

PACIFIC PULSE

Spring 2015

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Pacific Pulse

Pacific Pulse
Official Publication of U.S. Naval Hospital Guam
Vol. 1 Issue 5
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Pacific Pulse is a professional publication of U.S. Naval Hospital Guam. Its purpose is to educate readers on hospital missions and programs. This publication will also draw upon the medical departments rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

The opinions and assertions herein are the personal views of the authors and do not necessarily reflect the official views of the U.S. Government, Department of Defense, or the Department of the Navy.

Guidelines for Submissions:

This publication is electronically published monthly. Please contact Jennifer Zingalie at jennifer.zingalie@med.navy.mil for deadline of present issue.

Submission requirements:

Articles should be between 300 to 1000 words and present the active voice.

Photos should be a minimum of 300 dpi (action shots preferred)
NO BADGES

Subjects considered:

Feature articles (shipmates and civilians)
Quality of Care
R&D/Innovations
Missions/Significant Events
Community Outreach

This Month:

With the changing "seasons" (maybe not so much on Guam) also comes military rotation, or PCS season. We wanted to inform you that our current Public Affairs Officer is a spouse of an Active Duty member stationed here in Guam, and their family will soon be PCSing. Because of this, although the hospital plans to hire a new PAO, there may be a gap in the time-frame we can bring the new hire aboard. Because of this, Pacific Pulse will be published, until further notice, seasonally or quarterly (Spring, Summer, Fall, Winter). We will continue to bring you great content on our Facebook page and to deliver our messages to the U.S. Navy as well as BUMED. Your comments and suggestions are welcome and we thank you for your patience during this transition period.

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On the Web:

Thank you for taking the time to rate and provide us with your comments and suggestions.

ICE

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Commanding Officer Capt. Jeannie Comlish

Readiness

Hafa Adai USNH Guam Team. Happy Spring!

In this new quarterly addition of Pacific Pulse, you will find important information about diabetes and physical readiness. As a diabetic myself, I can honestly say it is possible to make necessary lifestyle changes to be able to live well with diabetes.

We have celebrated a lot of key events recently. March was Women's History Month as well as Chamorro Culture Month. We were honored to have Dr. Patricia Taimanglo provide our staff with a presentation entitled, "Chamorro People of Guahan: Historical Community Trauma and the Soul Wound" which gave us all a greater appreciation of the culture, historical struggles, and success of the people of Guam. We also celebrated Mes Chamorro with traditional dances, displays, and food.

March was also a time to recognize the Navy Medical Corps' 144th Birthday and Social Workers week which highlighted the theme "Social Work Paves the Way for Change." Our NHG social workers are a small but exceptionally ded-

icated team who make a huge difference in the lives of our patients and families within the community. They have certainly led the way in case management.

April 1st, no joking, was the 122nd year recognition of our Chief Petty Officers' contribution and service excellence. We could not do the things we do without the sage advice and dedication of our Chiefs' Mess. In addition to that, April is the month of the Military Child. Our kids are afforded wonderful opportunities to see the world and experience new cultures. But they often experience the stress and challenges of many moves and parents who must honor the call to duty across the globe and away from them. They are our future and deserve recognition.

The command is continuing on its path to becoming a high reliability organization with a strong focus on a culture of safety. Our process improvement initiatives will be aligned to this goal. In addition to patient safety, we all have the responsibility of speaking up when we see anything that could be an unsafe situation. "See some-

thing, say something" must be a core principle of our daily lives. This also goes for issues outside the walls of the hospital, to include prevention of sexual assault, child abuse, suicide, and any alcohol related incidents. Our most vital resource is our people. We need to watch out for each other and take care of ourselves.

We have been busy with a series of assist visits and inspections. The feedback from these visits is vital in highlighting those issues for which we need to refocus our efforts. Think of our new facility like a newly commissioned ship. That ship goes through a series of sea trials to determine what things are working and what things need renewed focus. Shipmates, I value your input in making U.S. Naval Hospital Guam the leader in Navy Medicine. You know my philosophy is founded on TRUST, one that is not blind, but verified and earned. I am so proud of the work you do each day. Let's take care of each other and "laser" focus on safety. Si Yu'us Må'åse! As always, it's an honor to serve with you.



Executive Officer **Capt. Mike McGinnis** *Value*

Let's talk about service.

Service has many connotations, particularly within the military. I'd like to focus on service as something done for others. We are in the service industry as a healthcare organization. We serve our beneficiaries by delivering health. For our active duty members, this translates to mission readiness through optimization of the human weapons system. For operational commanders, this supports successful mission execution.

All of us are in the service business. Service isn't limited to those in the trenches delivering direct patient care. Our staff is extensively involved in internal and external customer service. Our departments may be serving our fellow staff through administrative support, through the order and delivery of supplies for various departments, or serving excellent hot meals within our galley.

To lead Navy Medicine in

becoming a high reliability organization, we must continually focus on rendering the highest quality service to all of our customers, both external and internal. Are you delivering on this mandate?

I urge you to think about this and think about what you can do to take your team's level of service to the next level. This may be checking in patients with a consistent greeting and smile, even during the busiest clinic times. This may be keeping a patient informed if a provider is going to be late with the appointment and continually keeping the patient appraised should the timeline continue to slip. This may be keeping a department informed on the status of a requested supply item, facility repair, or administrative document that's routing through the chain of command. This also may be walking a lost patient to the department they're looking for, or taking them via a wheelchair to all required

areas during the visit. The opportunities vary widely but are present throughout the command, all the time.

