March 2015

Leonard Wood Medical Home
Ozark Family-Centered Medical Home

2nd Annual TBI Symposium on Fort Leonard Wood

Fort Leonard Wood and the General Leonard Wood Army Community Hospital will host the 2nd Annual Traumatic Brain Injury Symposium here from 8 a.m. to 4 p.m., Friday, March 13 at Nutter Field House.

The event is open to the community, schools, leaders, Soldiers, and local medical professionals interested in detection, assessment and management of TBI, and TBI in the Fort Leonard Wood training environment.

There is no cost for attendance and breakfast, lunch and snacks will be available, provided by family readiness groups, for a donation.

The morning discussion is intended to be of interest to everyone, while the afternoon session will delve into the science of TBI for provider and professional knowledge sharing.

For more information about this event, listen to our GLWACH radio spots on 1390 AM, 97.9 FM and 102.3 FM or visit www.facebook.com/glwach and listen to our recorded podcast.

Local Soldiers compete in Western Regional Dental Command's Best Warrior Competition

By Steve Standifird, Guidon Assistant Edit

myGuidon.com
FORT LEONARD WOOD, MISSOURI

Two Fort Leonard Wood Soldiers represented the post during the 2015 Western Regional Dental Command's Best Warrior Competition at Fort Bliss, Texas, earlier this month.

They joined nine other Soldiers who were competing for the chance to represent the Western Regional Dental Command at the U.S. Dental Command's Best Warrior Competition scheduled next month.

Sgt. Javier Aguilar, Roll Dental Clinic practice manager, and Spc. Tanya Watkins, General Leonard Wood Army Community Hospital, dental hygienist, earned their place at the regional competition by being named the Noncommissioned Officer and Soldier of the Year for the Dental Command here.

Sgt. Javier Agular, Fort Leonard Wood DENTAC, right, completes the first half of the water skills portion of the Western Regional Dental Command's Best Warrior Competition at Fort Bliss, Texas, Feb. 4. while Sgt. David Brown, Fort Bliss DENTAC, looks on.

"It felt good to be able to represent Fort Leonard Wood at the competition," said Aguilar, who finished second overall in the NCO category.

Even though he finished second, Aguilar was not content with the results.

"I want to go back next year and get it," he said.

The competition was four days of mental and physical challenges that included a road march with 35-pound pack, obstacle course, day and night land- navigation course, marksmanship tasks, and written tests about basic Soldier and dental skills.

Watkins was partial to the land-navigation course because, she found all of her locations and made it back first. It was the obstacle course that frustrated her the most.

"(The obstacle course) was the most physically challenging of all the events," she said. "It was very challenging and made me really push to my limits."

Aguilar said he enjoyed the water skills portion of the competition, adding it was done at the most inopportune time.

"We did it (the water skills event) right after the road march, so we were tired," he said. "We could barely move our legs when it was over."

The preparation for the regional competition began for Aguilar and Watkins when they were getting ready for the local NCO and Soldier of the Year boards.

Aguilar said his preparation included a lot of running, basic physical fitness and studying his Soldier's Manual.

"You have to be ready for anything," he said.

The competition afforded the Soldiers an opportunity to meet other Soldiers in the dental community and form bonds that they hope can last.

"Getting to compete with these Soldiers builds camaraderie," Watkins said. "We all got along really well. They inspired me."

While Aguilar hopes to get back next year, Watkins was happy to have had the experience, and encourages other Soldiers to compete.

"It is an experience I think every Soldier should have," she said.

Guess who's wearing the APLSS costume

By John Brooks, General Leonard Wood Army Community Hospital

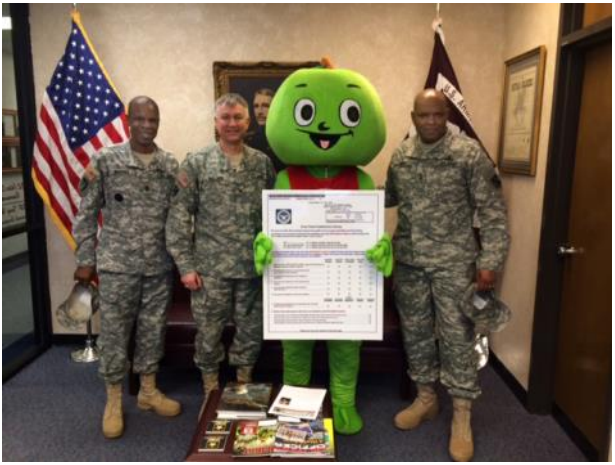
Your leadership cares about you--and your APLSS support is needed!

Satisfaction survey results determine significant hospital funding.

These surveys help Army Medicine determine which of its military treatment facilities receive funding, and to what level that funding is provided by the Department of the Army.

Patients, therefore, can have an impact on how the money is distributed. And since medical care costs money, helping to increase an MTF's budget can increase the type, availability, quantity – even the quality of care available here.

Typically, patients receive satisfaction surveys in the mail about a week after an appointment at their MTF. "Excellent" and "Very Good" marks provide the MTF with up to $660.00 per returned survey.



Guess who's wearing the APLSS costume and win a prize!

"Last year we received about a half million in additional funding which was solely the result of completed and returned Army Provider Level Satisfaction Surveys," said Diane Hell, administrative officer at General Leonard Wood Army Community Hospital. "That's above and beyond the hospital's authorized annual operating budget."

Additional funding from surveys has allowed the hospital to provide award-winning health care and new state-of-the-art technology and facilities here in recent years – because patients took the time to fill out and submit surveys.

That's very significant additional funding we wouldn't have otherwise. This MTF has the potential to more than double last year's additional survey funding if patients either send their APLSS surveys back in the mail, or complete them online.

But negative responses on APLSS surveys take money out of the hospital's budget.

"That's one reason we're always trying to get problems solved locally on-the-spot, instead of through the survey system," Hell said. "On-the-spot local problem solving is always much faster than waiting to find out about a problem we had weeks ago. We could have fixed it then.

"APLSS surveys must travel all the way to the Army Office of the Army Surgeon General, then filter all the way back through the system before we can act on them.

