

JAN 2013 VOL 3

# NHCL

Naval Hospital Camp Lejeune

## Scuttlebutt

**Special Edition**

**Introducing the New Year  
What to Expect in 2013**



**Team-based**



**Electronically-enhanced**



**Preventive Health Care**

# Message From the Editor



Dear Friends and Colleagues,

We hope you enjoy this special edition of *Scuttlebutt - What to Expect in 2013*. We want to ensure our Naval Hospital Camp Lejeune (NHCL) team, patients, family members and friends can learn about what's in store for this year and look forward to the road ahead.

We quickly ran out of copies of the December edition of the *Scuttlebutt*. For those of you who may not have had a chance to see the December edition, it may be interesting to note that in 2012, we treated more than **616,000** patients, we delivered more than **2,000** babies, we performed more than **5,900** surgeries, we filled more than **940,000** prescriptions, we executed more than **121,000** radiology exams, we cared for more than **5,100** inpatients, we served more than **58,000** meals, we collected nearly **4,000** pints of blood and we had 47 Sailors support worldwide operations.

The past several months have been exciting. We continue to see amazing growth coupled with continued success throughout the hospital. I am thoroughly convinced that this is due to the staff's commitment and tremendous efforts day in and day out.

As I walk around the hospital and also when I attend functions on base and in the community, it pleases me whenever someone stops to tell me about a positive experience they had and about the outstanding customer service they received during their visit to our hospital.

As you continue to read the *Scuttlebutt* from cover to cover, you will learn more about the naval hospital. The *Scuttlebutt* offers tidbits of information and captures the story about NHCL. Please offer a copy of the *Scuttlebutt* to patients and visitors and encourage them to take it with them and share the information with others.

In closing, please know that we are extremely grateful to each of you for the story ideas and articles that so many of you sent to us throughout 2012. Please continue to send us story ideas, or prepared articles for consideration in 2013. You have my solemn promise that we will get as many of them in the *Scuttlebutt* as we can and will continue to make some of the information available on our Facebook page as well.

Sincerely,  
Raymond Applewhite



[www.facebook.com/nhlejeune](http://www.facebook.com/nhlejeune)

## NOSC Welcomes New Year's Baby



U.S. Navy photo by Hospitalman Matthew Heefner

*Naval Hospital Camp Lejeune's Executive Officer Capt. Anne Swap (middle) pose for a photo with the Kassinger family and their newest family member, baby Camerra Kassinger, along with members from the Naval Officer Spouse Club (NOSC) Laina Bell, president (right center), and Ann Leonard (far right) January 2. The NOSC presented a gift of baby items and goodies to the family to welcome baby Camerra, who was the first baby born in NHCL at the new year. Baby Camerra was born on January 1 at 3:45 a.m.*

## scut·tle·butt

n.

1. Slang for spoken communication; through the grapevine

2. Nautical

a. A drinking fountain on a ship; gathering place

b. A forum for NHCL staff and beneficiaries to get 'insider info'

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# NHCL 2013 - It's About the Experience

**Lt. Cmdr. Dan Clark**  
**Head, Branch Medical Clinic Camp Geiger**

Naval Hospital Camp Lejeune (NHCL) recently created a new team – the Executive Experience Committee (EXC). The team’s goal is to impact you, an NHCL team member, by planting the seeds of a culture change to a new way of perceiving the delivery of medical care. Culture change is a slow, methodical process, often taking years and affected by the turnover of staff, changes in working conditions, leadership, facilities, and sometimes even a change in the way of thinking. The EXC the team is up for the task.

Medical care today is undergoing a transition. While the media seems to place the focus on the cost of medicine, the lack of providers, and ever increasing demands for services, there is a positive movement within the industry. A handful of seasoned veterans of the medical field, many of whom trained in the 1980’s and rose to high ranking positions in the latter part of the last century can recount how the focus of medicine moved toward service, efficiency, and productivity. The focus shifted away from the experience of health care - the very thing that drove passionate men and women to enter the medical field. That experience means taking the time to get to know your patient and their family, learn their needs, provide them relief from discomfort, and teach them the skills to care for themselves, their children, and their parents. Administrators throughout the industry are trying to bring this back to medicine under the common term “patient experience.”

