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Items of Interest:

November is Warrior Care Month. The Department of Defense has designated November as Warrior Care Month. During Warrior Care Month, military treatment facilities will have a variety of events scheduled to commemorate the health care our warriors receive on the battlefield and at home. For information on Warrior Care, visit www.WarriorCare.mil. For information on Navy-specific Warrior Care, visit the Navy Safe Harbor Command at www.SafeHarbor.navy.mil. For information on Marine Corps-specific Warrior Care, visit the Marine Corps Wounded Warrior Regiment at www.WoundedWarrior.usmc.mil.

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Warrior Care: Defense Department Highlights Efforts in November

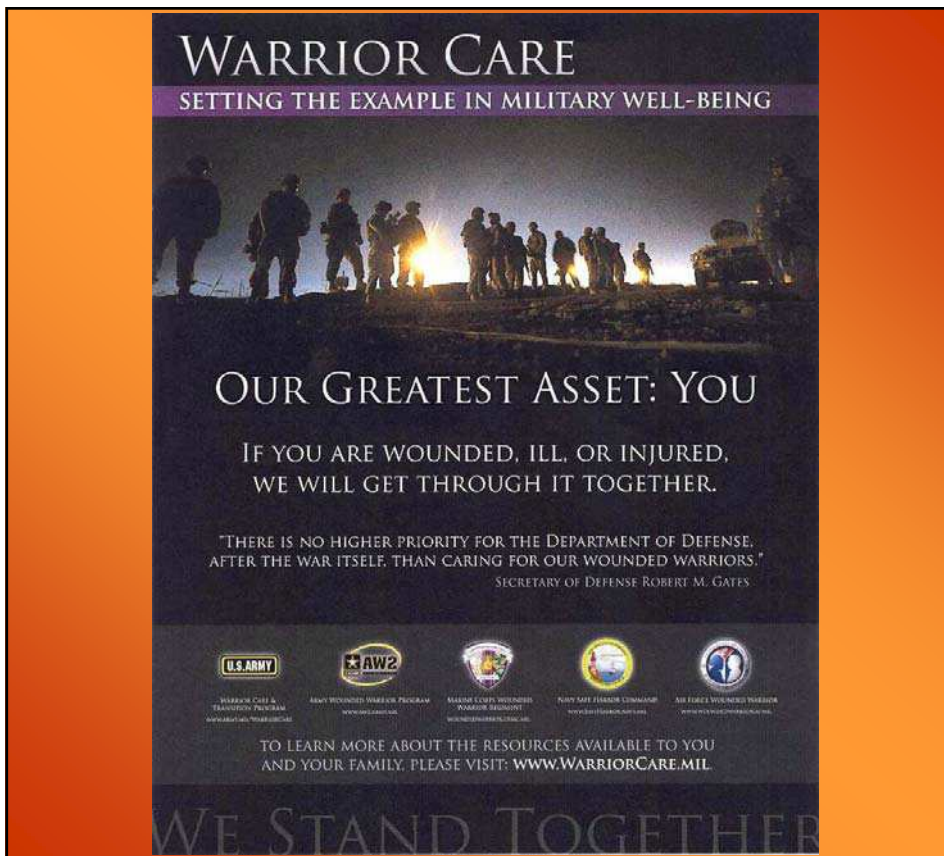
American Forces Press Service

WASHINGTON – Citing Warrior Care as both a top priority and a solemn obligation, Defense Secretary Robert M. Gates designated November as “Warrior Care Month” to communicate the Defense Department’s commitment to quality care to the nation’s servicemembers and their families.

Through the department’s Warrior Care Web portal at www.WarriorCare.mil, Warrior Care Month is aimed at increasing awareness of programs and resources available to wounded, ill and injured servicemembers, their families, and those who care about them, and reinforcing servicemembers’ trust in DoD’s commitment to

their well-being, officials said. Pentagon officials cited four principles of Warrior Care Month: -- A Pledge to Our Servicemembers and Their Families. The Department of Defense will provide the highest quality of care to all wounded, ill, and injured servicemembers and their families for as long as necessary, regardless of location. -- A Commitment to Quality Care. Consistent and quality care is provided by the Department of Defense to servicemembers throughout the continuum of care (recovery, rehabilitation, and reintegration) in conjunction with other government entities. Each service

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WARRIOR CARE
SETTING THE EXAMPLE IN MILITARY WELL-BEING

OUR GREATEST ASSET: YOU

IF YOU ARE WOUNDED, ILL, OR INJURED,
WE WILL GET THROUGH IT TOGETHER.

