

January 10, 2011

“ONE TEAM”

Script

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First nurse, first woman becomes the Army's 43rd surgeon general

By Rob McIlvaine, Army News Service

Lieutenant Gen. Patricia Horoho, the first nurse and first woman appointed, became the Army's 43rd surgeon general Dec. 7 in a ceremony at Joint Base Myer-Henderson Hall, Va.

She was nominated to the position by President Barack Obama May 10 and was later approved by the Senate.

She succeeds Lt. Gen. Eric Schoomaker, who will retire in January.

“Over the past decade, Army medicine has led the joint health effort in the most austere environments,” Horoho said. “As part of the most decisive and capable land force in the world, we stand ready to adapt.”

A decade of this war, she said, has left a fighting force with both physical and psychological scars.

“We are dedicated to identifying and caring for those Soldiers who have sustained psychological and physical trauma associated with an Army engaged in a protracted war,” she said, adding that the war fighter does not stand alone.

Army Chief of Staff Gen. Ray Odierno, who passed the U.S. Army Medical Command flag to Horoho in a ceremony Dec. 5 at Fort Sam Houston, promoted her to lieutenant general and administered the oath to swear her in as the Army's top medical officer.

“The Army cannot provide trained and ready forces to the nation without our talented medical professionals and leaders. In everything we do, we rely on medical command and the surgeon general



Rob McIlvaine, Army News Service

Lieutenant Gen. Patricia Horoho is sworn in as 43rd Army surgeon general by Army Chief of Staff Gen. Ray Odierno, while her husband retired Col. Ray Horoho looks on.

to set the vision for this community and have the courage to carry it out,” Odierno said.

Horoho has commanded the Army Nurse Corps since 2008, when she received a rare two-grade promotion from colonel to major general.

As Army surgeon general, she will direct the third-largest healthcare system in the United States, behind the Department of Veterans Affairs and the Hospital Corporation of America.

With an annual budget of \$13.5 billion, the surgeon general manages more than 480 facilities and 29 executive agencies, many of which lead groundbreaking research efforts. She also oversees 140,000 military and civilian employees, and more than 3.5 million beneficiaries, globally.

The Army surgeon general's impact, Odierno said, extends far beyond the Army to the national and the international level, collaboration and partnership with other public and private entities on research, standards of practices, national leadership in areas such as brain injury, concussive disorders, mental health promotion and pain management.

“This position requires a special officer who can lead change and achieve unity of effort in a dynamic, joint interagency and also in a multi-national role, working with our allies and partners

HOROHO |
CONTINUED

ARMY MEDICINE

Serving To Heal...Honored To Serve

around the world,” Odierno explained. “For these reasons, it’s important to pick the right person. And we are absolutely, incredibly lucky to have Lieutenant General Patty Horoho as the 43rd Army surgeon general.

“She’s earned this extremely important leadership position, not only because of her incredible past performance and achievements, but more importantly her outstanding potential, as she will lead Medical Command and lead as the Army surgeon general,” Odierno said, adding that her 28 years of experience and education will prove to be “an inspiration for many others.”

“Army medicine,” Horoho said, “has a responsibility to all those who serve, to include Family members, and our retirees who have already answered the call to our nation. We will fully engage our patients in all aspects of their healthcare experience at each touch point, starting with the initial contact.

“We will make the right care available at the right time by demonstrating compassion to those we serve and value to our stakeholders. The collective healthcare experience is driven by a team of professionals partnering with the patient, focused on health, health promotion and disease prevention to enhance wellness.

One of Army medicine’s greatest challenges over the next three to five years, she said, is managing the escalating cost of providing world-class healthcare in a fiscally constrained environment.

“I see these challenges as windows of opportunity for us to shape the future of Army medicine and I am confident, regardless of the environment or the landscape, we will meet all challenges in true Army medicine fashion – with innovation, dignity and strength. Together, we will usher in the new era of possibilities.

While deployed to Afghanistan, Horoho remembered asking a young medic how he would describe Army medicine.

“We will meet all challenges in true Army medicine fashion with dignity, innovation and strength.”

“He replied, ‘We carry healthcare on our backs.’ As we sit here today, there are young men and women willing to put their lives on the line to protect the freedoms we enjoy as Americans. Thank God we have young medics who are carrying innovative quality and precision healthcare on their backs, regardless of risk to personal safety. This is our privilege. This is our honor, and this is why Army medicine will face all challenges with strength, resolve and dedicated focus,” she said.

