



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:

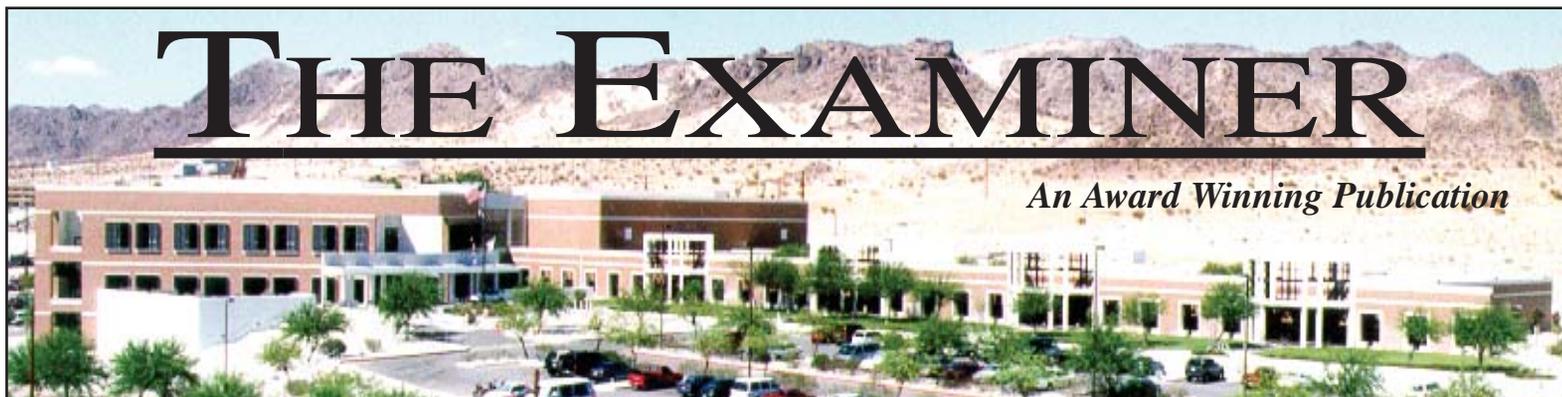
- * Through the ICE website.
- * The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics, or directly to the Joint Commission via: E-mail at complaint@jointcommission.org
Fax: 630-792-5636

The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

To report Fraud, Waste and Abuse contact one of the below offices by calling:

Naval Hospital: 760-830-2764
Combat Center: 760-830-7749
NavMedWest: 1-877-479-3832
Medical IG: 1-800-637-6175
DoD IG: 1-800-424-9098

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



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

Naval Hospital Welcomes New Director of Medical Services

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

Commander Lisa Morris recently reported to the Robert E. Bush Naval Hospital from Naval Hospital Guam where she served as the Head, Quality Management, Command Risk Manager and Director of Branch Clinics.

Morris hails from Horsham, Pa. where she attended and graduated from Horsham High School before heading off to Northern Colorado University where she graduated with a Bachelors Degree in Nursing in 1991.

Before leaving Colorado she was introduced to the United States Navy in her junior year by some very savvy Navy Recruiters. "The BDCP

(Bachelor Degree Completion Program) recruiters came to the University of Northern Colorado in my junior year and asked us, who would like to take a trip to San Diego, so I raised my hand without knowing what I was getting into..." Morris said. "This was in the 89-90 time-frame when they took us to Balboa Naval Hospital. It was on the water and it was new and big and beautiful."

Morris was impressed with all the modern equipment she saw on her trip to the Naval Medical Center in San Diego. She said "they had bedside monitors and they (the recruiters) said this was what a Naval Hospital looked like. Of course it was much bigger and better than any other hospital that I'd ever seen. I was talking to the Navy and the Air Force at the time, but the

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Hospital Completes Joint Commission Medical Inspector General Survey

