



# CRDAMC Now

*Initiatives to improve your health care*

**Carl R. Darnall  
Army Medical Center**

Fort Hood, Texas  
November 2008

## 2008: A good year for Carl R. Darnall Army Medical Center

### *Flu Vaccine Opportunities*

Carl R. Darnall Army Community Hospital spent an unprecedented \$259.2M in fiscal year 2008, a 14 percent increase over fiscal year 2007, much of it going to pay for additional civilian employees and outfitting new facilities.

“Many kudos to the professional budget team who quietly worked behind the scenes to ensure the hospital had the equipment and supplies needed to provide the best possible patient care,” said Maj. David Marquez, CRDAMC’s chief financial officer.

Marquez said his budget team, comprised of Denise Turner, Kimberly Bikoksi, Debra Chandler, Angela James, Felecia Alston, Diane Evans, Carmella Guynn, and Marlene Lybarger, did an outstanding job monitoring and executing the total budget of \$259.2M.

CRDAMC received \$144.2K for facility transition and \$2.4M in initial outfitting for the renovation of the hospital dining facility, a new primary care clinic at West Fort Hood, an administration building for the Veterinary Command, and changes to the Thomas Moore Health Clinic.

Healthcare providers did their share to increase funding. Additional workload (more patient care) captured



One of the many items purchased with CEEP funds is the Stryker S3 Patriot Series bed designed especially for Soldiers wounded in combat. Other equipment included 12 birthing beds, 6 OR tables, micro-max ultrasounds, new TVs for patient rooms, defibrillators for ambulances, and more.

over the year amounted to an additional \$6.2M in earnings.

The medical center’s Capital Equipment and Expense Program (CEEP) initially received \$1.5M, and internally funded another \$2M for CEEP equipment. When other military hospitals could not use \$1.3M in their budgets, CRDAMC reaped the benefits for being proactive in identifying equipment needs for the hospital. With its wish list in hand, the Department of Logistics spent a total of \$4.8M for new CEEP equipment.

Marquez recognized CW4 Robert Phillips and Mr. Craig Scott in the Depart-

ment of Logistics for working non-stop with the budget office to execute every dollar that was available.

“Due to their determination and dedication CRDAMC was able to acquire much needed CEEP equipment and furniture,” Marquez said.

In the resource management field, the funding stream that pays for the actual delivery of healthcare within both CRDAMC and its network providers is referred to as M-Line funding.

Marquez said, “Our total M-Line funding was \$219.5M,

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### **FAMILY MEMBERS – 6**

Mo. and older :  
Bennett Health Clinic,  
Family Residency Clinic  
West Fort Hood Clinic  
Monday – Friday  
8 a.m. – 4 p.m.

### **PEDIATRIC CLINIC**

for enrolled children  
Monday – Friday,  
8 a.m. – 4 p.m.

### **ANY FAMILY MEMBER OR RETIREE**

enrolled to any CRDAMC Clinic:

Thomas Moore Health Clinic  
Monday, Tuesday, Thursday from 8 a.m. – 8 p.m.  
Wednesday and Friday:  
8 a.m. – 5 p.m.  
Saturday and Sunday:  
8 – 11 a.m. and from noon to 3 p.m.

### **Any ID Card Holder**

Darnall Emergency Department Atrium  
Nov. 18, & 20  
from 5 – 7 p.m.  
Dec. 2 & 4 from 5 – 7 p.m.

Allergy and Immunization Clinic in the Thomas Moore Health Clinic  
Monday, Wednesday, and Friday from 1 – 4 p.m.

### **INTERNAL MEDICINE CLINIC**

for enrolled adults: Monday, Wednesday, and Friday from 1 – 3:30 p.m.



# Darnall Dining Facility to Close

*Renovations bring state-of-the-art dining facility for patients, staff in 2010*

New dining facility will offer ethnic dishes, healthy choices

The old saying, "An Army travels on its stomach," too on a whole new meaning for Carl R. Darnall Army Medical Center when the dining facility closed for 18 months to allow for a bold renovation project that transforms a bland facility into a mouth-watering innovative eatery.

"Our last day of service for the dining facility was Nov. 14," said Maj. Elizabeth North, chief of the Nutrition Care Division at CRDAMC. "We offered a special meal for that day...we offered a one-price standard meal rate for an all-you-can-eat lunch so that we could use up all the foods we had in stock."

