



Robert E. Bush
Naval Hospital

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE website.

- * Through the Naval Hospital Customer Comment Cards.

- * The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

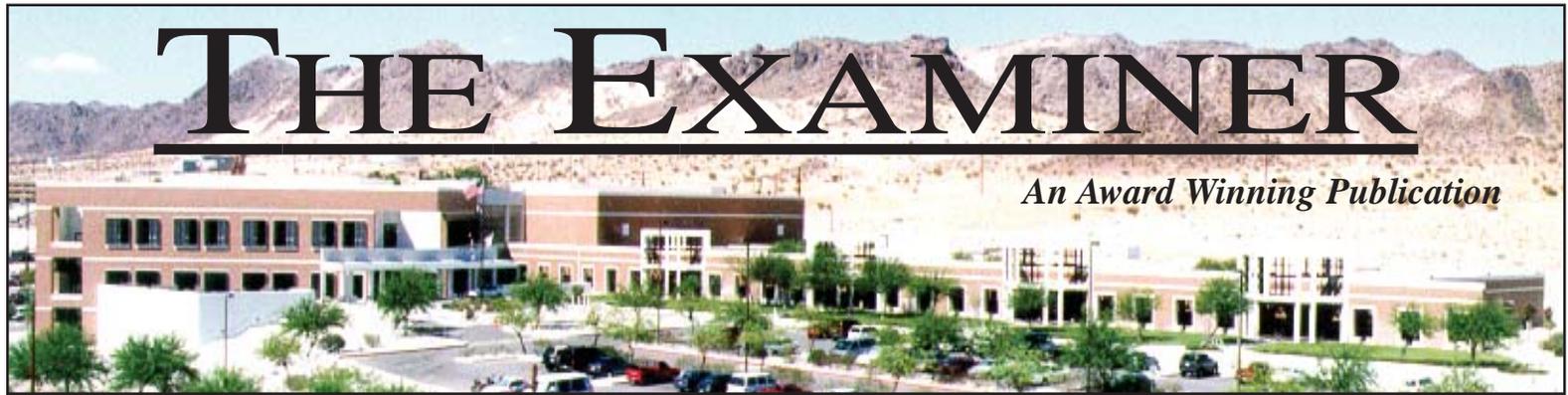
Or Directly to the Joint Commission via:

E-mail at
complaint@jointcommission.org

Fax:
Office of Quality Monitoring
630-792-5636

Mail:
Office of Quality Monitoring
The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

Commanding Officer
Naval Hospital Public Affairs Office
Box 788250 MAGFTC
Twentynine Palms, CA 92278-8250



THE EXAMINER

An Award Winning Publication

<http://www.med.navy.mil/sites/nhtp/pages/default.aspx>

Naval Hospital Honors its People of the Quarter, Year

Lieutenant Todd Hlavac, Pediatric Clinic Nurse, has been selected as the 2010 Officer of the Year for Naval Hospital Twentynine Palms.



Lt. Todd Hlavac

His citation reads in part, "Lieutenant Hlavac's outstanding leadership significantly impacted the command's mission accomplishments leading his selection as Officer of the Year, Calendar Year 2010. His superb management of patient contacts, provider appointments, and customer service goals

resulted in the Pediatric Clinic achieving the highest access to care as reflected by the third next available appointment across the command."

Last year the Senior Sailor of the Year and the Junior Sailor of the Year competition changed from a Calendar Year Award to a Fiscal Year Award.

Those Sailors who were previously honored in 2010 are HM1 Teri Charles, Leading Petty Officer in the Directorate for Medical Services and HM3 William Roots who works in the Surgical Services Department.

Lieutenant Junior Grade William 'Bill' Lawson has been selected as the Officer of the Quarter for the period from October 30 through December 31, 2010.

His citation reads in part, "Lt.j.g. Lawson is an exemplary Naval Officer who should be emulated by all his peers. As Division Officer for Health Care Operations, his determination, commitment, and energy has made him a critical member assisting with patient access. His initiative led him to streamline a 67 page report into a two page monthly Command Dashboard from which the lead-



Lt.j.g. Bill Lawson

ership can make data based decisions. In addition, his leadership on the Navy Ball and Morale Welfare and Recreation Committee led to three highly successful events, each with over 200 staff and family members in attendance."