"Having a large chunk of funding removed from our budget because of negative survey results can disrupt the care we provide," Hell said.

Suggestions, comments or complaints can be acted upon immediately here. Patients should contact their Primary Care Manager, PCM Team or clinic leadership for help. Patients can also talk to a patient representative in room 123, located next to the main bank of elevators.

Patients looking for a more anonymous way to communicate to installation and hospital leadership may fill out an Interactive Customer Evaluation comment card. Links to online ICE cards can also be found on the hospital website at http://glwach.amedd.army.mil and on the installation website at http://www.wood.army.mil.

Hospital and installation commanders receive ICE reports daily and act upon them swiftly. So, next time you receive an APLSS survey in the mail, if we've earned positive marks, please indicate so and send it in!

Help protect children against measles!

By Lt. Col. P. Ann Loveless, General Leonard Wood Army Community Hospital

Measles vaccination is important, since we are protecting our children who are too young to be vaccinated against the highly infectious viral disease.

The best way to prevent measles is by everyone getting vaccinated with the measles-mumps-rubella vaccine.

Individuals who are vaccinated and immune to measles act as a shield around those who cannot get the shot, which includes children under 4 or individuals with allergies or illness.

When vaccination numbers decrease, that shield (i.e. herd immunity) develops holes that the infection can slip through.

Measles is highly contagious which means it is very easy to spread to others.

A person infected with measles can spread the disease to others up to 24 hours before symptoms start. By the time the rash appears four days later, a person has been contagious for nearly five days on average.

If you are unvaccinated (i.e. not immune) and you come in contact with a person infected with measles, you have a 90 percent chance of getting measles.

The viral disease starts with cough, runny nose, high fever and red-watery eyes followed in three to five days by a rash that starts on the face and spreads to the whole body.

Common complications include ear infections and diarrhea. Serious complications include pneumonia (most common cause of death) and encephalitis (brain swelling).

The youngest, oldest and sickest are at highest risk of serious complications. In unvaccinated pregnant women, measles can cause pre-term delivery and low-birth-weight babies.

If you have not done so already, protect yourself and our community and have yourself and your Family vaccinated.

More measles information is available at www.cdc.gov/measles/about/index.html.

(Editor's note: Lt. Col. P. Ann Loveless, MD, MC, is the chief of preventive medicine at General Leonard Wood Army Community Hospital)

How to Stop Emotional Eating: Do you find yourself eating to be social, or because you are sad or bored? The first step is to identify what your triggers might be. When you know you are going to face that situation then be prepared to meet the challenge. Drink a glass of water then go for a walk. If you can distract yourself for about 20 minutes the craving will probably pass. Website: http://bit.ly/1wehZza

Fun tools: Check out this cool website which offers all kinds of fun tools to measure your BMI, percent of body fat, daily caloric needs, and many others. We love TOOLS! http://bit.ly/1i0SV8I

Common Sleep Disorders in Teens: Sleep is as important for your teen as it was when they were babies. Unfortunately, if they don't get enough sleep then they are taking a nap in the middle of class! Make sure your teen is practicing good sleep hygiene. A dark, quiet room, no caffeine after 3pm, no electronics in the bedroom are a few helpful tips. Check out the full list here: http://bit.ly/1sQfDq3

Dr. Robert Grover, DO, FACOG

Obstetrics & Gynecology and Urogynecology

General Leonard Wood Army Community Hospital

Accepting New Referrals

Dr. Robert Grover, DO, FACOG

Obstetrics & Gynecology and Urogynecology
General Leonard Wood Army Community Hospital

Medical School:
Kansas City University of Medicine and Biosciences, College of Osteopathic Medicine, Kansas City, Missouri

Internship:
Tripler Army Medical Center, Honolulu, Hawaii

Residency:
Madigan Army Medical Center, Fort Lewis, Washington

Office Location:
General Leonard Wood Army Community Hospital

Reasons to see Dr. Grover:

- 23 years of experience as a specialist in treatment of pelvic prolapse as well as both urinary and fecal incontinence in women, subspecializes in Urogynecology and minimally invasive surgery such as laparoscopy
- 11 years Regular Army Active Duty, culminating with the rank of Lt. Col. as an Airborne Ranger Physician
- Understands unique needs of military members and families

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What do you like most about your job?
Dr. Grover: "I love obstetrics and the maternal/fetal diad. Just amazing. I really came to appreciate female pelvic surgery and the treatment for incontinence which can be very devastating to women and affect their quality of life. I truly enjoy taking care of my patients—I just really enjoy being able to help people."

Where did you grow up?
Dr. Grover: "I grew up in Strong, Maine, a town of 900 people. I'm a "Maine-iac."

Why did you choose to come to Fort Leonard Wood?
Dr. Grover: "The command is interested in building a Women's Pelvic Health Program and that's one of the big reasons I'm here. It involves diagnosis and both surgical and nonsurgical treatment of fecal and urinary incontinence. Repairing prolapse as a result of child birth or injuries—this is a brand new service line here—and not only just here at GLWACH, but in all of south-central Missouri—and it will be available to our VA patients as well. Another reason I got out of private practice to come here was because the happiest I've ever been practicing medicine was when I was in the Army. It's good to be back and part of the Army team."

How do you spend your time when you're not working?
Dr. Grover: "I've got a lovely wife and four-and-a-half grandkids—ages eight, six, four, two, one who will be here in June, and two daughters. I'm also a Harley guy—I had a Fat Bob and I'm going to a Bagger. My Havanese dog named Harley rides with me in a front pack. I also want to learn to play the bass guitar."

Nat. Nutrition Month: “Bite into a Healthy Lifestyle”

In celebration of National Nutrition Month, the GLWACH Nutrition Care Division will be hosting multiple specific activities to emphasize this year’s theme and encourage healthy lifestyle changes through the month of March.

The 2015 theme for National Nutrition Month is “Bite into a Healthy Lifestyle.” The campaign focuses attention on the importance of making informed food choices and developing sound eating and physical activity habits.

All events are open to military members, family members, retirees and government service employees.