How will you raise the service level rendered within the command? Every positive contribution matters. After all, the difference between ordinary and extraordinary care is that little extra. It makes all the difference! Service with a smile, service with pride, service with honor shipmates!

Thank you for that you do. It is a truly a privilege to serve with you here where America's day begins.

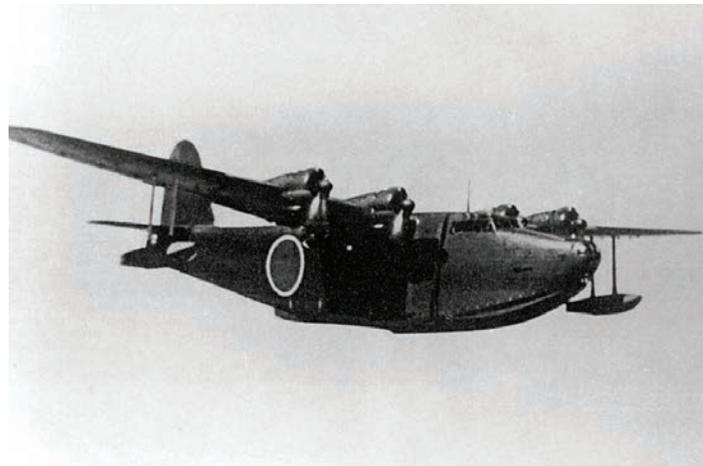


Command Master Chief Robert Burton

Jointness

As media has developed, we increasingly learn history from video sources. This is not a bad thing, but we have to remember the type of presentation, i.e. a movie or a documentary. In December we often see movies about Pearl Harbor and in June movies about Midway. However, between these two is a little known or recognized fact that two flying boats of the Imperial Japanese Navy (IJN) made a second bombing raid on Pearl Harbor in the early morning hours of Wednesday, March 4, 1942. This was known as Operation K.

The Japanese had an improved Kawanishi flying boat model H8K, just entering service in



March 1942. Operation K would be its first operational mission. The aircraft model would be known to the Allies by its assigned code name Emily. A large flying boat with 4 engines and a range of 3,000 miles, it was an impressive plane. During the war, the Japanese would

manufacture a total of 167 of these great machines, and would be used in reconnaissance, bombing and transport.

The IJN launched two Emily's, Y-71 and Y-72 from Watje in the Marshalls. They flew 1900 miles to French Frigate Shoals where they took on 3,000 gallons of avgas from three submarines. They then flew 560 miles to Oahu, where the attack plan ran into problems. Due to a tropical rainstorm and a heavy layer of nimbus clouds, they had trouble finding their target of Ten-Ten Dock (named for its length of 1010 feet), from an altitude of 15,000 feet. Y-71 would catch a glimpse of what it thought was Ford Island and turned to find the target. At 0210 Y-71 dropped its four 550 lb. bombs, but had overshot the target and ended up bombing the slopes of Mount Tantalus, 10 miles from Pearl Harbor. Y-72 lost track of the lead plane in the turn and ended up dropping their four bombs at the entrance to Pearl Harbor, causing some nice water geysers but no damage.

The Americans tracked the planes, launched fighters and sounded air raid sirens. However the fighters were not able to locate the flying boats. Both Emily's would depart Pearl Harbor with no damage. The trip home would see Y-71 shot down American Brewster Buffalo fighters 45 miles west of Midway, while Y-72 would make it home to Wotje. Admiral Nimitz would station a sea plane tender at French Frigate Shoals, closing off the refueling location for future IJN reconnaissance and bombing of Pearl Harbor.

ELIMINATE SEXUAL ASSAULT.
KNOW YOUR PART.
DO YOUR PART.

Intervene

Distract

Support

Enlist Others to Help

Take Action



SAPR Victim Advocate line: 488-0514 or 483-7129. Restricted reporting is available. USNHG
SAPR POC: Lt. Emily Latimer

www.safehelpline.org



Spotlight: Hospitalman Caldara

Throughout life, stress is inevitable. Anyone involved in Mixed Martial Arts (MMA) understands the stress that goes along with being a fighter; a strict diet, extreme physical conditioning, and constantly improving one's technique. Perhaps no one understands better than Hospitalman Daniel Caldara who was involved in MMA coming up through his high school years. But he also knows stress can be a good thing, and being from a small town, he wanted to expand his horizons so after graduation he joined the U.S. Navy.

Life opened up new stresses to Caldara which included boot camp and then on to Corps School. Upon completion of his medical training, Caldara would have another stressful experience, being stationed far away from home where his first duty station would take him to the small island of Guam. Once he reported for duty at his first command, U.S. Naval Hospital Guam he was sent to the Emergency Department (ED) where studies have linked people working in Emergency Medicine to higher levels of stress.