Now, CRDAMC staff and employees will have to forage for food elsewhere.

"We will still feed in-patients, paying special attention to their individual dietary needs, so patients will not notice a change in the meals available to them during the renovation period. North said part of the renovation was to build a temporary kitchen in what was a vending area across from the dining facility.

The \$11-million Medical Command-funded project is expected to be completed by July 2010 and when open, will offer diners a variety of mini-restaurants or food stations.

"It is very exciting that Darnall was chosen for this project," North said. "The serving and dining areas in our current dining facility are not nearly large enough to support our growing customer base of staff, patients, and visitors."

CRDAMC was chosen as one of three medical treatment facilities to implement this new approach to the production, appearance, and serving of food through concept stations as seen in



The Grill Sergeant Bistro is one of the serving stations included in Darnall's new dining room

mall. This approach to food service makes available nutritious foods to help warfighters, patients and medical personnel achieve a healthier lifestyle.

"We need to provide healthier choices to our Fort Hood Soldiers, Family Members, and Civilians. The design of the new facility uses the latest in food-service equipment and technology to make it easier for us to provide fresh, nutritious menu choices," North said.

The new food program is called "Making It Fresh – Your Choice for Performance," and is part of a new look for Army cafeterias designed by Inman Foodservice Group, LLC, of Nashville, Tenn.

Different facilities can choose from 12 ethnic quick-service food stations created by the Inman Group. North said CRDAMC would offer eight of those that best fit patients, staff, and visitors.

Concept stations include bistro foods, international fare, fresh made-to-order salads and sandwiches, barbecue favorites, fresh fruits, desserts, grab-and-

go meals for those in a hurry, and a beverage station

The biggest difference customers will see is that food preparation takes place in front of customers, which is part of the making-it-fresh concept dubbed "Cooking It Forward."

So, back to the Army traveling on its stomach. Where will Darnall employee and staff eat once construction dust swallows up the dining facility?

In May, Darnall opened a kiosk in the front lobby of the medical center that was the first step to alternative eating options. Currently, the kiosk offers salads, sandwiches, fruit, and beverages from 7 a.m. to 2 p.m., Monday through Friday. Once the main dining facility closes, the hours will expand from 6 a.m. to 6 p.m. weekdays. Weekends service hours will be 7 a.m. to 2 p.m., North said. In addition, the kiosk will be open from midnight to 2 a.m. for night shift personnel.



## DINING:

Continued from page 2

Soon, Nutrition Care Division will have two food carts making the rounds throughout the medical center during lunchtime, said North. The carts will offer items similar to the kiosk.



The vending machine area and lounge in the basement is currently undergoing renovation as an interim kitchen to prepare the breakfast, lunch, and supper for patients and Soldiers with meal cards. Vending machines were moved to the fourth floors near elevators 5, 6, and 7, the Emergency Room main entrance, and the Emergency Department stairwell area.

North said the medical center is building cement pads for AAFES vendors, and other dining facilities on Fort Hood allow civilians to eat during lunch. Bus transportation is provided to the Warrior Transition Brigade so that Soldiers can eat in military dining facilities.

The ATM machines that were in the lounge are now located in CRDAMC's main lobby and the Emergency Department atrium entrance.

"The greatest thing is, no one will lose a job – everyone will be engaged in some aspect of feeding patients and providing food service to staff during the renovation. In fact, we may have to hire more employees," North said.

"There will be some inconvenience not having a full-scale dining facility for several months, however, the benefits of the new facility will be well worth the wait," North said.

**(Graphics courtesy of Inman Foodservice Group LLC)**

## TRICARE offers Pharmacy Refills online

Military healthcare beneficiaries now have a new method of requesting and receiving medication refills.

The new service, called TRICARE Online Pharmacy Refill, allows military beneficiaries to request prescription refills from the TRICARE Online Web site ([www.tricareonline.com](http://www.tricareonline.com)). TOL Pharmacy Refill is a secure portal to the Military Health System prescription refill system.

Through the online Pharmacy Refill, military beneficiaries have the ability to request refills of those prescriptions that are refillable, check the status of their refill requests, link to the TRICARE Mail Order Pharmacy (TMOP) Web page, and request that refills be mailed from the VA Consolidated Mail-Out Pharmacy (CMOP).

All TRICARE Online account holders

can request refills of original prescriptions filled at Carl R. Darnall Army Medical Center and its clinics.