On March 6th, the NCD will have a booth in the Commissary Lobby with the topic of “Healthy Meals” from 1000-1200. This will be an interactive booth featuring tips for creating healthy meals for your family.

On March 11th, the NCD will have a booth in the GLWACH dining facility with the topic of “Ask the RD” (Registered Dietitian) from 1100-1400. This will be an interactive booth featuring body fat analysis, games, and RDNs to answer your nutrition questions. Do you know who won last year's one-army push-up contest at this event?

On March 14th, NCD will pair up with Morale, Welfare and Recreation to host the Shamrock Shuffle 5K/10K race and feature interactive booths before and after the race at Davidson Fitness Center. The booths are focused on healthy eating and physical activity. Families are encouraged to attend.

On March 19th, the NCD will have a Cooking Demo and Mini Food Show sponsored by US Foods in the GLWACH DFAC from 1100-1400.

“A healthy lifestyle is about so much more than just choosing to eat more fruits and vegetables," said Marjorie Nolan Cohn, Academy of Nutrition and Dietetics spokesperson and registered dietitian nutritionist. "While that is important, it’s also essential to make informed food choices based on your individual health and nutrient needs. Knowing which nutrients your body needs, the foods that contain them and how much fits into your healthy eating plan are all part of making smart choices.”

For additional information contact the NCD at (573) 596-1762.

Got feedback? What’s on your mind?

Our Hospital Commander, Col. Peter Nielsen, hosts our monthly hospital "Healthcare Consortium" town-hall-type meeting here in the hospital's MEDDAC Classroom on the 2nd Tuesday of each month at 2:30 p.m.

Col. Nielsen also speaks and answers questions at the installation "Woodworks" meeting, which is the post's monthly town-hall-type community information meeting held at the USO on the last Tuesday of each month at 10:30 a.m.

Winter weather appointment policy and guidelines

General Leonard Wood Army Community Hospital follows Fort Leonard Wood in weather guidance and will close outpatient clinical services whenever access to the base is restricted by reporting delays or early releases of employees.

Despite adverse weather conditions, hospital emergency and inpatient services are always open to provide health care.

Closure decisions are made based on safety. We ask that patients consider clinic delays or closures before departing for appointments when the weather and/or road conditions are poor.

Patients should take the following steps during potentially inclement weather:

1. Confirm whether the hospital is open or experiencing clinic delays or closures.

- Check the installation Snow and Ice Removal Report (SNAIR) automated line at 563-4141 or visit the installation website at http://www.wood.army.mil/snair/snair.pdf to read the current SNAIR report. The SNAIR report is intended to inform the public of installation roadway conditions and closures during inclement weather.

- Check the hospital Facebook page for new announcements often at: http://www.Facebook.com/GLWACH.
- Local radio or TV stations typically maintain up-to-date information on our closures. Check the SNAIR report for a current list of these stations.
- Contact the hospital appointment line at (573) 596-1490 or (866) 299-4234 and listen to the opening announcement which will advise of any clinic closures or delayed starts.

2. Support the rescheduling policy.

In the event clinic delays or closures, the hospital will work diligently to ensure timely access to care.

- Delays in the daily opening of clinics: Patients will be contacted to reschedule appointments. If care is urgently needed (same day) patients may call the appointment line to coordinate an urgent visit.
- Early Closure: Patients will be contacted to reschedule at earliest possible time. If urgent care is needed, call the appointment line to see if acute capability is available. Patients already at the clinic or hospital should check-in with the head nurse to ensure care needs are met or coordinated.
- All day closure: Patients will be contacted to reschedule at the earliest possible time. If care is urgently needed, patients may contact the appointment line to see if acute capability will be available that day. Patients with emergent needs may report to the Emergency Department.
- Emergency Room services are always available here.

3. Provide feedback and engage.

General Leonard Wood Army Community Hospital is committed to providing beneficiaries with the best access to care and will give priority assignment to all patients' appointments affected by weather closure.

- This policy, however, doesn't meet all needs all the time, and active patient participation is a necessary part of successful health care.
- Patients are encouraged to use the 24/7 information services listed above to heighten situational awareness and plan ahead.
- If you experience unique needs, engage and communicate.

For more information, contact the Clinical Support Division at usarmy.leonardwood.medcom-glwach.list.csd@mail.mil or at (573) 596-0727 or 596-0451.

Soldiers prep for National Warrior Games trials

By John Brooks, General Leonard Wood Army Community Hospital

Fort Leonard Wood, Mo. – Seven Soldiers assigned to the Warrior Transition Unit here have been preparing since November, 2014, for the 2015 Warrior Games and trials scheduled from Feb. 23 to March 6 at Nellis Air Force Base, Nevada, and the University of Nevada, Las Vegas.

Regional trials are the primary means for qualifying prospective athletes to the Army trials selection at Fort Bliss, Texas, from Mar. 21 to April, 4, which will determine selection for competition in the 2015 Warrior Games, date and location to be determined.

The high level of competition at the Warrior Games requires trained and prepared athletes.

"I've seen a guy—with one arm—cycle 18 ½ miles and beat me," said Sgt. 1st Class Brian Mathis, General Leonard Wood Army Community Hospital's WTU Platoon Sergeant. "And his prosthetic fell off—and he still beat me."

Warrior Games
Archer, Corey Davis, aims to take flight to this year's Warrior Games trials and compete in the 2015 Warrior Games, date and location to be determined. (Photos by John Brooks)

The 2015 regional trials include seven individual sports: archery, cycling, shooting, swimming, track, discus and shot put; and two team sports: sitting volleyball and wheelchair basketball. Athletes are encouraged to compete in two or more events.

"One of the biggest challenges for wounded warriors is retaining a sense of importance and belonging because they can't operate like they used to," said Mathis. "A lot of them use to be world class athletes, expert marksmen. When they're identified with injuries or illnesses, they're separated from the Army population to recover. Consequently, it's not uncommon to lose a sense of importance, a sense of "I belong" and that they matter to the Army. The Warrior Games was developed to bring that back to them."

These events expose Soldiers to friendly competition, while fostering camaraderie and raising awareness for adaptive reconditioning programs. They celebrate the achievements and abilities of wounded, ill and injured Soldiers, and enhance unit physical training and adaptive reconditioning programs.