Horoho was among 15 nurses selected Sept. 14, 2002, by the American Red Cross and Nursing Spectrum to receive national recognition as a “Nurse Hero.” In 2007, she was honored as a University of Pittsburgh Legacy Laureate. In April 2009, she was selected as the USO’s “Woman of the Year,” and in May 2009, she became an affiliate faculty with Pacific Lutheran University School of Nursing, Tacoma, Wash.

“And most recently, she was deployed to Afghanistan as a special assistant to the commander of International Security Assistance Force Joint Command – incredible, impeccable credentials,” Odierno said.

“With Soldiers deployed, taking care of Families, taking care of wounded warriors – exactly the kind of leader we want to be our surgeon general,” he added.

On Aug. 29, 1898, Dr. Anita Newcomb broke new ground for the Office of the Surgeon General by becoming the first woman to hold the office of acting assistant surgeon, Department of the Army. She was assigned to the Surgeon General’s Office as superintendent of the Army Nurse Corps, which she organized.

Another nurse, Maj. Gen. Gale Pollock, served as acting Army surgeon general from March through December 2007, temporarily filling the post after Lt. Gen. Kevin Kiley was relieved as a result of aging facilities at Walter Reed Army Medical Center. But Horoho is the first nurse and first woman to be nominated for the position and confirmed by Congress.

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Darnall's staff and services ensure positive behavioral health experiences for Soldiers and their Families

By Patricia Deal

CRDAMC Public Affairs

Taking care of and supporting military families is a national necessity, as outlined in the 2011 Presidential report, *Strengthening Our Military Families*.

The initiative's number one priority, "enhancing the overall well-being and psychological health of the military family" is right on target with Carl R. Darnall Army Medical Center's mission, according to the hospital commander, Col. Patrick Sargent.

"The nation has an obligation to take care of those who have given so much," he stated. "The hospital's mission to provide 'Compassionate, World-Class Healthcare — One Patient at a Time,' demonstrates our commitment to the brave Warriors and their families."

When it comes to the behavioral health of Soldiers and their families, Sargent stated, Darnall's behavioral health department's primary focus is to help Soldiers recover and rebuild their resiliency.

"We offer a wide range of services to help Soldiers and family members with all their behavioral health issues," he said. "But more than just having a quantity of services and providers, we offer the highest quality behavioral health care. We use evidence-based treatments proven to be the most successful, and we are on the leading edge of major research projects that will help shape future best-practices in treating Soldiers with PTSD (Post Traumatic Stress Disorder)

der) and TBI (Traumatic Brain Injury)."

Quality is defined as "a measure of whether services increase the likelihood of desired mental health outcomes for the patient" and Lt. Col Sharette Gray, chief of CRDAMC's Behavioral Health department, states the department has already achieved, and continues to achieve, thousands of positive outcomes and successes with patients.

Gray attributes the department's success to the staff, who she said are uniquely qualified and committed to helping Soldiers and their family members heal.

"All of our providers are licensed practitioners in their field, and 84 percent of our psychiatrists are board certified, which is outstanding for any hospital. Many of our providers have earned high accolades from their peers and have been instrumental in bringing specialized services or initiating innovative approaches to care at CRDAMC," Gray said, adding that all of the support staff is also skilled at providing confidential and concerned customer service to patients.

"Darnall has the advantage over the behavioral health care available in some civilian communities. Our providers understand the military culture and the unique challenges our Soldiers and their families face. They all have made a conscious choice to come to Fort Hood specifically to help Soldiers," she added. "We have active duty members. Some

have prior military experience or come from a military background. Many have left private practices and facilities to work here. Many providers, military and civilian, have deployment experience."

One psychiatrist not only has deployment experience, he also has familiarity with Fort Hood Soldiers as he previously served as the



Patricia Deal, CRDAMC Public Affairs
Arlene Stoddard, Marriage and Family counselor with the CRDAMC Department of Social Work, greets a couple before their appointment. Stoddard is one of the many quality CRDAMC behavioral health professionals with military ties who made a conscious commitment to help Soldiers.

