



THE MOUNTAINEER

VOLUME 19, NO. 1

MADIGAN HEALTHCARE SYSTEM: "VALUES-BASED, STANDARDS-DRIVEN TEAM...ALWAYS"

JANUARY 2012

WHAT IS APLSS?

The Army Provider-Level Satisfaction Survey is a 24-question, confidential survey given to patients selected on a random basis by a contractor via U.S. mail. They are designed to provide unique information about how our patients feel about their providers, the services at the hospital and clinics and access to their health care needs.

"The surveys provide us both with good information, things they are happy about, as well as letting us know the things we can improve on," said Lisa Danforth-Lewis, chief of the Quality-Services Division at Madigan.

While most of the survey questions focus on provider feedback, the APLSS include questions on access and services. The goal is to get 250 surveys back on each provider every year.

The surveys remain a key tool to identify areas the hospital can improve in order to continue to provide world-class military medicine.

For more information about the Army Provider Level Satisfaction surveys contact Steve Burke in Quality Services at (253) 968-3013 or email Stephen.burke@us.army.mil.

Madigan Emergency Department renovation moves into new phase

By Tawny M. Dotson
Editor

Beginning Jan. 4, the main entrance to the emergency room at Madigan Army Medical Center is closed as the renovations of the Emergency Department enter the next phase. Patients are now being directed to an alternative entrance to the building by large signage.

Parking for the entrance remains the same, however patients will now enter through what was the Air Evacuation Door to the building, which is located next to the ER entrance and Ambulance entrance. The ER entrance, waiting areas and triage rooms will all be under renovation for approximately four months according to Dr. Diane Devita, assistant chief for administration and operations for the ED.

"It's important that patients bring as little as possible when they come to the ER," said Devita. "Think about it before you come."

The temporary waiting area for the ER will provide only half as many spaces for patient waiting and the staff at Madigan appreciate the patience of individuals who will have to wait in the smaller area



The new layout of renovated patient rooms in the Emergency Department at Madigan Army Medical Center is seen in the photo above and left. The layout allows easier access and updated equipment. In addition, the number of beds in the ED will increase from 11 to 27 in order to increase the number of patients that can be seen. The older version of the emergency department patient rooms is seen in the photo above right.



while renovations are completed.

"The benefit in the end will be more

beds, more modern waiting space," said

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Hiring, integration increase efficiency in disability evaluation

By Tawny M. Dotson
Editor

Thanks to both hiring actions and the implementation of the Integrated Disability Evaluation System, Soldiers going through the disability evaluation process with Madigan Healthcare System have seen a quicker result in the medical evaluation board process.

"The new process [IDES] saves a lot of time. The process has evolved immensely," said Sgt. Joseph Tyler, a Soldier with the 38th Engineer Company, 4th Brigade, 2nd Infantry Division, who has experience assisting some of his Soldiers with the process.

In the spring of 2011, Madigan hired six new physical evaluation board liaison officers and also increased staff levels at both the technician and provider level.

In addition, in December some of the Department of Veteran Affairs staff moved into the hospital in order to be side-by-side with the PEBLO's during the process.



Manuao Pilcher, physical evaluation board liaison officer for Madigan Healthcare System, speaks with Sgt. Joseph Tyler about the medical evaluation board process.

"The hiring has been a relief and not quite two weeks ago we collocated with the military support coordinators from the VA which has been great," said Marlo Robinson, supervisory

PEBLO at Madigan.

While the hiring of new employees helps Madigan move one of the busier

Please see **IDES**, PAGE 8

VISION

Madigan Healthcare System creates the premier military healthcare organization through a culture of teamwork, caring, compassion, diffusion of innovation and exceptional outcomes. Madigan is the best place to provide and receive care, to teach and learn clinical medicine and to conduct bench-to-bedside research.

MISSION

Madigan Healthcare System provides world-class military medicine and compassionate, innovative, academic health care for Warriors and Warrior Families past, present and future.

VALUES

- Compassion
- Quality
- Teamwork
- Innovation

STRATEGIC OBJECTIVES

- Readiness
- Population Health
- Patient-Centered Focus
- Quality Workforce
- Education and Research
- Community Partnerships
- Resource Management

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In Brief

Madigan gives back during the holidays

This past holiday season the Madigan Ball Committee, together with Col. (Dr.) Dallas Homas, commander of Madigan Healthcare System, made a decision to break tradition and have an informal holiday feast, reminiscent of the feasts held at Army posts in Germany. The theme of the event, "It's a small world," was decided on to not only focus on Madigan coming together as a Family, but remembering the military past and present, and those in need during the holiday season.

The cost saving from having a less formal event allowed Madigan to give a portion of the proceeds to the Fisher House on Joint Base Lewis McChord. In addition, party goers were asked to bring a canned food item to donate to the Tacoma-Pierce County Food Bank. More than 400 items were donated to Madigan's Community connector city.

Madigan names Soldier, NCO of the Year



NCO of the Year

Staff Sgt. John Ahern, works in Madigan Healthcare System's Hematology Lab as the non-commissioned officer in charge. Ahern was named the non-commissioned officer of the year for Madigan Healthcare System at an awards ceremony Jan. 6. The selection process for both the Soldier and NCO of the Year is a year long. The candidates compete at the company, battalion and brigade levels. (Photo illustration by Tawny M. Dotson)



Soldier of the Year

Spc. Justin Gavit is Madigan Healthcare System's Soldier of the Year. In a ceremony held Jan. 6, he was recognized for his work as a medical laboratory technician in transfusion services. In order to be selected Gavit and Ahern were required to undergo oral boards, written essays and physical fitness tests. (Photo illustration by Tawny M. Dotson)

Madigan gains international accreditation

By Tawny M. Dotson
Editor

In late October Madigan Healthcare System was internationally recognized when they were certified by the International Mountaineering and Climbing Federation (Union International des Associations D'Alpinisme) and the International Committee on Alpine Rescue for awarding the Diploma of Mountain Medicine.

"The DiMM is the only recognized certification available in mountain medicine," said Col. (Dr.) Ian Wedmore, the program director for Madigan's Austere and Wilderness Medicine Fellowship and an emergency medicine physician. "Prior to this news one could only obtain it by attending schooling at a limited number of locations in the United Kingdom or Europe."

According to the UIAA, the DiMM focuses on basic mountain medicine, trekking and expeditions and a specialty course for Mountain Emergency Medicine. The specialty course is designed for the training of emergency physicians and paramedics working in mountain rescue organizations. More than 3,500 doctors have been trained in these courses the UIAA's website states.

As of Oct. 21, Madigan's certification date, there are now two approved programs to confer the degree. On the same date, a second program run by the University of Utah and University of Colorado was approved.

"I believe this shows the strength of Madigan's fellowship and our continued leadership in wilderness and austere medical training both nationally and internationally," said Wedmore. "It will allow those who complete our entire Military Mountain Medicine Course to receive the DiMM certification at no cost."

Madigan ran its first MC3 course in August of 2011 for physicians, physician assistants, registered nurses and medics and will run the second session of the course in August of 2012. In 2011, only five people completed the entire two-week MC3 course.

The Austere and Wilderness Medicine Fellowship, run by Wedmore, is in its second year



Dave Ahern instructs Col. Andre Pennardt and Lt. Col. Ricardo Ong during technical rock training at Mt. Erie as part of the Military Mountain Medicine Instructors Course.