"THERE IS NO HIGHER PRIORITY FOR THE DEPARTMENT OF DEFENSE,
AFTER THE WAR ITSELF, THAN CARING FOR OUR WOUNDED WARRIORS."
SECRETARY OF DEFENSE ROBERT M. GATES

WARRIOR CARE & TRANSITION PROGRAM www.warriorcare.mil
NAVY WOUNDED WARRIOR PROGRAM www.navy.mil
MARINE CORPS WOUNDED WARRIOR REGIMENT www.marines.mil
NAVY SAFE HARBOR COMMAND www.safeharbor.navy.mil
AIR FORCE WOUNDED WARRIOR www.af.mil

TO LEARN MORE ABOUT THE RESOURCES AVAILABLE TO YOU
AND YOUR FAMILY, PLEASE VISIT: WWW.WARRIORCARE.MIL

WE STAND TOGETHER

Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam. M. Robinson, Jr.

As I mentioned in my last article, November has been designated by the Secretary of Defense, Robert M. Gates, as "Warrior Care Month." The objective of Warrior Care Month is to increase awareness of resources and programs available to wounded, ill, and injured military members and their families. I would like to share in this article some of Navy Medicine's efforts and accomplishments toward this goal and to reassure all warriors and servicemembers of our commitment to their well-being.

Navy Medicine has played an integral role in the development of the redesigned Disability Evaluation System (DES), ensuring that the redesigned process meets the needs of Sailors and Marines and is consistent with Navy and Marine Corps culture and values. When recommendations were made to change the DES and make it less cumbersome to wounded service men and women and to ensure consistency in the disability rating process, Navy Medicine went right to work. A DES Pilot Program was implemented at the National Naval Medical Center, and ultimately it established the foundation of training programs and data collection processes.

To date (22 SEP 08) 210 Sailors and Marines are enrolled in the DES Pilot program that was initiated on 26 November 2007. Navy and Marine Corps DES processing times average 215 and 226 days respectively, which is well below the goal processing time of 275 days. Ex-

pansion of the DES Pilot to Naval Medical Center San Diego, Naval Hospital Camp Lejeune, and other facilities is expected in the near future.

In response to the congressionally mandated *Task Force on the Future of Military Health Care*, Navy Medicine was tasked with improving The Psychological Health (PH) and Traumatic Brain Injury (TBI) system by implementing projects to support the recommendations. Five initiatives that were established included: Access to Care, Quality of Care, Resilience Promotion and Stigma Reduction, Surveillance and Screening, and Transition of Care.

Accomplishments of the PH/TBI Programs made by Navy Medicine include: Mental Health Staffing; Combat and Operational Stress Control for Caregivers, which involved Understanding Combat Stress and Focusing on Family Resilience; Caregiver Occupational Stress Control; Project FOCUS, a family support program for resiliency-building; Returning Warrior Workshops; Comprehensive Combat and Operational Stress Control Training, designed to build resilience and reduce stigma through increased mental wellness awareness and dialogue; and Psychological Health Program Outreach Coordinator program, which deployed individuals to the field to provide support and intervention in the hopes of mitigating stressors and addressing future concerns.

Another very important accomplishment made by Navy Medicine is the implementation of the Navy



Case Management program. Medical case managers are licensed professionals assigned to military treatment facilities to assist the service member through the military medical system. Their primary responsibility is to coordinate and facilitate clinical care needs for the Wounded, Ill and Injured servicemembers and their families. Currently (22SEP08) 152 Navy Medical Case Managers within MTF provide services to over 5,300 beneficiaries, with approximately 1,800 being wounded warriors. By assigning case management service to medical hold (MEDHOLD) patients, the patient population was decreased through improved care coordination from 200 members to 60, allowing servicemembers to return home with their families.

Navy Medicine is proud of the accomplishments we have made up

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DJIBOUTI CITY, Djibouti - Cmdr. Thomas Nelson, a general surgeon, and Lt. Robert Roadfuss, an operating room nurse, both assigned to Camp Lemonnier, discuss proper procedures while performing a laparoscopic cholecystectomy surgery at Peltier Hospital Nov. 17. Nelson, Roadfuss and other Camp Lemonnier surgeons travel to Peltier three times a week to assist Djiboutian doctors with surgeries and other complex medical procedures. *U.S. Navy photo by Mass Communication Specialist 2nd Class Marc Rockwell-Pate*

Happy Thanksgiving!

Warrior care continued...

(Continued from page 1)

has also instituted programs to provide personalized medical and non-medical assistance to wounded, ill and injured servicemembers and their families.