"Compared to when I was at my prime, I'm nowhere close, but I'm happy with my progress—very happy with my progress," said Sgt. Joshua Palmer, an all-state swimmer in high school and Army Engineer deep sea diver. "I went from thinking I was going to lose my feet—that I wouldn't be able to walk again—to competing on a National level. That's pretty darn cool."

"I'm thankful that I'm still able to do some of what I use to do. I haven't had to give up everything," Palmer said.

Palmer said his key to success is to have a vision, set goals, dedication, and stubbornness.

"The mind is a powerful weapon. You truly can achieve much more than what you think your body is capable of," Palmer said.

WRMC, in collaboration with Warrior Transition Command and the USAF Wounded Warrior Program, conduct the trials, while WTU cadre and medical support staff assist athletes leading up to and during the Warrior Games.

Warrior Games, previously a joint endeavor between the U.S. Olympic Committee, Deloitte and the U.S. Department of Defense, allow wounded, ill, and injured athletes from the Army, Marine Corps, Navy, Coast Guard, Air Force, and the Special Operations Command to compete for gold in seven sports.

This year's competition is sponsored by the Department of Defense with the Marine Corps hosting the games.

Eligible athletes are wounded, ill and injured Soldiers and Veterans. An active duty athlete who separates from the Army under honorable conditions after being selected and notified by the WTC may still participate in the Warrior Games as a Veteran.

(Editor's note: John Brooks is the marketing and public affairs officer at General Leonard Wood Army Community Hospital)

Truman VA, Pershing VA reps visit GLWACH

By John Brooks, General Leonard Wood Army Community Hospital

FORT LEONARD WOOD, Mo. – Veteran's Administration representatives from two distant Missouri VA hospitals gathered for a site visit of General Leonard Wood Army Community Hospital Monday.

The visit allowed VA representatives from the Harry S. Truman Memorial Veterans Hospital in Columbia, Missouri, and the John J. Pershing VA Medical Center in Poplar Bluff to put names with faces and see the care described on paper in action at GLWACH.

"I want you to ask questions about capability and capacity," said Maj. Gen. Leslie Smith, Fort Leonard Wood installation commander, following the hospital dining facility luncheon. "The biggest thing for me is to share and do the right thing. We have to do things before somebody tells us to do them and this is a perfect example."

The visit marks five months that local veterans who live in the Truman VA service area, in and around Phelps, Pulaski, Texas, Camden, Dallas, Dent, Laclede and Miller counties, no longer have to drive nearly two hours for VA patient care in Columbia, Missouri, once the care is authorized.

"An agreement would be a win-win for us," said Mr. Seth Barlage, Associate Director at Pershing VA. "Improved access and guaranteed high-quality care for our veterans."

Col. (Dr.) Peter Nielsen, General Leonard Wood Army Community Hospital commander, describes how caring is key. "We want patients to come to us because the experience that they have here is so awesome that they tell 10 of their friends--and those friends want to come to our healthcare system," Nielsen said. Wade Vlosich, director of the Harry S. Truman Memorial Veterans Hospital in Columbia, Missouri, (left) and Seth Barlage, Associate Director at the John J. Pershing VA Medical Center in Poplar Bluff (right) nodded in agreement. (Photo by John Brooks)

The scope of care provided to veterans here includes certain inpatient and some outpatient specialty care and services including surgery.

"We're all veterans or will be veterans someday. We owe this to them. We owe it to their families," Smith said. "If there are obstacles to development, let us know so that we can elevate things and have a conversation."

"This system wasn't designed to work this way—we just have a lot of people who care a lot about their patients and that's wonderful," said Col. (Dr.) Peter Nielsen, GLWACH commander. "If we didn't have that, frankly, none of this really would have worked, realistically."

Wade Vlosich, director of the Harry S. Truman Memorial Veterans Hospital in Columbia, Missouri, welcomed the visitors to the area at the Fort Leonard Wood VA Clinic in Waynesville prior to lunch and the site visit at General Leonard Wood Army Community Hospital.

Col. Peter Nielsen, GLWACH commander, along with his deputy commanders and key leaders, hosted the facility tour.

(Editor's note: John Brooks is the marketing and public affairs officer at General Leonard Wood Army Community Hospital)

Rural healthcare really delivers!

By John Brooks, General Leonard Wood Army Community Hospital

FORT LEONARD WOOD, Mo. – The Thomson twins, Carlee and Addie, are one of three sets of healthy twins born here over the holidays at General Leonard Wood Army Community Hospital.

Obstetricians must balance risks and benefits of vaginal delivery and cesarean section with careful attention to avoid risks to the baby, while considering patient preference.

"Twin pregnancies are by definition high-risk, but thorough discussion about what was best for both mothers and children, and close monitoring and supervision, made it possible for these ladies to deliver vaginally, which was their preference," said Maj. (Dr.) Melissa A. Grant, MD, FACOG, chief, Department of Obstetrics and Gynecology at General Leonard Wood Army Community Hospital. "These three sets of healthy twins highlight the extraordinarily safe, patient-centered care provided here," Grant said.

The Thomson Twins
Col. Peter Nielsen, a board certified physician in both Obstetrics and Gynecology as well as Maternal-Fetal Medicine--and General Leonard Wood Army Community Hospital commander in his spare time--holds Carlee and Addie Thomson on their one-month birthday visit to GLWACH. Capt. Billy Thomson, an Army Engineer stationed here with his wife Jessica, bundled up the babies, son Tate and big sister Halle, to drop by for a few photos with Dr. Nielsen in the hospital's Command Conference Room. (Photos by John Brooks)

Practicing in a rural setting does not decrease GLWACH's standard of care and in many ways even improves care by allowing closer attention to patients, Grant said.

"We're from Wisconsin so rural is relaxing and not intimidating," said Jessica Thomson, mother of the twin girls.

GLWACH's exceptional, balanced and coordinated rural healthcare care exceeds that of many big-city facilities.