Ms. Linda Deutsch

Ms. Linda Deutsch, Nurse Specialist in the OB/GYN Clinic, has been selected as both

the Senior Civilian of the Year for 2010 and the Senior Civilian of the Quarter for the period from October 30 through December 31, 2010.

Her citations for Senior Civilian of the Year and Senior Civilian reads in part, "Your commitment to excellence and mission were proven by your tireless efforts in the implementation and success of Naval Hospital Twentynine Palms first Pregnancy Centering Program. Your expert knowledge of Resuscitative Programs has allowed the command to maintain the highest standards in the education of our providers. Your drive and compassion towards the education of our staff has directly contributed to increased access to care, improved provider efficiency, and exceptional customer satisfaction.



HMI Janette Holmes

The Senior Sailor of the Quarter for the period from October 30 through December 31, 2010 is Petty Officer 1st Class Janette Holmes, Leading Petty Officer for the Directorate

Patients seen in February -- 11,699
Appointment No Shows in February -- 940

One in ten patients do not show up for their appointments at this hospital. If an appointment is no longer needed, please call so another patient can be seen.

To make an appointment call -- 760-830-2752
To cancel an appointment call -- 760-830-2369

Continued on page 5

Seven Out Of Ten People with Colon Cancer Have No Symptoms

By Martha Hunt, MA
Health Promotion and Wellness
Robert E. Bush Naval Hospital

Colorectal cancer is the third leading cause of cancer in males, fourth in females in the U.S. It is estimated that in 2010 there were 102,900 (colon) and 39,670 (rectal) new cases and 51,370 (colon and rectal combined) deaths. Among both men and women, incidence rates have fallen steadily since 1985

There are two reasons why you may need a colonoscopy which is a form of colon cancer screening.

First of all, a colonoscopy will help test for and maybe help prevent colorectal cancer.

Secondly, when you access the age or risk appropriate annual screening that you need, you bring funds into the Naval Hospital so that we can continue to offer the same high quality care we now provide.

Remember, there is no free lunch in life and when you do not access the annual tests needed for your gender and age, then not only are you putting your health at risk but Navy

Medicine can then cut our budget impacting the staffing and services we offer.

What is a colonoscopy?

Colonoscopy examines the entire colon with the use of a flexible tube with a camera at one end. The test generally lasts about 30 minutes, is safe and usually painless. There may be some discomfort, but you are usually given a sedative to help you to relax. Colonoscopy is usually needed only once every 10 years if the test results are normal.

Colonoscopy detects more than 95 percent of early colon cancer. Colonoscopy is the only test that can also prevent cancer because the doctor can remove polyps - small growths that may develop into cancer if left alone - before they turn into cancer. Other colon cancer screening tests do not examine the colon as thoroughly or remove polyps.

What are the risk factors for colon cancer?

Being over age 50 is the leading risk factor for colon cancer as more than 90 percent of colon cancers occur after age

fifty. Also, if you have ever had anyone in your family with colon cancer, your risk is very high. If you have a family member with colon cancer, your provider may even suggest a colonoscopy well before age fifty.

Other risks for colon cancer include tobacco use, obesity, being either African American or of Ashkenazi (Eastern European) Jewish ancestry. Having other colon diseases such as ulcerative colitis or Crohn's disease may also increase your risk of developing colon cancer.

There are other tests for colon cancer screening that are less invasive but they may not be as accurate as colonoscopy or TRI-CARE may not pay for them. Fecal Occult Blood Test (FOBT) and Fecal Immunochemical Test (FIT)

Tests are tests that check for hidden blood in the stool. This test should be done every year. Sigmoidoscopy is a test similar to colonoscopy but because it examines less than half of the colon (not the entire colon as colonoscopy does), it can miss some cancer. This test should be done every 5 years.

How can you lower your risk of developing colon cancer?

Stop using tobacco. You can talk to your provider about medications that can help and call health promotions at 830-2814 to receive counseling that can help you change how you deal with stress. If you don't change how you deal with stress, you may find it hard to get completely off tobacco. Maintain a healthy weight and exercise regularly with at least 30 minutes of moderate physical activity

(such as a brisk walk) at least 5 days a week. Also, eating a diet high in fruits and vegetables will help prevent colon cancer.