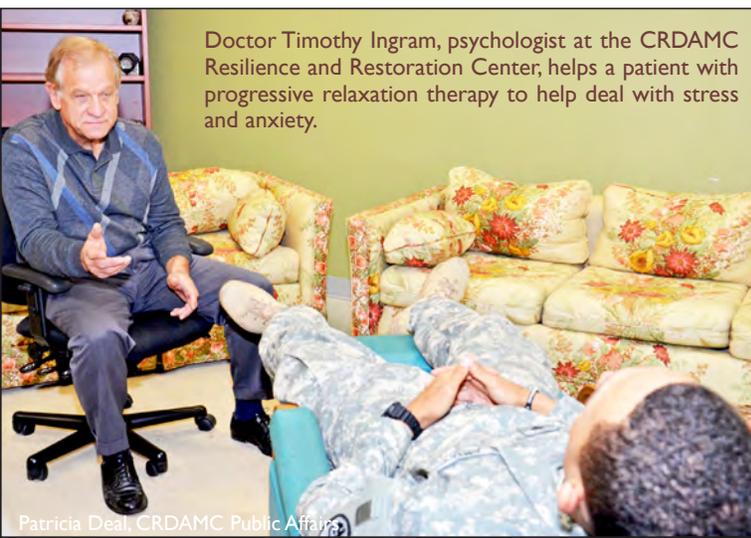
1st Cavalry Division psychiatrist.

Now a civilian, Dr. Adam Borah said he continued working for the military because he likes its approach to behavioral health care.

"While I'm required to perform standards of care through evidence-based treatment, it's not the typical 'check the box' care. I'm able to practice as I see fit, tailoring each treatment plan to meet the individual's needs. I have a variety of tools and resources at my disposal to further enhance treatment," he said. "We practice the best treatments available and we also help lead the field as to what will work better in the future."

A psychologist from the Warrior Combat Stress Reset Program said she finds the military's approach to behavioral healthcare a perfect fit. A PTSD survivor herself, Dr. Janice Whitacre has worked in private prac-

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Doctor Timothy Ingram, psychologist at the CRDAMC Resilience and Restoration Center, helps a patient with progressive relaxation therapy to help deal with stress and anxiety.

BEHAVIORAL HEALTH | CONTINUED

tice for 30 years, specializing in PTSD and related trauma.

“In addition to treating civilians, I also consulted at Vet centers to help Vietnam and Gulf War veterans cope with their PTSD issues. I felt I could help the Soldiers and veterans today as they must deal with prolonged, intense trauma from multiple deployments,” she said. Whitacre has worked at the Reset Center since its conception and added she’s pleased with how it continues to grow and evolve. “My desire is to help these brave Soldiers get some relief as soon as possible so they get on with their healing process and experience joy and pleasure again.”

Doctor Timothy Ingram, psychologist at the Resilience and Restoration Center, is also pleased with the strides Army behavioral healthcare is making to help Soldiers cope with their behavioral health issues.

“Soldiers face risk every day—risk to their life, their well-being, their family. They deserve nothing but quality care to help them heal, and the quality of care offered here is without doubt the best available,” Ingram said. “Our staff is highly qualified

and skilled, but more importantly, they are motivated to help Soldiers as their way of giving back.”

Ingram was in private practice when 9/11 hit and his patriotic spirit spurred him to take a deployment to Iraq and Afghanistan to help state department security forces trainers. “I was in the heat of things, working in the red zone the entire time. Despite being in car bomb explosions, RPG attacks and surviving suicide bombers, I stayed there for over two years,” he added. “Afterwards, I saw that my personal experiences and expertise could benefit Soldiers so I came to Fort Hood to continue to serve my country.”

As a former Soldier and now military spouse, Esmeralda Cordova knows the stresses and challenges of military life. After her personal experiences with TBI, Cordova chose to work at the TBI clinic performing neuropsychological testing as her way of helping Soldiers. “Anything I can do, even if it’s just as simple as making Soldiers feel comfortable about coming to the clinic, can make a difference,” she said.

The many research projects underway at Fort Hood are also making a difference in Soldiers’ lives as they are helping determine the latest, most effective treatment plans

available to help Soldiers with TBI, PTSD and other behavioral health issues.

One research group, the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR) is the largest research consortium developed or funded by the Department of Defense for combat-related post-traumatic stress disorder. STRONG STAR is conducting seven of the consortium’s 16 research studies at Fort Hood. Two studies are evaluating the effectiveness of the leading evidence-based psychological treatments for PTSD (Cognitive Processing Therapy and Prolonged Exposure Therapy).

The national initiative and CRDAMC vision to provide world-class healthcare to Soldiers and their families is also shared by Humana Military Healthcare Services and TRICARE.