"We have had substantial success with vaginal deliveries of twins here with excellent neonatal outcomes," said Col. (Dr.) Peter Nielsen, GLWACH commander, a board certified physician in both Obstetrics and Gynecology as well as Maternal-Fetal Medicine.

GLWACH's overall cesarean delivery rate was 22.9 percent between April 1, 2013 and Mar. 31, 2014 according to National Perinatal Information Center/Quality Analytic Services (NPIC/QAS). The national cesarean section delivery rate is higher, 31 percent from 2011, as reported by the Center for Disease Control in 2013.

The primary cesarean delivery rate (number of moms having their first cesarean section) was 16.3 percent compared with 21.4 percent for the state of Missouri, as reported by the National Vital Statistics Report.

"I feel like people are just misled about the value of rural health care," Grant said. "You get to know your care team closely. I get to see my patients at Walmart, but at the same time we're tied in with larger military treatment facilities and Western Regional Medical Command, while still working closely with PCRMC, with Springfield, with UMC. We provide big facility healthcare with a small-town feel."

“They were very personable—they seemed to know us every time they came into our room,” said Capt. Billy Thomson, an Army Engineer stationed here with his family. “The staff’s experience and knowledge—and the fact that the hospital commander is an OB and was on the team advising our doctors was just comforting.”

In fact, the GLWACH Mother Baby Unit received the “Best Customer Service in MEDCOM” award for the second year in a row, an award based on independent customer surveys sent by patients directly to the Army Surgeon General’s Office.

For most pregnancies which are low risk, a major surgery such as cesarean section poses higher risk than vaginal delivery. For higher risk pregnancies including prior cesarean sections, blood pressure concerns, and multiple gestations, the decision about whether to deliver vaginally or by cesarean section must be carefully discussed between provider and patient, and is specific to each patient’s circumstances.

“GLWACH also offers both physician and nurse midwife providers, which means that low-risk, healthy patients have the opportunity to choose a midwife as their provider here,” said Ms Linda Punch, a certified nurse midwife at GLWACH’s Department of Obstetrics and Gynecology.

GLWACH takes pride in managing all pregnancies, both low and high-risk, based on current evidence and clinical practices, while providing and implementing safe options with a patient centered approach, Grant said.

“Through involvement with local consultants and other military facilities, we provide coordinated patient care which meets or exceeds local standards,” Grant said. “We also participate in patient safety programs such as NPIC/QAS and others, to receive constant feedback on maintaining the highest level of patient care in our facility.”

Last year, the GLWACH MBU began offering “Peek-a-Baby,” a system that allows GLWACH moms to see their babies when infant transfers are required and mothers need to stay behind.

“It’s an awesome thing to see a new mom burst into tears when we hand her a laptop showing her baby looking up at her on the screen,” said Maj. Ashonda Trice, GLWACH’s Mother Baby Unit chief.

The hospital’s Mobile Obstetrics Emergency Simulator is a cutting-edge technology offered at GLWACH. The MOES is a realistic “mechanical mom” that simulates common obstetric emergencies so students and staff can train on situations involving fetal distress, neonatal resuscitation and post-partum hemorrhage that can arise during a delivery.

“So, the perception that rural healthcare is substandard healthcare—that’s just not true,” Grant said.

"STEMI HOT LOAD" gets to the Heart of the Matter #1

Exclusive care only available here

FORT LEONARD WOOD, Mo. — A new protocol used to transfer heart attack patients via helicopter from the General Leonard Wood Army Community Hospital has safely and significantly reduced overall patient transfer time via helicopter.

Called "stemi-hot load," the practice gets heart attack patients to a facility capable of performing cardiac catheterization 68 percent faster.

GLWACH's stemi-hot load protocol is activated upon confirmation via electrocardiogram that a patient is having a heart attack.

The protocol includes many processes and focuses on:

- contacting an appropriate facility to accept and treat the patient
- administering medication requested by the accepting facility
- contacting and meeting helicopter flight services personnel at the landing pad, reporting, and transferring care of the patient right at the loading site.

GLWACH and Mercy Health Care System emergency response teams meet at the landing pad to transfer care of a patient at the loading site. An excellent and long-established working relationship with the Lifeline emergency helicopter evacuation service helped streamline the healthcare service agreement between organizations. (Photo by John Brooks)

Because the closest facility capable of performing cardiac catheterization can be in excess of 30 minutes flight time, GLWACH's focus must be on initial recognition, minimizing time, and expediting transfer.

The American Heart Association recommends no more than 120 minutes from the time of first patient contact to the time the patient is stented.

This leaves a narrow window for emergent care and preparation for surgical intervention in this rural setting. Every minute saved is a minute of heart muscle saved--and this new protocol saves 19 minutes of heart muscle.

Individuals have been educated on how to take better care of the heart, said Randall Moore, Supervisory nurse, Emergency Medicine. However, Ischemic Heart Disease, which is a reduced blood supply to the heart, was still the leading cause of death from 2000-2012 according to the World Health Organization.

Moore said that, in recent years, the overall focus has been placed on prevention, but the important of treatments cannot be forgotten.

Current treatments range from life style modification and medication management to surgery including percutaneous coronary intervention, more widely known as cardiac catheterization or "stent placement."

This is a procedure where a small catheter is introduced into the groin or wrist and fed up to the coronary arteries, which are the "blood vessels of the heart." If a blockage is found then a stent (small mesh tube) is placed to allow proper blood flow.

Untreated, these blockages can lead to a myocardial infarction, commonly known as a "heart attack".

A heart attack is damage to the heart muscle because oxygenated blood cannot reach the tissue, of which the heart is composed. That damage can be localized to a specific area or throughout the body. The extent of damage to the heart muscle determines the severity. The heart damage can lead to several debilitating diagnosis, the most severe being death.

Story by The Guidon and General Leonard Wood Army Community Hospital Staff

Maj. Mary S. Doellman, DO

Otolaryngology Head and Neck Surgeon

General Leonard Wood Army Community Hospital

Accepting New Referrals

Maj. Mary S. Doellman, DO
Otolaryngologist (Head and Neck Surgeon)
General Leonard Wood Army Community Hospital

Medical School:
Lake Erie College of Osteopathic Medicine, Erie, Pa.