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

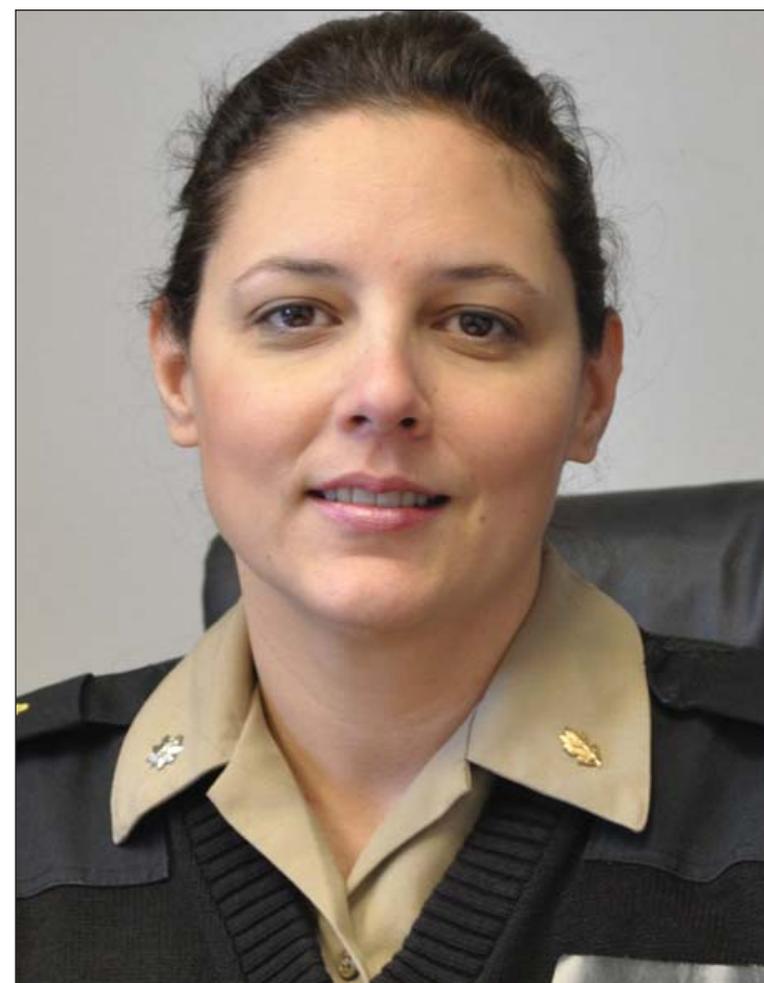
The Robert E. Bush Naval Hospital was recently surveyed by the Joint Commission and the Medical Inspector General of the Navy.

By undergoing these surveys the hospital seeks to earn the Joint commission's accreditation to show patients that this hospital meets strict standard of care to its patients.

Founded in 1951, The Joint Commission seeks to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

The Joint Commission evaluates and accredits more than 15,000 health care organizations and programs in the United States, including more than 8,000 hospitals and home care organizations, and more than 6,800 other health care organizations that provide long term care, assisted living, behavioral health care, laboratory and ambulatory care

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Patients seen in December -- 10,399

Appointment No Shows in December -- 649

Wow, in December we dropped down to 5.9 percent of patient no shows for appointments. We can continue this downward trend by keeping the appointments we make, or cancel in enough time for someone else to use the slot... This no show percentage dropped almost a full percentage point since the last report!

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

February is heart health month

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

The leading preventable cause of death and disability in the U.S. is tobacco use.

According to the Centers for Disease Control and Prevention (CDC) nearly 60 percent of all deaths of Americans age 45 to 64 are tobacco related and that three of the top four leading causes of death in that age group are heart attack, cancer and chronic lower respiratory diseases -- all directly linked to tobacco use.

Tobacco use is a greater risk factor for heart attack than being

overweight. In fact, you would have to be 150 pounds overweight in order to have the same health risks as one pack or can of dip a day habit. As few as 3 cigarettes per day doubles your risk of heart attack and light cigarettes do not reduce your risk of heart disease, cancer or any other tobacco related disease.

What are the links between heart and cardiovascular diseases and tobacco?

Tobacco use is directly related to aortic aneurysm. Anyone over age 65 who has ever smoked should be screened for aortic aneurysm.

Hypertension is also directly related to tobacco use. People who use tobacco and caffeine

together have more than double the risk of high blood pressure - i.e. your coffee and cig in the morning could be killing you.

Tobacco also leads to atherosclerosis (hardening of the arteries), changes in the blood pressure in the legs leading to leg pain, coronary heart disease, phlebitis and sudden death (especially in men).

As to women and tobacco use - women who smoke and take oral contraceptives have a twenty five times higher risk of stroke and fifty times higher risk of heart attack. Men and women both who are in their thirties and who use tobacco are five times more likely to have a heart attack than a non-tobacco user.

Babies born to tobacco users have abnormally high blood pressure for the first 6 months of life and are more likely to be born with heart defects - even from second hand smoke around

the mother. Tobacco causes low birth weight babies which then increases the risk of that baby having high blood pressure and being pre-diabetic by their teens and early twenties.

