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Inside this Issue:

| | |
|---|----------|
| Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam. M. | 2 |
| Lejeune Corpsman Awarded Bronze Star | 2 |
| Deployed Audiologist, Corpsman; and Clinic OIC Recognized for Service | 4 |
| Psychological Health, Traumatic Brain Injury Outreach Center | 5 |
| Bremerton HM Renders Emergency Medical Aid on Flight | 5 |
| Portsmouth Hospital Innovates Vaccine Tracking of Staff | 6 |
| Naval Hospital Camp Pendleton Provider Recognized | 6 |
| NMCS D Leads the way in Implementation of WHO Surgical Checklist | 7 |
| New Navy Center Promotes Strength Through Mental Health | 8 |

Item of Interest:

February is American Heart Month. About every 25 seconds, an American will have a coronary event. Learn more about coronary heart disease, which often appears as a heart attack and is the most common heart disease in the U.S. In fact, heart disease is the number one cause of death in our nation. To learn more about maintaining a healthy heart, visit <http://www.cdc.gov/Features/HeartMonth/>

Caregivers Learn to Take Care of Self

By Mass Communication Specialist 2nd Class Stephanie Tigner and Mass Communication 1st Class Cindy Gill, Navy Medicine West Public Affairs Office

SAN DIEGO – Medical care professionals business is caring for others. Often overlooked is care for the caregivers themselves particularly those who serve in intense situations like disasters and battlefields. The Navy Medicine Caregiver Occupational Stress Control (OSC) program training team recently provided stress management training to approximately 90 Navy medical caregivers from around the world at the Westin Hotel here.

Informally known as Care for

the Caregiver, the training focused on understanding occupational and compassion fatigue, caregiver stress and burnout. Left unrecognized, accumulated stressors could lead to medical errors, job dissatisfaction and poor retention.

"The goal is that we have 80-90 people that have some new skills and some new training, and the training will provide them a new insight into work that they can do in their own command and support that they can provide to others," said Rear Adm. Karen Flaherty, Deputy Chief, Wounded, Ill and Injured. "Part of that is making sure

(Continued on page 3)



WASHINGTON – Rear Adm. Thomas Cullison (far left), Deputy Surgeon General, and FORCE Master Chief Laura Martinez (far right), Bureau of Medicine and Surgery (BUMED), congratulated the nominees for Navy Medicine (NM) Shore Sailors of the Year (SSOY) 2008 Feb. 4. Hospital Corpsman 1st Class (HM1) Kelvin Chatman (left next to Martinez), NM East, was named NM SSOY 2008. The nominees also included (from left to right) HM1 Stacey Stallings, NM Support Command; HM1 Dante Cooley, NM National Capital Area; HM1 David McCarter, NM West; and HM1 Donna Gray, BUMED. *U.S. Navy photo by Christine Mahoney*

Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam. M. Robinson, Jr.

Navy Medicine Caregiver Occupational Stress Control Program Care for the Caregiver – Building Resilience

The passion and dedication each of us brings to our caregiver role is both a strength and a vulnerability. We -- Navy Medicine -- are who we are and do what we do because of our commitment to care for others. Sometimes in our caregiver roles we forget to care for ourselves. Just as Sailors and Marines need us to be there for them; we need to give ourselves permission to be there for each other as Shipmates and to recognize when a Shipmate is reaching out in a time of need.

To provide the best healthcare to our wounded warfighters, their families and other beneficiaries, every Navy Medicine caregiver must make a personal commitment to stay physically and emotionally healthy. To address this concern, the Bureau of Medicine and Surgery has developed the Navy Medicine

Caregiver Occupational Stress program. This program is tied to the initiatives of the Commandant of the Marine Corps, the Chief of Naval Operations and the Secretary of the Navy to do what is right for all of our Sailors and Marines.

In the next few months, you will hear more about this program as members of the training teams visit your commands. One of the main strategies behind this program is the development of multi-disciplinary occupational stress training for personnel at our military medical treatment facilities. Recently the BUMED Caregiver Occupational Stress Control Program training team provided stress management training in San Diego to about 90 Navy health care providers from MTFs and naval clinics. The BUMED Caregiver training team



intends to follow up with each of the commands represented at the San Diego training within the next six to eight months to conduct on-site training for additional personnel.