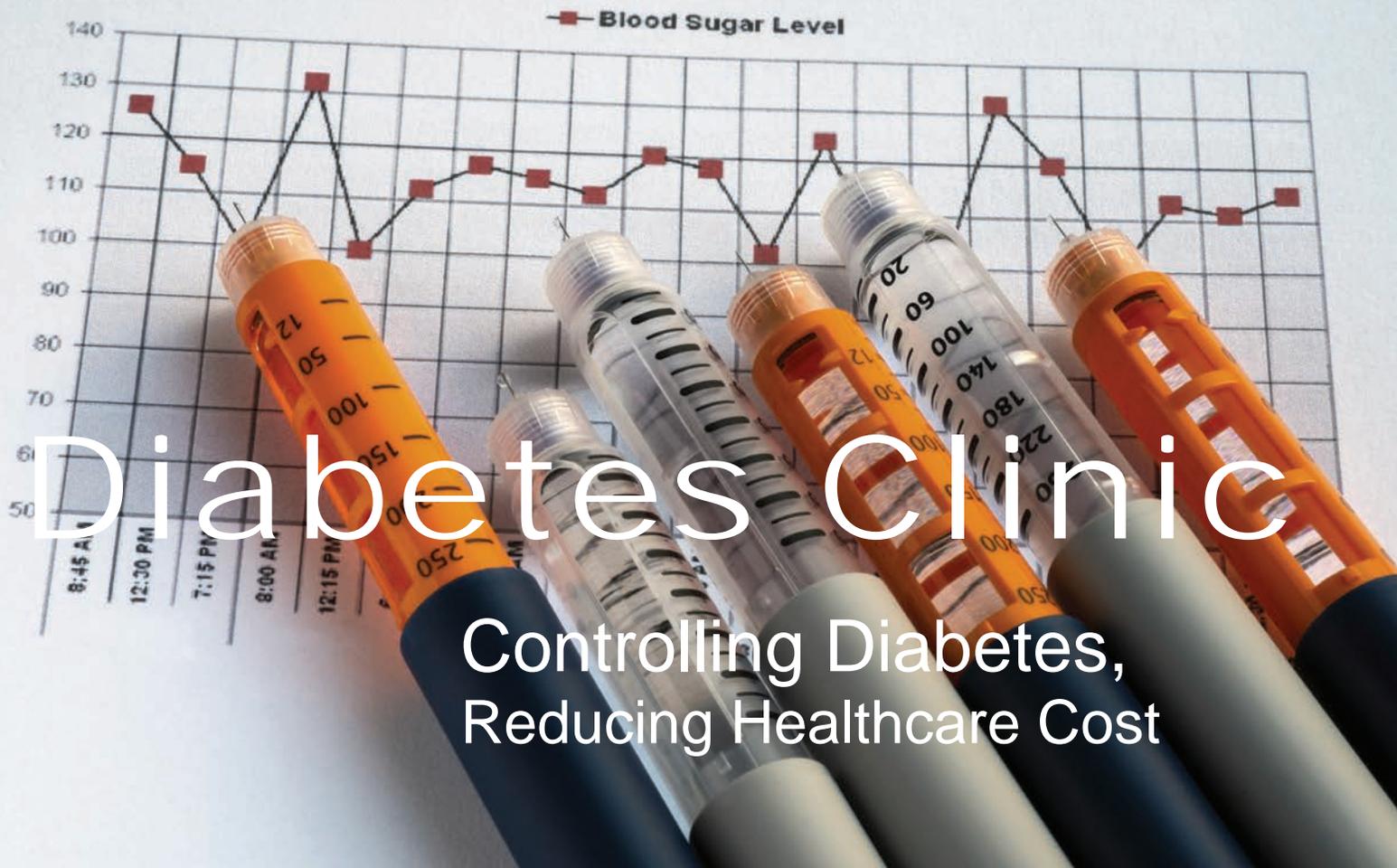
After serving some time in the ED he was moved into the supply department where he would be given the opportunity to try things outside of his medical training, an experience he was most familiar with. Yet, even though that meant learning the military's logistics system, and taking on approximately 60 various customer requests per week, from more than 70 departments, by this time, Caldara was an old pro at handling stress. He not only learned the system, but was able to keep all his customers satisfied, fulfilling requests while upholding Navy Medicine guidelines and policies on ordering and distributing supplies.

In his spare time Caldara developed a love for weight training. Being involved with MMA, physical fitness always interested him and weight training required a good deal of concentration and technique. He said he has even learned a lot about how to handle stress from weight lifting and thinks of it as a good outlet to help eliminate stress. Being fit inspired



Caldara to serve as an Assistant Command Fitness Leader (ACFL) at the hospital, helping and inspiring his peers to stay in shape and maintain their operational readiness.

With everything Caldara has experienced, he soon realized combining his love for physical fitness and his medical training was something he wanted to do. He decided he wants to pursue a Physical Therapy Program after separating from the Navy. Caldara believes that his time both in the ED and in supply will help him be successful in his academic pursuits. He also knows as a Physical Therapist he will be working with people who have been under a great deal of stress, on multiple levels, and feels confident that because of his experiences, he will be able to serve them well. Who knows, he may even decide to specialize in MMA fighters, but right now, Caldara isn't "stressing" it.. 7



Diabetes Clinic

Controlling Diabetes,
Reducing Healthcare Cost

In the year 2005, diabetes and its associated complications were the fourth leading cause of death on Guam. Diabetes, a metabolic disease, occurs when the body is not able to produce any or enough insulin. This in turn causes elevated levels of glucose (sugar) in the blood.

There are two common types of diabetes. Type I diabetes is typically diagnosed when people are young and is believed to be caused by genetic or environmental factors. Type II diabetes is usually associated with obesity, older age, physical inactivity, and family history of type II diabetes or a personal history of gestational diabetes.