When a mother smokes or is exposed to second hand smoke, her children grow up to be at risk for: being obese, having high blood pressure and having permanent damage to their circulatory system which can increase risks of heart disease and stroke when they grow up. Women who breastfeed and use tobacco increase their baby's risk of both atherosclerosis and circulatory system damage

The Surgeon General's Report "The Health Consequences of Involuntary Exposure to Tobacco Smoke" reports that second hand smoke is a leading cause of disease, including lung cancer and coronary heart disease, in otherwise healthy non-smokers. Exposure to any second hand smoke dramatically increases the risk of heart dis-

ease, stroke, atherosclerosis and faster blood clotting.

Second hand smoke in California causes 5,500 heart disease deaths every year while 151 Americans die every day from second hand smoke (SHS) across the nation. Exposure to SHS for as little as 30 minutes doubles the risk of heart attack, stroke and damage to the entire cardiovascular system of a non-smoker. We also now know that SHS sets kids up for adult heart disease as young as age 2.

Since SHS laws have been enacted, ER heart attack admission rates have dropped. In the first year that NYC enacted smoke free laws: 4,000 heart attacks were prevented, saving \$56.3 million in health care costs and 1,000 lives saved.

Where can you get help for tobacco cessation? The tobacco cessation class is no longer mandatory in order to access the medications. Contact Health Promotion and Wellness at (760) 830-2814 for more information.

February is 'Lose the Chew' Month

By Martha Hunt, MA, CAMF
Health Promotions Coordinator
Robert E. Bush Naval Hospital

Who uses spit tobacco? The Marines have the highest smokeless rate of any branch of the military with 33 percent of active duty Marines using smokeless tobacco. In fact, according to the 2008 DoD Survey of Health Related Behaviors, the Marines have the highest rate of tobacco use, regardless of the type of tobacco product.

Why is spit tobacco use increasing? Some of the reasons include increased smoking restriction in schools, public places and worksites. Smokeless tobacco use is also increasing due to the introduction of milder and sweeter brands that appeal to younger tobacco users and women.

A lot of Marines and Sailors get hooked before they know the facts about dip and chew. They don't know spit tobacco: is highly addictive, doesn't help performance and is not a safe alternative to cigarettes. Sometimes people switch to dip to stop smoking, not realizing that dip actually has five times more nicotine than cigarettes.

What are some of the dangers of smokeless tobacco? Let's start with readiness. Tobacco use increases heat stress and dehydration. DoD and VA research has shown that tobacco use doubles your risk of PTSD when exposed to a traumatic event such as combat or assault and can mask underlying issues like depression or anxiety.

Tobacco use makes you more prone to infection if you are wounded and doubles the time it takes for broken bones to heal. Many surgeons will not treat a patient who uses tobacco because of poor healing and risk of infections. It also makes you a target whether you are smoking or dipping. Regarding heat signature, a lit butt can be seen at two miles and a spit puddle can be seen for 15 minutes after you spit into the sand making you easy to track.

One can of smokeless tobacco has the same amount of nicotine as five packs of cigarettes. Also, one can of smokeless tobacco contains a lethal dose of nicotine if a child or animal eats it.

Over 50 percent of smokeless tobacco users develop pre-cancerous mouth sores within 3 1/2 years of use. According to the Centers for Disease Control and Prevention (CDC), there are 300,000 new cases of oral cancer in the US every year and half of all oral cancer is fatal within five years. Smokeless tobacco users are five times more likely to lose all their teeth, have receding gums and tooth decay because of the sand and grit in the tobacco as well as the addition of sugar. The health risks of dip also include: increased heart rate, heart disease,

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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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How Do You use Your Medical Benefits?

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

The hospital staff wants you to understand that anytime you have an immediate life-threatening medical problem you should call 911.

If you wake up one morning feeling ill, you can call 830-2752 to possibly obtain a same day appointment. Every effort will be made to get you an appointment with your Primary Care Provider on your assigned Medical Home (MedHome) team.

If this isn't possible you may be assigned to another provider on your provider's team or with any other available provider.

If you feel you should be seen in the Emergency Medicine Department for care you will be

seen, however, upon checking in at the EMD window, you will be triaged by an Emergency Medicine Nurse within a relatively short time, depending on how many patients are waiting to be triaged.

If the Nurse determines that you have an urgent need for medical care you will be admitted to the EMD where you will be evaluated by military or civilian contract physician. They will order diagnostic testing to determine what treatment you may require. This usually takes an extended amount of time, depending on the lab tests and radiological studies the EMD physician orders.

If the triage Nurse feels that you can safely wait to be seen by an EMD physician you will be asked to wait outside the EMD waiting area until a physician is available to see you.

The Naval Hospital

Emergency Medicine Department should never be viewed as a walk-in clinic.

Patients are never seen on a first come first served basis. Patients may have to wait for an extended period of time to be taken care of by a physician, who is in most cases, is trained in emergency medicine.