Internship:
Tripler Army Medical Center, Honolulu, Hawaii

Residency:
San Antonio Military Medical Center, San Antonio, Texas

Specialties:
Otolaryngology Head and Neck Surgery—also known as an Ears, Nose and Throat (ENT) surgeon

Office Location: General Leonard Wood Army Community Hospital

Reasons to see Maj. Mary Doellman:

- Nearly a decade of specialty surgical experience in ENT Head and Neck surgical care
- Maj. Doellman is also a military spouse who understands the needs of both military and family members
- Excellent surgeon, great with children

What was your motivation to become an Otolaryngologist?
Maj. Mary Doellman: "I taught myself guitar in high school. I'm not very good—but I'm good enough. Good enough to get into medical school because I realized that folk singing wasn't going to pay the bills! Otolaryngology was my back-up plan—not really—but that was always the joke because medical terms kind of rhyme—like "biology" and "surgery"—so writing songs that rhyme would be easy. In all honesty it's a perfect combination of everything in medicine I enjoy: surgery, clinic and pediatrics."

Call TRICARE/UHC 1-877-988 WEST (9378) to become a patient here!

What do you like most about your job?
Maj. Mary Doellman: "I really enjoy caring for children. I'm a doodler so I draw on their bed sheet before surgery—unicorns, cats, dogs, dragons."

Where did you grow up?
Maj. Mary Doellman: "I grew up near Savannah, Georgia."

What is your favorite thing to do when you're not working?
Maj. Mary Doellman: "I got into cooking and I think that's probably just the surgeon in me because you get to work with your hands and make something new. Everybody wants to come over if you cook a lot. I also shot skeet and trap competitively in high school on the State 4H team. Great practice for surgical hand & eye coordination skills!"

What do you find interesting about your job?
Maj. Mary Doellman: "I am in the Army but I am also a military spouse. I understand what it's like to be away from my husband—and what it's like for my husband to be away from his family. I love to joke around and have fun with patients, as you can probably tell. But helping patients, making them feel better, is an honor and extremely rewarding to me. I get to help people breath better, look better, and hear better."

Faster healthcare—appointments on the spot! #1

Exclusive care only available here

A visual appointment board makes booking an appointment faster, easier and more convenient at General Leonard Wood Army Community Hospital.

Real-time routine medical appointment availability can now be viewed on a large-screen display located outside the Emergency Room, on another display for those waiting to be seen inside the ER waiting room, and it's even available online.

For some incoming ER patients, this means waiting to see a physician in the ER can be a thing of the past.

"Patients with non-life-threatening injuries may book an appointment faster with this system—before they even enter the Emergency Room to sit down and wait to see an ER physician," said Capt. Matthew P. Doellman, GLWACH Emergency Department head nurse.

The appointment screen is available online from a link on the hospital website at http://glwach.amedd.army.mil. The online appointment screen also shows appointments available at the Ozark Family-Centered Medical Home as well as within the hospital.

"Pick your Appointment – Pick up the Phone," scrolls the colorful marquee banner mounted above a flat screen monitor next to the Emergency Room's main hallway entrance.

"Patients can look for an appointment on the screen and pick up the black "TRICARE Appointment Line" phone hanging there on the wall," said Randall W. Moore II, GLWACH's ER supervisory nurse, "and it is already ringing the TRICARE representative by the time the phone gets to their ear."

And even when patients need to check into the ER, the ER desk clerk checks the new system again for appointment availability to ensure patients receive the fastest possible health care here.

"Appointments may even become available with a patient's own PCM or another physician they'd like to see as they're sitting in the ER waiting room," Doellman said.

Another 1st! GLWACH leads the way for you!

Byron Bauer, a registered nurse at the General Leonard Wood Army Community Hospital Emergency Room, explains to Renita Duffy, a patient and fellow GLWACH staff member, how patients can pick an available appointment, and pick up the phone to book it on-the-spot using the black phone mounted on the wall. GLWACH is the first and only Army Hospital to provide real-time medical appointment availability to patients in this convenient manner. (Story & photo by John Brooks)

Unfilled appointments, as well as appointments which become available through patient cancellations are shown on the screen up to 24 hours in advance.

"There are no hidden TRICARE Prime appointments not shown on the screen," said Diane Hell, GLWACH hospital administrator. "When an appointment becomes available within the hospital, it appears on the screen."

Getting quality care—at warp speed—from a Primary Care Manager—is inherently more desirable than sitting in the ER waiting room wondering about your place in the queue.

Beneficiaries can also call the TRICARE Appointment Line at 1-866-988-WEST (9378) to book appointments.

Where can you find hospital news and info?

facebook.com/GLWACH

Facebook!
Facebook remains the best place to find recent hospital news and information—all in one place—simply because it can display all types of products (video, text, audio, photos and graphics).

Hospital website:
Visit http://glwach.amedd.army.mil

Newspaper:
Check The Guidon and other local newspapers for our locally written articles.

Radio:
Several timely topic discussions are broadcast each month on 1390 AM, 97.9 FM and 102.3 FM.

Video Loop:
Our hospital video loop can be seen in our waiting rooms, at the Maneuver Support Center of Excellence, on the installation's internal cable channel 59, and video segments are also on our Facebook page.

Ambassador Program:
Army Medicine's new Ambassador Program identifies Army Medicine Subject Matter Experts here who possess a unique knowledge and desire to share their expertise with others.

If you'd like an Army Medicine SME—an "Ambassador"—to speak to a group you represent, please contact John Brooks, hospital Ambassador Program manager, at 573-596-0131, ext. 6-9632 or via email at john.d.brooks12.civ@mail.mil.

Hospital Ambassador Program!

Hospital Subject Matter Experts are now available to speak to your organization!

Army Medicine's new Ambassador Program identifies Army Medicine Subject Matter Experts here who possess a unique knowledge and desire to share their expertise with others.

Would you like someone from the Pharmacy to come explain the different ways to receive prescription medications—what services they now offer and how to use them, find out which way is most convenient for you—or which is least expensive? We are happy to come visit your group just to answer questions too.