According to Lt. Nancy Lentz, an Internal Medicine Physician at U.S. Naval Hospital (USNH) Guam, diabetes can lead to multiple chronic medical problems. "Because diabetes is a condition in which the blood sugar is continually and sometimes dangerously elevated, you

can imagine that any organ supplied by that blood (which is the entire body!) can be affected or damaged." Conditions related to diabetes include heart disease, vision loss and even blindness, kidney disease, nerve damage (neuropathy), foot ulcers, and poorly healing wounds.

Type II diabetes is the leading cause of non-traumatic amputation. As Lentz explains, "Nerve damage, also known as diabetic neuropathy, can cause disrupted sensation and numbness in the feet and legs. It is not uncommon for a diabetic patient with neuropathy to have an injury to lower extremities of which they are unaware. The injury may then worsen both because the person is unaware of it and because diabetes is associated with poor wound healing. This means that a small cut or minor injury can turn into a serious infection...sometimes only treatable by amputation."

Continued on next page

Diabetes Clinic Continued from page 8

According to a report done by the American Diabetes Association, “The total estimated cost of diagnosed diabetes in 2012 is \$245 billion, including \$176 billion in direct medical costs.” These costs are typically related to inpatient stays, emergency room visits, and specialty care needed to treat diabetes or the conditions associated with diabetes.

Another study done by the Guam Diabetes Association show that Guam has a diabetes prevalence rate of 11 percent which means for a population of approximately 120,000 adults, 12,000 of those adults will have diabetes. A census taken by the U.S. Department of Health and Human Services Administration on Aging also showed there were approximately 75,000 people ages 55 years and older living on Guam in 2009. Using the same prevalence rate, it can be assumed that approximately 8,300 from the elderly population will be diagnosed with or currently have diabetes.

Studies also show one in eight adults on the Pacific Islands have served in the armed forces. This means a portion of the Guam’s elderly are veterans and retirees of the armed forces. In turn, a large portion of this population is cared for or referred to U.S. Naval Hospital (USNH) Guam. Approximately 3,400 veterans and 6,400 retired military members and their families are seen at the hospital.

In Navy Medicine, the Healthcare Effectiveness Data and Information Set® better known as HEDIS® is used to measure performance on important dimensions of care and service. This

includes how hospitals manage patients in areas such as screening and chronic medical issues such as diabetes. However, tracking of these patients at USNH Guam hasn’t always been easy, and without a focus on diabetes, patients could easily slip through the cracks.

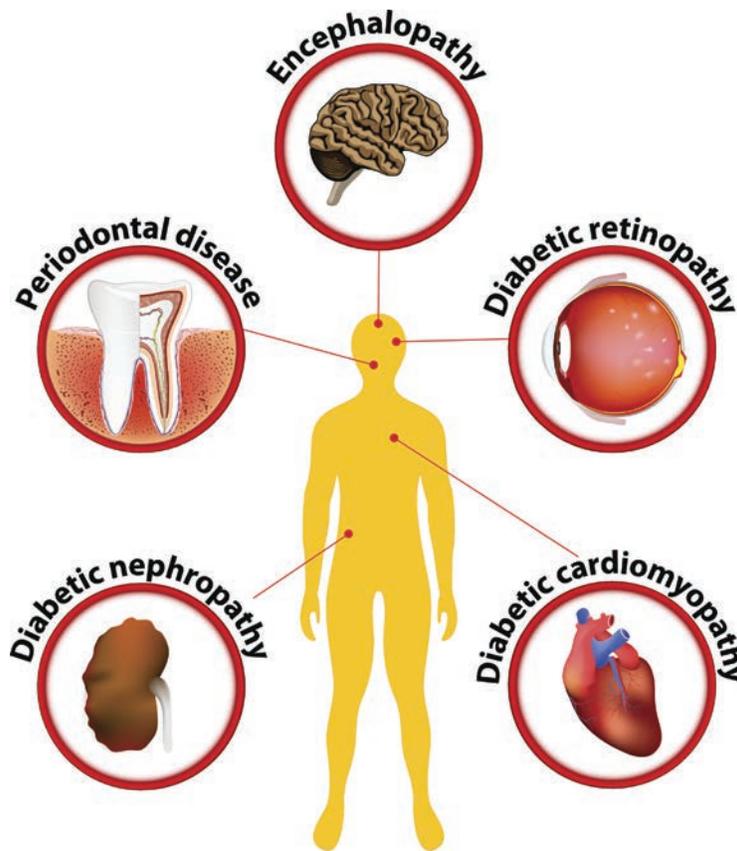
This was especially true for patients with uncontrolled diabetes. USNH Guam made diabetes a priority and established a Diabetes Clinic, in order to improve patients’ quality of life as well as allow the hospital to more efficiently track them. The hospital offers a Diabe-

tes Clinic through both Family Medicine and Internal Medicine. Both clinics have seen success in helping patients reduce blood glucose levels known as A1C in type II diabetes patients.

In a high reliability organization, quality is important; one way to measure quality is to track patient outcomes. Doing so allows decision makers the ability to track the effectiveness, quality and value of any given health care service. It also gives leaders the ability to compare the cost of treatments or services.