A family medicine trained Nurse Practitioner or Physician is the person of choice to seek care for most everyday illnesses. In most cases, after extended waiting to be seen and then more waiting for test results, the emergency room doctor will provide some medications or simple treatments and ask you to follow up with your primary care provider in a day or two.

When this occurs you should call (760) 830-2752 to make the appointment or request the appointment through your Relay Health account at Naval

Hospital 29 Online. If there is underlying symptoms the ER doctor missed, your Family Medicine or Pediatric providers will most likely be able to pick up on them.

If your symptoms are not severe enough to prompt you seeking an appointment or a visit to the hospital's Emergency Medicine Department, the Naval Hospital offers an Over-the-Counter (OTC) medication dispensing program for your convenience. OTC medications may be obtained for family members between the ages of two and 18 only by a parent or guardian. Patients who are not eligible to receive OTC medications are pregnant or breast-feeding mothers, children less than two years old, and those who are currently in flight status or in the Personal Reliability Program.

All patients must have a valid military identification card in their possession at the time of dispensing.

Each family member will be eligible to receive a maximum of four different items in a three-month period. These medications will be entered into each person's computer prescription record to screen for allergies, overlap medications and duplications.

A request form must be completed which includes a brief question-and-answer assessment of your medical conditions and current medications you are taking. You will receive a handout discussing the proper use, dosages, cautions and side effects associated with the med-

ications you request and receive. If your medical condition does not improve or if it worsens within 48 hours, you should seek advice from a medical professional.

This program is designed to offer access to many common cough and cold, sore throat, fever, headache, stomach upset and minor gynecological conditions that are listed below:

- * Acetaminophen (Tylenol) 325mg tablets & elixir
 - * Ibuprofen (Motrin) 200mg tablets & suspension
 - * Diphenhydramine (Benadryl) capsules & elixir
 - * Pseudoephedrine (Sudafed) tablets & syrup
 - * Triprolidine w/ pseudoephedrine (Actifed) tablets & elixir
 - * Guaifenesin (Robitussin) syrup
 - * Guaifenesin w/ dextromethorphan (Robitussin DM) syrup
 - * Saline nasal spray/drops
 - * Cepacol throat lozenges
 - * Maalox (regular) 5 ounce bottle
 - * Clotrimazole (Gyne-Lotrimin) 1 percent vaginal cream (not for the patient's first yeast infection and only one issue every 6 months)
- If you have a question to ask of a medical provider, you can call 830-2752 to leave a message. Or you can contact any member of your Medical Home Team by logging on to your Relay Health account through the Naval Hospital 29 Online at <https://app.relayhealth.com/Registration.aspx>

New Model of Health Care Delivery and Communications Improve Patient Satisfaction

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

The Robert E. Bush Naval Hospital offers "Medical Home Port" to enrolled patients.

The Medical Home Port model allows patients enrolled at Robert E. Bush Naval Hospital, to see the same team of providers each time they come in for medical appointments.

The goal for this system is to allow you to see your personal Primary Care Manager (PCM) as often as possible. However, if they are not available, another provider on the same team will see you. Only when no members of your health care team are unavailable, will staff attempt to get you in to see any available primary care provider regardless of team assignment.

Your team of healthcare professionals is made up of nurses, clerks, and hospital corpsmen that are dedicated to providing their patients with the best possible care. You should be able to get to know your team as well as they can get to know you.

According to a recent article in the Los Angeles Times newspaper, Four physician groups... the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians and the American Osteopathic Assn., believe this method of patient care, known as patient-centered medical homes is providing patients with more access to primary care and allow longer appointments.

Medical Home Ports add continuity of care for patients even when your active duty provider deploys. The combination of both civilian and military team members cultivates stability for the teams and patients when military members are transferred or deployed.

In addition to assigning patients to one of the teams here, Naval Hospital Twentynine Palms has established "Naval Hospital 29 Online" which is powered as a secure messaging program by Relay Health™... contracted through Navy Medicine.

Naval Hospital 29 Online is a secure computer based program which provides a more conven-

ient method of communications between you and your healthcare teams, allowing patients to securely communicate, via e-mail.

Naval Hospital 29 Online allows patients to request their lab results; request a medication refill; access health care information and allows them to create their own health care record to help manage their own care, all from the comfort of home. A feature of this new communications concept that is proving very popular, patients are able to request appointments through the Naval Hospital 29 Online link on the hospital's web site.

The phone number to call for appointments is still (760) 830-2752, you will be directed by the operator of your assigned team. Look for continued improvement processes to help us help you.