In addition to requesting refills online, patients can check the status of their requests before traveling to the pick-up location. When patients check status of their refill requests, it also verifies that the refill order was processed according to CRDAMC policy.

To access the online refill service, military beneficiaries log on to the TRICARE Online home page. Links to access the TOL Pharmacy Refill Module are available from three locations on the home page. Patients may also register if they do not have an account.

Pick up a brochure in CRDAMC's Main Outpatient Pharmacy.

## FUNDING:

Continued from front page

which included Global War on Terrorism, Warrior Transition Brigade reimbursements of \$30.6M, and Operation Noble Eagle's one-time reimbursement of \$206K." He explained that GWOT funding provides the resources to fund requirements that did not exist before 9/11.

"GWOT money goes to resource the Warrior Transition Brigade and other medical center requirements, such as contracts for healthcare providers, to purchase supplies and equipment, and for training," Marquez added.

Another part of the M-L funding included \$9.4M to pay contractors and other civilian costs that provide the best possible patient care under TRICARE, the military health plan.

Darnall had a banner year, delivering 2,793 babies in FY08, for an average of 7.6 per day. The Obstetrics and Gynecology Department spent \$1.5M on contracts and civilian costs for the Mother Baby Unit for unique skills that are in high demand for this area.

After heaping in equipment, supplies, personnel and new facilities, CRDAMC's shopping cart still had room for a few pill bottles. The Pharmacy exceeded its original target of \$34.6M by purchasing \$36.5M worth of pharmaceuticals for patient care. With approximately 175,000 beneficiaries, that averages out to about \$208 per person for medications.

"The MEDCOM budget officer approved the additional funds because of CRDAMC excellent execution rate," added Marquez.

The medical center requested an additional \$7.3M for FY09. Marquez explained that this increase is required to balance requirements with current resources.

Marquez, who is a new arrival to Darnall, said he is looking forward to FY09 and all the challenges it may bring.

"My resource team stands ready to fully support the mission that lies ahead and to fully support the delivery of world-class healthcare for our Soldiers, Families, and Retirees. They deserve it," added



# Increased access, quality of health care: Improves Soldier and Family readiness

Some say that appointments at Carl R. Darnall Army Medical Center are hard to come by, but statistics don't bear that out - there were 1,083,105 appointments throughout Darnall hospital and its clinics from Oct. 1, 2007 through Aug. 31, 2008. And, with the fiscal year not yet closed out, Darnall officials predict an increase in the number of appointments from FY07 to FY08.

Increasing appointments means an increase in access to healthcare, which is part of the Army Family Covenant.

Army senior leaders signed the Army Family Covenant Oct. 17, 2007, pledging to support Soldiers' Families while they defend the nation.

The covenant recognizes that while Soldiers may be the strength of the nation, their strength comes from their families, and that the health of the all-volunteer force depends on the health of the Army Family.

One of the covenants is to improve Family Readiness by increasing ac-

cess and quality of healthcare. In the 12 months since the signing of the covenant, the medical center made improvements in several areas to increase access and quality of care.

### Access

CRDAMC had 1,039,727 appointments in FY07, for a monthly average of 86,643 appointments.

"We expect to see an overall increase of 13.6 percent (141,842) for appointments in FY08," said Charleton Lee, chief of the clinical system office at CRDAMC.

Many of those appointments were at the Thomas Moore Health Clinic on 58<sup>th</sup> Street and 761<sup>st</sup> Battalion Ave. Last year, the clinic opened up for evening appointments. The health clinic hours were extended from 4:30 p.m. to 8 p.m. on Monday, Tuesday, and Thursday evenings.

"Over 2,000 Family Members were seen in the evening clinic since January 2008," said Lt. Col Michael Wynn,

former chief of the department of family and community medicine.

In addition to the evening appointments, the emergency department added 19 new positions. Lt. Col. Thomas S. Herold, who heads the ED, said that new full-time staff members include 15 nursing personnel, two physicians, and two physician assistants.

Herold said the ED also added nine social workers and two social services assistants who provide 24/7 comprehensive behavioral assessment, treatment, education, and referral services to Soldiers and their Families who are in immediate crisis.

"We are finding that nearly 15 percent of our patients have behavioral health-related emergencies," said Herold, "and in the past year the ED social services team has seen approximately 5,200 patients with social services needs."