If you have any of the risk factors for colon cancer, ask your primary care provider about colonoscopy. If you would like to meet with one of our specialists regarding colon health screening, you can call the general surgery clinic at 760-830-2070 to schedule an appointment - no referral from your primary care provider is necessary for this appointment. And remember, the more age and risk appropriate annual testing you take advantage of, the better your health and the more funds that are given to the naval hospital. This increased funding then allows us to maintain or expand the staffing and services we offer.

Five Foods that Prevent Colon Cancer

By Shari Lopatin
TriWest Healthcare Alliance

Last month was Colon Cancer Awareness Month. However, instead of providing the same boring facts about colon cancer awareness, below are the top five foods that help prevent this disease.

Remember, the American Cancer Society (ACS) lists colon cancer as the third most common cancer in American men and women.

1. Dairy products (such as yogurt or milk): According to the ACS, several studies have shown that foods high in calcium may help reduce the risk of colon cancer. Dairy products are some of the best sources of calcium.

2. Broccoli and cauliflower: These veggies belong to a food group called 'cruciferous vegetables,' which are part of the cabbage family. The ACS says these foods contain certain compounds that may reduce the risk of cancer in general, including colon.

3. Spinach or asparagus: The American Dietetic Association (ADA) says that spinach and asparagus contain high amounts of folate. Too little folate, according to the ACS, may increase the risk of colon cancer. So stock up.

4. Whole-grain breads and pasta: Whole-grain foods are high in fiber, which helps food move faster through the digestive track, says the ADA. High-fiber foods also have many antioxidants, which help protect against several cancers, one of them colon.

5. Strawberries: Strawberries are packed with fiber, vitamin C and folate...all nutrients that both the ADA and ACS say help reduce the risk of colon cancer. They make a great breakfast or snack fruit, too. Don't forget...get screened.

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Desert Heat is Moving In, it's Time to Take Note to Prevent Heat Stroke

By Dan Barber
Public Affairs Officer
Robert E. Bush Naval Hospital

Just in case you haven't noticed, the summer season here... it's important to pay attention to your environment to prevent heat stroke.

The Heat Condition Flag Warning System, will be available on the hospital's web site May 1 and will stay up until September 30.

The Wet Bulb Globe Temperature Index (WBGT) reading, on the Combat Center is set up to help you determine your safe daily outdoor activities in the summer months. The Robert E. Bush Naval Hospital also constantly monitors the 'Mainside' WBGT in real time making it available on the hospital's internet at

<https://www.med.navy.mil/sites/nhttp/Pages/FlagCondition.aspx>

The WBGT index consists of a combination of readings from thermometers, providing temperatures for dry, humid and radiant heat. These three temperatures are combined in a standard formula providing a more accurate reading of heat stress intensity, known as the WBGT Index.

Safety concerns with heat and Physical Training are very real, especially in a desert environment. Dehydration is a constant threat when exercising in the heat. Since thirst occurs too late to be a good indicator of excessive water loss from the body, be sure to weigh yourself regularly during hot weather, especially if you're doing a lot of intense physical activity.

There is no specific tempera-

ture beyond which you should not exercise. People have become heat casualties even in subfreezing temperatures because they were overdressed. Any circumstances that cause your body's heat production to exceed its capability to cool off will often result in heat stress.

To alert Combat Center members of hazardous heat conditions, the following flags are flown to indicate readings and control physical activity:

Green Flag -- WBGT Index Temperatures range from 80-84.9 -- Unrestricted physical activity may be carried out.

Yellow Flag -- WBGT Index Temperatures range from 85-87.9 -- Physical activity should be limited to those people who have been exercising in similar heat for a minimum of 10 days or more.

Red Flag -- WBGT Index Temperatures range from 88-89.9 -- Physical activity is advised only for members who have been working out in similar heat conditions for a period of 12 weeks for more.

Black Flag -- WBGT Index Temperatures range 90 and above -- Vigorous outdoor exercise, regardless of conditioning or heat acclimatization, is not advisable.

Combat Center members should be advised to note the flag, starting May 1, which is indicated on the hospital's web site before beginning outdoor workouts on Main side in the summer months. For Camp Wilson and Ranges, check with Marine Wing Support Squadron -- 374 (MWSS-374) Weather Office at 830-7809, as geographic locations on the base

cause the WBGT Index to vary.