...Medical Home Ports add continuity of care for patients even when your active duty provider deploys...



Super Stars...



Lieutenant Cali Scott, a Nurse Corps Officer assigned to the OB/GYN Clinic, takes the oath at her recent promotion ceremony to her current rank as a Lieutenant.



HM1 Henry Forcadilla, Leading Petty Officer in the Radiology Dept., receives a command coin and recognition, for his hard work and outstanding achievements for his department and this command, from Captain Ann Bobeck, Commanding Officer, Naval Hospital Twentynine Palms at the recognition luncheon for the Radiology Department staff. Each month the command hosts these luncheons to honor the hard work of the staff and allows the commanding officer and department staff to have a two-way conversation about how to improve the working conditions for the staff and in turn look for ways to improve care to patients.



Lt. Joshua Blackburn, Pharmacy Dept., receives a gold star in lieu of his second Navy and Marine Corps Commendation Medal.



HM3 Joshua Culp, assigned to the Blue Team, is frocked to his current rank as a Third Class Petty Officer.



HM2 Nicole Gacayan, Preventive Med. Dept., receives a Navy and Marine Corps Commendation Medal.



HM1 Janette Holmes, assigned to the hospital's command suite, receives a gold star in lieu of her fourth Navy and Marine Corps Commendation Medal after being selected as the command's Senior Sailor of the Year for 2011.



HM2 Timothy Hurtado, assigned to the hospital's Main Operating Room, is frocked to his current rank as a Second Class Petty Officer.



Cmdr. Lisa Morris, Director for Medical Services, receives a Meritorious Service Medal from Commander Navy Medicine West for her work at her former command at U.S. Naval Hospital Guam.

In the Spotlight...

Hospital's Information Management Department Strives to "Provide the Best in IT" to Hospital Staff...



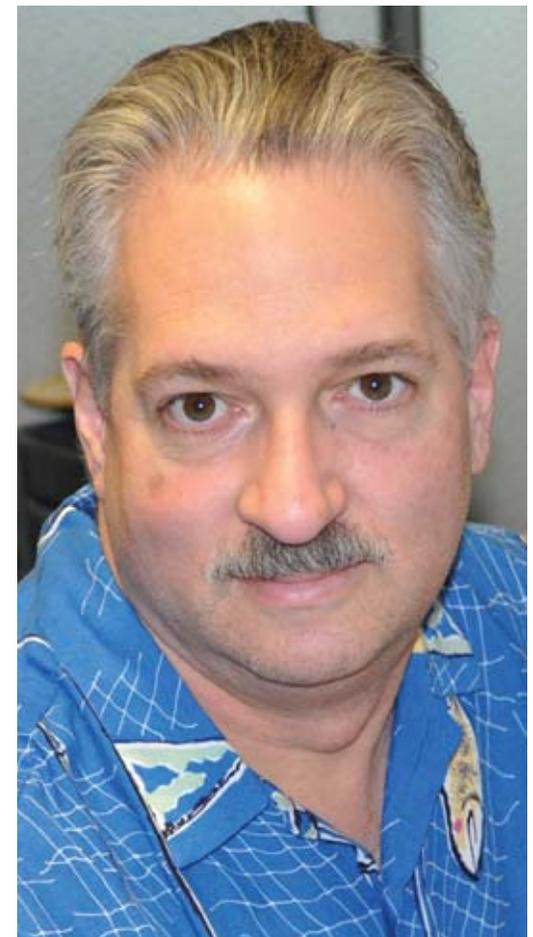
Robert 'Rob' Carbajal (Lead SA)



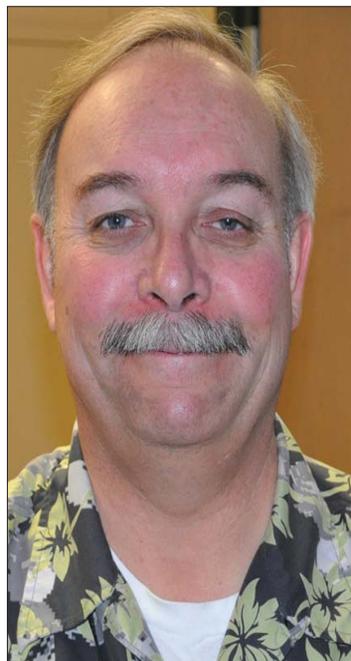
Tim Smith (IAM)



Craig Palmer, CIO



Philip Breault, COR



Richard 'Rick' Watson, (SA)



John Talbert, (CTO)



James Cox, (NetAdmin)

“We’ve been really busy on the IT professional certifications trail,” said Tim Smith.

