transition and integration. The final, commemorative NNMC Guide was distributed, celebrating BRAC and Integration. The team also supported the JTF's Civilian Human Resources presentations, addressing staff and keeping them informed, as well as planning sessions with transition teams for the Inpatient Move Day. Specialty Care mailings were written for NNMC and WRAMC patients, and Reassignment letters were also produced and mailed by the JTF.

Welcome packets have been designed, including a customized Wll Family Welcome packet, a joint "Standards of Professional Excellence (SoPE) booklet and several other internal audience publications. The "BRAC BUZZ" newsletter was new this quarter, published weekly and distributed at NNMC, WRAMC and Fort Belvoir Community Hospital (FBCH).

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

The team, focused on the physical and functional aspects of integration and transition, is working to educate and raise cultural awareness as integration approaches. The NNMC Organization Manual, the 5450, a written description of our organizational chart, is nearly complete and reflects the new medical center. The team is also aligning Quality Management, Credentials, and the Executive Committee of the Medical Staff (ECOMS) policies, and is working on various aspects of Orientation Training and Cultural Awareness with regularly scheduled programs at both NNMC and WRAMC.

The command is making strides to fulfill these objectives as we transition to the new hospital, welcoming new staff and patients. This structured, elaborate plan is helping staff stay focused during this time of transition.To learn more about these command goals and their implementation, please visit the NNMC Annual Plan 2011 Web site, available via the intranet.

Resource Center Aims to Educate, Assist in Better Care

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

Since the National Naval Medical Center's (NNMC) Darnall Biomedical Resource Center, formerly known as the Stitt library, moved to its new home in October, the library continues to encourage service members and staff to take advantage of its copious educational material and leadership training opportunities.

"We have computers available, so [people] can do their own studying," said Ann Holman, systems librarian with the Darnall Biomedical Learning Resource Center. "We have a medical book and journal collection that people can come in and use. With our intranet and internet pages, we offer links to online content as well. [Also], there are more than 2,500 electronic journals on our intranet page that are available. [In addition, we] offer tutorials and training classes on researching and using all the different resources we provide."

Holman added, "With our research center, it's more than just a one-stop [service] online. We try to offer different things from different publishers to broaden our knowledge. We spend a lot of time teaching and coaching. When a person needs something, we want them to stop by and search for it. If it gets to that point where they feel like they are in over their heads, then that is where we step in."

Now located on the third floor in Building 1, the resource center allows patrons to check-out most of the material, except reference books. To take home material, the library checks whether the individual is in the hospital's global system, then adds them to the library's database, said Holman.

"We try to make the check-out process as easy as possible for people," she said. "When a person walks into our resource center, they will see the dozen computers that are available for research. We also have study tables, print journals, medical reference and text books, Navy professional reading, and leadership courses. The copy room that is offered covers printing, making copies and scan jobs that need to be handled."

> ***"With our offices joining forces, we hope we can be as impactful as possible. We have studied ways to serve various populations and we believe that we can continue offering good information."***
>
> — Ann Crozier, chief librarian at the medical library at WRAMC

Responsible for working with publishers, Holman provides expertise and content on various medical categories and procedures.

"I am the computer person of the group. If it has a plug and it isn't a coffee pot, I am responsible for it. I also train new staff or team members in using the resource center's catalog. With all of our content being bought, it keeps us in constant talks with all of the different publishers," she said. Holman added, "I live for this stuff. We want that person to be excited about the ins and outs of whatever they are doing. We troubleshoot as well. If those journal links on our page aren't working, we get in there and see what the problem is. There is always a possibility that something can go wrong, but with proper planning, preparation and guidance, it can be controlled."

Now that the library is integrating with Walter Reed Army Medical Center (WRAMC), Anne Crozier, chief librarian at the medical library at WRAMC, said, "I am really looking forward to working together with the staff and [creating] a integrated library that will successfully serve a joint facility."