Col. Ian Wedmore

of operation since it was approved by the Army Surgeon General. Each year one fellow is selected through the graduate medical education board. This year's fellow is Lt. Col. (Dr.) Ricardo Ong, an emergency medicine physician. The fellowship was created as the need for trained medical professionals who can operate in austere environments increased.

"We found that there was a need to better train both providers and medics in all the austere environments the military can expose you to," said Wedmore.

Ong, this year's fellow, has been involved in Special Operations for many years and the fellowship allowed him an opportunity to expand his training as it related both to his personal interests and his professional work.

"My medical interests in the Army have never followed a typical, clinical course," said Ong. "I have been involved with Special Operations for the past 12 years, and my personal interests typically find me in a wilderness environment. So for me, it was an easy decision to acquire formal training in Austere and Wilderness Medicine through this fellowship, as I'll be able to apply it to both my career in Special Operations as well as my personal life."

He believes the fellowship will increase his knowledge base and experience level and encourages others to consider the fellowship program that are prepared for the rigors of the training.

"Joint Base Lewis-McChord is an ideal area for experience with easy access to rock, snow and ice year-round," said Ong. "This expe-

rience and sub-specialty area of medicine is not for everyone, so if you've always just wanted to be a clinical physician or bench researcher, and you don't really enjoy being cold, wet, tired, and miserable, this probably isn't for you. But if you enjoy working in the challenging outdoor environment, it's a great way to combine a professional interest in medicine with a personal passion for the outdoors."

After completion of the fellowship in the summer of 2012, Ong will return to Special Forces Command at Ft. Bragg.

Candidates interested in the fellowship can apply through the graduate medical education board. For more details on the program, or if you are interested in applying, contact Wedmore at (253) 968-1250.

Enrollment for the next MC3 course will open in February. Physicians, physician assistants, registered nurses, paramedics and Soldiers with an 18D military occupation specialty can enroll in the program. Those interested would need to set aside two weeks in August to attend the course. In order to complete the DiMM, students would also need to complete additional training in the winter according to Wedmore. Enrollment for the MC3 course is limited to 30 students and there are spaces available for individuals who would like to audit the course. The program can also only grant 30 DiMM's per year.

TRICARE beneficiaries reassured of robust pharmacy service

By TRICARE Management Activity

The expiration of the retail pharmacy contract between Express Scripts, Inc. and the Walgreens pharmacy chain means Walgreens is no longer a TRICARE pharmacy network provider as of Jan. 1.

“The majority of beneficiaries have access to another network pharmacy very close to home as our pharmacy contract requires ESI to maintain high access standards,” said Rear Adm. Thomas McGinnis, chief of the TRICARE Pharmaceutical Operations Directorate. “There are still 56,000 network pharmacies nationwide – easily meeting or exceeding our access requirements.”

In addition to 56,000 network pharmacies, TRICARE beneficiaries have other pharmacy options including military phar-

macies at no cost and convenient TRICARE Pharmacy Home Delivery. Generic medications are available at no cost through home delivery.

Beneficiaries who use non-network pharmacies, including Walgreens, pay full prescription costs upfront and submit their own claims for reimbursement. Reimbursement will occur only after the non-network deductible is met. Out-of-network costs include a 50 percent point-of-service cost share for TRICARE Prime, after deductibles are met.

All other non-active duty TRICARE beneficiaries pay the greater of a \$12 copay or 20 percent of the total cost for formulary medications and the greater of \$25 or 20 percent of the total cost for non-formulary medications, after deductibles are met.

For more on pharmacy costs go to www.tricare.mil/pharmacycosts.

TRICARE beneficiaries changing from Walgreens pharmacy can simply take their current prescription bottle to their new network pharmacy to have the prescription transferred.

To find a nearby network pharmacy, use the “find a pharmacy” feature on www.express-scripts.com/tricare.

Beneficiaries who want help finding a pharmacy, changing their medications to Home Delivery or who have other questions can contact Express Scripts at 877-885-6313. The issues between ESI and Walgreens are not specific to TRICARE. Other employer-sponsored and some Medicare Part D pharmacy plans are also affected. Beneficiaries with questions and concerns about this issue can go to www.tricare.mil/walgreens for more information.

“We are committed to ensuring all our pharmacy beneficia-

ries are aware of the many options that TRICARE makes available to them,” said Brig. Gen. Bryan Gamble, TRICARE deputy director. “By now, all of our beneficiaries who use Walgreens to fill prescriptions should have been contacted to advise them of their pharmacy options and to take action to ensure their pharmacy benefit remains uninterrupted. The health of our service members, retirees and their Families remains my number one priority.”

In addition to the letters already mailed to each beneficiary who uses Walgreens, ESI has contacted many beneficiaries by telephone and followed up with reminder letters over the last few months of 2011. Beneficiaries taking medications to treat hemophilia, multiple sclerosis, and some rheumatoid arthritis and cancer drugs have also been contacted.

The importance of folic acid in your diet

By Hong Nguyen
Army Public Health Nurse

What is folic acid? When found naturally in foods, folic acid is known as folate; while folic acid refers to the manmade form of folate. Folic acid, a B vitamin, is crucial in heart health as well as helping the body create healthy new cells, keeping cells from altering and leading to cancer. Although folic acid is needed in a balanced diet for everyone, it is even more important for women who are pregnant or trying to become pregnant. According to the U.S. Department of Health and Human Services, folic acid is imperative in preventing such birth defects as spina bifida and anencephaly. Spina bifida can be a debilitating condition where an unborn baby’s spinal cord fails to close, causing the nerves needed to control leg movements and other function to work improperly or not at all. Anencephaly occurs when most or all of the brain does not develop, which usually results in the baby dying before or soon after birth.

The Center of Disease Control and Prevention significantly encourages women to consume folic acid because it can help prevent birth defects by 50 to 70 percent. Health officials recommend women begin taking folic acid even before you know you are pregnant. Especially since birth defects tend to develop during the first few weeks of pregnancy, when most women are unaware they are pregnant. Furthermore, the CDC points out that half of the pregnancies in the United States are unplanned. This further emphasizes the need for all women, whether planning to become pregnant or not, to consume a daily dose of 400 micrograms of folic acid. Women who have had a baby with a birth defect in the past, may be prescribed 4,000 mcg of folic acid to decrease the chances of having another baby with a birth defect.

A simple way to ensure adequate folic acid intake is through taking a multivitamin or a folic acid supplement. Folate, on the

Please see **FOLIC ACID**, PAGE 8



A Typical Day at Madigan

As a provider of health care for more than 100,000 beneficiaries, Madigan Healthcare System provides world-class military medicine and compassionate, innovative, academic health care for Warriors and Warrior Families past, present and future. A typical day at Madigan looks a little like this:

Clinic Visits
4,456

Surgical Procedures
43

Prescriptions
3,900

Lab Procedures
4,387

Radiology Procedures
1,100

Emergency Visits
170

Births
7.5

Trauma Activations
1

Admissions
39

Meals Served
2,500



madigan
Healthcare System

Judge Advocate's Ethics Corner: Special rules for contractors in the government workplace

By Lt. Col. Greg Mathers
Madigan Healthcare System

Over the last ten years the presence of contractors in the DoD workplace has become an increasing reality. Their presence in the Madigan Healthcare System is no exception. Although contract employees are now clearly part of the DoD team, frequently DoD members fail to distinguish them from the rest of the workforce. Failure to do so can lead to improper interference with government contracts, violations of ethics rules, or confusion in the workplace. The need has risen to illuminate some of the key distinctions applicable to contract employees and demonstrate why they must be distinguished in special circumstances.