The Diabetes Clinic, located in the

Internal Medicine Department is currently led by Lentz and Cheryl Buckley, a registered nurse within the hospital. There are approximately 960 patients with diabetes, and currently fewer than 40 of those with uncontrolled diabetes are enrolled in the Internal Medicine Diabetes Clinic. Because staffing ratios are important to safety and quality care, this clinic is



DIABETES MELLITUS (Type 2)

Continued on page 10



Cheryl Buckley, a registered nurse with U.S. Naval Hospital Guam provides educational training to patients enrolled in the Diabetes Clinic located in Internal Medicine, one of two locations, the other is located in Family Medicine. The classes were developed by Buckley based on the principals established by the American Association of Diabetes Education. Patients are required to attend at least one class per month. The goal of the clinic is to help patients reduce their A1C.

Diabetes Clinic Continued from page 9

only able to focus on patients with uncontrolled diabetes at this time with hopes to expand in the future.

A study conducted by the American Diabetes Association, showed that when patients reduce their A1C by just one percent they reduce their risk of other chronic conditions by 40 percent. In order to improve control, both the patient and physician must be involved. Patients seen at USNH Guam's Diabetes Clinic are initially seen by both Lentz and Buckley. The first visit focuses on learning how patients are managing their diabetes, determining what complications of the disease they may have, and any evaluating their current diet and exercise regimen.

From the assessment, a plan to help reduce their A1C is developed. "Much of the appointment is patient oriented. It is designed to put the patients back in control of their own

healthcare," said Buckley. "They make their own goals. I help them think about which aspect of their diabetes management is the biggest struggle, and what changes they would like to make. Ultimately I don't tell them where they have to make changes; they come up with that on their own."

Patients are expected to attend classes once per month. The curriculum for these classes was developed by Buckley, based on principles established by the American Association of Diabetes Educators. "We discuss topics such as nutrition, physical activity and monitoring," said Buckley. She also asks patients to keep a log of their food intake and blood sugars. "Although they dislike doing this at first, they can see the correlation between the food they eat and their sugar level. Eventually, it makes more sense to them. This has become one of

Continued on next page

Diabetes Clinic Continued from page 10

the most powerful and effective tools the patients have to use to manage their diabetes.”

Because the Diabetes Clinic provides a more intimate patient/provider relationship, Buckley maintains an open door policy. She also sets up appointments for patients and follows up on those who may have missed an appointment. Patients are also able to call her directly with questions or concerns.

Once a patient reaches their goal, she also asks they stay with the clinic for at least a year. “New skills take practice and behaviors have to be reinforced if they are going to become permanent. I don’t want them to reach their goal and we say ‘ok you are done.’ It is more than just getting to a goal, it is learning how to maintain that goal,” said Buckley.

This empowerment is ultimately derived from a lifestyle change said Lentz. “This is one of the few opportunities as a physician to give my patients the tools to control their disease progression and potentially reduce the number of medications or amount of medication needed to treat their illness. There are so many diseases that once a patient requires medication to treat, I have little or no opportunity to cut back those meds. With diabetes, however, if a patient modifies their lifestyle, I can possibly take them off their medications or greatly reduce the amount I prescribe,” she said.

It isn’t just blood sugar levels, or medications that get reduced, but costs as well. According to Cmdr. Shelly Benfield, Internal Medicine Department Head and registered nurse, “Studies have shown diabetes disease management programs experienced lower overall paid insurance claims due to decreased inpatient use, fewer admissions, fewer inpatient days, and fewer emergency room visits,” she said. “If we can decrease a patients A1C, money is also saved in terms of specialty care to include Endocrinology, Nephrology (dialysis), Podiatry, and Ophthalmology.”

Some reports have shown patients can save approximately 500 dollars per year by controlling their diabetes. Benfield also explained there are other “cost” benefits, such as reduced sick days for patients. Access to care is also improved at hospitals as patients are healthier and require less frequent appointments and

reduced hospitalizations or hospital stays.

Both Lentz and Buckley agree that the backbone of the Diabetes Clinic is education. “We hope to be able to provide the knowledge and skills to our patients that they can take back and share with their families. If we can successfully do that, we may be able to start making an impact on diabetes on Guam,” states Buckley.

Since the clinic opened in October the team has already seen a great deal of improvement in 90 percent of their patients. According to Lentz, the average A1C at the start of the clinic was 11.5; currently the average is 8.4. The American Diabetes Association recommends the goal to be less than 7% in most patients but that goal may be slightly higher in the elderly and chronically ill population.

“Our patients are feeling better, they are more active, and they are overall healthier because their blood sugars are under control and stable,” Lentz said. “They have fewer clinic and emergency room visits...improvement in blood glucose control now means fewer intensive care unit admissions, fewer admissions to the hospital in general, and less emergency room utilization for issues related to diabetes in the future.”

Many of our patients who are participating in the clinic say that they no longer feel run down, tired and thirsty all the time. They have more energy and realize for the first time how much their diabetes was affecting them.” said Lentz. She also said that more than one patient has told her that they felt like a “new person.”

Buckley emphasized the ongoing need for patient education. “Diabetes is such a growing disease process in our country. Obesity is on the rise, exercise is decreasing as technology expands, and fast food restaurants are popping up everywhere. We are seeing a growth in diabetes all over the world.”