Humana Military states on its website that its main objective is “to ensure TRICARE beneficiaries have access to qualified providers, an appropriate number of choices, and a diverse range of specialists to provide the full scope of health care services.” Providers must meet specific criteria and prerequisites to determine initial and ongoing participation in the network, “ensuring a robust and quality network.”

Use distilled or sterilized water with neti pots, warn Darnall’s Public Health Nursing professionals

CRDAMC Public Affairs

This time of year many people suffer from nasal congestion from allergies or the cold or flu, but Carl R. Darnall Army Medical Center’s Public Health Nursing professionals caution patients on using the neti pot, a popular way to help clear sinuses.

Two deaths in Louisiana caused by a rare type of brain-eating amoeba have been linked to the improper use of the neti pot.

These deaths are the first to have been linked to the use of neti pots, according to the Centers for Disease Control and Prevention. The amoeba *Naegleria fowleri*, while not harmful if swallowed, can be fatal if it enters the brain. Normally found in southern freshwater areas it can enter the body through the nose when people are

swimming or diving in warm lakes and rivers.

“Amoeba infections are extremely rare. But the recent deaths have raised concern about proper use of the neti pot,” said 1st Lt. Jennifer Istre, from CRDAMC’s Public Health Nursing

Department. “Neti pots use a salt solution to clean away particles in the sinus cavity, including excess mucous, and reduce inflammation in the nose which helps people breathe easier.

“We recommend that people use distilled water instead of tap water when using their neti pots. Or if using tap water, be sure to heat it to over 114 degrees and let it cool before using in the neti pot,” she stressed.

Additionally, filtered water can be used,



After each use, rinse the irrigation device with water that has been distilled, sterilized, filtered, or previously boiled and leave the device open to air dry completely.

For more information contact CRDAMC Public Health Nursing at (254) 287-6789 or visit www.cdc.gov/parasites/naegleria/ or www.dshs.state.tx.us/idcu/disease/primary_amebic_meningoencephalitis/ or www.dshs.state.tx.us/idcu/disease/primary_amebic_meningoencephalitis/.

Another year closer to new hospital

By Patricia Deal
CRDAMC Public Affairs

While it might not seem like much has been done since the first shovel full of dirt was turned for the new Carl R. Darnall Army Medical Center here, there's more going on than just some tractors pushing dirt around.

Construction for the new 947,000 square feet facility officially began in spring 2011. When it opens in 2015, the new medical center will be 60 percent larger than the current building and will include a six-story hospital tower, three out-patient specialty clinic buildings and three parking garages. The more than \$500 million design-build project is both the largest



Department of Defense contract funded by the American Recovery and Reinvestment Act, and the largest design-build medical facility project in the DOD to date.

Design-build projects are managed by a single firm all the way from initial concept through completion. The U.S. Army Corps of Engineers, awarded the contract to Balfour Beatty | McCarthy Joint Venture of Dallas, Texas to design and construct the facility.

"The design-build strategy has many advantages over traditional design-bid-build

projects. Hospitals are complex and intricate construction projects and design-build helps streamline the process, saving money and time and eliminates many of the typical construction issues," said Lt. Col. Michael Williams, program manager for the U.S. Army Health Facility Planning Agency. "We're able to build a strong relationship with the contractor, fostering collaboration and teamwork geared toward efficiency and innovation."

While both design and construction efforts are proceeding simultaneously, Williams said right now they're heavy into the design phase, with all six separate design packages scheduled to be completed by August.

"People usually equate seeing concrete and beams with progress

at a site, but there are thousands of tasks going on right now and thousands more to be done before the physical structure begins to visibly take shape," Williams said.

From dismantling the old Fort Hood Stadium to preparing the site to laying underground cables, Williams said they have done something in every inch of the 72-acre site.

"Just to give you an idea, the amount of dirt we moved would completely cover a football field and reach higher than a football field's length," he said.

As part of the overall infrastructure project, the contractor is currently drilling and placing massive, concrete piers which will support the facility's foundation.

"The foundation alone requires about seven miles of concrete piers to ensure sufficient support. The project calls for almost 1,000 piers, which average 35 feet in depth. To visualize the enormity of it, imagine if you laid down the piers end to end along Highway 190, they would stretch from Clear Creek Road to Stan Schleuter Loop," said Richard Alexander, construction manager for the Corps of Engineers Fort Worth District.