Our Navy Medicine Caregiver Occupational Stress Program addresses three fundamental princi-

(Continued on page 4)

Lejeune Corpsman Awarded Bronze Star

**By Raymond Applewhite, Naval Hospital Camp Lejeune
Public Affairs Office**

CAMP LEJEUNE, N.C. — Capt. Gerard Cox, Commanding Officer, Naval Hospital Camp Lejeune (NHCL) presented the Bronze Star to Hospital Corpsman 2nd Class Stephen Blas in a ceremony held at Naval Hospital, Jan. 14.

Blas, a general duty hospital corpsman 2nd class, was awarded the Bronze Star for prolonged medical services rendered to an injured soldier during combat in support of Operation Enduring Freedom, while serving with Embedded Training Team, (ETT) Medical Non-Commissioned Officer Mentor for HHC, 2nd Battalion, 2nd Brigade, 205th Corps, Afghan National Army (ANA) and primary medical provider for 2-2-205th ETT's.

During combat operations, he executed his duties in an exceptional manner at several of the most dangerous locations within the Islamic Republic of Afghanistan. He assisted his ANA and ETT's in four troops-contact and two Improvised Device (IED) attacks. He was the first medical personnel to respond to the IED attack where he provided immediate attention to a Soldier. A medical evacuation was not available. Blas risked his own life riding in the back of an ANA 7-ton truck exposing him-

self to enemy attack to continue treating his patient.

In a separate attack against his unit, they found themselves out numbered and pinned down with a malfunctioning weapon. Blas dismounted the vehicle and began to return fire with his personal weapon. While on another patrol, his unit came under direct enemy fire, which resulted in his executive officer suffering from shrapnel wounds and suspected traumatic brain injury (TBI). A MEDEVAC flight was requested, but not available, Blas continued medical care throughout the night for 15 hours until the patient could be successfully evacuated. Blas is credited with saving his executive officer's life. During another attack, a U.S. Soldier and U.S. interpreter triggered a deadly IED fatally wounding two Soldiers and wounding another U.S. Soldier and U.S. interpreter. Blas stabilized the Soldier and the interpreter and remained with them until they could be evacuated.

"Giants stride across the face of the earth every day and today, a true hero walks among us," said Capt. Gerard Cox, Commanding Officer, NHCL.

"I am very proud and honored to receive this award. It was a team accomplishment related to the mission that we were there to do. I am very proud to represent Navy Medicine there and here," said Blas.



GULF OF OMAN - Hospital Corpsman 3rd Class Robert Davis, right, assists ship's surgeon Capt. Thomas Davis as he prepares an anesthetic before performing a surgery aboard the aircraft carrier USS Theodore Roosevelt (CVN 71) Jan. 29. Theodore Roosevelt and embarked Carrier Air Wing (CVW) 8 are deployed in the U.S. 5th Fleet area of responsibility. U.S. Navy photo by Mass Communication Specialist 3rd Class Antwjuan Richards-Jamison

Caregivers continued...

(Continued from page 1)

that there is a self awareness of your own health, that there are things that you can do personally to improve your overall health and as a result the support we can provide to the wounded is better."

The Caregiver OSC program focuses on three fundamental principles: early recognition, peer intervention and connection with services as needed, according to Capt. Richard Westphal, mental health clinical specialist at the Navy's Bureau of Medicine and Surgery in Washington D.C., and designer of the caregiver program.

Westphal said no matter what their role, Sailors need to recognize early warning signs of distress and intervene. The goal is to provide caregiver intervention and resources before pressure have impaired the individual's ability to be effective.

Topics covered during the conference included buddy care assessment and intervention, self care, compassion fatigue skills and work environment assessment.

"This is tied to the Commandant of the Marine Corps, the Chief of Naval Operations and the Secretary of the Navy's initiatives to do what is right for all of our Sailors and Marines, and part of what we're doing is figuring out how to do right by our caregivers," said Westphal.

Several tools presented by Westphal include After Action Reviews, Combat and Operational Stress First Aid, self modulation skills, core leader functions, a stress injury decision matrix and Operational Stress Control and Readiness (OSCAR) communication.

OSCAR communication consists of Observing behaviors, Stating the observations, Clarifying role and your concern about the behavior, Ask why to seek clarification of the behaviors and Respond with guided options.

After Action Review is a tool for small groups led at the unit level following a significant event. The reviews are for caregivers to understand what happened and why, anticipate and address problems particularly loss of confidence and excessive self-blame or over-confidence.