The below professional certifications recently obtained by some of the IMD staff, are required for the Robert E. Bush Naval Hospital Information Management Department personnel, as members of the Information Assurance Workforce, tasked with implementing Defense-in-depth strategy for the command.

Mr. Craig Palmer (CIO) and Mr. Tim Smith (IAM) obtained their Global Information Assurance Certification - (GIAC) for Security Leadership (GSLC); Phil Breault (COR) obtained

his Contracting Officer Representative (COR) certification with a Mission Focus; Mr. Robert Carbajal (Lead SA) received a Microsoft Certified Systems Engineer (MCSE) certification; Mr. Richard Watson (SA) earned the Microsoft Certified Systems Administrator (MCSA) certification; Mr. John Talbert (CTO) and Mr. James Cox (NetAdmin) both obtained their Cisco Certified Network Associate (CCNA) certifications.

According to Palmer, the staff in the Information Management Department would not be able to legally support many of the command’s sensitive systems without them constantly updating their various certifications.

Naval Hospital Twentynine Palms Communicates with Face Book, Twitter and Health Blog

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

Did you know the Robert E. Bush Naval Hospital has been communicating with patients, staff and the outside world with the social media sites of Facebook, Health Blog and Twitter since June 2009, the first command in Navy Medicine to do so.

By using these channels of communications the hospital has increased the visibility of its various programs, clinics and events and at the same time opening up channels to allow nearly instant two way communications with customers.

Information that the hospital posts on the social media sites mostly deals with health promotions and health education and is beneficial to anyone who reads them.

Also, any special events that might be beneficial to patients or staff will be posted.

We also enjoy sharing our good news by posting photos of our events, promotion and awards ceremonies.

The hospital's web site complies with all policies and laws regarding the privacy of service members, retirees and families. Also, no personal information will be collected by Naval Hospital Twentynine Palms or the U.S. Navy during the operation of this site. Nor will any personal health information be shared on our unsecure web pages.

Each of these avenues of communications allows anyone to post comments on articles that are published on the hospital's blog or Facebook. The sites are monitored continuously and questions or comments will be answered if its appropriate to do so.

These communications channels should not be used to "air dirty laundry" or circumvent the normal chain of

command. The hospital staff will not offer personal opinions on, or enter into debates about, our superiors, the government officials or bodies listed in Article 88 of the Uniform Code of Military Justice, or partisan political issues. Commenter's will be similarly moderated, as this site is continually monitored and in the case of inappropriate comments they will be immediately removed.

The hospital employs a full-time Customer Relations Officer (CRO) assigned to help beneficiaries with issues relating to their care, and if appropriate the CRO will facilitate a positive outcome for patients.

To view the Robert E. Bush Naval Hospital web site or to follow us on any of our social media sites visit:

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

<http://www.facebook.com/pages/Naval-Hospital-Twentynine-Palms/83701100741>

<http://robertebushnavalhospital.blogspot.com/>

<https://twitter.com/NH29Palms>

DoD Website Connects Military Kids

By Elaine Sanchez
American Forces Press Service

WASHINGTON, Jan. 24, 2012 - A new Defense Department website is connecting military children -- whether it's across town or across the world -- who are dealing with a loved one's deployment.

The website, Military Kids Connect, offers military children an online community where they can learn about deployments, recognize and share feelings, and develop coping skills.

Psychologists from the DoD's National Center for Telehealth and Technology developed the site to build on military kids' strength and resilience, especially as they deal with the unique stressors of military life.

"We felt by connecting military kids with each other, through providing peer-to-peer support, they'd be able to build on the resilience they have already and learn new coping skills to deal with deployments," explained Kelly Blasko, a psychologist from the center, dubbed T2.

The site features tools for all stages of the deployment cycle -- from predeployment through reintegration.

To help prepare kids for an impending separation, the site includes an interactive map that offers information on numerous deployment locations. The aim here is to "give them positive information, rather than the negative information they hear on the phone or on the news," Blasko said.

"We tried to focus on the fact they get increased responsibility at home [during a deployment], as well as new routines, because their parent is gone," she said. "We

developed activities around that."

The post-deployment section deals heavily with the reconnection process upon the service member's return, Blasko added.

While the sections share a common theme, site developers customized information and activities to best suit children's age-specific needs. They created tracks for three different age groups: 6 to 8, 9 to 12 and 13 to 17.

"We wanted to develop content around the different challenges that these kids face during the different phases of deployment," Blasko explained.

Kids react to deployment-related stress in different ways, she noted. Teens may isolate more, act out, and may even get involved with drugs and alcohol. Tweens often rely on their parents for feedback and acknowledgement, and when a parent is absent, that can create a void. And younger children may regress due to anxiety, she added.