But even when the structure is up, there is still much, much more work to be done until the doors open to patients, Alexander noted.

Williams explained, "While we're building the more than 3,300 rooms, we have to install tens of thousands of feet of wiring and hundreds of utility systems throughout the facility. In addition, we're anticipating

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Drilling has begun for placement of massive, concrete piers at the construction site of the new hospital. Almost 1,000 piers, averaging 35-feet in depth, are required to ensure sufficient support for the foundation of the new 947,000 square feet facility.



Customer Service Spotlight features staff members who have received positive comments (via ICE/Strive for Five comment cards/APLSS) for going above and beyond to provide excellent care and concern.

Bennett Health Clinic
Dec. 26, 2011: Ms. Miranda Goldsmith, RN (RCF) was very helpful to My Family. My Husband (SFC ***) received a phone call from the Respect Mil Program. Ms. Goldsmith was patient as we asked questions about the services that the Respect Mil Program offers service men and women. We are very happy that we are working with a Nurse that really cares about the lives of our service personnel. Thank you from a Fort Hood Army Wife.

Emergency Department
Dec. 26, 2011: I would like to thank the physicians who cared for me in the ER. Dr. Applewhite, and Dr. Nessler were caring and thorough. A call was placed to my Oncologist and Dr. Nessler called to check on me the next day. The nurses Marty, and Michelle took excellent care of me. They were attentive, caring and kind. I can't say enough good things about my care.

Emergency Dept.
Dec. 28, 2011: Very pleased with my recent visit to the Emergency Dept. I was quickly "triaged" and the wait was not long. Nurse Marty was kind and had an up-beat demeanor. Dr. Marino took care of me with a smile and made me feel comfortable. He explained his thoughts and talked through treatment options. I was very happy with the care I received. Thank you so much.

Warrior Transition Brigade
Dec. 28, 2011: I would like to commend Mr. Chunita M. Vick, AW2 Advocate, SFAC, U.S. Army Wounded Warrior Program, Warrior Transition Command for her professionalism and respect on addressing my issues. Thank You!

Killeen Community Based Medical Home
Dec. 30, 2011: I was very pleased with the level of services, friendliness of staff, and the beauty of the facility. This was our first visit and it makes me proud to see our service members and families are given "Grade A" quality services. Thank you!

Emergency Department
Jan. 2: Awesome care from start to finish (front desk, triage, Radiology (x2), treatment, discharge instructions). ER & Radiology staff rock!!! Especially Anne, Dr/PA Gossart, SPC Brown & both techs in Radiology). Thanks y'all.

Robertson Blood Center
Jan. 3: I came in for donating blood platelets. Ms. Ruth attended to me and was very kind and informative. She made sure I was comfortable and made me feel welcomed and appreciated. The staff and environment is great.

Russell Collier Health Clinic
Jan. 3: In the Apache section, Christie Harris (RN) did an absolute phenomenal job in assisting me with my needs. She bent over backwards trying to help me get set up in the system and making sure I had all my boxes filled in very short notice. Being new in the Air Force and not completely set up in the system, she easily could have just passed me off but instead stepped up in a stellar way to get me set up for success. If more details needed feel free to contact me.

Pharmacy
Jan. 4: Although the patients were overflowing into the hallway of the pharmacy at 1045 hours today, the wait for my medications was only 53 minutes. That could only happen because of the professionalism and commitment to the patients of the pharmacy staff and its leadership. I wish to thank the pharmacy staff and hope that this note will bring recognition for their efforts. Have received medications at this facility off and on since 1973 and the service provided has never been better.

NEW HOSPITAL | CONTINUED

having to install more than 53,000 pieces of equipment which will require hundreds of manhours for testing and training."

With all the various sub-contractors across multiple disciplines required for such a complex construction project, Williams said it is definitely an advantage of the design-build strategy to have one firm manage all the labor.

"It's also a huge benefit for the com-

munity. From a cost standpoint, primary contractors generally look at using local workers instead of bringing in trades from neighboring states (or other areas within Texas). We're estimating that 1,000 to 1,500 workers from the Central Texas area will be on site at the peak of the project," Williams said. "A project of this size potentially provides hundreds of local full-time jobs in construction and other related fields."

So far the construction activity and added

workers has not impacted current hospital operations or post activities at all. Williams said they have the site pretty well contained and have directed construction equipment movement so it doesn't interfere with normal traffic.