How about using TRICARE Online? We can come explain and show you how easy it is to use TOL, the RelayHealth website, the Nurse Advice Line (NAL), other hospital procedures and policies—and we're always open to your suggestions and feedback!

If you'd like an Army Medicine SME—an "Ambassador"—to speak to a group you represent, please contact John Brooks, hospital Ambassador Program manager, at 573-596-0131, ext. 6-9632 or via email at john.d.brooks12.civ@mail.mil.

REST assured! with Remote Surgical Tracking #1

Exclusive care only available here

FORT LEONARD WOOD, Mo. -- Family members and friends can now follow their patient's progress through surgery from start to finish on a large-screen display located in the Surgical Services waiting room at General Leonard Wood Army Community Hospital.

With Remote Surgical Tracking (REST), family and friends can even use *REST Assured!* online, as they follow the progress of their loved one through all six stages of surgery using a computer or smart phone to click a link located on the hospital website at **http://glwach.amedd.army.mil**.

"As a mom, I know I would be glued to the screen if my child was in surgery," said Maj. Susan Keegan, clinical nurse officer in charge of the GLWACH Operating Room. "This system allows friends and family to know when their loved one goes from pre-op, to surgery, to recovery, and lets them know when they're ready to be picked up to go home."

To protect patient right to privacy, a unique patient identification number is provided only to the patient during check-in. The ID number is displayed on the system's waiting room screen in place of the patient's name. ID numbers of all surgical patients and their current stage of progression through the surgery process are displayed.

Another 1st! GLWACH leads the way for you!

Surgical Service Patient Tracking Board

Last Refresh: 12/1/2014 8:53:08 AM

ID	Surgeon	Check-In	OR PreOp Hold	Anesthesia PreOp Hold	OR Suite	PACU	Ready For Escort	Discharged
47532	ROAM	7:47	8:04	8:09	8:24			
54533	ROAM	6:48	6:58	7:14	7:38	8:09	8:16	
69533	ROAM	8:43						
73530	DOELLMAN	6:15	6:40	6:59	7:30			
85530	DOELLMAN	7:10	7:45	7:48	8:50			
86530	DOELLMAN	7:12	7:45	7:54				
88532	ROAM	8:01	8:37	8:52				

Match the number in the ID column and the number you were given at check-in to track your patient's progress. Green indicates arrival at each location.

The SURGICAL SERVICE PATIENT TRACKING BOARD is brand new.

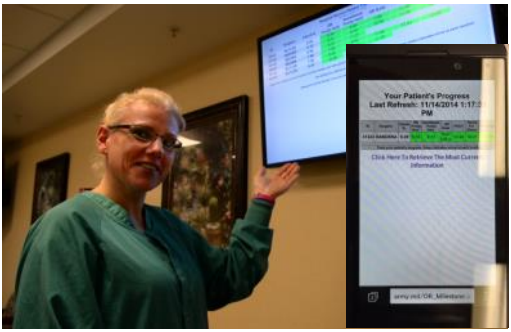
Please fill out the Survey Form you were handed and turn into Post Anesthesia Care Unit Staff

When logged in, only the status of the patient to whom the ID number corresponds is visible. A timestamp appears in a box which turns green as each patient enters a new stage from check-in to discharge.

"I'm excited and very proud to be part of the caring and diverse team that came together so well to make this happen so quickly," Keegan said. "It only took about four months to go from concept to reality."

The surgical services patient tracking system concept originated with Keegan.

"When I first thought about developing a way for us to make this happen, I took the idea to my boss and we sat down with our computer folks and began brainstorming to develop the system we have today," Keegan said. "This is the only Army Military Treatment Facility with this type of service that we are aware of."



The surgical services patient tracking system went into full operation at GLWACH Nov. 5 and is available to all surgical patients and those to whom the patient authorizes access.

Maj. Susan Keegan, clinical nurse officer in charge of the Operating Room/Sterile Processing Department at General Leonard Wood Army Community Hospital describes the benefits of her Surgical Services Patient Tracking Board concept, now a reality, located in the Surgical Services waiting room here. (Story & photo by John Brooks)

Quick help reference:

- **TRICARE Nurse Advice Line** (24/7/365): 1-800-TRICARE (874-2273), option 1
- **Appointment Line:** 1-866-299-4234, open 7 a.m. to 4:30 p.m., M-F
- **Visit our patient representative** located in room 123 near the info desk
- **Visit our Information Desk** for general help and clinic directions
- **Enroll for healthcare here:** 1-877-988-WEST (988-9378)
- **TRICARE Online http://tricareonline.com and**
  - ⇒ **Book an appointment online with your PCM using "calendar view"**
  - ⇒ **Order prescription refills online**
  - ⇒ **Online Lab and biopsy test results**
- **RelayHealth: https://app.relayhealth.com**
  - ⇒ **Use Secure Messaging to communicate with your PCM**
- **Call the Western Region UHC toll-free** at 1-877-988-WEST (1-877-988-9378)
- **Visit http://facebook.com/glwach** and **http://GLWACH.AMEDD.army.mil** for recent local and worldwide Army Medicine news and information

What's going on here?

General Leonard Wood Army Community Hospital

The Veterinary Treatment Facility is available for pet appointments and vaccinations. If you need to board your pet during a vacation, your pet may need a kennel cough vaccination as well as pet sick call. Please give us a call at 573-596-0094 to make an appointment on Mondays, Wednesdays and Fridays from 8:30 a.m. to 3:30 p.m., and some Tuesday afternoons from 1-3.

Optometry Clinic services are open to all enrollees (active duty, family members, retirees, and their family members) can be seen for appointments in the Optometry clinic at the hospital. Book online, call (573) 596-0048, or call the TRICARE appointment line for an appointment!

We want your feedback!

General Leonard Wood Army Community Hospital

Got feedback? Please come tell us what's on your mind!

Our Hospital Commander, Col. Peter Nielsen, hosts our monthly hospital "Healthcare Consortium" town-hall-type meeting here in the hospital's MEDDAC Classroom on the 2nd Tuesday of each month at 2:30 p.m.

