



THE COURIER



Volume VII

July 2001

Issue 7

NMCP Nurse finds new way of doing business ... Better

By JO2 Duke Richardson

With the advent of Naval Medical Center Portsmouth's recent realignment, there have been a number of changes within the numerous workstations. Who is in charge of who, as well as how certain tasks will be performed, are just a couple of examples of changes NMCP staff members are going to have to adapt to in order to keep the high operational standards the command is accustomed to.

One staff member, Ralph Winston, a licensed practical nurse at NMCP's Ambulatory Procedures Department, is one person that has helped his peers handle the changes that realignment has brought.

Winston, a retired Army ward master, says he looks at the current realignment as a great way of injecting new blood into the old way of doing things at NMCP. "I'm personally pleased to see something like this come about with all of the changes that have been going on throughout the military," he said. "It seemed like all of the services were undergoing changes at the same time, so I feel it makes sense that the hospital would change as well in order to stay at the cutting edge of medicine. It also felt like it came at the right time since the Navy is seemingly taking the lead as far as patient care is concerned."

According to Winston, instead of putting any heavy burden or hardship on his daily routine, the realignment has done one thing that some people may not have expected. It has made his job easier. "To me the realignment has made things simpler and a lot easier than before," said Winston.

"We were a part of the department of nursing, which wasn't a bad thing at all. But now that the realignment has taken effect we are now under the department of surgery. Ever since that change, we have become a much better team. For example, the wait time

They didn't just go make changes, they did research... and made sure it would work."

**Ralph Winston, RN
Ambulatory Procedures Dept**

for our patients is not as long as it used to be. There are still some things we have to iron out, but things continue to get better."

The 20-year Army retiree also said that he feels the most rewarding thing for him is being here for the change from the old way to the new. "I'm happy that I was here to experience this and to learn new ways of doing things," said Winston. "I've been a part of the military community for over 20 years and I've seen many changes. Some good, some not so good. But it has been very refreshing to see that (NMCP) is on the right track. They didn't just go make changes, they did research...and made sure it would work."

Winston went on to say that if he had to pick one thing about NMCP's realignment that really stands out, it would be the fact that the leaders did one thing that make naval leaders worth their salt, they listened to their people. "Our leaders listened to the people that were at the (lower) level and gave them the leeway to help make the changes that are in place now," he said. "Even with those transformations in place now, there are a lot of different opinions going around. I think it is important for everyone to give this a chance and see how it works."

NMCP Welcomes New Deputy



CAPT M. L. Nathan comes to us from 7th fleet and brings a great deal of fleet experience to NMCP.

GET THE LATEST NEWS ON THE TRANSITION TO BUILDING ONE AND 215 AT [HTTP://NMCP-INTRANET.MAR.MED.NAVY.MIL/TTF/TTF.HTML](http://NMCP-INTRANET.MAR.MED.NAVY.MIL/TTF/TTF.HTML)

[TTF.HTML](http://NMCP-INTRANET.MAR.MED.NAVY.MIL/TTF/TTF.HTML)



Also in this Issue

- 2 Need More Light in your life
- 3 Corpsman Behind Bars
- 4 Volunteer
- 5 First and Finest Award
- 6 Comings and Goings of Interns
- 7 New Deputy
- 8 Access Policy
- 9 Be a Blood Donor
- 10 The Right Decision on Redux
- 11 Tricare University Online
- 12 2001 Organizational Chart

THE COURIER

An authorized publication of the Naval Medical Center, 620 John Paul Jones Circle, Portsmouth, VA 23708. The views expressed in this publication are not necessarily those of the United States Navy.

The Courier is published monthly by the Public Affairs Office. Be sure to check out NMCP's website at www-nmcp.mar.med.navy.mil.

Commander

Rear Adm. Clinton E. Adams

Deputy Commander

Capt Mathew Nathan

Public Affairs Officer

Lt. j.g. Robert Lyon

Assistant PAO

Mr. Dan Gay

Staff Reporters

JO2 Duke Richardson

JO3 Jodi Durie

JO3 Justin Takasawa

How do I get something in The Courier?

The command's monthly publication provides an avenue to circulate all the useful information the Medical Center staff has to offer. Contact the Public Affairs Office at 953-7986, Fax 953-5118, via Guardmail, or you can E-mail LTjg Lyon at rtlyon@pnh10.med.navy.mil. Submissions should be on a disk in text or Word format with a paper copy attached. Photos are welcome and can be returned on request. **The Courier now comes out once a month. Send your submissions to the Public Affairs Office and we'll put it in the next current issue, space permitting. Submission deadline for the next issue is the 15th!!**

We are located in Bldg. 215, second deck, Room 2-118 (next to the Conference Room.)

Need More Light in Your Life?

By Ed Bick, Facilities Management Department



Photo Courtesy of Facilities Management Department

Eric, from Service Electric Corp. holds a T-8, Ed Bick FMD Environmental Protection Specialist holding a compact fluorescent (PL).

Your morning starts off great. You are walking down the passageway early in the morning, marveling at the beauty and strength of the architecture of the Charette Health Care Center. You enter your office, and as you have done hundreds of times, flip on the light switch. Unlike all of the other times, only two of the four fluorescent lights come on. That is not enough light to examine patients, or reduce that growing mountain of paperwork that has been accumulating. How can this problem be fixed? Simple, contact your department's Maintenance Liaison Representative, or MLR. You DO know who your MLR is, don't you? All departments have at least one, and most have two or even three MLR's. They have been specially trained on the Defense Medical Logistics Standard Support, or DMLSS. DMLSS is the computer program that is used to notify Facilities Management Department (FMD) that you have a problem in your work area, and your MLR is the only person that is authorized to report these problems to FMD.

When you report your lights being out to your MLR, there is some information that they need to enter into DMLSS. Where is the room? The six

or eight digit number on the doorframe is what is needed here. That number must be entered in the "Room Number(s)" section of DMLSS, not in the "Other Location" section. What type of light is out? Over 90% of the lamps in the CHCC are of two types: T-8's or PL's. The T-8 is the standard four-foot fluorescent lamp. The PL is a short (6 inch long) compact fluorescent that looks like a "U". How many lights are out? The MLR will know all of the additional information needed to complete the DMLSS request.