Although you do not have a choice about the characteristics of work clothing or gear, do not use a vapor barrier (rubber) suit as an aide for weight reduction while exercising. Exercising in a rubberized suit may result in severe dehydration and elevate your core body temperature. Wearing these suits also will not help you with your weight reduction program since the decrease in weight is due to a very temporary loss of fluid, not fat loss. If you are required to wear NBC gear or body armor you should add 10 points to the WBGT Index to determine your training activities.

For more information on the WBGT Index call the Hospital's Preventive Medicine Department at 830-2029.

How important is sleep?

More important than you think

By Martha Hunt, MA, CAMF
Health Promotion and Wellness
Robert E. Bush Naval Hospital

American culture does not value sleep. We think that anyone who sleeps more than a few hours at night is lazy when in fact, the adult human body needs between 7-9 hours of sleep every night. Young people under age 25 need closer to 9 hours and children of all ages need even more sleep depending on their age.

A new report from the Centers for Disease Control (CDC) reports that over a third of all Americans don't get enough sleep and as a result suffer for it in several ways -- the most common problem being the inability to concentrate during the day.

Chronic sleep deprivation has a cumulative effect on mental and physical well-being and can exacerbate chronic diseases such as diabetes.

Other problems linked to insufficient sleep include - difficulty remembering things, working on hobbies, drowsy driving, problems taking public transportation, taking care of financial affairs, and difficulty per-

forming work because of sleepiness or tiredness.

If you are having difficulty sleeping, there can be many root causes. You may not be getting enough sleep because you wrongly think you don't need it or you may have a sleep disorder. Most sleep disorders are marked by difficulty falling or staying asleep (e.g., insomnia),

time for sleep, can be assessed during your primary care visits and improved with effective behavioral changes. Health-care providers should advise patients who need to improve their sleep quality to 1) keep a regular sleep schedule; 2) avoid stimulating activities (e.g., vigorous exercise) within 2 hours of bedtime; 3) avoid caffeine, nicotine,

chronic conditions.

If you still have problems sleeping after you follow the above suggestions, you may need referral to a sleep specialist for evaluation to determine whether they have a specific chronic sleep disorder.

Evaluation might include sleep logs to monitor sleep patterns and testing to assess breathing during sleep, measure rapid eye movement and physiologic changes during sleep.

Treatment of chronic sleep disorders could include weight

loss, changes in sleep behaviors, pharmacologic management, use of continuous positive airway pressure (CPAP) devices, use of dental devices, or upper airway surgery.

Please talk to your medical provider if you have problems sleeping, are tired all the time or if you snore. If you have a sleep disorder, there is help available from your provider. You can also contact Health Promotion and Wellness at (760) 830-2814 for stress and sleep information.

...Chronic sleep deprivation has a cumulative effect on mental and physical well-being and can exacerbate chronic diseases such as diabetes...

sleep-breathing disorders (e.g., sleep apnea), or abnormal movements, behaviors, or sensations during sleep (e.g., restless legs syndrome). Difficulties concentrating and remembering are the most prevalent sleep-related difficulties among persons with those sleep disorders.

Poor sleep habits, which include not scheduling enough

and alcohol in the evening; 4) avoid going to bed on a full or empty stomach; and 5) sleep in a dark, quiet, well-ventilated space with a comfortable temperature.

Because chronic sleep loss has a cumulative effect on mental and physical well-being, lack of sleep can worsen depression, obesity, diabetes, and other

Super Stars...



HM3 Jared Cummings, General Surgery/Orthopedic Clinic, is promoted to his current rank.



HM2 Ralph Diego, Preventive Medicine, receives a Navy and Marine Corps Achievement Medal for his service in the hospital's Preventive Medicine Department.



HM2 Courtney Haggard, Emergency Medicine Department receives a Navy and Marine Corps Achievement Medal for her service as a General Duty Corpsman while serving in Kandahar, Afghanistan from May to December 2010.



HM1 Tanya Wheeler, Laboratory Department, receives a gold star in lieu of her second Navy and Marine Corps Commendation Medal for her work as a Command Career Counselor at Naval Hospital Camp Lejeune, N.C.



HN Chase Reves, Anesthesia/PACU, receives his first Good Conduct Award.



HM3 Andrew Richard, Multi-Service Ward, receives a gold star in lieu of his second Navy and Marine Corps Achievement Medal for his work on the hospital's Labor and Delivery Ward and Multi-Service Ward.