Statistics show that since the hiring of new ED staff, waiting times are down by 24 percent in the Emergency Department (ED). The number of referrals for urgent care to the civilian community went down from over 150 in January 2008 to less than 15 in August 2008.

"About 200 patients per day came through the ED doors, for a total of 73,000 in FY07," commented Herold, "and we are seeing the same trend for FY08.

ED staff does not turn away any patient who signs in, although some are not true emergencies and may be referred to the CRDAMC clinics or their off-post providers for appointments, while others are transported to other hospitals for care not available at Darnall.

### Quality Care

The healthcare professionals at CRDAMC have earned the privilege of caring for patients as a result of many years of progressively increasing performance requirements and greater degrees of responsibility that ultimately increases the quality of care.

COL Joan Vanderlaan, Darnall's deputy commander for patient services



Army surgeon General Lt. Gen. Eric Schoomaker presented Carl R. Darnall Army Medical Center Commander Col. Casper P. Jones, III and acting Command Sergeant Major William Torres with a check for \$100,000 at the TRICARE conference. The check was for increased access to care.



and nursing, said Fort Hood should feel very confident in the quality of nursing care for patients.

“The Army Nurse Corps requires a Bachelor of Science in Nursing (BSN) as the minimum educational preparation for active duty nurses,” said Vanderlaan. “First, all other branches of the military services require a college degree as a minimum; and second, Army Nurse Corps officers assume a leadership role much earlier in their careers than many civilian nurses,” she emphasized.

BSN graduates are trained in critical thinking, problem solving, communicating and are expected to work independently, based on their education and training.

Beyond BSN, Darnall has 64 advanced practice nurses (22 active duty, 6 civil service and 36 contractors) with masters’ degrees in nursing and certified by their respective nursing certification boards.

“Nurses who are granted ‘privileges’ have the authority and responsibility for making independent decisions to diagnose, initiate, alter or terminate a regimen of medical care within their scope of practice,” Vanderlaan said.

“Physicians generally receive an undergraduate (college or university) degree before starting medical or osteopathic school, which is usually another four years of education,” said Dr. (Col. Ret.) Wayne Schirner, director of graduate medical education at CRDAMC.

After successful completion of eight years of education, the individual is awarded the degree of Doctor of Medicine or Osteopathy.

Following the completion of medical or osteopathic school, Schirner said virtually all physicians complete an internship or residency that may last from two to five years. Once in practice, physicians then have one more milestone: board certification.

Board certification is accomplished by passing grueling written and oral examinations. A period of practice after residency to hone skills is often required before the physician can take

the exams. All of Darnall’s 125 military physicians are board-certified or waiting to take their boards. Of the 111 civilian and contract physicians, 77 are board certified.

Darnall is an important teaching hospital, with its own emergency medicine residency and family practice residency. Schirner said, “Our emergency medicine and family practice residents consistently score in the top 10 percent of the nation on the in-training examinations.

### New Equipment and Programs

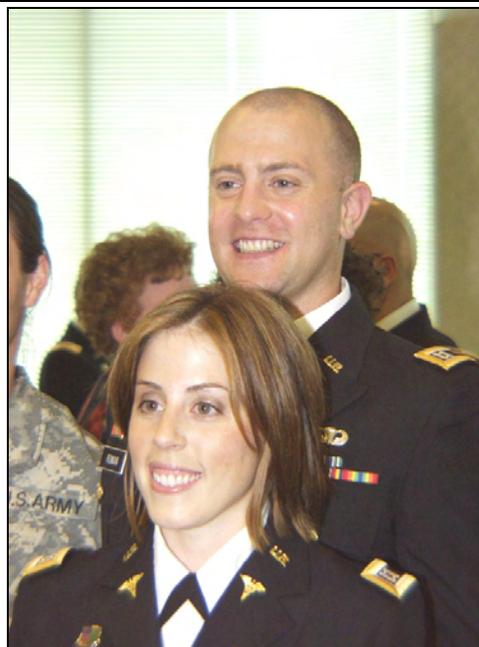
CRDAMC continually evaluates the need for new services and programs, and has a budget program to purchase state-of-the-art medical equipment for the medical center. Two of the newest programs and equipment buys were targeted for wounded Soldiers.

“Patient safety is our number one priority in the Pharmacy,” said Lt. Col. Gwendolyn Thompson, chief of CRDAMC’s Pharmacy services. “Whenever you can automate a decision point, you reduce the opportunity for human error,” she added.