Col. Nielsen also speaks and answers questions at the installation "Woodworks" meeting, which is the post's monthly town-hall-type community information meeting held at the USO on the last Tuesday of each month at 10:30 a.m.

TRICARE Prime enrollment has dramatically increased over the last year, leaving only about half of the TRICARE Prime vacancies previously available – and fewer than 250 TRICARE Plus vacancies for those aged 65 and over.

Our steadily increasing enrollment is attributed to lower cost, increased customer service, increased continuity of care, advances in cutting-edge technology, and many facility improvements. We provide a stable environment that attracts civilian physicians who want to practice medicine instead of running a business. And civilian physicians don't PCS.

If you're still out there with a network Primary Care Manager, using more expensive network services and paying appointment visit and prescription co-pays, now is the time to come back and "enroll." We have PCMs available at General Leonard Wood Army Community Hospital and at the Ozark Family-Centered Medical Home satellite clinic, located off post in Saint Robert.

"System for Health" – Change is good – very good!

The Army's new "System for Health" is clearly working here, and is responsible for handing us the key to caring: a new patient-centered, team-based environment which allows us to focus on you, the customer.

The System for Health allows Care Manager Team members to truly care for those they serve – and in more personal ways. Physically helping and guiding patients. This is how staff members originally imagined themselves performing the duties of their chosen field of health care – by caring for them!

That's right--your PCM Team members chose to work in health care because they care about you! The System for Health and "Patient-Centered Medical Home" concepts facilitate and translate into warm patient handoffs, and team-based, patient-centered care. Comfortable, effective customer service!

"AMH" – why AMH is important TO YOU:

The Army Medical Home care model combines the conveniences you want with the Primary Care Manager Team continuity you need. AMH is "patient-centered" and "team-based."

Each patient partners with their team of healthcare providers – physicians, nurses, behavioral health professionals, pharmacists and others – to develop a comprehensive, personal healthcare plan.

Team-oriented, individual delivery of prevention screening and services, and a more personal management of chronic conditions, promotes communication and a new spirit of health, wellness and trust.

There are new, easy and convenient ways to make appointments and communicate with your PCM Team.

We now provide over 92 percent PCM continuity of care—and you can see when your PCM is available and choose 100 percent continuity of care and booking an appointment exclusively with your PCM online! Additionally, your PCM Team members are there to provide increased continuity of care if you've booked with another PCM. That's AMH in a nutshell.

Visit http://tricareonline.com or https://app.relayhealth.com to start using the new, convenient online capabilities now available. If you're having difficulties with online services, get your questions answered face-to-face.

The Performance Triad and Prevention

Health is personal and each of us defines it in our own way. Health is more than the absence of illness, and achieving better health means taking a proactive approach to your well-being. This includes regular activity, good nutrition and quality sleep. Combined, these elements make up the Army Performance Triad and can apply to everyone.

What does health look like to you? Share your thoughts at http://armymedicine.mil.

Health is more than meets the eye:

- 8 is great! Current Army guidance is 7-8 hours of sleep per 24-hour period for effective performance. The first step to getting a full night's sleep is to maintain a consistent, regular routine.
- 10,000 steps per day and regular exercise (at least 150 minutes per week) that fits your lifestyle.
- 8 is great! Eat 8 servings of fruits and vegetables a day. Healthy nutrition and nutrient-rich food choices support muscle growth, recovery, tissue repair, proper immune function, and they improve mental and physical performance.

Resources for Health:

The Army's System for Health is a partnership among Soldiers, families, retirees, leaders, health teams and communities.

Use Performance Triad resources to support healthy activity, nutrition and sleep. Learn more about Army Medicine and the Performance Triad at: http://armymedicine.mil.

Visit this Army Wellness Center link for more information: http://tricare.mil/mtf/.

Access Electronic Resources and Connect with Online Communities:

- ArmyFit: https://armyfit.army.mil
- Comprehensive Soldier & Family Fitness http://csf2.army.mil/
- Visit USDA's MyPlate Super Tracker http://supertracker.usda.gov

We're here to help! Contact your Primary Care Team and the hospital Nutrition Care Division for more information!

New Nurse Practitioner accepting patients!

Angela Middleton,
Nurse Practitioner,
Family Medicine, OFCMH

Medical School:

University of Missouri, Columbia, Missouri.

Specialties:

Angela has practiced in Family Practice, Emergency Medicine, Women's Health, high-risk obstetrics and gynecology, Neonatal Intensive Care Units, and Intensive Care Units.

Office Location:

Ozark Family-Centered Medical Home, Saint Robert, Missouri.

Reasons to see Angela Middleton:

- Angela has experience in Family Medicine from birth to geriatrics.
- Angela is a military spouse who understands the needs of military families.
- This is home for Angela and her family. They have chosen to retire here. This is her husband's last duty station.

Why did you become a Nurse Practitioner?

Angela Middleton: "My quadruplets were in a Neonatal Intensive Care Unit sixteen years ago and after I saw everything that the nurses did, I knew that was what I wanted to do. When my children were three years old, I finished Nursing School while my husband was deployed."

Where did you grow up?

Angela Middleton: Dixon, Missouri.

What is your favorite thing to do when you're not working?

Angela Middleton: "Spend time with my family. My children like to zip line and we go four-wheeling and all of that because they say that, if they break something, I can fix them. I tell them that I would rather not go to the ER on a day off that I'm spending with them."

To become a patient of Mrs. Middleton, call 573-596-0064 and ask for Sheila.

What do you find interesting about your job?

Angela Middleton: "I am a military spouse and I love working with military families. I love everything about what I do—and I'm treated here—this is where I come for my health care. I also like mystery diagnoses. I like to research and figure out things that nobody else can figure out. There's a part of me who should have been a detective."

Where has your family been stationed?

Angela Middleton: "My husband was in Korea and then we met in Kansas. From there, Fort Bragg, Fort Leonard Wood, Fort Monroe, Fort Eustis, and now Fort Leonard Wood again. We're retiring here. This is home. My patients aren't going to come in one day and find out that Angela is going to leave because her husband just got orders. You're stuck with me!"