Lentz agreed and added, “In terms of what is being invested in prevention and management of diabetes, I’m not sure that there is a better place we could put our time and money. I don’t know that there is a disease process affecting as many people with such chronic and devastating consequences as diabetes. The Diabetes Clinic has been tremendously rewarding. I know our patients are very thankful.” #

Ask Navy Medical

...about your sexual health

Not planning on a pregnancy in the next 12 months?

Want the most reliable and reversible birth control?

Ask about the IUD or implant



Do you know when your next

Pap

test is due?

Ask your doc!

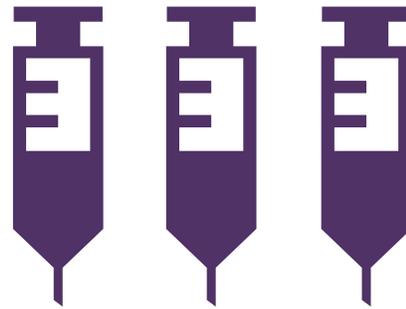
Learn More



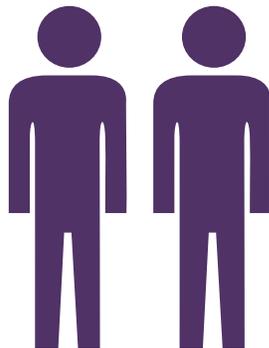
NMCPHC



NCSH



HPV vaccine can help protect men and women up to age 26 from genital warts and cervical cancer. Three shots are needed. Have you started? Have you finished?

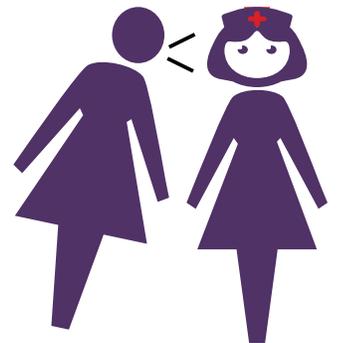


Ask for an **HIV** test at least every year if you are a man who has sex with men, or if you have sex without a condom with casual partners

Sexually active women up to age 25 should ask for a

Chlamydia

test every year



It's NOT-2-LATE

The Emergency Contraceptive Pill is available without a prescription at every military pharmacy, ship and medical emergency dept.

Plan B



Continued on next page
NAVY AND MARINE CORPS
PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

January 2015

Sexual Health Know the Facts: Protect your health and prevent future STDs

Provided by the U.S. Naval Hospital Guam Health Promotions Department

False assumptions about STDs – how they're spread, prevented, and treated– are everywhere, and it can be especially hard for people to get the facts.

Because half of the estimated 20 million STDs that occur in the U.S. each year are among young people, STD Awareness Month 2015 focuses efforts on getting the correct information to this population. The month-long observance also provides an opportunity to clear up myths about STD prevention and testing. Did you know....

- STDs impact young people the hardest. Half of all STDs are in people under 25 years old, although they represent only a quarter of people having sex.
- The only sure way to avoid STDs is to not have vaginal, anal, or oral sex. If you are sexually active, you can reduce your risk of getting an STD by using a condom.
- Everyone's doing it: more people are using condoms for protection today than ever before. Using a condom can take a lot of the worry out of sex, since it can protect you from pregnancy and STDs.
- You can't tell if someone

has an STD just by looking at them. Many STDs don't cause any symptoms, so the only way to know for sure is to get tested.

- STD tests aren't always part of a regular doctor visit. Many doctors may not give you an HIV or STD test unless you ask for one.
- Even if you use birth control, you should still think about STD prevention. Birth control methods like the pill, patch, ring, and IUD are very effective at preventing pregnancy, but they do not protect against STDs and HIV.