"We've only had a few times when we had to close roads for a little bit, and we may have to do so again," Williams said. "But for the most part we continue to plan and work and dig and pour, mostly unnoticed by everyone."

New Year's Day baby pretty in pink

By Jeri Chappelle, CRDAMC Public Affairs

Foregoing the traditional silver and glitter of New Year's, Josslyn Michelle Ramirez, the first baby born at CRDAMC, faced the cameras in a pink-flowered headband and pink booties.

Josslyn, the first child of Pfc. Daniel and Mrs. Michelle Ramirez, 5th Battalion, 82nd Field Artillery, 4th Brigade Combat Team, 1st Cavalry Division, Fort Hood, was born at 6:50 a.m. and weighed 8 lbs. and 2 oz.

At the time reporters interviewed the family and relatives, new mom Michelle was recovering from 10 hours of labor and an emergency Cesarean section.

"My due-date was actually Jan. 1," said proud Mom Michelle, "which is exciting because it is something we can share with her as she gets older."

Dad Ramirez, a California native, is relatively new to the Army. After Advanced Individual Training (AIT), he was sent directly to Iraq to join his unit. He said the best thing about Iraq was learning his wife was pregnant and that his daughter's New Year's Day birth was a "pretty nice gift."

"I feel really lucky because a lot of guys get deployed and they don't see their baby until it's a year old, I got to see the birth and be with my wife."

Ramirez said that while he was in Iraq it was comforting to hear great things from his wife about her care. "She has been treated with the utmost respect. I'm amazed that everyone at Darnall would go out of their way to help her. This was something we weren't expecting, coming from California," he added.

Ramirez said he feels lucky to have supportive Soldiers in his unit adding that they brought flowers.

Josslyn's grandparents, Danny and Monica Valenzuela, flew out from California on Dec. 27 to help with the birth of their first grandchild.

"We were rooting for a healthy baby and my daughter to be healthy," said proud grandpa Valenzuela.

Now that the excitement of being the proud dad of the first baby of the New Year is wearing off, Ramirez said he is "looking forward to spending quality time with my daughter and wife."



Proud dad Pfc. Daniel Ramirez holds his daughter, Josslyn, who was the first baby of the New Year for Darnall. Josslyn was born at 6:50 a.m. and weighed 8 lbs. and 2 oz.

CRDAMC staffer chosen as MEDCOM's BCAC of the Year

The Army Medical Command selected Denise Dibble, from CRDAMC's Beneficiary Services Branch, as the 2011 Beneficiary Counseling and Assistance Coordinator (BCAC) of the Year for her outstanding contribution and achievements throughout the year.

All the Regional Medical Commands submit nominations for both the 2011 BCAC and Debt Collection Assistance Officer (DCAO) of the Year award.

Dibble and the DCAO of the Year winner will be recognized at the 2012 Military Health System Conference held Jan. 30 – Feb. 2 in National Harbor, Maryland where the Surgeon General will give them a plaque, Letter of Appreciation, and a \$2,000 monetary Special Act Award.

CRDAMC Medical Library offers information resources

The Rehabilitation Reference Center, an evidence-based point-of-care clinical reference tool for rehabilitation, is just one of the information resources that CRDAMC's physical therapy and rehabilitation staff has available to support patient care.

The Rehabilitation Reference Center is an EBSCOhost database that features clinical reviews, exercise images, patient education handouts in English and Spanish, research instruments and full-text reference books such as Orthopedic & Athletic Injury Evaluation Handbook, Therapeutic Exercise: Foundations & Techniques, Modalities for Therapeutic Intervention, and Developing Cultural Competence in Physical Therapy Practice.

By creating a personal account in RRS, users can set up search alerts for issues of ongoing interest, save searches, articles and images. Shared folders can be used to work collaboratively or share an article of common interest.

Also, RRC allows users to create customizable patient education handouts. Handouts can be made to combine images chosen from among the more than 9,800 available exercise images.

In addition to the RRC database, the CRDAMC Medical Library has other resources available to physical therapy and rehabilitation staff such as books and online journals.

CRDAMC Medical Library offers staff many other reference tools covering a variety of topics and disciplines.