We have the proper amount of funds allocated to ensure that you will always have the lighting that you need. The team of the FMD Quality Assurance Evaluator (Ed Bick), and the Contractor (Service Electric Corp.), want to do all that is possible to change any lamps that are burned out in a expeditious manner. We want you to be part of this team. Help your MLR by reporting burned out lamps so that they can put it on DMLSS. Then the DMLSS request can be given to the Contractor, and the lamps can be changed out quickly. You will then have proper illumination restored to your space, and the world looks just a little brighter.

Corpsman takes Medicine Behind Bars

By JO3 Duke Richardson

The Navy offers sailors the opportunity to travel to exotic and exciting locales, but in the case of HM3 Raoul Gaona his work has taken him to a place no one wants to go, at least for an extended stay. Gaona is the duty Corpsman for Naval Station Norfolk Brig.

Gaona was assigned to the brig as a medical care liaison. It's up to him to ensure the prisoners get the medical care they need. "As far as medical needs go, (some of my responsibilities included) doing sick call for the prisoners there at the brig, drawing blood for tests, taking care of their medical and dental records and immunizations," said Gaona. "Of course if there was a medical emergency, I had to respond just as with any urgent situation."

That was anything but a small task, according to Gaona. He said that he was responsible for the health care needs of approximately 800 people. "The alpha roster at the brig was huge, and with so many people there, I had to keep on my toes to make sure each and every one of them got the medical care they needed."

There was a major difference in the way Gaona had to do things at the brig than he did at the clinic. At Sewells Point, he was just a staff member at sick call. But that all changed when he got sent TAD to the brig. Gaona had to step into the spotlight and play a new role. "When I was at the brig I was basically doing it all," he said. "Here (at the clinic) I have to go through this person and that person in order to get things I needed to do my job. When I was there, it was all me, meaning that if I needed something to take care of the patient, I got it. It was great because I had more responsibility and a lot more initiative and a lot less barriers when it came to doing my job."

The most serious incident Gaona said he had to deal with was handling a prisoner that had a seizure. "One guy had a seizure episode while I was making my medical rounds around the



Photo by JO2 Duke Richardson

HM3 Nicayla Polanco, a staff member assigned to Naval Station Brig, right, plays patient while HM3 Raoul Gaona shows the proper way to conduct blood draw.

prison deck, all I had was a box of different medications. While doing that I got word from one of the guards that a prisoner was having a seizure, so I got to the prisoner gave him the medical treatment he needed and he pulled through."

But caring for prisoners brings its special problems. "Whenever an al-

"It was great because I had more responsibility and a lot more initiative and a lot less barriers when it came to doing my job"

HM3 Raoul Gaona Corpsman Naval Station Brig

tercation would happen, someone would usually get banged up pretty bad, mainly from hitting the racks," said Gaona. "I remember a few times when someone's head would be gashed, or sometimes they'd get knocked out, because some guy would knock him and he'd crash into those metal racks. So the person would get taken to medical, get cleaned and wrapped up and that would be it."

Though the Brig can be intimidating Gaona has had a positive experience with the inmates. "I had a pretty good relationship with the people over there," he said. "They never gave me any problems. They treated me with respect and did whatever I asked them to do without any grief or talkbacks. The prisoners were all straightforward with me and even truly trusted me and my judgment over time. Like if there was something on their mind that was getting to them that they really didn't feel like discussing with anyone else, they'd open up to me about it."

Gaona went on to say that a job like that can only be beneficial to a hospital corpsman. "I would recommend an assignment like that to any corpsman," said Gaona. "You learn a great deal more about your job. Depending on where you work, you really don't see that much of your job except for the basic things such as vital signs and maybe some stand in work. Whereas over there at the brig, you're doing it all which makes you good at every aspect of your job and a more well-rounded corpsman."

Teens Volunteer For Summer

By JO3 Jodi Durie

This summer the American Red Cross chapter at Naval Medical Center Portsmouth offered a six-week summer volunteer program allowing Portsmouth area teens interested in a career in the medical field an opportunity to volunteer in various wards, clinics and departments throughout the hospital.

Apparently, the Red Cross received an exceptional response the summer program this year.

"We have approximately 45 volunteers this year, this is the largest group we've ever had," said a smiling Jane Smith, NMCP's American Red Cross station chairman.

"This is a tremendous program. It is a great benefit to the teens. They have an opportunity to gain valuable experience by working in an environment that they are interested in," said Smith.

"It is a pleasure for the Red Cross to work with people who have such a bright future ahead of them," added Smith.

Volunteers may work from four to 20 hours a week in the area of their choice.

"I chose to work in pediatrics because I really like kids and I want to be a pediatrician when I grow up," said 14-year-old volunteer Brittany Evans. "I volunteered because I wanted to get a feel for the medical field," she said.

This is second year Evans has participated in the volunteer program. Last year she volunteered at Sewells Point BMC where she learned some valuable skills.

"I learned how to develop x-ray film and I learned CPR," she said.

As a first time volunteer, Allison Knutson who has been working in pediatrics for three weeks is thoroughly enjoying the volunteer program. Her mother, Tina McBride who works in radiology introduced her to the possibility of participating in the program.

"I thought it sounded like fun. I wanted to interact with patients and help make them feel better," said 14-year-old Knutson. "I try to cheer them up and help them not be scared when they arrive," she added.

So far, Knutson who is considering going into nursing thinks this experience may convince her to pursue the medical field.

The main focus of the volunteering both Knutson and Evans have done in pediatrics has been on the ward and in the child life center.

The child life center is an area where pediatric patients can go to play, interact with other patients or just have some time away from their room.

Child life specialist, Chris Brogan, stresses the significance of the volunteers in pediatrics.