After Action Reviews provide an opportunity to assess the health and readiness of the unit and its members as well as support unit cohesion and reinforce

shipmate and buddy dialog. After action reviews also create an opportunity for future healing if needed.

Combat and Operational Stress First Aid (COSFA) is similar to basic life support in that it combines assessment and getting help with effective actions. The seven C's for helping a shipmate Check, Coordinate, Cover, Calm, Connect, Competence, and Confidence. Check – look, listen, assess. Coordinate – get help, refer as needed. Cover – quickly get to physical or emotional safety. Calm – slow deep breaths, slow heart rate, begin to relax. Connect – get support from others. Competence – restore effectiveness. Confidence – restore trust in self, others, and mission.

Self modulation or Subjective Units of Disturbance Scale (SUDS) is a zero to 10 scale for measuring the subjective intensity of distress.

Core Leader Functions are designed for leaders to strengthen the unit, identify stress loads and recognize reactions, injuries and illnesses; mitigate by ensuring adequate sleep and rest along with removing unnecessary stressors, treat through chaplains and medical services and finally, reintegrate a unit member who has been away.

The Operational Stress Control Decision Matrix is a flow chart with 'yes' and 'no' directions to help guide leaders and peers to assessing the potential severity of a Sailor's stress levels. The four color chart begins with green for ready followed by a yellow zone as a flag for someone reacting. Upper zones are orange for injured followed by red to indicate medical intervention.

"We must interrupt the cycle of stress as early as possible," said Westphal. "If we do that for our shipmates then the need for high-end mental health services is reduced, we get a reduction in non-judicial punishments and a reduction in destructive behavior."

Westphal said he has had tremendous positive feedback from participants of the training.

"It's very helpful and I really appreciate this training," said Chief Hospital Corpsman Straussi Mumford of Naval Hospital Camp Lejeune in North Carolina. "This is information that I can take back to my command to help out."

Westphal and the rest of the Caregiver OSC program team members intend to follow up with each of the commands' represented at the conference within the next six to eight months to conduct training for all personnel.

Deployed Audiologist, Corpsman; and Clinic OIC Recognized for Service

By Mass Communications Specialist 1st Class (AW) Russell C. Tafuri, Naval Hospital Pensacola Public Affairs Office

PENSACOLA, Fla. - Naval Hospital (NH) Pensacola Commanding Officer, Capt. Maryalice Morro, Nurse Corps, presented awards at an informal awards ceremony in front of the hospital following morning colors Friday, January 30th.

Lt. Cmdr. Kimberly Gullickson, Regional Audiologist for Naval Hospital Pensacola's Public Health directorate was presented her third career Navy Commendation Medal for her clinical services at Naval Branch Health Clinic (NAS) Pensacola.

During her tenure, Lt. Cmdr. Gullickson ran all occupational audiology services for more than 25,000 active duty military personnel and civil service employees in the Pensacola hospital's region. Also during this period, Gullickson supported the global war on terrorism when deployed to Guantanamo Bay, Cuba, where she fit hearing amplification devices for detainees, thereby establishing audiometric testing facility specifications for the detention facility.

Lt. Cmdr. Michael S. Kohler, officer-in-charge of NBHC (NAS) Pensacola, was presented his fifth career Navy Achievement Medal for his professional achievement and performance as NH Pensacola's Operational Training Officer from September 2007 to August 2008.

Kohler developed and directed a complex operational training program designed to encompass all platform training requirements into a single plan which had an immediate readiness impact for more than 350 per-



PENSACOLA, Fla. - Naval Hospital Pensacola military staff members were recently presented personal awards at a January 30 awards ceremony. They are (from left) Lt. Cmdr. Kimberly Gullickson; Lt. Cmdr. Michael S. Kohler; and Hospital Corpsman Third Class Rachel DeJong. U.S. Navy photo by Mass Communications Specialist 1st Class (AW) Russell C. Tafuri

sonnel monthly.

He also augmented training to support mission-performance standards that included 25 baseline pre-deployment requirements that culminated in a successful

(Continued on page 6)

Surgeon General's Column continued...

(Continued from page 2)

ples:

Early Recognition - Trust your instincts when you think a Shipmate is struggling. Help caregivers by creating awareness of occupational stress and compassion fatigue. Help individuals, units, and commands develop resources to detect occupational stress factors that have potential negative impact on professional and personal life.