First and foremost, contract employees are employees of a private company. They must never be considered "government employees" despite the work they perform. If at all possible, they should be distinguished by commands where they are assigned. They should have special designators on identification badges or email, and make clear they are contract employees in any situation where they could be perceived as a government employee. Under the Federal Acquisition Regulation, contract employees actually have a duty to disclose their status if they find themselves in a situation where an impression could be created they are a government employee. Similarly, they are also held to a duty to ensure documents or reports produced by them are suitably marked as contractor products, or that contractor participation is appropriately disclosed.

Next, the scope of work for contract employees is restricted. They should never be assigned functions that are "inherently governmental in nature." An inherently governmental function is a function that is "so intimately related to the public interest as to mandate performance by government employees." These functions include activities requiring the exercise of discretion in applying government authority, the use of judgment in making decisions for the government, and decisions regarding monetary transactions and entitlements. The role of contract employees is usually strictly laid out in a governing contract. Likewise, government personnel have limits on what they can require of contract employees. Government employees should not attempt to supervise or direct contract employee work. They are not responsible to approve leaves or other absences, direct training, or provide performance appraisals or awards. Even coins issued by commanders to recognize contract employees are deemed improper because recognition for a job well done is within the strict purview of the contract employee's private supervisor. If a DoD member wants to recognize a good contract employee, he or she should send

word to the contracting officer who oversees the contract, who will then communicate kudos to company supervisors.

Finally, confusion of the supervisory chain of contract employees can create significant problems. DoD members should not attempt to apply "the 59-minute rule" to contract employees to release them from work along with DoD civilians. Without contract supervisor approval, they should not invite or expect the presence of contract employees at office luncheons, organizational days, or other out-of-office functions taking place during the duty day. All of these actions can unwittingly interfere with DoD contracts and actually lead to the government being defrauded of services it has paid for. Lastly, contract employees must never be solicited to contribute to office gifts or pools; and contract employees must not be found to be providing gifts within the federal workplace. Such conduct violates ethics rules on soliciting or accepting gifts from private parties who have an interest in government contracts.

- LTC Greg Mathers is the Madigan Healthcare System Center Judge Advocate and Command Ethics Counselor. His office is located in Bldg. 9040B and he can be reached at 968-1525.

MAILBAG

Dear Col. Homas,

I am writing to express my thanks for the services that your magnificent combined teams have provided to my wife since August. They have saved her life to this point and given us hope she may be able to survive and enjoy a decent quality of life for some time.

Our experience with the wonderful people who have provided the very best medical care available to my wife has renewed my personal pride in our Armed Forces. Please let your outstanding doctors, nurses, enlisted and civilian personnel know that we appreciate their efforts more than they will ever know.

Robert, Pocatello, Idaho

Dear Col. Homas,

I wanted to send you a brief note regarding the excellent care that I received in both the Radiology Breast Clinic and also the General Surgery Clinic. I am at high risk for breast cancer and noticed a lump in the springtime. Even though I am a staff member here at Madigan, I feel that the wonderful care that I was given reflects the care that is given to all of the patients these departments deal with.

First of all, Dr. Donald Smith was kind and very informative. He showed me my scans and printed off the latest literature for me. He was technically proficient -- I never felt any discomfort with any of the procedures. He and his nurses put me at ease as well. They were very professional. Words cannot express how much I appreciate that.

The nurse practitioners in the clinic, Helen McGregor-Hollums and Gennie Fuller were so wonderful at getting back to me with my results and explaining everything to me. I can tell that they work very hard to make sure all of their patients are well taken care of.

Dr. Joseph Homann, in the Surgery Clinic, is a kind, compassionate physician who took a lot of time with me to explain the plans for me. He is such an excellent surgeon. I knew that I was in great hands and had nothing to worry about. I really appreciate all that he has done for me. He did a wonderful job and asks about me every time I see him in the hospital.

One thing that I noticed is that in every department that I came in contact with as a patient, all of the staff members were passionate about what they did and were working very hard to take care of patients well. Their hard work and kindness was a blessing to me.

Karen, Puyallup, Wash.



First Baby of 2012

Welcome to Joint Base Lewis-McChord's first baby of the year, Triston Deshaun Releford, who was born at Madigan Army Medical Center at 1:35 a.m. on Jan. 1. Triston arrived weighing 6 lbs, 13 ozs and is nearly 20 inches long. The proud parents are Sgt. Da'Kari and Trinity Releford. Dad is assigned to 3rd Brigade, 2nd Infantry Division. Congratulations and Happy New Year to the Relefords!

THE MOUNTAINEER

Since 1948

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Courtesy Photo

OUT OF THE FIRE, BACK INTO THE FIGHT



Dog rescued in war provides ‘therapy’



Courtesy Photo

Maj. Scott Allen brought his dog Major into better health stateside after rescuing him from the wilds of Afghanistan in July.

By Suzanne Ovel
Warrior Transition Battalion Public Affairs

Loud or unexpected noises startle them both nowadays. Hypervigilance helped keep them alive near the Gamberi desert of Afghanistan, and now it's a habit that's hard to shake.

It's partly because of their shared experiences—surviving suicide bombers, explosions and gunfire—that Maj. Scott Allen, a Warrior with Charlie Company, attributes his closeness with his dog, Major—a wild canine he befriended near the Gamberi garrison.

“It's almost like a relationship with Soldiers; it's kind of hard to tell people back here who don't have that perspective... you develop a really strong bond with your Soldiers from the experiences shared together,” said Allen.

The combat engineer first met the golden dog with the dark muzzle and floppy ears in February while sitting on a sand pile between the U.S. and Afghan perimeters of his base. The

young puppy was only using three paws to get around, favoring his fourth leg.

“He just sauntered up to me and he just sat down on his haunches. I just started talking to him and later on he just laid down and put his head on my boot,” said Allen, who had badly hurt his own right knee a month before when ground gave way while he was on a combat patrol. The scar on the dog's forehead and his broken paw reminded the Reservist of his own similar injuries from years before, so he dubbed the canine “Major”.

He soon realized that Major had a different, gentler quality than the other wild dogs he encountered. Their brief meetings gave Allen a boost to his morale, especially after he had to put down his old chocolate lab Cody during his leave.

The avid dog-lover has had a dog or two in his life since he was 10 years old; fellow Soldiers called him the “dog whisperer” when he deployed to Iraq in 2006. Although, as in Afghanistan, a U.S. general order disallowed pets, a wild dog on his compound had become the Soldiers' companion. When “Barney” got caught up in newly-laid concertina wire, it was Allen who saved him, improvising to give the dog stitches.

In Afghanistan, Allen again developed unique bonds with the local canines. He first saw a rough-looking ex-fighting dog near his base. While the wild dog would approach Allen, the major just didn't know if he could ever be domesticated.