"Volunteers help normalize a child's environment," said Brogan. They give the children someone to interact with," he said. "It is also helpful for the parents of the child. It means a parent can take a mental break or go get something to eat or drink without as much worry. The parents know the volunteer is spending time with their child and their child is okay," he said.

In addition to pediatrics, volunteers are currently working in the emergency medicine department, the medical library, the operating room, and various other clinics and wards.

The volunteer program is an annual program. Any interested applicant can contact the Red Cross at 953-5435 by May 1 for information on the next program.



FAX: 757-953-7811

Telephone: 757-953-5435

AmerRCross@pnh10.med.navy.mil

Navy Doc Cares for Thai Children

By ENS Christina Skacan,
Navy Wire Service

Navy doctor Lt. Amy Rindfleisch, MC, loves children, so it's no wonder she loved this job. Single-handedly, she's treated nearly a hundred of them in just a couple of days in tropical Thailand, without X-ray machines, assistants or labs.

Rindfleisch was able to see her small Thai patients through a medical and dental civic action project that's taking place during the Navy bilateral annual exercise Cooperation Afloat Readiness and Training, or CARAT. "We saw whoever showed up, villagers young and old," said Rindfleisch. "In the (Navy) clinic we'd do cultures, lab work, things we have to wait for. It's different out here. We just read the symptoms." Rindfleisch diagnosed and treated ailments ranging from flu, pneumonia, asthma, rashes, scabies, and boils.

One teen, Wilai, 15, heard about the clinic the Navy doctors set up from monks at the local Buddhist temple. She carried her sister, Kanongwan, 1, to the elementary school that was serving as the treatment facility. With help from a Thai Royal Navy medical professional who acted as a translator, the shy teen listed her sister's symptoms - runny nose, cough, fever, sore throat, and diarrhea. "It's challenging to see the interaction from the child's point of view - a lot of things they perceive as scary," said Rindfleisch. "Many of the children had never before seen an American, let alone an American doctor." Rindfleisch was one of three Navy doctors and a dentist who treated more than 400 medical patients and almost 100 dental patients. The dentist alone extracted 120 teeth in eight hours. In addition to medical care, patients received non-prescription medications such as Tylenol, Robitussin, and multivitamins. The Navy carried out a variety of civic projects in Southeast Asia during the exercise. Rindfleisch' permanent assignment is U.S. Naval Hospital Okinawa, JA.

Teams Recognized as “First and Finest”

By JO3 Jodi Durie

Rear ADM. Clinton E. Adams, NMCP’s commander presented the “Commander’s First and Finest Team Award” to NMCP’s Institute for Health Care Improvement Project Team.

This was the first award of its caliber given to recognize teamwork here at the hospital. Criteria for the award included such requirements as improved operations of the command, achieved a significant command objective, increased professional stature of command, and many others.

“I want to reinforce the idea and importance of teamwork,” said NMCP’s commander. “We’re starting to reinforce teams in a small way,” he said.

“The admiral wanted to expand the awards program to include team efforts,” said Cmdr. Jennifer Town, director for change leadership. “This award sends a positive image that we do appreciate the team efforts it takes to deliver health care,” added Town.

“I coordinated with the command awards office in developing a team award and its criteria,” she explained.

The command awards office and Town spent roughly six months creating and completing the team award.

“I want to emphasize that the awards office worked very, very hard on this,” said Town.

Of the five teams nominated for the team award, four were presented with Letters of Appreciation.

Selected as the commander’s first and finest team, the Institute for Health Care Improvement Project Team was chosen as a result of their diversity.

“This team was very well deserving and brought together a multidisciplinary group of all ranks including civilian staff,” said Town.

The team consisted of, Lt. Cmdr.

“This award sends a positive image that we do appreciate the team efforts it takes to deliver health care.”

**Cmdr Jennifer Town,
Director for
Change Leadership**

were fortunate to be selected from such a robust and energetic field,” he said. “What probably separated our team was our multidisciplinary composition and the recent national focus on medication errors,” he said.

The team started in the Emergency Medicine Department evaluating the Pyxis machines. Eventually

the team’s project augmented throughout the hospital.

The Pyxis is an automated distribution system, which safely and accurately stores medication throughout the hospital.

“Team members evaluated 278 medication items in the EMD Pyxis. Fifty-three of these were found to have similar names with different doses while eight were look-alike medications found in the same drawer,” according to Grasso.

“The efforts of these team members have resulted in a new emphasis on medication safety throughout the medical center. In addition the Bureau of Medicine and Surgery has recognized this effort as a Navy best practice and provided these efforts to military treatment facilities throughout the U.S. Navy,” he explained.

For more information on NMCP and its continuing efforts to improve patient care, log onto www-nmcp.mar.med.navy.mil.



Photograph By LTjg Robert Lyon

The First and Finest Team proudly displays their trophy, a ship, chosen because it takes a team to float a boat, according to Cmdr. J. Town.

The comings and goings of Interns

By JO2 Duke Richardson

There were two individuals in the audience at NMCP's recent intern graduation. One, Lt. Cmdr. Bryan Mack, looks forward to being able to practice medicine as a doctor for the first time. The other, Lt. Cmdr. Richard Barrow, is looking forward to applying the eight years of college education to helping those in need. The only thing separating them is the grueling year of intern training at Naval Medical Center Portsmouth.

The program is challenging, especially during the early phases of the beginning. "Getting used to the work hours was one thing I really had to get used to," said Lt. Cmdr. Bryan Mack. "As an intern I was working long days that lasted anywhere between 10 to 12 hour days. Some weeks if I was really busy, I put in between 80-110 hours. We spent a lot of time on the job and at times it got pretty fatiguing."

Even though Mack says that some things may have been physical trying, he will cherish the experiences and lessons he learned as an NMCP

intern. "One thing I'll remember is how much the hospital changed for me over the course of one year," said Mack. "It's like when you first come in you really don't know much about medicine because (you haven't had that much 'hands on experience) with patients. As the year goes by, you get more experience, more responsibilities and more comfortable with practicing medicine, and that is a real confidence booster when dealing with patients."