The Executive Experience Committee is a focal point for the flow of ideas between the command leadership, the front line staff, and our patients. They serve as consultants, made up of staff representing a cross section of the command – everyone from nurses and providers to facility workers, clerks, and surgeons. The team researches best practices in other medical facilities and collaborates with industry leaders throughout the country, and presents those practices to the hospital’s commanding officer and board of directors. The end goal is to create a culture change throughout NHCL that encourages empowerment, innovation, and compassion at all levels of care.

*“We want to bring back that part of medicine that got pushed aside over the years in the interest of cost savings and productivity – the part that put most of us in our chosen field in the first place.”*

- Lt. Cmdr. Dan Clark  
Executive Experience Committee Chair

The EXC is not alone in its efforts. More often than not we mistakenly overlook the fact that there are two parts to a quality health care experience. The internal customer and external customer. The external customer, our patients, come into this facility with expectations. Likewise, the internal customer, our staff, has expectations for the work environment. These internal and external expectations from both groups feed and nourish the other. With the expectations not met for either side, it will negatively impact the other.

The tenets of personalizing care, demonstrating respect and fostering communication serve as the foundation for the committee’s activities. Through them, we look for those behaviors that one can expect as they interact with a customer – greeting with a smile, answering all your questions before you leave, verifying your medications, etc. These are just a few examples of ways to foster a culture of positive experience.

Many people think that “patient experience” is synonymous with “customer service”. This is far from the truth. Customer service represents behaviors that contribute to the experience, but are not the end goal. When patients enter the hospital they are often confronted with scary news, procedures and decisions. While not desirable, these things are still part of the one’s experience. Getting back to those tenets above means respecting those moments when people are at their most vulnerable, and taking the extra minute to make the end outcome the most positive it can be. It may seem simple, but true culture change takes time and happens from the ground up. Hospital staff expectations must align with our patients’ expectations; the reverse is also true – and we must hold each other accountable.

As the hospital goes through its expansion and redesign, so does our culture. We want Naval Hospital Camp Lejeune to lead the way in Navy Medicine. We understand that the experience of medical care is not always fun, but it should be positive. We want to bring back that part of medicine that got pushed aside over the years in the interest of cost savings and productivity – the part that put most of us in our chosen field in the first place. The collaboration of these expectations coupled with the specific strategies to gaining the voices and needs of our beneficiaries and staff is the reason the EXC exists. At the end of the day, the quality of care we render and the depth of genuine concern we demonstrate for both our patients and staff will validate the fact that it truly is about the experience.

The

# Art of the Possible

By Capt. David A. Lane (Dr.) | Commanding Officer

Happy 2013 to everyone at Naval Hospital Camp Lejeune. I sincerely hope you had a wonderful Christmas season and New Year respite – and that we are ready for a productive and professionally gratifying year ahead.

I've had the honor and privilege of serving as your commanding officer for six months now. (My, how time flies!) This significant milestone in my tenure, coupled with the arrival of the New Year, provide a golden opportunity for me to discuss where we are as an organization and where I think we're going. It's all within what I like to call, "the art of the possible."

Naval Hospital Camp Lejeune is unique in Navy Medicine. Not only are we the principal referral hospital for the 165,000 Marines and families of II Marine Expeditionary Force, Marine Corps Base Camp Lejeune and Marine Corps Air Station New River, but no other medical treatment facility (MTF) in Navy Medicine cares for such a large catchment area population without a nearby military or civilian medical center and without a robust supporting TRICARE network. We should all be proud of the fact that no other MTF in Navy Medicine lays claim to our awesome responsibility, and that we consistently manage to succeed in the face of the complex clinical and logistical challenges we have week in and week out.

In my opinion, Naval Hospital Camp Lejeune has probably done more with less for longer than any other hospital in Navy Medicine. For example, with about 120 visits per day, our Emergency Department is the third busiest in Navy Medicine (behind only our big medical centers in Portsmouth and San Diego), and it is one of the busiest in the DoD military health system (MHS). Similarly, we deliver 170-200 babies per month, considerably more than other Navy hospitals, except for the two medical centers mentioned above. We also lead the pack of Navy hospitals in orthopedic and mental health visits, and our ICU accounts for more than 40% of all ICU admissions among the five family medicine teaching hospitals. Additionally, our Management Information Department oversees more than 2,700 end user devices in support of clinical operations, again the third most in Navy Medicine. And, in a few months, our Facilities Management Department will have to maintain approximately 200,000 more square feet of clinical space as we bring on line our new outpatient wing, emergency department, and urgent care center.