He saw something in Major, though, that gave him hope he could save him from such a rough life in a country where dogs are not seen as pets. Every few days, Allen would venture outside of the U.S. perimeter and gradually train Major to wear a collar and a leash and to go on short walks. He contacted Puppy Rescue Mission, a non-profit

that helps bring dogs stateside from war-zones, and they agreed to bring Major to the United States. At that point, Allen didn't think Major would end up back with him.

“If I could just get him out of the desert, it would be a better life... it was just sheer chance and luck that he ended up coming back to me,” he said.

After a long taxi ride to Kabul, a trip to Pakistan and flights to Seattle, Major arrived here July 1—just one day after Allen returned from his deployment. Allen's other dog Max, a 13-year-old German Shepherd and coyote mix, trained Major on the rules of the house. While Major now responds to some commands, his roots of living independently still show.

“You can tell he's a former wild dog because he's such a garbage hound,” said Allen. Major still startles at the sound of crumpling paper or the sight

of someone making the motion of drawing a gun, and he does his own ‘perimeter checks’ daily of the back deck and fence line. However, he now sleeps inside the house on the porch instead of the gravel driveway and is otherwise getting used to the routine of domesticated life.

After losing Cody in March, Allen sees Major as filling that emptiness.

“Major is kind of like his replacement. It's like life: there's renewal... this is when we turn a new page,” he said.

Allen calls Major his therapy. Although he was used to creating things in Afghanistan—he oversaw \$340 million in construction sites there—Allen had seen enough of war and destruction to cherish preserving life.

“I guess I was able to save something.”



Maj. Scott Allen

Major's health has drastically improved since Maj. Scott Allen brought him stateside after rescuing him from the wilds of Afghanistan in July.

The Mountaineer reviews top 2011 photos:



Clockwise, from top left: Ellieonya Putman parades her peacock costume during Madigan's 2011 Fall Festival Parade held Oct. 31, 2011. Putman would be named the winner for best costume in her category. (Photo by Tawny M. Dotson)

Above: Lt. Col. (Dr.) Tracy Stevens discusses the Pediatric Clinic at Madigan Healthcare System with Lt. Gen. Mike Scaparrotti on Jan. 11, 2011. (Photo by Tawny M. Dotson)

Above right: Tiffany Meehan (left) adjusts baby Nyla's cap while Alayne White (right) holds her at Madigan April 14, 2011. (Photo by Tawny M. Dotson)

Right: Col. (Dr.) Dallas Homas, Madigan Healthcare System commander and Marshall Brody King light Madigan's Christmas Tree during the annual lighting celebration. (Photo by Tawny M. Dotson)

Bottom right: Mechelle Winder, widow of Sgt. 1st Class Nathan Winder, stands with Col. Dallas Homas, commander of Madigan Healthcare System, and Col. Robert C. Shakespear, Joint Base Lewis-McChord Dental Activity commander, as the national anthem is played during the dedication ceremony of Winder Family Clinic June 27, 2011. (Photo by Sgt. James Hale)

Bottom left: Col. Jerry Penner and his wife Jamie Penner listen as Maj. Gen. Philip Volpe talks about Penner's time as the commander of Madigan Healthcare System during the change of command ceremony March 10, 2011. (Photo by Tawny M. Dotson)

Left: Lt. Col. Ralph Deatherage, (left) Troop Battalion commander, and Sgt. 1st Class Marlon Zambrano, non-commissioned officer in charge of the Presidio of Monterey Health Clinic, lead the way during a walk around Madigan's pond. The walk was the concluding event during Madigan Healthcare System's 9-11 ceremony held Sept. 9, 2011. (Photo by Tawny M. Dotson)



Babies, beginnings, business and bestowals



Clockwise, from top left: Maj. Gen. Philip Volpe, Col. (Dr.) Dallas Homas, the first Families to enroll in the Madigan-Puyallup Community Based Medical Home and clinic manager Frank Bannister cut the ribbon to open the clinic in April 2011. (Photo by Tom Bradbury Jr.)

Above: Britt Stockrahm is seen between computer screens in the Engineered Smoke and Control System at Madigan Healthcare System. Stockrahm was named U.S. Army Medical Command's winner of the Barney Richmond Facility Management Award. (Photo by Tawny M. Dotson)

Below: Sgt. Aaron Dawson-Becker prepares a retiree for a blood pressure check at the Joint Base Lewis-McChord Retiree Health Fair held at McChord Field. (Photo by Tawny M. Dotson)

Far left: Dr. Robert Allen completes the hands-on portion of the scrotal ultrasound course at the James C. Kimbrough Urological Seminar hosted by Madigan Jan. 19, 2011. (Photo by Tawny M. Dotson)

Left: Cathy Blank, a speech pathologist, serves soup for attendees at the Head and Neck Cancer Survivors Group meeting in May at Madigan. In the background Nora Patterson puts together a smoothie for the audience. (Photo by Tawny M. Dotson)



ED RENOVATION

CONTINUED FROM PAGE 1

Devita. “This is the reality of having to modernize a space while still operating within it.”

The major construction renovation project of the Emergency Department at Madigan began last spring and will cost more than \$2 million to complete. The project will however increase the ED’s rooms from 22 to 24, increase the beds available from 11 to 27 and increase space utilization, improve access to care and provide a better working environment for staff according to Devita.

The seven phase project is now in phase four and five. While patient care will continue, patient waiting times may increase, but the end result will provide better throughput.

“For now it gives us a nicer place to care for patients and we are hoping it will improve throughput,” said Devita.

The final phases of the construction project (Phase 6 and 7) will take place later this spring and include completing the ambulance bay renovation, final flooring installation and restoring a long corridor separating offices from patient rooms and operating areas.

“As Madigan continues to grow its patient population size, we need a more accommodating Emergency Department and this renovation will allow for that,” said Devita. “We ask for patience, flexibility and cooperation from all of our patients as we work through this process.”

IDES: CONTINUED FROM PAGE 1

caseloads in the Army, the IDES process helps the Soldier navigate the disability evaluation system after they’ve been injured.

Madigan began operating within IDES as a pilot program nearly two years ago.

IDES takes two separate, but parallel, systems for injured Soldiers and overlaps them to work together to shorten the duration of the process and speed the benefits for Soldiers who leave the Army due to injury sustained on active duty.

“It’s easier on the Soldier because he doesn’t have to go through as much as he did before,” said Lt. Col. Jeffrey Shields, chief of the Patient Administration Division at Madigan.

IDES features a single set of disability medical examinations appropriate for determining both fitness and disability and a single set of disability ratings provided by VA.

This system was developed to shorten the 540 days it took a Soldier from processing through the Army’s system and then processing through the VA system.

The objectives of the new system are about reducing redundancy Shields said.

“Even in the best case scenario it’s still a very complex process. All those parts have to be completed. It’s still going to take several months in order for them to be properly evaluated,” said Shields. “We are going to take the necessary amount of time to make sure that they get everything done properly; it’s fair, accurate, and comprehensive. The good news is we are doing more cases and we are doing those cases faster.”

The evaluation process for a Soldier remains significant, but the Army does many things to assist along the way.

First, the Physical Evaluation Board must make a determination of fitness. Through medical documentation and a physical, a three-member board determines if a Soldier can continue in the Army. If the board decides a Soldier can continue, the Soldier is designated “fit.” If not, the Soldier is designated



Tawny M. Dotson

Warriors return home

Capt. Daniel Andrews removes his name from Madigan Healthcare System’s Deployed Warrior Wall during the Redeployment Ceremony in January. More than 19 Soldiers and Family members were recognized at the ceremony where their deployments and returns were recognized by hospital staff members.