CS2 Sergio Morales, Combined Food Services, receives his second Good Conduct Medal.

Life's Lesson...

God put me on earth to accomplish a certain number of things... Right now I am so far behind, I will live forever!

People of the Quarter, Year...

Continued from page 1

of Nursing Services.

Her citation reads in part, "As Directorate Leading Petty Officer for Nursing Services, you supervised the overall work performance of 32 Corpsman in all areas of Nursing Services. Your superior leadership, performance, and dedication to duty has earned you the respect of your subordinates and seniors alike. Your consistent professionalism and attention to detail led to your peers selecting you as President of the First Class Petty Officer Association. As President, you organized two fundraisers which raised over \$400. Additionally, you spearheaded a team consisting of 11 peers who instructed six staff members that were eventually selected for Petty Officer Third Class."

Ms. Alvena Largo, Industrial Hygiene Technician at the



Ms. Alvena Largo

Branch Health Clinic China Lake has also been selected as both Junior Civilian of the Year for 2010 and Junior Civilian of the Quarter for the period from October 30 through December 31, 2010.

Her Junior Civilian of the Year citation reads in part, "Industrial Hygiene Technician Largo assisted in the setup and testing of a classified project that has never been attempted. With little to no warning, she was able to gather all the required equipment, perform calibration, gather the appropriate sampling media, and collected all other additional ancillary equipment needed to perform the testing. She arrived hours before the usual start time of the work day, and ended hours after the typical work day for numerous days in order to complete this critical

testing. Ms Largo has also taken the leadership role in the very complicated and new exposure monitoring data entry system (DOEHRS). She has been applauded by Navy Medicine West's Industrial Hygiene Program Manager as one of the most experienced employees in the entire region. Additionally, the IH Department has received numerous accolades from various commands on Marine Corps Mountain Warfare Training Center for the significant attentive care and expedited services, and Ms Largo has personally played a significant role in that endeavor."

Largo's Junior Civilian of the Quarter citation reads in part, "You expertly assisted in the setup and testing of a classified project never before attempted with glowing results. With minimal notice, you embarked on a rigorous schedule and were able to gather all the needed ancillary equipment, calibrate it and gather appropriate sampling media in order to flawlessly complete the testing. You have been lauded by the Navy Medicine West's Industrial Hygiene Program Manager as 'one of the most experienced employees' in the entire region as evidenced by your leadership role in implementing the new and complicated Defense Occupational and Environmental Health Readiness System. As a testament to your drive and determination, the Industrial Hygiene Department has received numerous accolades, from various commands on Marine Corps Mountain Warfare Training Center, for its attentiveness, care, and expedited services."

Petty Officer 3rd Class James Abelar, Leading Petty Officer for the Maternal Infant Newborn Department, has been selected as the Junior Sailor of the Quarter for the period from October 1 through December 31, 2010.

His citation reads in part, "As Leading Petty Officer, Maternal Infant Newborn Department, you supervised the work performance of 16 Corpsman in all areas of Labor and Delivery. Your superior technical knowledge, performance, and dedication to duty has earned you the respect of your subordinates and seniors alike. Your consistent



HM3 James Abelar

professionalism and attention to detail managing an annual OPTAR of \$173,000 was instrumental in maintaining an adequate level of supplies allowing for unparalleled patient care."

Hospital Corpsman Alex Naffziger, Orthopedics Department at the Branch Health Clinic China Lake has been named as the Blue Jacket of the Quarter for the period from October 1, through December 31, 2010.

His citation reads in part, "As the primary orthopedic casting/splinting technician you eagerly took charge of the Clinic's Cast Room maintaining supplies and equipment worth over \$4,600. As a General Duty Corpsman in Medical Records, you personally took ownership for the scheduling of over 550 medical appointments, assisted with the care of 65 patients via one-on-one contact, and scanned and filed over 700 medical documents/chits in a 60-day period. Your experience and technical skills enabled you to take on the most complex jobs, always achieving quality results."



HN Alex Naffziger

Naval Hospital To Offer Diabetes Class

We are pleased to announce that Naval Hospital Twentynine Palms will be offering a Diabetes Self Management Education Program class to our beneficiaries.