Peer Intervention - Break the code of silence. Peers, Shipmates, friends and family members will be the first to recognize when occupational stress begins to undermine professional and personal performance, and they need to be prepared to talk about their concerns. Building networks of supportive colleagues and friends who provide unconditional acceptance and support can help with complicated situations. These can act as mentors and provide referrals to support resources.

Take Action - Engage with the appropriate level of support or assistance. Providing timely and proactive support to our caregivers working in high stress health-care environments increases options and choices. Start

with individual skills for reducing negative stress reactions, unit discussions to address unnecessary work stress, and command dialogues about balancing mission demands and available resources.

This program is designed to enhance individual resilience, strengthen unit cohesion, and support command level assessment of the work environments of caregivers. We are also creating trained intervention teams, with a mix of officer and enlisted, at our major MTFs. With this training and the intervention teams, we will expand our caring network and provide our caregivers with skills and knowledge about: stress first-aid; buddy care assessment and intervention; self care/compassion fatigue skills; work-environment assessment; and education outreach.

Job stress and compassion fatigue can undermine our professional and personal performance. They can have a detrimental impact on our job satisfaction and result in poor retention. Navy Medicine is a uniquely diverse team. Each of us brings our individual skills and talents to the table and we need to learn to recognize when we, as caregivers, must take a step back, and take some time to care for ourselves before re-engaging in the battle.

Psychological Health, Traumatic Brain Injury Outreach Center Opens

U.S. Department of Defense Office of the Assistant Secretary of Defense (Public Affairs)

WASHINGTON - The Department of Defense (DoD) today announced the opening of a 24-hour outreach center to provide information and referrals to military service members, veterans, their families and others with questions about psychological health and traumatic brain injury.

The new center, which is operated by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), can be contacted around the clock, 365 days a year, by phone at (866) 966-1020 and by e-mail at resources@dcoeoutreach.org.

"We're providing 24/7 support to assist callers with questions regarding psychological health and traumatic brain injury," said Brig. Gen.

Loree K. Sutton, M.D., director of DCoE. "Getting the best possible information and tools, hassle-free, will empower and strengthen warriors and their families to successfully manage what can be confusing and disturbing circumstances."

The center can address everything from routine requests for information about psychological health and traumatic brain injury, to questions about symptoms a caller is having, to helping callers find appropriate health care resources.

DCoE promotes resilience, recovery and reintegration of service members facing psychological health and traumatic brain injury issues. DCoE works to advance research, education, diagnosis, and treatment of these conditions.

"If we need to research a question, we'll do the legwork and quickly reconnect with callers," Sut-

ton said. "We welcome feedback on how we can better meet the needs of those we are so privileged to serve."

The DCoE outreach center is staffed by behavioral health consultants and nurses, most with master's degrees. In addition to answering questions, staffers refer callers to contact centers in other parts of DoD, other federal agencies, and outside organizations when appropriate. Other contact centers also refer callers to the DCoE outreach center.

The center serves members, leaders and healthcare providers of the Army, Navy, Air Force, Marines, Coast Guard, National Guard, Reserve, and all uniformed services, along with veterans of all the services. The families of service members and of veterans are also served by the new center.

Bremerton HM Renders Emergency Medical Aid on Flight

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs Office

BREMERTON, Wash. - Hospital Corpsman 3rd Class (FMF) Bryce Moheit had to wait to take his wife Amanda on their honeymoon. But there was no hesitation on his part when immediate medical assistance was needed.

Approximately one hour into the four-hour American Airline Flight 2033 from Dallas/Fort Worth to Seattle January 6, Moheit and other passengers were asked over the public address system if there were any trained medical personnel on board. Bryce and Amanda, Bristol, Tenn., natives who have known each other since high school, were flying back to Naval Hospital Bremerton (NHB) after spending their honeymoon in Orlando, Fla. Their celebratory vacation had been earlier postponed due to his deployment with the 3rd Battalion, 5th Marine Regiment to Iraq, which had already pushed back their marriage timetable until after he returned.

"I pushed the call button and told the stewardess I was a Navy Hospital Corpsman and a field medical service technician," said Moheit, who then followed the flight attendant to the back of the plane. There, Moheit found a 14-year old boy in obvious pain. Urgency was added to the situation by the fact the young man was flying unaccompanied without an adult.