Andrews was deployed to Camp Dwyer in Afghanistan where he served as an intensive care unit nurse.

“unfit.”

“The Army has to make the determination of their fitness [for duty in the Army], where the VA looks at all their claim conditions,” said Robinson.

After being determined unfit, Soldiers’ records go to the Veterans Benefit Administration to receive a disability rating. Afterward, the record is passed back to the Physical Evaluation Board, which uses the VA cumulative rating to determine the overall percentage of disability for unfit conditions. For example, a Soldier may initially have 30 percent disability from the Army and 80 percent overall disability from the VA.

“To me it’s a nicer process because the Soldiers already know what to expect when they get out in the way of benefits and pay,” said Robinson.

Throughout the process a PEBLO, like Robinson, assists the Soldier with scheduling appointments and completing the necessary steps. The addition of staff members and the fully-up-and-running IDES process have certainly helped things to move.

“Our trend of cases that we complete each month is going up and our productivity is increasing dramatically,” said Shields. “Based on our baseline from one year ago, we’ve double our monthly output.”

FOLIC ACID

CONTINUED FROM PAGE 3

other hand, can be found naturally in foods such as green leafy vegetables like spinach and turnip greens, citrus fruits, dried beans, peas, and whole grains. However, the CDC cautions that the body uses folate and folic acid differently and they advocate taking 400 mcg of synthetic folic acid along with eating a balanced diet containing folate. Since 1996, the Food and Drug Administration has required that folic acid be added to enriched foods including breads, cereals, flours, corn meals, pastas, rice, as well as other grains. These foods are widely consumed in the U.S., making it easier for the American population to achieve the recommended amount of folic acid daily.

Although folic acid is an essential part of everyone’s diet, it plays an even more critical role for women who are pregnant or trying to become pregnant. Only 400 mcg daily for most women will seriously decrease the risk of birth defects.

Talk to your healthcare provider about any questions or concerns you may have about folic acid. If you would like a Healthy Living Class for your Family Readiness Group or your unit, please contact Army Public Health Nursing Services at (253)968-4382.

OB/GYN Service prepares for the future after JBLM's 2011 baby boom

By Tawny M. Dotson
Editor

Madigan Army Medical Center delivered 2,680 babies in 2011, an increase that can be attributed to both redeployment and an increase in Joint Base Lewis-McChord's population.

The year ended with an average of 223 babies delivered per month at Madigan over the past 12 months. This included the record number of births in one month, 257 in October 2011.

"We've probably reached a new baseline for deliveries here," said Col. Peter Nielsen, chief of the Department of Obstetrics and Gynecology. "Our new adjusted estimates for 2012 are in the 220 per month range, which is again a year total of around 2,600 births. There was definitely a surge due to the redeployment, but with the total population we have increasing its anticipated to continue to be this high and based on our intakes."

It is likely that the permanent change in population that the need for care at the hospital will continue to increase.

One unique aspect of this increase in births is that, according to Nielsen, over half of the babies born at Madigan are to first-time parents and that number of first-time parents is much higher than at other hospitals.

"Patient education is much more time intensive with first time parents," said Nielsen. "Whether that's more time with the nurses, providers at their appointments, longer labors, and lactation consultants. First time moms generally have more questions and there is a lot more effort associated with taking care of first-time babies than there are with other moms."

Despite the large volumes Nielsen reported excellent clinical outcomes for the year and some changes for the future.

"We have made available 24-7, two faculty members in addition to the residents," said Nielsen. There is always a midwife and an obstetrician in the hospital at all times during the day. That helps reduce risk."

In the process of delivering the increase of babies at Madigan the staff in the department has had to work hard, but one thing that was never sacrificed was patient safety.

"I'm not aware that we had to divert any patients due to space or safety constraints," said Nielsen. "No one went without being appropriately discharged and no one went without a place to be."

His assessment of the year was positive.

"Things have gone superbly," said Nielsen. "We've had really dedicated staff that have worked very hard to make the patient's experience as unique and as personal as possible despite large volumes of patients. It's been remarkable."

The future for the department lies in working on both sustainment of services and continuity for patients throughout their obstetric experience, according to Nielsen. They hope to increase each patient's continuity with a provider throughout their prenatal care. They will also be preparing for the new expected number of births for the future, which will continue to require their attention to managing resources.

"We internally shifted resources in order to accommodate the increased births," said Nielsen. "We have to ensure we continue to provide the full services of obstetrics knowing that on occasion we may have to shift resources a bit."

Patients experiencing difficulty during their pregnancy with their care have options to seek help. Madigan has a robust Patient Advocacy Office that works on behalf of patients to resolve any issues with care. They can be reached by calling 253-968-1145 or emailing max.patrep@amedd.army.mil.

Additionally, the Stork Advisory Council meets on the first Tuesday of every month on the third floor of Madigan's Hospital Tower in the Mother/Baby Unit. This council is a venue where patients can speak with OB staff about questions and concerns. It is also an opportunity to provide opinions on OB care. For more information on Stork Advisory Council meetings, contact Larry Whorley at (253) 968-1143. Finally, the OB/GYN Service's Patient Advocate is Yvonne Brown. She can be reached at (253) 968-3771.

New pregnancy portal to help military Families

By Elizabeth Hillestad
TriWest Public Affairs

Nearly 4 million women give birth in the U.S. every year and almost a third of them will suffer pregnancy-related complications, according to the Centers for Disease Control and Prevention.

Prenatal care not only helps ensure those complications are caught early and treated, but can help prevent premature births. To support proper prenatal care and help women deliver healthy babies, TriWest Healthcare Alliance is now offering a new resource for military Families who are expecting.

The new pregnancy and parenting portal located at www.triwest.com/pregnancy connects military Families to helpful information for various stages of pregnancy, as well as for adoption. Different from other pregnancy sites, the TriWest portal offers information on TRICARE coverage and locating a nearby military clinic.

The portal includes:

- Before Pregnancy: Tips to get ready for being pregnant
- New Baby and Child Care: Resources for well-baby care, safety, emergency care, stages of development
- During Pregnancy: Information to keep both mom and baby healthy during pregnancy
- Tools for New Dads: What to expect during the pregnancy and keeping involved
- After Delivery: Resources to help keep you and your baby healthy and safe
- Adoption: TRICARE benefits information; military adoption resources

In addition to educating Families on the importance of prenatal care, the portal provides access to resources for early childhood development, creating a safe and hazard-free environment and well-baby care.

"This can be a very happy, busy, and possibly emotional time for a military Family," said Dr. Frank Maguire, senior vice-president of Health Care Services and chief medical officer of TriWest. "The Pregnancy and Parenting Portal was developed to help educate Families on the importance of prenatal care, as well as smooth the transition of welcoming a new child into the world."

Find the new Pregnancy and Parenting Portal at www.triwest.com/pregnancy.

How a vacation can do the body, mind and soul good

By Sharon Ayala
Western Regional Medical Command Public Affairs

In today's fast paced work environment, Americans are working harder and longer hours, which, if left unchecked, can ultimately take a toll on a person's physical and emotional health.