The class will be held April 13, in Class Room 4 at the Naval Hospital. Laboratory draws for Hemoglobin A1C and Fasting Lipids will begin at 7:30 a.m., with instruction starting at 8 a.m.

Topics to be covered will include:

- * Introduction to Diabetes;
- * Prevention of Chronic Complications;
- * Medications;
- * Hypo/Hyperglycemia and Sick Day Management; and
- * The use of the Glucometer and Pattern Management.

Please bring your Glucometer. With respect to the instructors and those attending this program, attendance of children is not encouraged.

For more information please call Lieutenant Arnold Fajayan at 760-830-2175.



Happy Birthday Chief Petty Officers...

Est. as a Navy Rank on April 1, 1893

Department Makes 'Great Strides' in Brain-injury Care

By Elaine Wilson
American Forces Press Service

WASHINGTON, March 11, 2011 - The Defense Department is making great strides in the field of traumatic brain injury that will benefit not only the department, but also its global and civilian partners, a TBI expert said today.

"The department is committed to fast-tracking promising research and to improving the diagnosis and treatment of TBI to benefit service members, veterans and their families," Kathy Helmick, deputy director for TBI for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, said during a teleconference hosted by the Defense Centers of Excellence.

Helmick was one of several officials from across the Defense and Veterans Affairs departments who outlined new and upcoming programs and initiatives designed to assist service members and veterans diagnosed with traumatic brain injuries. They also previewed the latest in TBI diagnosis, evaluation and research.

More than 19,000 service members were diagnosed with a mild TBI, or concussion, last year, according to the Defense Centers of Excellence website.

The Defense Department has made significant advancements in TBI management during the last several years, and is contin-

uing to learn as it treats, Helmick noted.

"Navigating the clinical challenges providers face in the field is critical to ensuring that we're employing state-of-the-art care for all levels of TBI severity, from concussions to severe and penetrating brain injuries," she said.

Helmick outlined three areas of focus for the department regarding TBI: cognitive rehabilitation, co-occurring disorders and guidance.

The department is studying the effects of cognitive rehabilitation for mild TBI, she said. Following a TBI, people may experience symptoms of functional limitations, she explained, including attention issues, memory problems and issues with social, emotional and executive functioning, such as planning and judgment.

Cognitive rehabilitation therapy is now performed at 13 military treatment facilities, she noted.

Additionally, the Defense Centers of Excellence has released a co-occurring conditions toolkit for mild TBI and psychological health, Helmick said, which can help primary care providers with assessing and managing brain injuries. The toolkit addresses depression, chronic pain, headache and substance abuse disorder.

The department also is aggressively working diagnosis and treatment of TBI in the combat

theater through a directive-type memorandum, Helmick explained, which establishes guidance for the management of concussions in deployed settings. The memorandum, which officials signed into policy June 21, includes mandatory protocols for exposure, medical evaluation and rest requirements, and guidelines for resumption of sports and other activities that involve a concussion risk.

Commanders and other representatives are required to assess service members involved in potentially concussive events, she added, including members without visible injuries.

...*"We've learned early diagnosis and treatment help to maximize the possibility that members will fully recover from a TBI and return to duty"* ...

Service members with mild TBI receive a standard education sheet, she continued, and new protocols address members that have experienced three or more TBIs in a 12-month period.

"We've learned early diagnosis and treatment help to maximize the possibility that members will fully recover from a TBI and

return to duty," Helmick said, noting that this applies to injuries suffered while deployed or at home.

On average, according to the Defense Centers of Excellence website, it takes people about one to three months to recover from a mild TBI.

For U.S. Central Command, the major TBI focus in theater has been on the implementation of the June 21 policy, noted Dr. Theodore Brown, preventive medicine physician for Centcom. It's his job, he explained, to translate the policy to the Centcom theater of operations and to work closely with medical personnel on implementation "to ensure not only a joint, but a cohesive, unified" effort.

One of the policy's requirements is to track and report all service member exposures to concussive events, he noted. That tracking and reporting was conducted manually in the past, but Centcom since has developed an automated Blast Exposure and Concussion Incident Report, he explained, which is within the Combined Information Data Network Exchange. This exchange is used throughout theater to report significant operational events.

Through the incident report, the record of exposure automatically is linked to the significant event, he said, which allows a more comprehensive capture of exposures and, later, analysis of the data.