With the outflow of last year's interns, there is of course an influx of new interns ready to begin their year of long hours and hard work at Naval Medical Center Portsmouth. One newcomer, Lt. Cmdr. Richard Barrow, received his initial calling into the medical field before he even joined the military. "I have had the desire to be a physician ever since I was in graduate school," he said. "As I was working on my degree I decided that if I couldn't finish the school for whatever reason, I'd join the Navy and fly (as a pilot). I did that for 13 years then decided that

I'd give medicine a try so I reapplied and went back to school."

Barrow also said when he was applying for where he would do his internship, NMCP was number one on his list. "Last year when I was a student I came here to NMCP and liked what I saw in regards to the high level of professionalism that was displayed, so I talked to a couple of program directors here, (listed the hospital on my 'wish list') and got selected."

Barrow says he feels more than ready to take on any and all challenges the next year's internship will bring. "One thing I know I have to get accustomed to is getting up to speed on the wards and on the way they do business," said Barrow. "Aside from that I'm just really looking forward to learning new things and rounding out my education. I'm also looking forward to working with the patients and helping them with whatever problems they may have. To me, that'll be a rewarding experience that will make the internship worth the work."

Drinking effects more than just your career

Long-term effects of the heavy use of alcohol include:

* Liver damage – hepatitis, fatty liver, cirrhosis (scarring of the liver), fibrosis, and cancer.

* Heart disease – including enlarged heart, congestive heart failure, and disturbances in the heart rhythm.

* Hypertension – Alcohol causes a great risk for hypertension (high blood pressure), which is a major risk factor for stroke and heart attack.

* Cerebrovascular Accident (Stroke) – "Stroke" is an impaired flow of blood in the brain caused by a blockage of a blood vessel or by hemorrhage through the vessel wall. Heavy drinking is associated with a 4 times the risk of stroke.

* Pancreas – About 65% of all cases of inflammation of the pancreas is alcohol related.

* Ulcers and gastritis – due to irritation of the stomach lining by alco-

hol.

* Malnutrition – because alcohol has no food value. Alcohol robs the body of some vitamins and minerals and interferes with digestion of food that is eaten.

* Diabetes/blood sugar – Alcohol can alter blood sugar levels and exacerbate or cause diabetes by interfering with the hormones responsible for stabilizing blood sugar levels. Severe hypoglycemia can occur 6 to 36 hours after a binge drinking episode and can cause severe hypoglycemia which causes serious consequences such as coma, brain damage, and respiratory failure.

* Calcium and bones – Acute alcohol ingestion decreases calcium in the body and disturbs vitamin D metabolism. Heavy drinkers are more likely to develop osteoporosis and have increased risk for fractures. Alcohol

is directly toxic to the cells that form bones.

* Immune system impairment – Chronic alcohol consumption reduces the number of infection-fighting white blood cells and decreases the ability to fight white blood cells and decreases the ability to fight off disease. Antibody production and other immune responses is decreased by chronic alcohol consumption, which places the chronic alcohol user at greater risk for infectious diseases, including respiratory infections, pneumonia, tuberculosis, and cancer.

* "DTs" (delirium tremens) – resulting from alcohol withdrawal, characterized by disorientation, memory impairment, hallucinations, etc.

* Cancer – of the mouth, esophagus or stomach, due to irritation by alcohol.

See Drinking Pg 7

Drinking from Pg. 7

* Brain damage – possibly leading to psychosis.

* Reproductive system – Chronic alcohol consumption causes testicular atrophy, impotence, loss of libido, reduced testosterone levels, and disruption of normal sperm development and structure in males. Prolonged testosterone deficiency may contribute to a “feminizing” of male sexual characteristics, for example breast enlargement.

In women, especially those of childbearing age, chronic heavy drinking can contribute to a multitude of reproductive disorders including a cessation of menstruation, irregular menstrual cycles, cycles without ovulation, early menopause, and increased risk of spontaneous abortions.

Alcoholism/alcohol dependence left untreated is a fatal disease. When an alcoholic continues to drink, he or she may die prematurely. In the United States, the life expectancy for an alcoholic is more than twenty years less than the life expectancy for non-alcoholic.

Adams Resource Guide

Congressional Visit to NMCP



Photo by Dan Gay

CMDR. Price explains the impact of Tricare for Life on the Pharmacy

Senator John Warner and Congressman Randy Forbes recently visited NMCP. Though their visit was brief they were exposed to a dynamic cross

sampling of services provided by NMCP. Items of interest were Tricare for life, and its impact on service availability and PCM by name.

New Deputy Focused on Transition

By JO3 Justin Takasawa

“I’m impressed by the dedication and commitment of everyone here at Naval Medical Center Portsmouth,” said NMCP’s new Deputy Commander, Capt. M.L. Nathan. And those words shouldn’t be taken lightly.

Nathan was the head surgeon for 7th fleet before reporting to NMCP.

“I was responsible for 52 million square miles,” he said. “I was responsible to the 7th fleet for both operational medical readiness and the clinical quality for the 7th fleet beneficiaries.”

And while 7th fleet may have

been his biggest challenge to date, Nathan has seen it all.

He has had a very well-rounded education in navy medicine. From remote MEDEVACS overseas to working with the Marine Corps, he’s seen all sides of the field.

“I consider myself fortunate to have had deployments with the Marines,” he said. Nathan has also been stationed in Cuba, Europe and parts of Asia and has been a part of graduate medical education in California.

“I’ve seen our small clinics, our large clinics, sub bases and retired care facilities,” he said. “I believe I have a good overview of our mission in Navy

medicine.”

Nathan intends on using his experience to better NMCP and help facilitate Rear Adm. Adams’ realignment project.

“The biggest thing on my plate right now is executing the reorganization and realignment of our care delivery products under the direction of Admiral Adams,” Nathan said.

Nathan plans on using his former experiences to help him now while at NMCP.

“The fleet is our number one customer,” he said. From serving with the Marines on board the USS Saipan to being in charge of 7th fleet’s medical readiness, Nathan will always bear in mind where he’s been and how he can apply that here.