"The focus really is on the kids and providing them with coping skills for the different challenges they face," she said.

Blasko said they came up with the idea for the site after noting a marked gap in resources for military kids dealing with deployments. T2 offers a deployment website called afterdeployment.org for troops, veterans and their families, with a module for parents helping children with deployments. But that wasn't enough, she said.

"We realized that helping children with deployment was actually larger, and that particular module didn't really address the issues that military children face," she added.

Experts believed a site dedicated to aiding kids through the deployment cycle "would be an incredible contribution to help kids with this challenging time," she said. To gain ideas from a military kid's perspective, they hosted a series of focus groups with children 9 to 17 about what they'd like to see on the site.

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You know where you want to go.
Sailor Career Toolbox
The tools you need to get there.
<http://www.npc.navy.mil/CareerInfo/CareerToolbox/>



New Director...

Continued from page 1

Navy's duty stations were mostly on the water and I like the water." Morris didn't comment that most of the Air Force commands are in the Midwest.

After graduating from college, she was commissioned an Ensign in the Nurse Corps under the Bachelor Degree Completion Program. She attended Officer Indoctrination School in Newport Rhode Island and received orders to her first duty station at Naval Hospital Orlando, Florida.

Since that time Morris saw duty at Naval Hospital Great Lakes, Ill; Naval Hospital Roosevelt Roads, Puerto Rico; Naval Medical Center Portsmouth, Va.; Naval Hospital Jacksonville, Fla., where she was selected for deployment to Guantanamo Bay, Cuba as the Director for Nursing Services as part of Joint Task Force GTMO.

Morris stated that her most rewarding experience to date was while working as a Clinical Nurse Manager for Plastic Surgery and Reconstruction at Naval Medical Center Portsmouth.

While there she was a member

of the team that provided care for treatment of craniofacial anomalies, and initiated the only Navy approved Breast Reconstruction Study. "I worked with patients who were undergoing facial cranial reconstruction and breast cancer patients with reconstruction. This type of surgery can be life changing for the patients."

In her leadership role here Morris said, "I would like to bring Team SteppSM to the directorate. I can really see the value and I can see where it's needed. My philosophy is that I treat everyone the same it's always a team effort, I listen to everyone, I take input from everyone. I listen to the Chiefs, I listen to the officers and I listen to the HNs. I think as a leader you always have to be willing to listen and now that I'm in the position of leadership I don't feel like I'm in charge of anybody, I feel that I am working for everybody."

Morris is married to Ronald Morris and they have three daughters. One daughter is still living in Florida, where she is working as a nanny and teaches

gymnastics. The other two children attend high school and elementary school in Twentynine Palms. Her youngest daughter and husband are involved in the Twentynine Palms Park and Recreation Youth Basketball program.

When not busy with work, Morris enjoys swimming and most outdoor activities.

While here in Twentynine Palms the Morris family will most likely be exploring most of the Joshua Tree National Park. "I am afraid of heights, but I am working on that by scrambling over boulders at the Joshua Tree Park," said Morris.

Morris just completed the requirements for a Masters Degree in Business from the University of Phoenix. She pointed out that she did most of the course work for this advanced degree while assigned to U.S. Naval Hospital Guam, but completed the final assignment here.

Morris has earned the Meritorious Service Medal, Joint Services Commendation Medal, the Navy Commendation Medal with 2 gold stars and the Navy Achievement Medal with 2 gold stars as well as various unit citations.

Survey...

Continued from page 1

services. An independent, not for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care.

Captain Ann Bobeck, Commanding Officer, Naval Hospital Twentynine Palms, stated, "By going through the Joint Commission accreditation, we are demonstrating that we're willing to do more than the minimum to meet government regulations and ensure quality and a safe patient environment. This command has been successful in providing that care since it opened its doors to patients in July 1993."

Bobeck added, "I am extremely proud of the staff of this hospital in how willing they were to meet with the surveyors and to share how they care for

patients. Everyone did an extraordinary job during the survey, and I am very proud to serve as commanding officer of this hospital."

The Joint Commission conducted a short-notice, on-site evaluation of Naval Hospital Twentynine Palms during the second week of January.

"We sought accreditation for our organization because we want to demonstrate our commitment to our patients' safety and quality care," says Mary Ellen Hogan, Joint Commission Coordinator for the Naval Hospital. "We view obtaining Joint Commission accreditation as another step toward achieving health care excellence."

Hogan spoke of her pride in a staff whose members ask what needs to be done to be accredited by The Joint Commission. "In addition, they appreciate the educational aspect of the survey and the opportunity to interact with the team of surveyors."