"The teen was in a lot of pain," Moheit related. "He was lying down and writhing on the deck. I proceeded

to do an evaluation on him. I asked him some basic examination questions, took his vitals and got a quick history. He was in acute pain in his groin area, specifically his left testicle. He also vomited from the pain, which he managed to relay had just suddenly started."

Moheit calmly took charge and explained what he was doing to his new patient. He professionally passed the responses he received to the plane captain, who in turn communicated to an American Airlines doctor on the ground. Aided by another passenger who was a certified first aid provider, Moheit then gloved up and did a brief physical.

"I found he had significant swelling in his scrotum," explained Moheit, again passing the information on to the physician on the ground.

It was then suspected and later verified that the young man was suffering from testicular torsion, a very painful condition caused by the twisting of the testicle, which compromises blood flow to the testicle. Torsion is the most common cause of testicular loss in adolescent males. The condition is a surgical emergency and can result in the loss of the affected testicle if not treated promptly.

"On the pain scale of one to 10, it was a seven, which immediately went up to nine by any pressure on that impacted area," Moheit said. "He first thought he would be okay if he could just find a position to get comfortable. But every position was agony for him. It was at that time de-

(Continued on page 7)

Portsmouth Hospital Innovates Vaccine Tracking of Staff

By Deborah Kallgren, Naval Medical Center Portsmouth
Public Affairs Office

NAVAL MEDICAL CENTER PORTSMOUTH, Va. – Millions of Americans get a flu shot each year. But what about the health care providers who administer the shots and take care of the patients? Do they take the same precautions?

Those questions can be answered quite thoroughly this year at Naval Medical Center Portsmouth (NMCP), a 298-bed hospital with more than 5,000 staff members. A digital conduit connecting existing databases can now quickly and accurately pinpoint the providers who have and have not been immunized against influenza this year.

“We are the first Military Health System medical

treatment facility to reach a 90 percent compliance rate and we did it by Nov. 1, 2008, before the traditional flu season started, thereby protecting our patients from the flu,” said CherylAnn Kraft, Regional Immunization Program Manager at NMCP. “Is your doctor living the advice he’s giving you? We are here at Portsmouth.”

By integrating data from electronic health records and human resources, a Web-based system was designed and implemented to identify hospital and clinic staff who had received their flu immunization and those who were exempt. The Automated Staff Influenza Vaccination Tracking system replaced error-prone and labor-intensive spreadsheets in which the data had to be entered by

(Continued on page 8)

Pensacola continued...

(Continued from page 4)

mass casualty exercise involving three local commands.

Hospital Corpsman 3rd Class Rachel DeJong, assistant to the hospital Command Master Chief, was presented with the U.S. Department of Defense Humanitarian Service Medal for her service while deployed to Tbilisi, in the Republic of Georgia, in support of Operation Assured Delivery, where humanitarian relief assistance was provided following hostilities with the Russian

Federation between last summer.

Milo J. Jablonski, medical support assistant for the Laboratory, Occupational Therapy and Radiology departments, was presented a Career Service Award, signed by the Secretary of the Navy Donald C. Winter, in “grateful recognition and appreciation” of his 40 years of faithful service to the U.S. Navy and to the government of the U.S. He was presented a service pin, a framed photo of former President George W. Bush, and a certificate of service.

Barbara Cotton, administrative assistant in the Laboratory and Clinical Pathology departments was presented a government service recognition pin and certificate for her faithful and loyal 25 years of service.

Donna K. Griffin-Jenkins, a financial technician for the Directorate for Resource Management, was presented a government service recognition pin and certificate for her faithful and loyal 20 years of service.

Naval Hospital Camp Pendleton Provider Recognized

By Mass Communications Specialist
2nd Class (AW) Paul Sheets, Naval
Hospital Camp Pendleton Public Affairs

CAMP PENDLETON, Calif. - A Navy-wide survey of occupational health clinics conducted from Oct. 26, 2007, through Dec. 30, 2008, by the Navy Bureau of Medicine and Surgery, named Harry R. Sullivan, a Physician Assistant at Naval Hospital Camp Pendleton (NHCP), as the Navy’s top occupational health provider in overall patient satisfaction.

The report was on productivity and patient satisfaction among all occupational health clinics in Navy Medicine.