In fact, by almost every measurable metric we more closely resemble our Navy's medical centers in San Diego and Portsmouth than we do the community hospitals elsewhere around the Fleet and Marine Corps. And for the most part, we do it all with noticeably fewer staff than other Navy MTFs of similar size and scope. Regardless of whether your section is working harder to do what you do or it is working smarter, or both, I want everyone to know I am grateful for everything you do for our patients, and I am personally committed to doing everything within my power to get



**May 1943**

NHCL's original facility built in the Hadnot Point area of Camp Lejeune was commissioned.

**1950-1953**

NHCL supported the Korean War and reached peak patient census of about 1,865.



**1982**

New facility in the current location was constructed to care for Marines and Sailors.

**1939 - 1945**

NHCL supported WWII and reached max patient load of 2,087.

us the resources – people and materiel – we need to do everything we’re being asked to do for them. Just as important, I want you to know our Board of Directors has been making a tremendous effort to ensure our senior leaders at Navy Medicine East and at BUMED know what we are doing, as well as the challenges we are facing. And the effort appears to be paying off.

Navy Medicine is presently taking a hard look at where and how it provides services to its beneficiaries as part of an in depth analysis of all MTFs in the United States, including Naval Hospital Camp Lejeune. I anticipate the analysis will lead to a reallocation of resources to better support beneficiary population centers like ours in order to provide the greatest return on investment in terms of readiness and value. The end state of the reallocation, I believe, will see Naval Hospital Camp Lejeune transform from a medium-sized community hospital to something much larger, probably a medical center.

Where we end up and how fast we get there will depend, to some extent, on how well we convince Navy Medicine we are ready to take on more clinical responsibilities. And transforming from a hospital to a medical center will require more than simply detailing additional doctors, nurses, and corpsmen to us. Collectively, we’ll need to change our organizational culture and start to think more like a medical center long before any new personnel arrive. Our clinical staff, our clinical support staff, and our admin and logistics staff will all need to “play at the top of their game” to use a sports metaphor if we’re to blossom to our full potential.

The art of making this transformation is certainly possible. And fortunately, we’re already making strides in the right direction. Here are just a few examples:

- We’ve strengthened our Executive Committee of the Medical and Nursing Staffs’ (ECOMS and ECONS) engagement with quality oversight of clinical and nursing processes.

- Our Board of Directors is working with consultants from the Naval Postgraduate School to become a higher performing executive board. In addition, the Board and most department heads, along with their DLCPOs/LCPOs, will receive training next month to help leaders at all levels successfully navigate the “high performance zone.”
- Our Labor and Delivery and Mother Baby Unit are seeking the coveted Maternity Center Breastfeeding-friendly designation by the State of North Carolina, an achievement that parallels the broader Baby-Friendly USA program.
- We’ve formed a trauma committee that is preparing our emergency, surgical, and nursing services for eventual designation of our hospital as a Level III Trauma Center.
- Our Nurse Practice Counsel is developing a plan of action and milestones for creating and sustaining a culture of nursing excellence leading to American Nurses Credentialing Center “Magnet” designation.
- Our Management Information Department will soon install a “best in class” emergency department information system for our busy emergency and urgent care centers that will soon be operating out of a state-of-the-art new addition to our hospital.

As you can see, there is already a lot going on under our “art of the possible” transformation.

In closing, let me say I am totally inspired and energized by what the future will likely have in store for Naval Hospital Camp Lejeune – and I hope you are, too. We have a lot of work to do to get from what kind of hospital we are today to what kind we need to be in order to better support the Marines and the their families who make up our principal beneficiary population. But I am confident that all of us on the team of dedicated professionals here are up to the challenge, because we all know there is no greater calling than care for America’s military members and their families.

It is my honor and privilege to serve with you.