Life's Lesson...

...Always avoid being the squeaky wheel, and always be the source of lubricant for other squeaky wheels...

Lose the Chew...

Continued from page 2

stroke, high blood pressure, peptic ulcer disease, low birth weight babies and other reproductive disorders such as infertility and impotency.

With regards to oral cancer, check your mouth often and see your dentist regularly. Examine the spots where you hold the tobacco. See your doctor or dentist right away if you have: a sore that bleeds easily and doesn't heal, a lump or thickening anywhere in your mouth or

neck, soreness or swelling that doesn't go away, a white lump or patch in the mouth, prolonged sore throat, difficulty chewing, difficulty swallowing, feeling that something is stuck in the throat, or difficulty moving the tongue or jaw.

Where can you go for tobacco cessation help? The Naval Hospital Health Promotion and Wellness program offers one on one counseling and unit stand downs. Call Health Promotions at 830-2814.

Warning signs of suicide are not always this obvious...

ACT.

ASK - CARE - TREAT

ASK if someone is thinking about suicide.

Let them know you **CARE**.

Get them assistance (**TREATment**) as soon as possible.

Life counts.

www.suicide.navy.mil

DoD Website Connects Military Kids...

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“One of the things they felt was missing was an online military kids community,” Blasko said. “We developed an online social network forum where [teens and tweens] can post comments and get replies -- where they can share things about deployment.”

To further the dialogue, the site features videos with military kids and their parents discussing situations they’ve dealt with and the coping skills they’ve employed.

In one video story, a soldier talks with her three daughters about their feelings when she deployed to Afghanistan. They discussed how they felt when she left and their experiences while she was gone.

“I felt kind of sad at first,” one of her daughters said, “but I knew she was helping other people, so it kind of eased away my pain inside.”

Other popular add-ons include sections where students can create scrapbooks, participate in instructional and video vignettes, and in interactive games that wrap around the deployment cycle.

One of the site’s most-popular features is a section where kids can select the weather and time from among the six most common deployment locations. Once selected, the information always shows up on their home page. This enables the kids to feel a connection with a parent deployed, for example, to Afghanistan, Blasko noted.

As kids progress through the site, they can earn passport

stamps in a virtual passport by completing games and activities.

While the site is geared for the younger generation, adults shouldn’t hesitate to log on, Blasko said. A parent module explains behavioral changes they should keep an eye out for and parenting strategies they can employ to help their kids through tough times.

The site also features a module for educators to raise awareness of military children’s challenges and to help educators recognize in-school behaviors that may indicate deployment-related anxiety.

Blasko acknowledged concerns regarding Internet safety for the online kids community. Developers kept this in mind throughout the process, she said, and have exceeded security requirements. For example, parents must give permission for children to use the message boards.

“We have been working really hard to provide a safe online community for these kids,” she said.

With the site’s first iteration under way, experts already are forging the path ahead. For the next version, they’d like to focus on three areas, Blasko said. First, they’d like to improve the online parent-child interaction, perhaps by having parents provide a stamp of acknowledgement when their child is on the site. They’re also hoping to engage deployed parents more by offering a game the deployed parent and child can play together.

Next, they’d like to focus on post-deployment, which is often the most difficult time of the deployment cycle, Blasko noted.

“So many changes occur during deployment for the kids and parents,” she explained. “When they come home, just getting back to the family routine gets very difficult and even more difficult if there’s been post-traumatic stress disorder or some

type of problem that results from deployment.”

Finally, they’d like to enhance the site’s teen content. “We really think it is certainly an at-risk population, and [we want to] be sure we give them as many skills to deal with anxiety as possible,” she said.

Blasko said the project has been rewarding both professionally and personally. “I really admire military kids and the strength that they have given the different challenges they face,”

she added. “It really is an honor to serve them some way through the website and connecting them with other kids, and parents.”

One of the nice things about the website, she noted, is that it teaches coping skills now.

“They can carry that through their whole life and deal with things that come up that we can’t even anticipate,” she said

The site’s URL is: Military Kids Connect <<https://www.militarykidsconnect.org/>>

On the Road...



Recently the some of the leaders from the Naval Hospital visited the DeWert Branch Clinic Bridgeport. In the photo from left to right are Lt.Cmdr. Chris Joas; Frank Jacobelli; Capt. Maureen Pennington, SNE; HMCM Rodney Ruth, CMC; Capt. Ann Bobeck, CO; Capt. Cynthia Gantt, XO; HM3 Joseph Lee, and in front is HN Jeffrey Fleming and HM3 Timothy Putney