-- Transforming Warrior Care. Warrior Care today includes new facilities, skilled and dedicated care providers, training and career opportunities to assist in the transition to new roles in the military or to civilian life, and a new partnership with the Department of Veterans Affairs to launch pilot programs to align medical records and establish a single Disability Evaluation System.

-- Simplifying Access and Establishing Channels for Reporting Problems. The Web site www.WarriorCare.mil is the gateway to the department's Warrior Care resources through which visi-

tors can easily identify and access individual programs and resources to meet their needs.

-- In addition, the Wounded Warrior Resource Center was established for servicemembers and their families who encounter difficulties during their recovery process to receive the assistance they need immediately.

The WWRC is accessible by calling 800-342-9647 toll free, via e-mail at wwrc@militaryonesource.com, or on the Web at www.woundedwarriorresourcecenter.com, 24 hours a day, seven days a week.

Officials noted several key changes that have improved Warrior Care:

-- New partnerships have been developed with the Department of Veterans Affairs to streamline the transition between DoD and VA.

-- New programs to care for and support wounded, ill, and injured servicemembers have been instituted.

-- The department has implemented new approaches in the treatment of psychological health and the challenge of traumatic brain injury.

-- A concerted effort has been made in improving customer care.

In the future, officials said, the Defense Department will continue to work with VA to craft improvements tailored for those grievously wounded in combat, make rapid improvements in dealing with TBI and psychological health, improve service quality and consistency to the families of the wounded and the fallen, and support the Guard and Reserve with the same quality and consistency provided to active forces and their families.

Surgeon General's column continued...

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to this point, but with all we've done and all we're learning as we do it, we realize there is yet unfinished business. We will never grow stagnant or rest on our laurels. We will keep listening to and learning from those who it is our privilege to serve...our warriors, our patients, and their family members.

The key to the success of Navy Medicine is fundamentally linked to how well we in the Military Health System (MHS) (that is Navy, Army and Air Force) and also the Department of Veterans Affairs have constructed a strategic vision of care for our wounded warriors. Inevitably each service will develop their method of doing this based upon the idiosyncratic cultures from which we all come. But the success of our programs will be judged by how effectively our people – our beneficiaries – are cared for and how seamlessly we can assist in their reintegration back into their families and communities.

The proof of our success will not be measured by the number of programs or outreaches to individuals, although all of these are very important. Our success will be judged by those men and women we care for and help to find their way back to a meaningful and fulfilling life based upon their capacity to create, innovate, and be productive. How our beneficiaries and their families are cared for and their response to that care is the measure of our performance. By keeping our gaze squarely on

the person vice the process, and keeping process coming to people and never the reverse is the surest way to a victorious end state. An MHS/VA strategic plan in which the cultures of EACH SERVICE are subservient to the MHS in toto, and the MHS is people oriented and not process, business rule, or metric driven, will ensure this noble end state.

This is the challenge for Navy Medicine, Army Medicine, and Air Force Medicine, and the Department of Veterans Affairs. This is what Wound Warrior Care is all about. This is our challenge and we must be successful. Our wounded warriors and their families and our nation demand this. And working together, we cannot fail!

We must continue to partner with our sister services and the Department of Veterans Affairs to make sure that our philosophy of care is transported to their systems and that our pledge to our constituents is always honored. We pledge a system that honors people over processes. We will keep true to our service ethos: Honor, Courage, and Commitment. We pledge to never leave any service or family member behind on their journey to wellness and wholeness.

We pledge this today and for the future – long after the war has ended and the emotions and sounds of today have been tempered and ceased. This will be the true test of our system, and our commitment to our wounded warrior and their families. Just as Navy Medicine has never failed to answer the call to action, we will be successful in this endeavor for as long as we are needed.

CCPD Uses LSS to Streamline Credentialing for DCO Healthcare Providers

By Mass Communications Specialist 1st Class (SW) Arthur N. De La Cruz, Navy Medicine Support Command Public Affairs

NAVY MEDICINE SUPPORT COMMAND (NMSC), JACKSONVILLE, Fla. – NMSC's Centralized Credentials and Privileging Department (CCPD) assumed the responsibility in October for initial credentials verification for prospective Direct Commissioned Officer (DCO) Navy healthcare providers.

CCPD had previously credentialed and privileged only Navy Reserve healthcare providers and clinical support staff.

CCPD now works directly with Commander, Navy Recruiting Command (CNRC), and Navy recruiters "to ensure that only fully qualified healthcare providers are accessed into the Navy through a direct commission," said Mrs. Becky Boyrie, CCPD Department Head. "Previously, Navy medical staff service professionals (MSSPs) weren't involved in the initial stages of gaining healthcare providers into the Navy."