**1990**

When Iraq invaded Kuwait, the Naval Hospital was once again called upon to respond. Nearly 250 NHCL Sailors were deployed in support of “Operation Desert Storm”. NHCL received close to 400 Marines and Sailors evacuated from the Southwest Asia theater of operations.

**2002**

NHCL deployed 150 Sailors to Guantanamo Bay to establish medical facilities for detainees following the Sept. 11 attacks.



**2011**

NHCL broke ground on new \$76 million expanded facility to support nearly 120,000 beneficiaries. Artist rendering shown above.

**1983**

After the bombing of the Marine Barracks in Beirut, Lebanon tested the new hospital’s ability to respond to an emergency receiving over 50 wounded Marines.

**2005**

NHCL became primary casualty receiving facility for II MEF in support of OIF.

# HOSPITAL ROUNDS

*NHCL staff, family and friends celebrate the joy, happiness and togetherness the holidays bring during the annual cookie celebration, the holiday tree lighting and the Family Readiness Group hayride throughout the month of December 2012.*



U.S. Navy photos

# New Year, New Home - Are You In?

By Lt. Cmdr. Sharon House  
Family Medicine Department Head



For just over a year, we've welcomed Naval Hospital Camp Lejeune (NHCL) patients who receive their primary care within our Family Medicine or Pediatrics clinics into our Medical Home. The Patient-Centered Medical Home (PCMH) uses a team-based model centered on the premise that the best health care begins with a strong primary care foundation. Patients

in a PCMH have a personal provider, who along with his/her team, provides continuous, accessible, family-centered, comprehensive, and compassionate health care to achieve the best outcomes.

Marine-Centered Medical Home (MCMH) is what Navy Medicine calls PCMH that support operational Marine Corps forces while they are in garrison (not deployed). The MCMH is very similar to the PCMH except the medical home may be "reinforced" with clinical and clinical support services specific to their assigned military population patients enrolled to their medical home team. For example, an infantry MCMH may include a physical therapist and physical therapy technician to evaluate and treat musculoskeletal injuries. The combination of a personal provider, a health care team, and focused support services assures our Marines are consistently receiving optimal health care.

The hallmark of Medical Home is enhanced continuity of care with a focus on prevention. Therefore, patients are assigned to a Primary Care Manager (PCM) and supported by a team of nursing, support, and administrative staff who work together to manage the health of their enrolled population. If your PCM has no available appointments that day, another provider on the same team can see you. This continuity of care is more personal and better coordinated because you are known by the support staff that interacts with you every time you visit your Medical Home.

Through enhanced coordination and a more personalized approach, Medical Homes improve access, continuity and quality. And ultimately, we hope to increase your satisfaction and provide you the care you deserve!

## Galley is Going Green in 2013

By Lt. Melinda Villarreal  
Nutrition Management Department Clinical Dietician

Eating healthy contributes to an individual's overall physical and mental well being. Eating a well-balanced diet assist us in many ways throughout the day and ultimately helps us maintain better energy levels and improve performance. The Navy Operational Fitness & Fueling Series (NOFFS) are programs geared towards assisting sailors improve their physical and mental performance through nutrition. The five areas of nutrition focus in the "Fueling Series" are to eat clean, eat often, hydrate, recover, and mindset.

To assist sailors and patrons engage in healthy eating habits, Naval Hospital Camp Lejeune's Nutrition Management Department will start a galley "Go Green Program" effective January 2013. The program is designed to further assist personnel to establish and achieve goals to eating healthier resulting in improved performance.

The program uses color codes to classify the nutrient density of galley menu items. Each menu item will have a designated color-coded nutrition card – either green, yellow or red that will be posted next to the food item. The cards will detail the portion size, calories,

carbohydrate, protein and fat content. The classifications are based on recommendations from the American Heart Association, National Heart, Lung and Blood Institute, Department of Health and Human Services, Department of Agriculture, Food and Drug Administration and the National Institute of Health.

Furthermore, the Nutrition Management Department will offer staff members a complete nutrition facts guide for the items on the 21 day cycle menu, specialty bar, and speedline. Information included will be portion size, calories, carbohydrates, fiber, protein, fat, saturated fat, cholesterol and sodium. Staff can find the guide on the command intranet next to the daily menu.