BMC Oceana Introduces “Open Access” Policy

BY JO2 Duke Richardson

Getting seen for an appointment at Branch Medical Clinic Oceana is now quicker than ever before. Thanks to the clinic’s new open access policy, patients can now receive treatment on the same day they call for an appointment.

According to BMC Oceana’s Officer in Charge, Cmdr. Peter Kopacz, the open access policy is one way the clinic offers expedient, quality care for its patients. “What this means is that if our patients need to be seen for something (on a certain day) then we will do whatever it takes to get them seen that same day,” he said. “We have all of the appointments open that day for you to be seen, so you will be

seen that day, or on rare occasions, the next day. But the patient will be seen within 24 hours.”

Oceana has the honor of being the first clinic in the Tidewater area to institute this policy. According to Lt. Cmdr. Ray Wilson, division officer of BMC Oceana’s Family Practice, the whole concept began with an article regarding the utilization of open access for patients. “An article about same-day access was put out and made its way around the clinic the same time we had about 400 people here to be seen in the ER on Martin Luther King day, and it’s staffed to be able to accommodate 280-300 people,” he said. “That day, we saw way more people than normal and we were like ‘uh-oh, we can’t handle this pace any longer’... so in order to (cut the number of people) that go to the ER, and to better serve their needs, we decided we would give open access a try.”

It took nearly two months of planning and the typical “wheeling and dealing” that is sometimes needed to get a new idea to take form, but the end justified the means, according to Wil-



photo by JO2 Duke Richardson

HN Matthew Wessner, right, takes Linda Rankin’s vital signs at Branch Medical Clinic Oceana. The clinic recently started an open access policy in which its patients will receive an appointment the same day they call.

son. He said that a little bit of idea borrowing from another clinic served as a good foundation to build Oceana’s new policy. “We went to the clinic in Patuxent River, Md., to take a look at their open access concept,” he said. “We learned some things from their

“This is kind of like one-stop shopping and our patients are loving it.”

Lt. Cmdr Ray Wilson, BMC Oceana’s Family Practice

operation such as what we should do and what we should not do. We decided to start (on a smaller scale) by just incorporating the idea into our family practice unit and it has been very successful.”

“The key to this concept is that everyone here was involved to make sure it worked,” explained Kopacz. “If everyone here wasn’t playing on the same sheet of music and working together, this wouldn’t have worked.”

The way Oceana is doing things may have slightly changed, but the role

of the patient is still the same, says Cmdr. Casey Knapp, senior nurse of BMC Oceana. “The patients still call the TRICARE 1-800 number to ask for an appointment,” she said. “They are, hopefully, relatively surprised that they are now getting in easier and faster.”

Reaction to the open access policy has been overwhelmingly positive, according to Kopacz. He said the number of positive feedback is on the “up n up.” “The number of complaints have gone way down since we started this new program,” said Kopacz. “So I think it is safe to say that our patients are happy. Another thing we did to help keep our patients satisfied was introduced a new number system at our pharmacy which is just like the one at NMCP. That, combined with the open access policy, has really helped increase our customer satisfaction level. A year ago, the average wait time at the pharmacy was 45 minutes.”

“The patients come in, go in with a doctor, they’re out in about 15 minutes, in about another 10 minutes they have their prescription, then they’re out the door,” said Wilson.

TRICARE UNIVERSITY OPENS TO PUBLIC ONLINE

Cyberspace - TRICARE University, an on-line version of the TRICARE Basic Student Course, is now available to anyone who wants an improved understanding of the TRICARE benefit. TRICARE University introduces its students to the health care benefits available for uniformed services beneficiaries and family members. In addition, this course provides customer service guidance and an overview of TRICARE administration.

TRICARE University consists of 13 lessons, practice questions and non-graded examinations that are accessible at the end of each lesson. The questions reinforce lesson content and promote learning with immediate feedback and, if necessary, guided review.

A "Course Objectives" button takes students through information related to objectives, prerequisites, and requirements. Those new to the TRICARE University's web-based learning environment can use the "Navigation Tutorial" section to learn how to navigate through the various features and functions available in the course.

At the end of this course, students will be able to recall the basic benefits of TRICARE options, pharmacy and dental programs, to match available health benefit options with beneficiary eligibility status and category, calculate costs, and file claim forms. They will also be able to find a list of resources available on the Internet and from TRICARE Management Activity if they need further information.

TRICARE University can be found on the TRICARE Web site at 199.211.83.208/public/homepage.html or by going to www.tricare.osd.mil, clicking on "Browse by Topic" to get the drop-down menu, and then selecting TRICARE University.

Blood Donors Needed

By JO3 Jodi M Durie



Photo by JO3 Jodi Durie

RN Judith Barnes, technical supervisor for the apheresis center, takes blood from HMI Julie Wilcox, LPO of the blood donor center.

Naval Medical Center Portsmouth offers anyone, from the age of 17 up, an incomparable opportunity to save lives. By setting aside a half-hour of your time to give blood, just once, you could save up to four lives.

Due the national shortage of blood, NMCP's blood bank, which provides blood to all of the military on the East Coast and all of NMCP's patients including active duty and retired service members and dependants, has reason for concern.

"Our largest concern is having enough blood to supply the ships on deployments," said Ens. Dewese Stewart NMCP's donor recruitment coordinator.

"General community blood services as a whole consider the military the safest community to give blood due to our healthy conditions," explained Stewart.

A blood donor herself, Stewart gains personal satisfaction from giving blood.

"I gave my platelets that went to a very sick child and helped saved a life," said Stewart humbly. "Giving

blood is what extends and saves lives. If not for yourself do it for your family," she said.

Donors must weigh at least 110 pounds. If a potential donor has had a tattoo, piercing or has visited Turkey within one year they will be deferred for a year from giving blood. Potential donors who were in the United Kingdom for a period of six months from 1980-1986 are permanently deferred.

NMCP's blood bank takes several precautions to ensure all donated blood is pure.