Taking a vacation or even just a few days off every month can make a huge difference in a person's attitude, energy level and physical appearance. In fact, behavioral health experts highly recommend taking regular vacations and time off to refresh, regroup and reenergize the body, soul and mind.

"You've got to have that time away from work where you essentially give yourself, and allow yourself, permission to not worry about work," said Dr. Lawrence Edwards, chief of Behavioral Health for the Western Regional Medical Command.

To fully take advantage of that advice, Edwards said that individuals must make a concerted effort to disen-

gage themselves from work and instead engage in other activities. For the chronic workaholics who rarely take a break from the office, the idea of not being at work for one or two weeks can be a frightening thought.

"That's the challenge," Edwards said. "When you tell people they have two weeks to do nothing -- That's almost devastating for them," he said.

For these people, Edwards said, "I advise them to have one or two planned days to do something fun, and then have another day or two where they do nothing," he said. "So this way, they at least feel that they are somewhat in charge of their life, planning their life, and doing things."

But in today's technologically advanced world, it is nearly impossible to ignore the blackberry and its lurking sounds.

"We're all guilty of it, but we're in that age where even though we're home we're still on our blackberry, we're still checking our blackberry, still looking at our blackberry and still responding to our blackberry," Edwards

said.

"You got to have that time where you say I'm officially on vacation and officially off my blackberry or laptop, and I'm not going to worry about work, but instead focus on myself and my family," Edwards said.

For individuals who just can't take a week or two off due to the level of responsibility associated with their position, Edwards said that there are other options available.

"Take a day once a month, or a day or two once a quarter -- even consider giving yourself a three-day weekend," he said. "The military has 'Days of Non-Scheduled Activities,' or DONSA, so we know there's a three or four day weekend coming every month. So, if you can take that time off, take it."

According to a 2009 National Public Radio story, Europeans embrace the idea of taking a vacation almost religiously. In countries like Germany, the United Kingdom and the Netherlands, employers are required

Please see **VACATION**, PAGE 9

Vision Center of Excellence promotes eye-injury research, care

By Donna Miles
American Forces Press Service

Next month will mark a major milestone in advancing care for wounded warriors suffering debilitating eye injuries with a ribbon-cutting at the Walter Reed National Military Medical Center in Bethesda, Md.

The Department of Defense/Department of Veterans Affairs Vision Center of Excellence will officially open its new headquarters at the Walter Reed facility, providing an expanded physical presence for a growing collaboration between the two agencies.

The goal, explained Army Dr. (Col.) Donald Gagliano, its executive director, is to promote research and initiatives to prevent eye injuries and better diagnose and treat those suffering from them.

Although often overlooked, eye injuries are one of the signature wounds of the wars over the last decade, Gagliano noted.

Just how prevalent these injuries are isn't clear, he said, although officials estimate that 13 to 22 percent of all casualties between 2002 and 2010 have suffered eye injuries or trauma.

These injuries often go underreported on the battlefield, particularly when caused by explosions that inflict other, highly visible and frequently life-threatening wounds. Gagliano estimated that eye-injury rates soared as high as 29 percent among casualties before the military began mandating the use of ballistic glasses for deployed troops.

"The reality is it is very difficult for us to know exactly what the prevalence of eye injury is, because it is often intertwined with other polytrauma," Gagliano said.

What is known is that the same flying fragments and high-energy waves that tear into body tissue and inflict traumatic brain injuries also take a

severe toll on the eyes. Service members are suffering eye injuries unlike those in civilian trauma cases, and more severe than those from past conflicts, Gagliano said.

So one of the first goals of the Vision Center of Excellence, stood up under the 2008 National Defense Authorization Act, is to establish a registry to determine the prevalence of eye injuries and track wounded warriors' care and rehabilitation through both the DOD and VA systems.

This, Gagliano said, will provide an important starting point for advancing eye protection and care throughout the force.

The law that established the center formalized a partnership already being forged between DOD and VA to provide better care for wounded warriors. Even its makeup -- Gagliano and half of the staff are from DOD, and his deputy, Dr. Mary Lawrence, and the other half of the staff from VA -- promotes collaboration as they pool expertise and resources, he said.

"It is very unique in structure, and that is what allows us to function across both systems as effectively as we have," Gagliano said. "It helps us bring together the entire vision-care team of both the Defense Department and the VA to function effectively as an integrated team."

In standing up the center, its founders opted to maximize rather than replace existing resources. "Early on, we elected to be a center that would work with and through the existing system rather than being a single place," Gagliano explained.

As a result, the center has operated with facilities and office space in Washington as well as at Madigan Army Medical Center near Seattle.

The opening of the new headquarters next month will provide an official home to the center, but Gagliano said it will continue to draw on exist-

adhering to self care measures. According to Edwards, not recognizing, or simply ignoring the signs of emotional exhaustion and burnout can have negative effects on a person's physical and emotional health. Some of the physical signs that a person may need to take some time off from work might include fatigue, restlessness, and dark circles or bags under their eyes.

"They may also find themselves being short-tempered, irritable and hard to stay on task without getting really frustrated," Edwards explained. "In the military, we may see people being insubordinate with the people they work with, perhaps saying things that they otherwise wouldn't have said."

On the other hand, some of the immediate and long-term benefits of taking regular vacations and time off could have



Army Pfc. Douglas K. Phillips a member of the 3rd Infantry Division's Company A, 1st Battalion, 15th Infantry Regiment, deployed to Durai-ya, Iraq, in May 2007, shows the damage to his face and his eye protection from a small-arms attack. Phillips credits eye protection with saving his eye. The Department of Defense and Department of Veterans Affairs Vision Center of Excellence is exploring other ways to prevent battlefield eye injuries and to better treat those who suffer them.

Sgt. Natalie Loucks

ing capabilities throughout DOD and VA, including VA's network of 13 blind rehabilitation centers.

To ensure these entities operate as effectively as possible, eye surgeons and eye-care providers from both agencies come together each month for a worldwide ocular trauma videoconference, Lawrence said. Participants -- at forward operating hospitals in Afghanistan, at Landstuhl Regional Medical Center in Germany, at military treatment facilities stateside and at VA polytrauma centers -- come together to share experience and explore ways to improve the care they provide, she explained.

"This is an amazing worldwide group of providers," she said. Based on their inputs, she added, "a lot of interesting process improvements ideas have surfaced that can be put into good use

immediately."

Another priority for the Vision Center of Excellence is expanding the research base about eye trauma, Gagliano said. That's critical to improving care, he explained, because civilian institutions, including the National Eye Institute, have limited research about the types of eye injuries being seen in the combat theater.

Gagliano expressed hope that the center's collaboration with colleges, universities and research bodies worldwide ultimately will improve the research, prevention, diagnosis, treatment and rehabilitation of military eye injuries.

At the Vision Center of Excellence, "we are leading the nation in trying in trying to determine the best ways to address these issues," he said.

VACATION

CONTINUED FROM PAGE 9

to provide up to 20 days of paid leave. Americans, on the other hand, get an average of 12 days every year. A study conducted by the Families and Work Institute found that less than half of U.S. employees take the full vacation. Sadly, some people are simply reluctant to take time off because they feel a sense of obligation to the job.

"We all know that if something happens, the Army is going to go on," Edwards said. "There's no emergency that's going to happen to cause the world to stop, and as much as we don't want to believe it, there will be someone to step in and take our place when we're gone."