With that in mind, the Pharmacy purchased a robotic system that greatly reduces the risk of medication errors using bar code technology. Bar code technology enables pharmacy staff to compare medication images during the prescription filling and checking processes. The robotic system also accurately counts and dispenses medications, further improving patient safety, added Thompson.

The Warrior Combat Stress Reset Camp, a two-week program designed to increase resilience to combat stress, opened in August. The first group of Soldiers completed the program Aug. 29, and the second group began the stress reset camp Sept. 2.

“The WCSRC focuses on reducing symptoms of combat stress and teaching mastery of reasoning and behavioral skills that can be applied for future experiences,” said Lt. Col. Kathleen



In June, Capt. Lauren S. Roman graduated from CRDAMC’s Family Medicine Program and her husband, Capt. Christopher S. Roman, graduated from CRDAMC’s Emergency Medicine Program.

Lester, a CRDAMC psychologist in the Department of Behavioral Health, charge of the Resilience and Restoration Center.

Soldiers who should participate in the program include those who are experiencing “significant symptoms of hyperarousal due to combat experience. These symptoms include feeling on edge, being unable to relax, poor sleep, irritability, and hypervigilance,” she added.

“The improvements in access to care and quality of care came at the same time we were redirecting significant numbers of medical assets to standing up the Warrior Transition Brigade,” said Col. Casper P. Jones III, commander of CRDAMC.

“We’re proud that we were able to keep our beneficiaries enrolled to their current providers when we were standing up the WTB; we did not have to disenroll any beneficiary,” Jones said.

“We’ve made significant strides in access and quality of care in the past year, and we are looking to achieve excellence in those areas in the coming year,” said Jones.



## QuickCare available at Bennett Health

QuickCare is a new service for Family Members enrolled to the Bennett Health Clinic. Family Members can use it for prompt treatment of minor injuries and sudden illnesses that cannot wait for the next available appointment with your Primary Care Manager.

Access to care is on a walk-in basis Monday through Friday from 8 a.m.—5 p.m.

“Our goal is to help you and your family avoid unnecessary trips to the Emergency Department for minor but urgent illnesses and injuries,” said Maj. James J. Geracci, chief of Family Care and Community Medicine and OIC of Bennett Health Clinic.

Patients are seen on a first-come, first-served basis.

“Wait times are expected to be shorter than wait times in the ER,” added Geracci.

QuickCare is not intended for routine medical issues and cannot replace a regularly scheduled appointment with your PCM, explained Geracci.

He said check-ups, immunizations, medication refills, chronic disease management, and routine health maintenance must be schedule with your regular provider. This allows for a more thorough evaluation.

Seeing your provider for routine care also ensures that those with minor illnesses can be seen as quickly as possible at QuickCare.

Here are some common, non-emergency illnesses that can be treated at QuickCare:

- Sore throat, cold, flu and fever
- Urinary tract infections
- Yeast infections
- Ear or sinus infections
- Vomiting, diarrhea, and nausea
- Pink eye
- Rashes/skin infections
- Seasonal allergies
- Insect bites
- Minor wound care
- Simple burns and cuts
- Strains, sprains, aches, and pains from minor trauma

Geracci said there are times when you should go to the ER for care. If you



have the following symptoms or problems, go to the ER at CRDAMC:

- Chest pain
- Trouble breathing or throat swelling
- Severe, unrelenting abdominal pain
- Excessive vomiting or diarrhea, especially if unable to drink any liquids
- Choking, or suspected foreign body in throat
- Poisoning, or accidental overdose of medicines
- Sudden, very severe headaches
- Sudden slurred speech, or weakness of arms or legs

## West Fort Hood Clinic opened for patient care Nov. 7



Beneficiaries enrolled to the Copperas Cove Health Cline and service members assigned to Troop Medical Clinic #10 at West Fort Hood are now being cared for at the newest CRDAMC health clinic. The West Fort Hood clinic is located in building 94043 on the corner of Clarke Road and Loop Road. The clinic will be dedicated and named in January 2009. Clinic hours are the same as Copperas Cove—8 a.m.—5 p.m. A military vehicle decal or post visitor pass is required to access West Fort Hood. The Child and Adolescent Psychiatric Evaluation Service (C.A.P.E.S.) is scheduled to move into the space left by the Copperas Cove Health Clinic.