"There's always something happening, There's always going to be a car wreck or someone with a rare condition in the hospital that needs blood. There's no way of predicting how much blood we will use," said Rock.

"Blood is like a parachute if you don't have it when you need it, it's too late," said Davis, repeating a quote frequently used throughout the blood donation community.

NMCP's Blood Bank is open for donations Monday-Friday from 7a.m. to 4 p.m.

Making The Right Decision on Redux

Taken from NAVADMIN 020/01

The FY-00 NDAA pulled service members out of the unattractive Redux retired pay system (40 percent base pay for 20 years and CPI minus 1 percent) and placed them in the more generous high three retired pay system (50% base pay for 20 years and CPI) to improve retention. The law also created a lump sum \$30,000 CSB for members who entered Aug 1, 1986 or later who are willing to elect the Redux retired pay system on their 15th anniversary of active duty and agree to remain on continuous active duty until their 20th anniversary. A member of the navy is eligible to make a 15-year CSB/REDUX election only if the member:

- a. Is serving on active duty.
- b. First became a member of a uniformed service on or after 1 Aug 1986 (i.e., the member's date of initial entry to military/uniformed service (diems) is Aug 1, 1986 or later),

An active duty member's diems date is the first day the member entered uniformed service. It is the first day they were appointed, enlisted, or conscripted into the uniformed services. This includes the first date of enlistment in the regular component delayed entry program (DEP), reserve affiliation in the senior reserve officer training corps (ROTC) program, entrance as a scholarship cadet or midshipman, or the date of entrance as a cadet or midshipman at one of the service military academies.

Uniformed services include the Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanic and Atmospheric Administration, and Public Health service.

- c. Completes 15 years of active duty in the uniformed services, and
- d. Is otherwise eligible, as determined by the secretary of the Navy, to continue on active duty until the completion of 20 years of active duty service.

Reservists on active duty at their 15th anniversary of day for day active duty who cannot remain on continuous active duty to their 20th anniversary

of day for day active duty are not eligible for the CSB. Specifically, a reservist is not eligible for the CSB if they are recalled to active duty by the service with the intent of returning the member to inactive duty before they earn 20 or more years of active duty.

Members of the regular Navy and Training and Administration of the reserves (TAR) are eligible for the CSB if they qualify for retention or continuation to their 20th anniversary of active duty, even if their present enlistment contract expires prior to their 20th anniversary of active duty.

Each of the above four rules must be satisfied to be eligible for the CSB/REDUX retired pay system. A member who does not meet all four rules of eligibility on their 15th anniversary of active duty but later does, may not later be given the opportunity to elect the CSB/REDUX, unless the member falls within exceptions issued by the secretary of the Navy (SECNAV). SECNAV will be issuing a career status bonus instruction for the navy and Marine Corps in the weeks to come that will publish exceptions.

Active duty members with a diems of Aug 1, 1986, or later will be notified by a GENADMIN message on or shortly before the date they complete 14 years and 6 months of active duty so that they may be eligible to make a CSB/REDUX election.

The Department of Defense is finalizing the design of a DD form that will be used to record the member's CSB election decision. As soon as this form is completed it will be posted on the www.bupers.navy.mil and www.defenselink.mil websites, and we will notify you that it is available.

A member who is a Thrift Savings plan participant when they elect the CSB may contribute any amount of their CSB allowable under the provisions of law.

The FY-00 and FY-01 NDAA established provisions for military participation in the federal TSP program. Service members on active duty more than 30 days and ready reservists in any pay status are eligible to participate in the TSP.

The act allows members to redirect up to five percent of their basic pay to a tax deferred TSP account, up to the IRS elective deferral limit per tax year of \$10,500 in 2000 and 2001 found in IRS code section 402(g), with no government matching funds. Members who have opened a TSP account with a portion of their basic pay may also redirect pay period or lump sum bonuses, special or incentive pay into their TSP account up to the IRS elective deferral limit.

Contributions to a TSP account while under the combat zone exclusion are not subject to the IRS code section 402(g) tax year elective deferral limit. However, contributions while under the combat zone exclusion are subject to IRS code section 415(c) nontaxable pay limit of up to \$30,000 or 25 percent of compensation, whichever is less.

IRS imposes stiff penalties for excess deferrals from any combination of TSP and other qualified plans described in IRS code. Refer to www.tsp.gov for details on TSP and the annual limit on elective deferrals TSP fact sheet.

The FY-00 NDAA and FY-01 NDAA also authorize, at the Secretary of the Navy discretion, matched contributions to service members in critically manned skills in exchange for a six-year additional obligation. At the present time the services have no plan in their budgets to use the TSP matching fund special retention incentive because of the significant cost.

The law stipulates that no earlier than April and no later than October 2001 military participation in TSP will begin. The Navy is asking the Secretary of Defense to start military participation at the earliest possible date, but it is likely that the program will not start till October 2001 to allow the federal retirement thrift investment board to configure their electronic systems.

Members who elect CSB/REDUX before the military TSP program begins may elect to defer payment of a portion of the CSB payment until they've had an opportunity to open a TSP account. This is necessary, because monthly payments of base pay or bonuses sent to a member's direct deposit account can not be returned to the government for deposit into a member's TSP account.

POC is Lt. Cmdr. L. Lester, [dcno\(m&p\)\(n130g\)](mailto:dcno(m&p)(n130g)), at (703) 695-3158/dsn 225 or email: p205a@bupers.navy.mil.

MWR EVENTS

8 AUG - DIP/PULL-UP CONTEST

Show your stuff at the first Dip and Pull-up Contest scheduled for Wednesday, August 8. The competition will begin at 11:00 a.m. and will take place in the weight room at the gym. Participants will do as many pull-ups or dips as possible. Awards will be given to winners in each category. Call Susan Lowry, Fitness Director, at 953-5096 for additional information.