Brown also touched on a new, standardized initial evaluation form. The policy calls for all service members exposed to a concussive event to be medically evaluated and for the incident to be documented in their electronic record. Centcom officials worked with the services to create an initial evaluation template that will be available throughout the theater in the Electronic Medical Record System, he said.

"This is truly a team effort, not just meeting intent of policy, but with the greater intent of protecting service members," he

said.

In the area of research, several large-scale, long-term TBI initiatives either are under way or in the planning stages, Army Col. (Dr.) Jamie Grimes, national director of the Defense and Veterans Brain Injury Center, said.

Grimes first touched on a study -- a joint effort by the Defense and Veterans Affairs departments -- that's aimed at studying the effectiveness of cognitive rehabilitation to treat TBI. The study is slated to begin in May and conclude in December 2012.

Additionally, the brain and injury center has been commissioned to do a longitudinal study of TBI, she noted, that will span 15 years and include service members and veterans of operations Iraqi and Enduring Freedom as well as their family members. The study will involve 1,200 people: 600 mild, moderate or severe TBI survivors; 300 who have suffered some type of non-TBI trauma; and 300 who deployed without resultant injuries.

And finally, the center will conduct "head to head" studies that will look at the various neurocognitive assessment tools, including the standardized TBI assessment tool used across the Defense Department.

"There are many cognitive tests out there, but there's not been a study to look at what is best," Grimes said.

The stateside study already has begun, she noted, involving four neurocognitive assessment tools and 85 people. The aim is to enroll 400 people. In the combat theater, tests will involve five neurocognitive assessment tools, she explained, and will have 300 people enrolled.

Experts from each service also touched on new programs and initiatives their branch has established or will be rolling out soon.

First up was Maj. Sarah Goldman, Army TBI program manager, who highlighted the Army's TBI program validation

Continued on page 7

How The Referral Process to Speciality Care Works for Patients

If you have a medical condition beyond your provider's scope of practice, you may be referred to a network specialist.

If you have been seeing a network specialist and not had contact with your health care provider within the last 180 days, and the specialist submits a new referral, you will receive a letter stating you must obtain a referral from your provider or the Naval Hospital in order for the request to be processed.

Otherwise, if you see the doctor and receive subsequent related services without a current referral, your claims will be processed under the Point of Service (POS) option of your TRICARE coverage.

Referral Process

To ensure you receive the highest quality health care, starting at the end of last year, your provider will also coordinate the care you receive through urgent care centers (UCC). Your primary care provider will review the medical records from your UCC or emergency room visit. If your provider determines that specialty care is medically necessary beyond services the hospital can provide, they will generate a referral to a specialist. You are responsible to make sure an authorization has been issued or you may be using the TRICARE Point of Service (POS) option with a deductible and higher cost-share. Check with Referral Management for more information.

When your provider writes a

referral, it is sent to TriWest Healthcare Alliance. TriWest reviews the referral from your provider to make sure specialty care is medically necessary. You will receive the referral notification letter in the mail in approximately 7-10 working days or you can register online at www.triwest.com to receive quick e-mail notifications within 24-48 hours. TriWest will select a provider for you if one was not specifically requested, or you can choose another network provider in that specialty.

Once you receive the notification letter, you may contact your provider of choice to schedule an appointment.

Make sure you follow the directions on your referral and inform TriWest of the date of

your appointment and the name of the provider, if different from the one listed on the letter to facilitate getting clinical information back to your provider.

Additional Referrals

If your specialist recommends additional specialty care, they should request authorization from TriWest. If you have already seen your health care provider for this episode of care or clinical condition, the specialty care should be certified. If it is for a different episode or condition, then your provider should be contacted. Again, you

are responsible to make sure authorizations have been issued prior to seeing specialists in order to avoid the deductible and higher cost-share with the TRICARE PS option. Check with Referral Management for more information.

Your health and well-being are of the utmost importance to us. We want to make sure you are receiving the high-quality health care to which you are entitled. By following this process, we are hoping to allow more care coordination by your PCM.

Brain-injury Care...

Continued from page 6

initiative. The initiative has three stages, she explained: initial validation, full validation and follow-up inspections as part of the Medical Command's organizational inspection program.