Crozier added, "With our offices joining forces, we hope we can be as impactful as possible. We have studied ways to serve various populations and we believe that we can continue offering good information."

"We are excited about the Walter Reed Army Medical Center library staff coming over," said Holman. "We have been in communication with them for a few years and they are great people. The excitement level is high."

With a larger number of staff in the library, librarians can offer outreach in the clinics, said Holman. Walter Reed will also bring the capability to offer a document delivery service, allowing librarians to scan and email articles from the library. That will help save time for busy providers and staff members, she said.

For more information on the Darnall Biomedical Resource Center, contact Ann Holman at 301-319-8411.

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Performance Board Readies to Review Senior Enlisted

From Navy Personnel Command Public Affairs

The fiscal year (FY) 2012 performance-based senior enlisted continuation board will convene Dec. 5, the Navy announced in a message July 6.

According to NAVADMIN 194/11, active, Full-Time Support and Reserve E-7 to E-9 Sailors with 19 years of service and three years time in rate as of Sept. 1, will be considered by the board.

"Performance is the key," said Navy Personnel Command (NPC) Force Master Chief (AW/SW/NAC) Jon Port. "The Navy requires our senior enlisted to lead Sailors and enforce our standards. One of the major ways they do this is by living our standards and conducting themselves professionally and ethically. Those master chiefs, senior chiefs and chiefs out there who achieve great success through team and personal performance set the example for others to follow."

The board will focus on performance within the last five years or since advancement to current grade, which-ever is later. Among the specific performance indicators the board will consider are:

* Documented misconduct involving either UCMJ (non-judicial punishment) or civilian offenses;

* Moral or professional dereliction such as relief for cause or detachment for cause;

* Continuity gaps in evaluation/fitness reports grea-ter than 90 days;

* Evaluation/fitness reports with marks suggesting substandard or marginal performance;

* Any documented circumstance related to performance which results in a Sailor's inability to perform in his or her rating or duties.

"The board will look at these factors and the entire record," Port said. "They will use their judgment when determining who to select for continuation.. Bottom line, we want to keep the Sailors who are best for the Navy."

Some senior enlisted Sailors who otherwise meet the time in service and grade criteria will be exempt from the board. These Sailors include:

* Sailors with an approved transfer to the Fleet or Retired Reserve;

* Selectees for command senior and command master chief;

* Personnel enrolled in Safe Harbor;

* Fleet, force and command master chiefs, chiefs of the boat and command senior chiefs if the Sailors possess the Navy Enlisted Classification Code (NEC) 9580, 9579 or 9578;

* Sailors with nuclear NECs;

* Sailors with orders to, or serving in the first two years of an overseas or Department of Defense area tour at the board convening date.

The Naval Education and training Professional Development and Technology Center will publish the names of board-eligible Sailors on Sept. 15. The names will be posted to both the Navy Enlisted Advancement System website at https://neasos.cnet.navy.mil and on Bupers Online (BOL) at https://www.bol.navy.mil for command representatives to view. Individuals can view their board eligibility profile sheet on Navy Knowledge Online Advancement Center Page at https://www a.nko.navy.mil/portal/careermanagement/navyadvancementcenterby selecting "Enlisted Retention Board Eligibility Profile."

Candidates' correspondence to the board must be received by Nov. 15. Any letters must be originated by the eligible Sailor. This date is also the last day for commands to resolve eligibility issues and problems. Sailors who are on the list, Nov. 15, will be considered eligible for review and requests for removal after this date will not be approved.

Once the continuation board results have been approved, commanding officers will have seven days to notify and counsel those members who have not been selected for continuation. Sailors who are not selected must submit their Fleet Reserve or retirement paperwork by May 15, 2012, with an effective date no later than Sept. 30, 2012.

For more information, read the message at the NPC website at *www.npc.navy.mil* or call the NPC Customer Service Center at 1-866-U-ASK-NPC (1-866-827-5672).

For more news from Navy Personnel Command, visit *www.navy.mil/local/npc*.

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