Staff earns awards for achievements

Congratulations to the following staff members who were recognized at January's award ceremony:

Retirement

- Christine Guerra, Infection Control (also earned Superior Civilian Service Award)
- Georgina O'Quendo, NICU
- Raymond King, IMD/Mail Distribution
- Joyce Raines, Nursing Services/3 South
- Cleoria Lumpkin, Dept of Radiology

Commander's Award for Civilian Service

- Yvetta Murphy, Ministry & Pastoral Care
- Sabrina Franklin, Ministry & Pastoral Care

Promotion

- GS-14
Lisanne Gross, DFCM/CBPCC Killeen
- GS-12
Wayne Canty, Patient Affairs Div

- YJ-02
Michelle Guitierrez Armed Svc Blood Bank
- GS-07
Maria Aponte, Purchasing
- Ricardo Hernandez, Patient Affairs Div
- Eddie Hollins Sr., Purchasing
- Valarie Lawyer-Jefferson, Purchasing
- Vivian Vargas, Purchasing
- Ellis Washington, III, Purchasing
- Gladys Williams, Purchasing
- Sara Wright, Purchasing
- GS-06
Corina Fleeman, Orthopedics and Rehab
- GS-05
Stacey Sharkey, Dept of Medicine
- 30 Years Federal Service**
Cynthia Ellis, Resource Mgmt Div
- Patricia Hallenbeck, Patient Admin Div

25 Years Federal Service

- Irene Heron, Dept of Emer Med
- Pamela Seidler, Behavioral Health

20 Years Federal Service

- Maria Guzman, Nursing Services/MBU
- Amy Parke, Dept of Emer Med

15 Years Federal Service

- Erica Johnson, Nursing Services/OR
- Carolyn Martinez, Ministry/Pastoral Care

10 Years Federal Service

- Tina Bettis, Provost Marshall Office
- Natalie Giles, Nutrition Care Div
- Gwendolyn Marks, DFCM/Monroe HC
- Beatrice Nichols, Medical Credentialing
- Janique Parnell, WTB
- Larisa Schertz, Nursing Services/5 East

PCS Award

- Sgt. David Callahan, Adjutant Office
- Army Commendation Medal

Population Health Department offers self-help classes

Diabetes Education

Diabetes classes help educate beneficiaries about diabetes—what it is, how it is diagnosed and basic self-management skills. Topics covered also include Healthy Eating, Being Active, Taking Medications, Healthy Coping Skills and Reducing Risks.

- Class date and times:
Jan. 11 – 8 a.m.-3 p.m.
Jan. 25 – 8 a.m.-3 p.m.
- Feb. 8 – 8 a.m.-3 p.m.
- Feb. 22 – 8 a.m.-3 p.m.

Preventing Diabetes

Pre-diabetes classes are also offered and cover topics such as Cholesterol and Blood Pressure Control, Reducing Risks and Activity.

- Class date and times:
Jan. 4 – 10-11:30 a.m.
Jan. 18 – 8 a.m.-3 p.m.
- Feb.. 6 – 10-11:30 a.m.
- Feb.. 29 – 10-11:30 a.m.

All classes are open to military beneficiaries over 18 years old. Classes are held in the Nutrition Division classroom in the basement at CRDAMC.

Asthma Education

Asthma classes help educate beneficiaries about asthma—what it is, identifying risks, and basic self-management skills. Classes are age specific and cover such topics as Knowing Your Triggers and Recognize Early Warning Signs.

- Class date and times:
Jan. 4 – 1:30 p.m. (Adults)
- Jan. 11 – 3:30 p.m. (Peds, 6-14)
- Jan. 18 – 1:30 p.m. (Wee Wheezers, ages 5 and younger)
- Jan. 25 – 3:30 p.m. (Open, if you need it)
- Feb.. 1 – 1:30 p.m. (Adults)
- Feb.. 8 – 3:30 p.m. (Peds, 6-14)
- Feb.. 15 – 1:30 p.m. (Wee Wheezers, ages 5 and younger)
- Feb.. 22 – 3:30 p.m. (Open, if you need it)

Classes are held in the Nutrition Division classroom in the basement at CRDAMC.

Call Population Health at (254) 286-8136 for an appointment or more information.



Emily Bryan, 8 years old



Kiauna Dunbar, 7 years old

Pediatric Clinic holds coloring contest

The Pediatric Clinic held a coloring contest from Dec. 5 - 15 for children as part of the clinic's efforts to improve patient flow and patient quality of care. The intent was to help keep children occupied while waiting for their appointments.

Clinic staff members served as judges and selected winners from the 4-7 year old category and 8-10 category. Winners received a stocking filled with gift cards, toys, games and puzzles. All participants received a certificate.