Goldman said she'll be traveling to two different regions, spanning 21 military treatment facilities, in the upcoming weeks for the inspection. She and a team will look at budgets to ensure TBI funds are appropriately used and that facilities have their needs addressed, will talk with staff members to address outcome measures, and will look at patient satisfaction.

"We're looking to make sure everyone is following the latest guidelines for TBI care," Goldman explained. "It's another opportunity for us to make sure soldiers are getting top quality care according to the latest guidelines."

This initiative is just one of many for the Army, she added.

Navy Cmdr. Jack Tsao, director of TBI programs for the U.S. Navy Bureau of Medicine and Surgery, touched on the Navy's training and evaluation efforts.

The "bedrock" of the Navy's TBI program, he noted, is the training medical officers and corpsmen receive prior to

deployment. This four-hour program includes hands-on teaching on how to administer and review assessment tools and information on clinical practice guidelines.

The Navy also is developing a handheld neurocognitive device to help corpsmen make decisions regarding concussions on the battlefield. The project has been in the works for several years and should move to testing in the next couple of weeks, he said.

Dr. Keith Morita, chief of medical operations for the Air Force Medical Support Agency, highlighted the Air Force's TBI clinic in Balad, Iraq, as well as joint efforts stateside between Air Force and Army medics to ensure comprehensive TBI care.

Additionally, the Air Force started a TBI clinic in 2009 at Joint Base Elmendorf-Richardson, Alaska, Morita noted, to offer service members returning from deployment "care in a supportive environment with loved ones."

Dr. David Tarantino, director for clinical programs at Headquarters Marine Corps, said the Marine Corps offers a comprehensive approach to brain injuries, from education and training to tracking and sur-

veillance.

Leaders have placed an emphasis on prevention, Tarantino noted, including the development of advanced armored vehicles, body armor and helmets.

In the area of treatment, the Marine Corps has taken an innovative approach, he explained, by establishing a concussion and restoration care center. The center offers a multidisciplinary and holistic approach to concussion management, he said.

Marine Corps leaders have made brain injuries a leadership priority, Tarantino said. They "recognize the critical challenge of TBI and concussion as signature injuries of modern combat, and the leading combat injury we're seeing," he added.

Officials also touched on efforts to educate and support family members. The Defense Department and individual services offer a variety of resources and information on brain injuries, they said, covering everything from the signs and symptoms to care and support.

For more information on helping resources, Helmick suggested people visit the Defense Centers of Excellence and Military Health System websites.

Extend Your Life by 14 Years...Quit Smoking

By Shari Lopatin
TriWest Healthcare Alliance

On average, smokers die 13 to 14 years sooner than nonsmokers,

according to the Centers for Disease Control and Prevention (CDC).

Since about 20 percent of the United States' population smokes, that means almost a fifth of the country could live at

least a full decade longer. Are you one of them?

If you're not ready to take the plunge, try quitting for a month. Or even for a week.

Been thinking about this for awhile or not sure where to find

the best resources? TriWest and TRICARE can help:

* TriWest's dedicated toll-free Tobacco Quitline, 1-866-244-6870, is available 24/7/365. Talk one-on-one with a tobacco cessation coach about your concerns or questions about accomplishing your goal.

* TriWest's tobacco cessation page, www.triwest.com/tobacco, provides information about local and statewide resources, as well as quitting tools and tips.

* www.ucanquit2.org is an interactive site sponsored by the Department of Defense. Here, one can develop a quit plan, join a message board, or, if an eligible TRICARE beneficiary, chat live and get help quitting tobacco.

Want to connect with other smokers/former smokers? Join the Facebook discussion.

TriWest is hosting a discussion board on its company Facebook page called, "What Makes a Good Quitter?"

Dozens of participants have joined and posted their best success tips on how they quit for good...from using a pacifier to quitting for the sake of their children. To join the discussion:

* Sign into your personal Facebook account

* 2 'Like' the TriWest Facebook page at www.facebook.com/triwest

* Click on the 'discussions' tab at the top

* Click on the discussion entitled, "What Makes a Good Quitter?"

Heading Off to Retirement...



HMC Obdulio Palustre, Radiology Department, is piped ashore as he retires after serving honorably in the United States Navy. Chief Palustre didn't want a ceremony, but his fellow Chiefs would let his service pass without some notice.

Life's Lesson...

Just when I was getting used to yesterday, along came today!