With 20 years as a Navy Hospital Corpsman, Sullivan retired from active duty and went on to work for

the U. S. Justice Department. While there, he was certified as a Physician Assistant by the U. S. Public Health Service. His Naval service, 11 years at the Justice Dept., and 24 years at NHCP, gives him more than 50 years of providing medical care.

When asked what he felt about ranking top in patient satisfaction, Sullivan, 75, had this to say, “I was surprised. There are so many guys out there better than me. I just try to do the best I can. I really care for these people, they’re my family. I don’t treat my patients like strangers, but like someone I know.”

Often times Sullivan does know his patients. A favorite at the clinic, he has many regulars at Marine Corps Base Camp Pendleton includ-

ing personnel from base police and firefighters. According to Kurt Bowen, NHCP occupational health technician, his regulars request to see him specifically even if they have to wait. “They stop by sometimes just to say ‘hi’ and talk with him,” said Bowen.

“This report tells us what we already knew, our Occupational Health staff are a great team, leading the pack and living Hero-Centered Care in taking care of those who depend on us,” said Capt. Forrest Faison, commanding officer.

The report named NHCP as the top producing occupational health clinic. Naval Branch Health Clinic Port Hueneme ranked first and second place in satisfaction for encounters and access respectively.

NMCS D Leads the way in Implementation of WHO Surgical Checklist

By Mass Communication Specialist 2nd Class Alexander Ameen, Naval Medical Center San Diego Public Affairs Office

SAN DIEGO – Naval Medical Center San Diego (NMCS D) recently implemented a pilot program to test a new surgical checklist aimed at improving communication and providing a more comprehensive way for surgical teams to perform operations.

The checklist is based on a new format developed by the Institute for Healthcare Improvement (IHI) at the request of the World Health Organization (WHO).

Capt. Jose Acosta, Director of Surgical Services at NMCS D, said two departments at the hospital are already using the checklist.

"I attended the IHI conference in December where the checklist was introduced," Acosta said. "As soon as I got back to San Diego we put a team together to assess exactly how we would implement the checklist asap."

Acosta said NMCS D had a "Surgery Time Out" system in place which allowed a surgical team to take a moment before making an incision to double-check their information, but the new checklist is much more thorough.

The standard WHO check lists

includes 19 steps such as making sure the patient has identified himself and given consent, confirming all surgical team members have introduced themselves by name and role, and confirming instrument, sponge and needle counts are correct. The checklist can be modified to better suit the needs of individual facilities.

"We did customize the checklist a little, adding steps such as making sure the proper equipment is available and administering prophylaxis to prevent blood clots," Acosta said.

The WHO checklist was developed in response to statistics showing that out of more than 234 million people world wide that will have major operations this year, approximately one percent will die from complications that could have been prevented.

According to a special article recently appearing in the *New England Journal of Medicine*, eight hospitals in eight cities around the globe, representing a variety of economic circumstances and diverse populations of patients, participated in testing the new checklist between October 2007 - September 2008.

Use of the checklist in these eight hospitals was associated with



SAN DIEGO – Melissa Canedo, a Naval Medical Center San Diego (NMCS D) registered nurse, scans the World Health Organization (WHO) Surgical Check List before proceeding to the next phase in the operating procedure. U.S. Navy photo by Mass Communication Specialist 3rd Class Jake Berenguer

a reduction of the death rate from surgery by almost half and the reduction of complications by more than a third.

Flight continued...

(Continued from page 5)

terminated that an emergency landing was necessary and the flight was diverted to Salt Lake City."

Testicular torsion mostly happens in the 12-18-year-old age group. Besides being extremely painful, there is sudden swelling which develops as the structures twist and the testicle elevates. Nausea, vomiting and abdominal pain are also often experienced.

"When we landed at Salt Lake City, the paramedics came on and we did a turnover. They did a quick assessment and agreed on what I already passed on and then immediately took the young man off for treatment," said Moheit. "Then the entire flight crew came over to thank me for my efforts on his behalf."

Medical experts state that the only treatment for testicular torsion is surgery.

"The medical help that Moheit provided was vital be-

cause it is extremely important to have such a condition as testicular pain evaluated as soon as possible," commented Chief Hospital Corpsman Emiliano Rabor, NHB Main Operating Room Leading Chief. "Moheit's remarkable action provided a favorable outcome."