And, there are consequences to not

a dramatic impact on one's work performance and their psychological and physical health.

Some additional benefits of taking a vacation include promoting creativity. A good vacation can help us to reconnect with ourselves, operating as a vehicle for self-discovery and helping us get back to feeling our best. Staving off burnout: Workers who take regular time to relax are less likely to experience burnout, making them more creative and productive. Keeping people healthy: Taking regular time off to 'recharge your batteries', thereby keeping stress levels lower, can keep you healthier. Promoting overall well-being: One study found that three days after vacation, subjects' physical complaints, their quality of sleep and mood had improved as compared to before

vacation. These gains were still present five weeks later, especially in those who had more personal time and overall satisfaction during their vacations. It can strengthen bonds: Spending time enjoying life with loved ones can keep relationships strong, helping you enjoy the good times more and helping you through the stress of the hard times. Helps with job performance: The psychological benefits that come with more frequent vacations lead to increased quality of life, and can lead to increased quality of work on the job. Relieves stress: Vacations that include plenty of free time bring stress relief, but research shows that a good vacation can lead to the experience of fewer stressful days at least five weeks later! So, if you have been thinking about taking some time off from work, don't wait any longer.

S.M.A.R.T. approach to a healthy new year

By Sgt. Austan Owen
5th Mobile Public Affairs Detachment

Another year has passed and 2012 has arrived, along with it comes New Year's resolutions. One of the most popular resolutions every year is the goal to lose weight and get in shape. Many will start a crash diet to lose the extra pounds only to gain them back later. Others will start the year off strong with motivation and ambition to lose weight and fail simply because of how they approached their goals.

Dieting and healthy eating can often be a difficult and an almost insurmountable task. Various parts of life revolve around eating and people develop habits over time that are not easily broken when the attempt is just because a new year has come around.

2nd Lt. Britain Seaburn, a dietetic intern with Madigan Healthcare System, recommends using the "SMART" acronym when setting goals to lose weight:

Specific: State exactly what you want to do. Instead of saying, "I want to lose weight," say "I want to lose 10 pounds," or "I want to lose five percent of my body

weight; start with small goals; you can re-set your goal once you've achieved it."

Measurable: Establish parameters and set a timeline. If your goal is "to lose weight," you wouldn't know how or when you accomplished it. Ask, "How can I measure my goal? Do I need to establish an end date?"

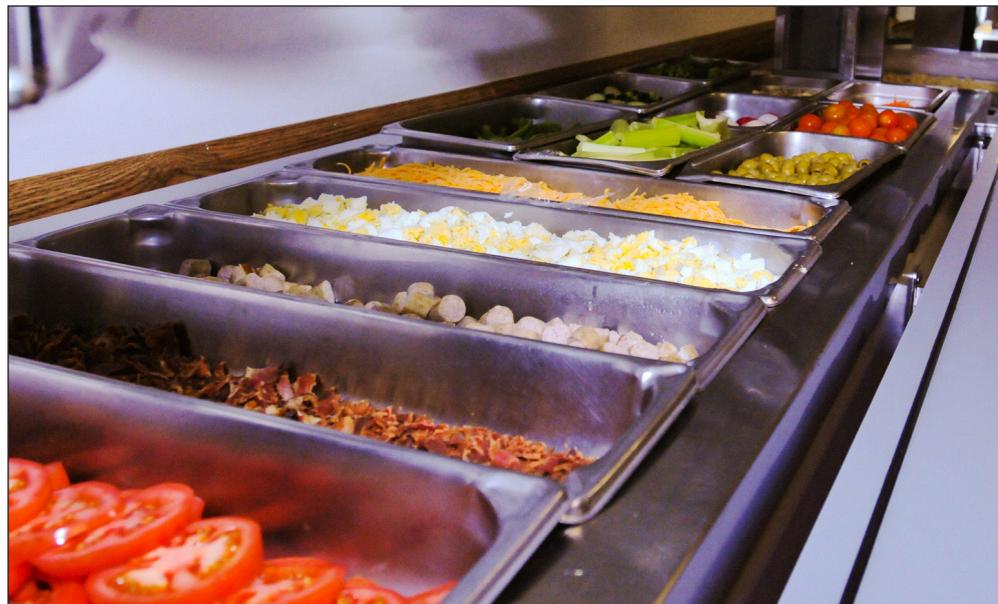
Achievable: Your goal should be challenging, but reachable; allow for flexibility. Ask, "Can I do this? Can I incorporate it into my schedule?"

Rewarding: Make yourself an offer you can't refuse. Ask, "Once I reach my goal, how can I reward myself?"

Track: Create a way to track your progress and your pitfalls. This will help you identify ways to adjust your goal as needed. Ask yourself, "Can I keep track of my progress?"

Along with following the SMART goal setting strategy, dietetic intern, 2nd Lt. Elizabeth Thompson, also a dietetic intern at Madigan, suggests: "adding a variety of color to your diet, eating small, frequent meals, eat breakfast, don't drink your calories, and use smaller dishes to give the appearance of more food."

During any challenging task, espe-



Adding color to your plate when eating is one way to help maintain a healthy, achievable diet said, dietetic intern, 2nd Lt. Elizabeth Thompson.



Sgt. 1st Class Rodarial Foster stands in line for breakfast at the Special Troops Battalion dining facility Jan. 9. Eating breakfast is the most important meal of the day and will help to maintain a healthy diet said, dietetic intern, 2nd Lt. Elizabeth Thompson.

cially one as daunting as a diet, the idea of quitting and going back to old habits can be hard to resist.

"A lot of people try to do a massive overhaul of their diet," said Seaburn. "A step by step change to your food habits with a gradual progression toward accomplishing the way you want to eat is more realistic and more likely to succeed."

One of the best ways to ensure a lasting change and success in a diet is to have others participate with you during your diet. The social support that a friend or family member brings to bare can make all the difference between sustaining and quitting a diet, said Thompson.

As with most long term goals and changing deep rooted habits there will be possible set backs.

"We are human, food is presented to us at every meeting and every social event," said Maj. Martha Smith, regis-

tered dietitian at Madigan. "If you go out to dinner and have dessert or if you kind of mess up, it's okay, just start over again. Don't beat yourself up."

Before starting a diet or exercise regimen you should consult your primary care physician and request to see a dietitian, said Smith.

For overall success in a New Year's diet, the tools that achieve results are the ones where reasonable goals are set and achieved slowly to accomplish a long-term solution. Reasonable goals tend to be more achievable and yield better results.

This New Year, look at setting goals that can be achieved and built on. For most, the hope that 2012 will bring us a model's body will only end at the bottom of a pint of ice cream. An educated, balanced and realistic approach to improving image and health starts with baby steps.

EPA warns test, detect, fix radon problems in your home

By Karla Simon
U.S. Army Public Health Command

Radon is present in every geographic region in the United States. It is found in new and older homes, schools and workplaces. It can't be smelled, tasted or seen, yet it may be the most potent carcinogen in a home. The Environmental Protection Agency estimates that more than 20,000 lung cancer deaths in the U.S. per year are caused by radon. According to the U.S. Surgeon General, it's the second leading cause of lung cancer. Only smoking causes more lung cancer deaths.