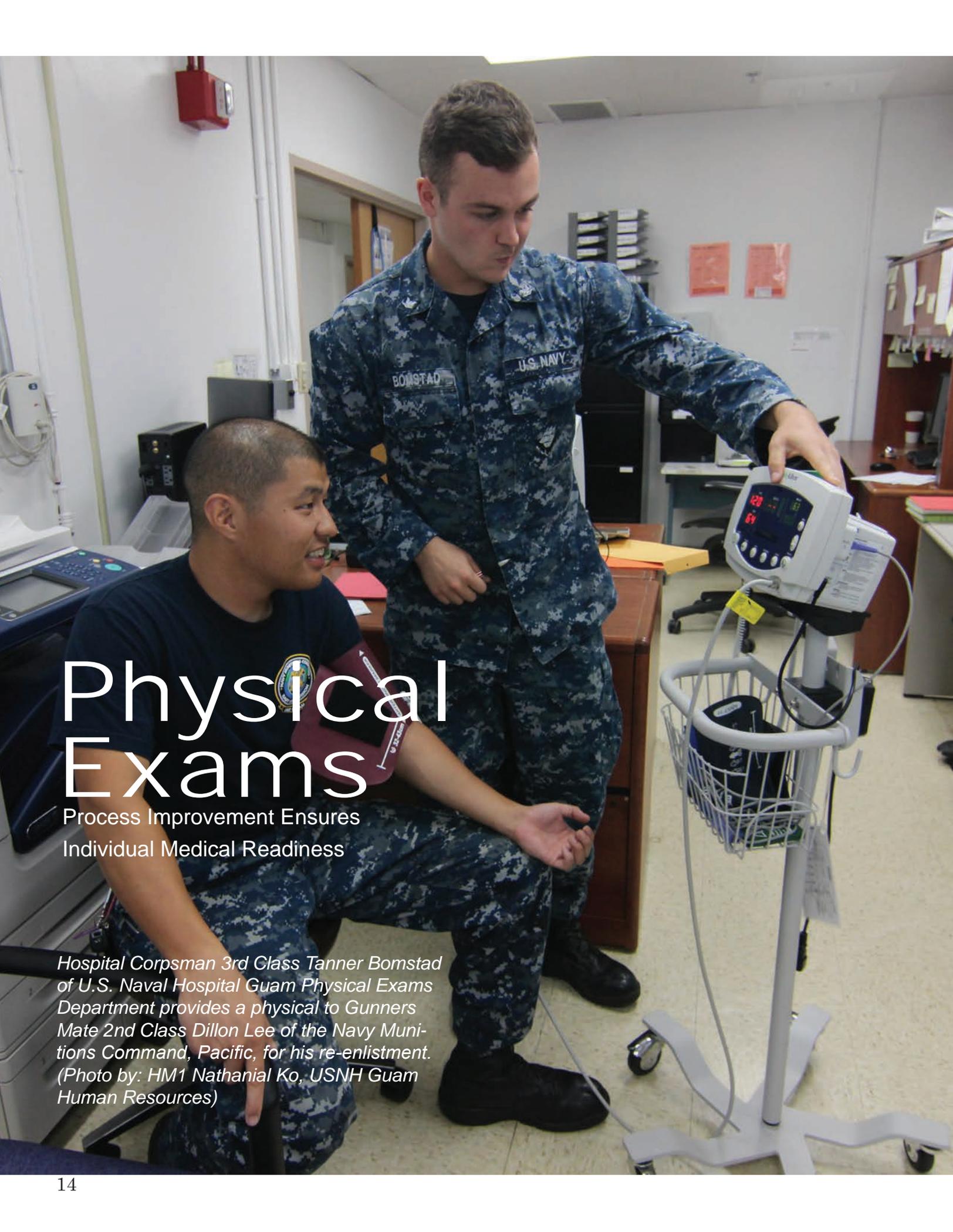
All STDs, even HIV, are treatable, and most are curable. The sooner you know your status, the better you can protect your health and the health of your partner(s). If not treated, some STDs can lead to serious health problems. Untreated STDs, like chlamydia, although easy to cure, make it difficult for about 24,000 women each year to get pregnant, and having herpes or gonorrhea can increase your chances of getting HIV.

- STD tests are quick, simple, and usually painless. For example, rapid HIV tests can provide results

from just a swab inside the mouth in as little time as 20 minutes.

- Not all medical checkups include STD testing. So, unless you ask to be tested, you can't assume you have been. Ask your medical provider which STDs you should be tested for.
- Talk to your partner about when you were last tested and suggest getting tested together. If you have an STD (like herpes or HPV), tell your partner. These conversations may seem hard to have, but open communication with your partner is essential to staying healthy and stopping the spread of STDs. These conversations may also bring you closer together.

The STD counselor for our command is HM3 Jason Castricone. He has an open door policy: no appointment is required. All issues discussed are confidential. He can be contacted via phone at 344-9787, or by going to room 2B38 on the second floor, or by emailing Jason.m.castricone@mail.mil



Physical Exams

Process Improvement Ensures Individual Medical Readiness

Hospital Corpsman 3rd Class Tanner Bomstad of U.S. Naval Hospital Guam Physical Exams Department provides a physical to Gunners Mate 2nd Class Dillon Lee of the Navy Munitions Command, Pacific, for his re-enlistment. (Photo by: HM1 Nathaniel Ko, USNH Guam Human Resources)

Those who serve in the U.S. Navy are familiar with the *Sailors Creed*. Phrases in the creed state, “I will support and defend the Constitution of the United States of America ... I represent the fighting spirit of the Navy ... I proudly serve ... I am committed to excellence ...” Every military branch has a similar creed, with a similar value structure by which members live and work by.

People join the armed forces for a number of reasons, from serving ones country, education, and travel, to benefits, and specialized training. But no matter the reason, all members will be required to continuously meet the standards required of them in order to uphold the military’s values like the ones stated in each branches creed. One of these standards is being prepared to deploy, in the interest of national military strategy, at any given time. In the military this is known as readiness.

Although readiness encompasses the military as a whole, where manning, equipment, and training are concerned, it is also comprised of individual medical readiness (IMR). Members are required to ensure they are in good physical health and keep up-to-date personal files, medical and dental records. Because of this, members are required to complete a periodic health assessment (PHA) along with the Fleet and Marine Corps Health Risk Assessment, which looks at their health status. This is important because commands need to be able to evaluate their physical requirements, medical requirements and health assessments as they all impact operational readiness.

“PHAs are good for 12 months and are typically done during a member’s birth month,” explained Lt. Adam Waterman, a Primary Care Physician for U.S. Naval Hospital (USNH) Guam.

The Physical Exams Department, located at the Branch Clinic on Naval Base Guam, provides PHAs not only for hospital staff members, but for many of the Navy tenant commands located on Guam as well as Coast Guard and Army commands. PHAs identify whether or not members have completed all of their health care and deployment health requirements and also if they have any unresolved health issues. It is also required to be completed before a member can participate in the physical fitness assessment (PFA).