Thomas N. Bettles, M.D., M.P.H., Director, Medical and Occupational Health Services for American Airlines sent a formal thank you to Moheit. "We are all grateful that you were on board and freely offered your medical expertise when it was needed most. Without a doubt, you greatly improved a difficult situation."

"I only did what any other corpsmen would have done," said Moheit. "We're trained for such an emergency. I was just the right place at the right time for the young man. Even though he was in a lot of pain, he did look more relaxed when he knew I was a Navy hospital corpsman with the necessary medical experience."

New Navy Center Promotes Strength Through Mental Health

By Mass Communications Specialist 2nd Class (AW) Greg Mitchell, Naval Medical Center San Diego Public Affairs

SAN DIEGO – A new Navy program dedicated to restoring, protecting and building the mental health of Sailors, Marines and their families is now open at Naval Medical Center San Diego (NMCS D).

The major focus of the Naval Center for Combat Operational Stress Control (NCCOSC) is to promote the best practices in diagnosis and treatment of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI), conditions that have become synonymous with the unique demands placed on the armed services fighting the Global War on Terror.

Another key component of the center is to identify and incorporate into training the psychological resilience factors shown to help prevent stress injuries and to promote force readiness. Resources to aid families in adjusting to deployments -- as well as to assist in coping with problems that might arise after a service member's return -- are also emphasized.

"NCCOSC highlights the change in Navy and Marine Corps culture to make certain that our troops are psychologically fit to meet the demands of the 21st century and new global realities," said Capt. Paul S. Hammer, MC, USN, director of the center.

"Understanding that the enemy's purpose is to inflict combat stress on us, then at controlling stress is as essential as controlling the bleeding from a penetrating wound," according to Hammer.

"We want to help not only those in distress, but to promote good stress management for everyone that lasts from boot camp to war college," Hammer added.

"We must get past just dealing with people in crisis and instead promote a system that increases our ability to cope so that we rarely get into a crisis mode."

According to some studies, including one released in April 2008 by the Rand Corp., as many as 20 percent of combat troops who have served in Iraq or Afghanistan have PTSD or a major depressive disorder. About 300,000 have experienced a probable TBI.

Attending the Jan. 16 grand opening of the NCCOSC were Rear Adm. Christine S. Hunter, Commander, NMCS D; and Rear Adm. Karen Flaherty, Deputy Chief for Wounded, Ill and Injured, at Bureau of Medicine and Surgery (BUMED). NMCS D has administrative oversight of the new center which receives its funding from BUMED in Washington, D.C.

"We have made exceptional progress in helping wounded service members to recover physically and to rebuild their lives," said Hunter. "NCCOSC helps us to now focus on those whose wounds are hidden, to help them recover psychologically and to support their families through education and all available services."

In remarks, Flaherty acknowledged the important role of the center.

"This center is the result of a vision by many of you here today. A vision of what we could do to help understand the effects of stress on our warriors, our Marines, and our Sailors," said Flaherty. "We know that stress reactions increase with prolonged exposure in combat and we know that some individuals appear to have more challenges than others even though all are affected. We also know that resiliency can assist with recovery. This center will be key in our discussions and discovery."

Vaccine Tracking continued...

(Continued from page 6)

hand. Plus, the new system required no start-up costs.

The result: the medical center has achieved a staff vaccination compliance rate of 96.5 percent this flu season, which includes 3.4 per-

cent exemptions. For the 2006-2007 flu season, the Centers for Disease Control noted a 42 percent vaccination rate among its medical personnel. In 2008, the Joint Commission noted 43 percent as a rate worthy of recognition in its Flu Vaccination Challenge.

Kraft said, "The flu rate is up in Hampton Roads this year, but (NMCP's) diagnosed flu rate is down from last year. When more providers get flu shots before flu season, then they do not pass the flu to their patients."

Staff satisfaction in the Immunization Department is similarly high. Desiree Sanders, registered nurse said, "This has saved me tons and tons of time. I used to have to update the spreadsheets manually

every night to prepare a new list for department heads the next morning." With the new process, the lists and codes are matched up every two hours and Sanders has only to troubleshoot the resulting list.

Kraft added, "This new system has truly changed our time management; instead of doing administrative work, it has given us time back to take care of our patients."

The Vaccination Tracking system also supports the Joint Commission National Patient Safety Goal #10.01 (Annual Influenza Vaccination). The system has been so successful, it has been shared with other naval hospitals as an example of how to streamline their staff influenza vaccination tracking.



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