Radon is mainly produced from the natural decay of uranium in soil, rock and water. It is a radioactive gas that moves through the ground to the air above. Radon becomes a problem when it seeps through cracks and holes in a building's foundation and accumulates in the basement or lower levels of a home. It is often measured in picocuries per liter. The EPA recommends taking steps to reduce radon at confirmed levels of 4 pCi/L, or higher. Levels less than 4 pCi/L still pose a risk. Radon can build to an unhealthy level during colder months when home occupants try to conserve heat by keep-

ing windows and doors closed. Breathing these elevated levels of radon can damage the lungs.

There are several ways to protect yourself:

- Test your home: Testing is the only way to find out if radon is present. It is inexpensive and easy, the cost is about \$20 to \$30.

- Don't forget to test the water if it comes from groundwater, including well and municipal water. Dissolved radon can be release when water is heated and used.

- If radon is detected, fix any problems with the foundation. Seal cracks and

other openings around pipes and drains.

- Cover any exposed earthen walls.
- Paint concrete floors with a sealant.
- Depending on levels of radon found

after testing, have a radon reduction system installed. Consult with a professional to determine the best system dependent on the home foundation type: basement, slab-on-grade or crawlspace.

For more information about radon including how to get a test kit:

Environmental Protection Agency, www.epa.gov/radon/pubs/consguid.html
Radon Hotline, 1-800-sosradon (800) 767-7236.

COMMUNITY

JANUARY 2012

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Post-Partum Depression Group

Do you feel like you haven't been yourself since your baby was born? If you are feeling down, have had changes in sleep, are anxious, crying and tearful, or just overwhelmed; you may be experiencing post-partum depression. Please come to our group to learn about post-partum depression, get support, resources and ways to cope. The group meets on the fourth Wednesday of every month from 2:30 to 3:30 p.m. in the Sullivan Conference Room on the 7th Floor of the Hospital Tower at Madigan Army Medical Center.

Got Stress?

"Finding Your Calm, Managing Stress in a Busy World," is a new presentation available from the Care Provider Support Program for Madigan staff members.

The one hour training explains stress and its effects on the body and mind, as well as exploring relaxation techniques and practices. Call Dian Hathaway at (253) 968-2299 to schedule your department!

Become a Hometown Hero

Staff members are encouraged to submit a Hometown News Release and share your accomplishments and achievements with Family members and friends back home. From the Madigan main SharePoint page, select Hometown News Release and fill out the electronic form. All DoD civilians and military members are invited to participate. For more information, contact Carrie Bernard at carrie.bernard@us.army.mil.

Medical Social Work parenting resource class

Are you a new or expecting parent? Unsure of what resources are available to you or where you can turn to for help?

Now there is a place you can go and find answers to your questions and get assistance with any troubles you have been facing.

The new and expecting parent resource class offers helpful information to parents that are expecting a child, are new parents, may have recently moved to the area and need help learning what resources are available to them, or are facing a particular situation and need extra assistance working through it with a knowledgeable individual. This class will be held the second Monday of every month, from 9 to 10 a.m., in the Sakakini Conference room, near the Labor and Delivery ward of the Hospital Tower.

This class is for all parents in need of extra help and education on area resources and information.

Please stop by for an informative session on community resources available to parents and Families and how to connect with appropriate agencies for assistance. For additional information, please call Medical Social Work at (253)968-2303.

Corrections, Feedback and Concerns

Accuracy is important to us. If you see an error that needs attention or have a concern about something we published please call (253) 968-3279 or email tawny.m.dotson@us.army.mil.

Do You Have a Good Idea?

Would your idea make access to care better? Or streamline work productivity?

An e-mail account has been established that gives you the opportunity to share ideas and communicate with the hospital commander.

Just e-mail to MAMC.Suggestion@amedd.army.mil. All referred e-mails will be addressed. This is your opportunity to communicate with the commander. For more information, contact Hylie Jan Pressey at hyliehan.pressey@us.army.mil or call (253) 968-3086.

Inpatient Medical Social Work Caregiver Fatigue Prevention

Have you ever felt isolated, frustrated and overwhelmed?

Please take this opportunity while your loved one is an inpatient at Madigan Healthcare System to meet with others to obtain information on coping strategies, stress management and other ways to manage caring for self and a loved one.

This group will meet from 2 to 3 p.m. on the third Thursday of each month, in the 2 South conference room. This group is open to all inpatient Family members of who are caring for a loved one with a chronic health condition. For additional information, please call Medical Social Work at (253) 968-2303.

Mountaineer Editorial Policy

Madigan Healthcare Systems has an officially published policy concerning content published in The Mountaineer. The policy is available on Madigan's Internal SharePoint for staff and on Madigan's Public website at www.mamc.amedd.army.mil.

If you would like to provide story submissions to The Mountaineer or have a story idea, you can contact Tawny Dotson at (253) 968-3279 or e-mail her at tawny.m.dotson@us.army.mil.

Provider Fatigue?

Are you suffering from employee burnout or Provider Fatigue?

The staff at the Care Provider Support Program can help. Located in the Social Work Department on the 7th floor of the Madigan Nursing Tower, Room 7-93-9, (253) 968-2299.

Interested in Receiving The Mountaineer Via E-mail?

The Mountaineer is available electronically. If you are interested in receiving our monthly newspaper, please e-mail Tawny Dotson at tawny.m.dotson@us.army.mil and let her know the e-mail address to send the latest edition. For more information, call Dotson at (253) 968-3279.

Fibromyalgia Education Course

The Rheumatology service at Madigan Healthcare System will be holding their monthly Fibromyalgia education course. It is generally held the third Thursday of each month for one hour and is designed for patients diagnosed with Fibromyalgia. To ensure the course is being held or to register please call the TRICARE Appointment Line at (800) 404-4506.

Pre-Term Birth Study

Madigan is currently participating in a Pre-Term Birth Study for women who have experienced a previous pre-term delivery and are looking for pregnant women who are eligible to participate. The study is on the use of Hydroxyprogesterone, which is a form of Progesterone.

Women must be 18 years old, be pregnant with only one baby, be less than 21 weeks pregnant at the time they enter the study and have a documented history of a previous singleton spontaneous preterm delivery (21- 36 weeks+ 6 days). They must also have no history of seizures, not on hypertension medicines and no heparin therapy. Selected participants would have a weekly appointment where their pregnancy would be monitored including baby's heart rate and the mother's progression throughout the pregnancy. If you are interested in participating you can call Lorna Imbruglio, the research nurse, at 253-968-3446. More information about the study is available at: <http://www.mamc.amedd.army.mil/obgyn/PretermPS.htm>.

Madigan Hosts Chemical, Biological, Radiological and Nuclear training

Jan. 23-27

Madigan Army Medical Center in the Letterman Auditorium

All staff members are encouraged to attend these face-to-face training opportunities for their CBRNE Training Requirement completion.

Courses are available at the following times:

Monday, Jan. 23, from 8-10 a.m. or 1-3 p.m.

Tuesday, Jan. 24, for Clinician's from 8 a.m. to 4:30 p.m.

Wednesday, Jan. 25, from 8-10 a.m. or 1-3 p.m.

Thursday, Jan. 26, for Clinicians' from 8 a.m. to 4:30 p.m.

Friday, Jan. 27, from 8-10 a.m.

To register contact Staff Sgt. Jeffrey Anello by e-mail at jeffrey.w.anello@us.army.mil. In your e-mail please provide full name, phone number and the preferred date and time to attend.