In a high reliability organization, process improvement is essential to patient safety. Recently, the Physical Exams Department reviewed their current process on completing PHA’s for hospital staff and found it was not as efficient as it could be. This is because the majority of the staff was getting their PHA’s done about a month before their PFA, versus doing it on their birth month. Over the last several years completing the PHA during the birth month has become the standard at most Military Treatment Facilities (MTFs). According to Lt. Alexis McDermott, Nurse Manager for Physical Exams, although the department does offer walk-in services for PHA’s, resources are needed in order to fulfill the demand which can become difficult when there is a large influx of patients needing PHA’s at one time.

Realizing the need to remedy this, the department quickly aligned the process to match the Navy standard. They began reaching out to staff through telephone calls and email messages to quickly smooth out the process. Although most PHA’s were being conducted at the Branch Clinic they also opened up availability, approximately three days per week, for hospital staff which allows those that work at the hospital the ease and convenience of getting their PHA around their work schedules.

“Spreading out the PHAs not only empowers our staff to be medically ready to provide care, but also ensures access to care is more readily available for all patients throughout the year,” said McDermott. This is especially important because the hospital sees approximately 25,000 patients who consist of active duty, veterans, retirees, and beneficiaries. It is also important for medical staff to be ready, not only to provide consistent and safe medical care, but also because they have to be ready to deploy at any given time as well in support of operational and humanitarian missions. After all, medical personnel are the ones that help ensure the health and safety of other service members both at home and on the field.

Improving the PHA process also provides the Physical Exams Department the extra time needed to devote to other duties. Along with PHA’s, the department conducts separation and retirement physicals. Likewise they serve

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as part of the Military Entrance Processing Station (MEPS) for Guam, providing physical exams to those recruited into the military from Guam and the surrounding islands. The department processes approximately 100 recruits per month.

The results of the Process Improvement speak for themselves. First ensuring medical staff is ready better enables the readiness of all other commands on the island. In fact, as of March 20th the hospital and all of the commands they serve were at a readiness level of 87 percent. According to Waterman, although readiness consists of several components, PHA's are a large percentage of that.

In fact, the PHA is a Chief of Naval Operations Instruction (6120.3), and was implemented in December 2001. Ultimately, it ensures overall readiness of commands as well as helps the Navy identify possible issues for individuals so they can prevent them before they turn into something serious such as a chronic illness or injury. Furthermore the PHA empowers Sailors to become more involved with the healthcare process and take responsibility to maintain the standards they agreed to abide by when joining the military. Although it seems like such a simple task, the PHA is directly related to the combat readiness of any military organization. #

Members of the U.S. Naval Hospital Guam Navy Sexual Assault Prevention and Response (SAPR) Program, Hospital Corpsman 2nd Class (FMF) Nguyen Pham, Hospital Corpsman 2nd Class (SW) Jeffrey Garcia, and Hospital Corpsman 1st Class (SW/AW) Lekeshia Atchison set up a booth to educate patients and staff on SAPR related issues and to answer any questions they may have. Also pictured Hospital Corpsman 2nd Class Kwasi Kusi a staff member who took some time out of his busy day to learn about SAPR issues in order to share the information with his junior Sailors.





A healthy meal starts with more vegetables and fruits and smaller portions of protein and grains. Think about how you can adjust the portions on your plate to get more of what you need without too many calories. And don't forget dairy—make it the beverage with your meal or add fat-free or low-fat dairy products to your plate.

1 make half your plate veggies and fruits

Vegetables and fruits are full of nutrients and may help to promote good health. Choose red, orange, and dark-green vegetables such as tomatoes, sweet potatoes, and broccoli.

2 add lean protein

Choose protein foods, such as lean beef and pork, or chicken, turkey, beans, or tofu. Twice a week, make seafood the protein on your plate.



3 include whole grains

Aim to make at least half your grains whole grains. Look for the words “100% whole grain” or “100% whole wheat” on the food label. Whole grains provide more nutrients, like fiber, than refined grains.

4 don't forget the dairy

Pair your meal with a cup of fat-free or low-fat milk. They provide the same amount of calcium and other essential nutrients as whole milk, but less fat and calories. Don't drink milk? Try soy milk (soy beverage) as your beverage or include fat-free or low-fat yogurt in your meal.



5 avoid extra fat

Using heavy gravies or sauces will add fat and calories to otherwise healthy choices. For example, steamed broccoli is great, but avoid topping it with cheese sauce. Try other options, like a sprinkling of low-fat parmesan cheese or a squeeze of lemon.

6 take your time

Savor your food. Eat slowly, enjoy the taste and textures, and pay attention to how you feel. Be mindful. Eating very quickly may cause you to eat too much.

7 use a smaller plate

Use a smaller plate at meals to help with portion control. That way you can finish your entire plate and feel satisfied without overeating.

8 take control of your food

Eat at home more often so you know exactly what you are eating. If you eat out, check and compare the nutrition information. Choose healthier options such as baked instead of fried.

9 try new foods

Keep it interesting by picking out new foods you've never tried before, like mango, lentils, or kale. You may find a new favorite! Trade fun and tasty recipes with friends or find them online.



10 satisfy your sweet tooth in a healthy way

Indulge in a naturally sweet dessert dish—fruit! Serve a fresh fruit cocktail or a fruit parfait made with yogurt. For a hot dessert, bake apples and top with cinnamon.