You can also expect to find a set of "Fueling Series" nutrition handouts with more information on fueling, hydration, recovery nutrition, sports performance nutrition and healthy recipes available to you in the galley.

Please remember to eat healthy and encourage others to do the same. For more information about NOFFS, or healthy eating please stop by NHCL's Nutrition Management office just before the galley or visit [www.navyfitness.org](http://www.navyfitness.org).

# NHCL Offers Electronic Messaging System Allows Patients to Email PCMs, Refill Scripts, Schedule Appointments

By Lt. Cmdr. Sharon House  
Family Medicine Department Head

What if there was a way to be electronically connected to your primary health care provider?

For years now, U.S. health care has been experiencing a revolution. Better technology and computer systems have radically improved health care quality. We now have electronic medical records, online referral and prescription systems, and seamless transfers of digital images between providers. As health care systems become more interrelated, it is crucial that patients are also swept up in the technology wave and stay connect to their provider.

Health care, along with all of us, is challenged with becoming more efficient and cost effective. In today's busy world, everyone's time is precious. Between the challenges of home, family and work, no one wants to spend time waiting in their provider's office

or waiting for a returned telephone call. Every day we save time by sending electronic messages to our friends and family about everything from grocery lists to birthday wishes.

The future is here. Naval Hospital Camp Lejeune and medical commands across the Department of Defense utilize a secure messaging system, RelayHealth, that provides convenient access to your provider from virtually anywhere at any time. More secure than regular e-mail, RelayHealth's encryption technology and privacy policy ensures your information is only accessible by you, your provider and your health care team. With secure messaging you can request appointments, renew prescriptions, ask non-urgent questions, and receive lab results—all from your home computer.

As the current landscape of health care continues to evolve, make sure you are connected. You can join RelayHealth via [www.relayhealth.com](http://www.relayhealth.com) or request to sign-up during your next visit.

## Keeping the Command Climate High in 2013 Survey Shows Positive Command Climate

By Lt. Cmdr. Eric Gryn  
Command Assessment Team Leader

We have an outstanding command. And now we have the statistics to prove it! The 2012 Naval Hospital Camp Lejeune Command Climate Survey has been completed.

According to instruction, a Defense Equal Opportunity Climate Survey (DEOCS) must be completed every year and within 90 days of a new Commanding Officer reporting to a command. This is so the commanding officer can get a snapshot of the command as a whole and see if there are concerns that need to be addressed. It also establishes a baseline from which he/she can begin to improve the command. Capt. David Lane (Dr.) reported in June and a survey was conducted in August and September 2012.

The computer-based survey is one part of a three-pronged approach to assessing the command climate. Nearly 50% of NHCL staff members completed the survey. The survey compared 120 different areas of potential concern and only 14 things (that's only 12%) came up as either slight or moderate organizational concerns. There were no results that indicated areas of high organizational concern.

Surveying the command demographics is the second tool used in analyzing command climate. These statistics, including race, gender, rank, awards, retention, etc., are scrutinized to see if there were signs of unfairness or suggestions that a particular race or

gender were being discriminated against. According to the analysis, NHCL does not have an atmosphere of racism, sexism, or discrimination.

The third part of the process takes concerns from the first two parts of the computer-based survey, and leads to establishing focus groups to further explore those concerns. NHCL's Command Assessment Team held voluntary focus groups composed of various groups of NHCL staff members. They were held at various times and places and the methods to obtain feedback from the participants varied from group discussions to personal one-on-one interviews.

Although the vast majority of possible problems were not issues for NHCL, there is always room for improvement. With your help and comments, the Command Assessment Team was able to determine areas of improvement as well as areas of excellence. Two themes came out as areas for improvement:

- Professionalism – it comes down to treating everyone (co-workers, patients, etc.) with respect and basic human decency.
- Communication – everyone communicates differently. For example, some choose reading/writing emails and some prefer face-to-face interactions. Whatever way you use to communicate, realize that others may be different and that you might need to try a different method to get your message across.

This is a great place to work. The people are a large part of that greatness. YOU are the most important reason why this command functions as well as it does. Let's continue working together to improve Naval Hospital Camp Lejeune.