MILITARY APPRECIATION DAYS AT BUSCH GARDENS

Busch Gardens and Water Country will be hosting Military Appreciation Days from now through August 31. Discount tickets are available at the MWR ITT office located in bldg. 215, second deck. Office hours are Mon-Fri 0800-1600 (closed daily from 1300-1330). Ticket prices are as follows:

Busch Gardens Adult - \$27.00
Child (3-6) - \$23.00
Water Country Adult - \$18.00
Child (3-6) - \$13.00

SUMMER FUN CONTINUES AT MWR OUTDOOR RECREATION

Summer is far from over and MWR's Outdoor Recreation has everything you need for that outdoor adventure. Stop by and check out our boats (for both fishing and skiing), jet skis, bass boats, campers, and much more! We are located in the back of the gym, bldg. 276 and hours are 0900-1600 Monday through Friday. Call if more information is needed, 953-5096.

COMING SOON

Flag Football - starts in the fall
Fall Softball - played at NNSY
Soccer - played at NAVSTA
Sand Bar Open Golf Tournament - Friday October 12, 01

College Bound

By JO3 Justin Takasawa

RPSN Leon Passariello, of Naval Medical Portsmouth's Pastoral Care office, wasn't your typical teenager. Before he turned 17, he moved 17 times amongst family members, between his hometown of Sleepy Hollow, NY and California.

"I was kicked out of my mom's place when I was nine," he said. From there he lived with his father and eventually stayed with his uncle. Life wasn't easy.

Finally, when he was 17, Passariello was fed up with moving from house to house and he bought a one way ticket from California to live with his friend in New York.

"I dropped out of high school and I was flipping burgers during that time," he said.

With a 10th grade education and a bleak future, Passariello saw little hope that his life was going anywhere. One day, that was changed.

"I was working at McDonalds and the Navy recruiter came in and made an order and handed me his card. I didn't think anything of it until around two weeks later when my boss ticked me off. I just realized that 'hey, I'm better than this.'"

And he proved to be better.

He decided to get his General Education Diploma and join the Navy. He began working with his local library to achieve his GED. In less than four weeks, he earned it. That was just the beginning of his success. He was shipped off to boot camp to become a Sailor.

While in boot camp, he heard the chaplain speak and was inspired.

Passariello had his orders changed from Electronics Technician "A" school to Religious Programs Specialist "A" school. Passariello went to school in Meridan, Miss., for four months.

"I hated school when I was growing up," he said, "And I still hate school. But I'm just driven."

He's so driven, in fact, that he hit the ground running when he reported to Naval Medical Center Portsmouth.

"As soon as I got here, I immediately put in my tuition assistance request."

Passariello has been in the Navy a year and a half and already has a year of college completed. He's going for his associate's degree in liberal arts. Currently, he's on the National Dean's List.

Passariello encourages all sailors to take advantage of the tuition assistance program. After all, a degree could mean a better chance for promotion in today's competitive Navy.

RADM Potter Touts Families, Teamwork at Intern Graduation

By JO3 Duke Richardson

Naval Medical Center Portsmouth recently held a commencement ceremony in which approximately 75 doctors "graduated" from being interns to practicing physicians.

Many NMCP staff and family members were on hand to witness the celebration which honored the long hours and hard work the interns went through over the past year.

Guest speaker, Rear Adm. Bonnie B. Potter, MC, Fleet Surgeon, U.S. Atlantic Fleet, said that the interns couldn't have achieved this milestone had it not been for the support from friends, family, and each other. "Any aspect of health care requires a team effort, whether it's training or patient care, it requires group support to be successful," she said. "You are going to have to work together for health care to truly work."

Potter went on to say that it is imperative that the new physicians remember that they now must play two roles in their lives, doctor and officer. "Remember that you are a dual professional," she said. "You're not just a health care provider, a psychiatrist, or medical professional, you're also a naval officer that will be looked upon as a role model and a leader."

Lt. Min Kin, one of NMCP's intern graduates, says he is happy that he successfully completed the internship program, and is ready to face the upcoming challenges in his career. "I feel excited at completing the program, but also a little nervous about the challenges which lie ahead," he said. "But I feel the training and hard work I've gone through over the past year has more than prepared me to face those challenges head-on."

**Chart Your Future at
www.staynavy.navy.mil**

Fleet & Family Medicine		Clinical Support Services	
Director	CAPT Peter Garms	Director	CAPT Gregory Hall
Assoc Dir Med	CAPT Michael Krentz	Senior Enlisted Leader	HMCM Keith Barth
Assoc Dir Nur	CAPT Shelley Savage	Laboratory	CDR Michael Finch
Assoc Dir Ops	CDR Elizabeth Nelson	Anatomic Pathology	CDR Michael Ryan
Special Assistant, Research	CDR Denise Boren	Blood Bank	CDR E. Tomescu
Senior Enlisted Leader	HMCM Maurice Frear	Clinical Pathology	CDR Kirby Ridgway
Women & Children's Health	CDR Fred Guyer	Pharmacy	CAPT Roger Hirsh
Associate Svc Line Ldr Nur	CDR Lisa Leiby	Ambulatory	CDR David Price
Women's Health	CAPT Mark Austin	Inpatient	LCDR Robert Grasso
Birth Prod Line/NICU/4KL/L&D	CDR Susan Chittum	Clinical Activities	Mr. Tim Gendron
Children's Health/4AB	CDR Elizabeth Savage	Radiology	CAPT Sharon Wallace
Family Care	CDR Hufford	Radiological Procedures	LCDR Paul Pizzella
Adult Health	CDR Edward Whealton	Radiological Physics	CDR Philip Liotta
Children's Health	LCDR Whitney McClincy	Radiology Records	Mrs. Brenda Ramsey
Women's Health	CDR John Lyons	Nuclear Medicine	CAPT David Turton
Adult Medical Care	CAPT David Connito	Nutrition Management	CDR Terry Priboth
Oncology/4J	CDR Cathy Ballantyne	Associate Service Line Ldr	LT Renee Pence
Allgy/Immu/Pulm/SlpLab	CDR Dawn Cavallario	Food Service	MSCS Erio Chaparro
Neph/InfDis/Neuro/Endoc	CDR Angela Alsberry	Clinical Nutrition	Ms. Christine Zirpoli
Gen Int Med/Cardiology/4H	CDR Ron Forbus	Pastoral Care	CAPT Jerry Shields
Preventive Care & Wellness	CAPT Mark Olesen	Operations	CDR Kelvin James
Immunization	LCDR Rachel Haltner	Training	LCDR Bruce Anderson
Industrial Hygiene	Mr. Steve Smallets	Knowledge Leadership	
Preventive Medicine	CDR Bob Rending	Director	Ms. Suad Jones
Occupational Audiology	CDR Bob Rogers	Special Assistant, Research	CAPT Robin McKenzie
Occupational Medicine	CDR George Orndorff	Senior Enlisted Leader	HMCS Shelley Curtis
Wellness	CDR Patricia Dorn	Computer Multi-media	Mr. Joseph Neely
Behavioral Health	CDR Richard Ellis	Command Ed & Training	CDR Jill Hansen
Psychology	CAPT Randall Smith	Orientation	LCDR Sara Forbus
Alcohol Rehab Svc	CDR Joseph Francis	Competency Training	CDR Karen Markert
Psychiatry	CDR Gary Munn	Continuing Education	CDR Karen Salomon
Emergent & Urgent Care	CDR Karen DiRenzo	Library/ Pt Education	Ms. Jane Pellegrino
Urgent Care	LT David Shanholtzer	Library Services	Ms. Pellegrino
Observation Med	LT John Crane	Pt/Family Education	LCDR Lisa Michaelis
Adult Emer Med	LCDR Chris Schmidt	Administrative Support Services	
Ped Emer Med	CAPT Mark Ralston	Director	CAPT Thomas Cox
EMS	LCDR Wendy Toole	Senior Enlisted Leader	HMCM Christine Lachman
BMC Boone OIC	LCDR Anne Swap	Customer Svcs Ctr	CAPT(s) S. Christensen
Senior Enlisted Leader Boone	HMCS Mary Cromer	Patient Admin	LT Roslyn Nieves
BMC Northwest OIC	LCDR Anne Swap	Fleet Liaison	LCDR Jacqueline Pruitt
Senior Enlisted Leader	HMC Gary Snyder	Patient/Guest Relations	CDR Ava Abney
BMC Sewells Point OIC	CDR John Cherry	TRICARE Service Center	Ms. S. Griffith-McHugh
Senior Enlisted Leader	HMCM Don Nelson	Operations	LCDR Raoul Allen
BMC Oceana OIC	CDR Pete Kopacz	Public Safety	Vacant
Senior Enlisted Leader	HMCS Robert Whitten	Admin Services	Ms. Glenda Whigham
BMC NNSY OIC	LCDR Anne Hone	Manpower Mgmt	LCDR Julie McNally
Senior Enlisted Leader	HMCS Ricky Rogers	Facilities Mgmt	LCDR Michael Phillips
BMC Yorktown	LCDR John Ferguson	Materiel Mgmt	LCDR Raoul Allen
Senior Enlisted Leader	HMCS Steven Willson	Legal Services	LCDR Patricia Lynch-Epps
TPC Chesapeake OIC	LCDR John Ferguson	MWR	Mr. Robert Killion
Senior Enlisted Leader	HMC Leon Walker	Navy Exchange	Ms. Edna Elliott
TPC Va Beach OIC	TBA	Volunteer Services	Vacant
Senior Enlisted Leader	HMC Romulo Banaag	Business Operations/Comptroller	
Reparative Services		Director / Comptroller	CDR Robert Wright
Director	CAPT Fred Lassen	Systems Operations	LCDR David Marotta
Assoc Dir Nur	CAPT Donna Haughinberry	MID	LT James Martin
Special Assistant, Research	CDR Rebecca Phillips	Strategic Planning & Analysis	Ms. Luanne Edwards
Senior Enlisted Leader	HMCM John Bush	Managed Care Ops	LT Cheryl Ringer
Bone & Joint Sports Medicine	CAPT Dan Unger	Marketing/PAO	LT Marion Williams
Associate Svc Line Ldr Nur	CDR Dannette Svobodny	Financial Ops / Dep Comptroller	Ms. Kim Galbreath
Ortho/Pod Surgery/4G	CDR Joseph Slakey	Budget	Ms. Deanna Ponton
Primary Care & Rehab Svc	CDR Roderick Clayton	Accounting	Ms. Charlette Worley
Operative Support Services	CDR Pamela Grant	Travel	Ms. Janice Petrin
Anesthesia & Pain Mgmt	CDR Steven Bailey	Patient Billing & Collections	Ms. Sarah Boyd
Ambulatory & Periop Care/APD/PA	CDR Donna Stafford	Medical Affairs	
Operative Specialty Services	CDR David Beardsley	Director	CAPT M. Zajdowicz
Associate Svc Line Ldr Nur	CDR Laurie Larson	Clinical Investigations & Research	CDR Brett Hart
Head/Neck/4F	CDR Mark Honig	Research Subject Protection	Ms. Betsy Conner
Dental/OMFS Services	CAPT Vernon Sellers	Clinical Research Support	Dr. Paul Kolm
Cavitary/Soft Tissue/4E	CAPT Martin Snyder	Animal Research & Facility Mgmt	Douglas Clemons
Critical Care	CDR Anthony Camerota	Quality Management	Ms. Vikki Garner
Intensive Care/ICU/PICU/SDU/PC	CDR Brigitte Balog	PI and Continuing Care	CDR Carolyn Andreno
Respiratory Therapy	Mr. Peter Hinton	Social Work	LCDR M. Nance-Sevier
Hyperbaric Medicine	CDR Brett Hart	Infection Control	CDR James Miller
Nursing Affairs		Medical & Academic Affairs	Ms. Janie Slade
Director	CAPT Carlos Torres	Graduate Medical Education	Ms. Sharon McGhee
		Professional Affairs	Ms. JoAnn Adams
		Medical Staff/ECOMS	Ms. Slade