CCPD and CNRC used Lean Six Sigma methodologies to ensure the entire DCO process was mapped out and any potential bottlenecks removed prior to moving forward with the contract, said Mr. Scott Olivolo, CCPD Director and a Lean Six Sigma Green Belt.

"Using Lean Six Sigma tools such as process flow diagrams enabled us to clearly illustrate, in a logic sequence,

the multiple, oftentimes non-linear steps in the DCO process," said Olivolo. "This also showed us who is responsible for a particular action or decision along the way."

The flow diagram also helped the Navy recruiters visualize what happens before, during and after the DCO is accessed into the Navy, and how CCPD will improve the end product - a completed credentials file to the customer.

The Armed Forces Institute of Pathology (AFIP) previously held the contract for credentialing prospective DCO providers. Once recruiters identified a prospective candidate, AFIP would build a portfolio comprised of all verified qualifications (the credentialing process). AFIP would then report their findings to the Navy Medicine career plans officer to determine a candidate's eligibility. Unfortunately, once the DCO provider was fully accessed into the Navy, the credentialing information would not be forwarded to the gaining Navy healthcare facility. And the credentials then needed to be re-verified.

"Now we're going to have a provider's credentialing information well before those providers are assessed and commissioned into the Navy," said Boyrie. "We now send the established credentials file directly to where that pro-

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Camp Lemonier IA Medical Team Passes Torch to GSA Sailors

By Mass Communication Specialist 2nd Class (SW//AW) Marc Rockwell-Pate

DJIBOUTI CITY, Djibouti - Expeditionary Medical Facility (EMF) Team 14 assumed all administrative and operational medical duties from EMF Team 13 at Camp Lemonier, Djibouti (CLDJ), Nov. 19, transitioning a full 30-member medical team in and out of the Seth Michaud Medical Facility and ensuring continuity of care.

This full transition signifies the beginning of Michaud hospital's use of global war on terrorism support assignment (GSA) personnel on a deployment as opposed to individual augmentee (IA) assigned personnel.

GSA Sailors have actively coordinated their IA tour into their career path with their detailers as part of a regular permanent change of station (PCS) move. IA Sailors serve their IA tour and return to the command they were stationed at

when they were selected for an IA tour.

"The main reason that we are doing a full turn over is because the EMF 14's are now GSA personnel," said Senior Chief Corpsman (EXW/FMF) Shawnta Sampson, EMF 13's senior enlisted leader. "GSA personnel will serve in CLDJ for nine months instead of the six months IA personnel have served, and that will help maintain continuity at the hospital."

Sampson added that because EMF 14 has been working together through the training that is necessary to deploy to CLDJ, they already have the cohesion that is required to "hit the ground running" at the camp.

After receiving their GSA orders, EMF 14 members met in San Diego where they processed and traveled to Fort Jackson, S.C., for Navy Individual Augmentee Combat Training (NIACT), which is designed to give Sailors the combat skills necessary

to provide combat service support in a forward-operating environment. Following the completion of the two-week training, the EMF team deployed to CLDJ.

"I think that my team is looking forward to learning more about Djibouti and gaining a better understanding of our new environment," said Cmdr. Robert Browning, EMF 14's senior officer. "Medically, I think that we are all looking forward to the challenges of our diverse tasking at Camp Lemonier, which ranges from mass casualty situations to routine daily clinic operations."

Browning also said that he is looking forward to interacting with local and international medical members with whom EMF 13 has already built a strong relationship.

In June of this year, 30 Djiboutian soldiers were seriously

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NAVAL HOSPITAL JACKSONVILLE, Fla. - Lt. Cmdr. Karen Stover, Nurse Practitioner, is congratulated by Capt. Bruce Gillingham, Naval Hospital Jacksonville Commanding Officer, after he presented her the Bronze Star Medal recognizing her 2006 service in Afghanistan. During that time, she was assigned as a medical mentor supporting an Afghanistan National Army (ANA) Garrison Clinic, as a Navy Embedded Training Team, operating in Southeastern Afghanistan near the Pakistan border. Going well beyond her original assignment, Stover voluntarily mentored multiple positions including the 203rd Corps Surgeon, the 203rd Corps Garrison Clinic, the Afghanistan National Army Hospital and the Class VIII Medical Supply Warehouse to cover where there were no other Medical Team mentors. U.S. Navy photo by Hospital Corpsman 1st Class (SW) Michael Morgan

Camp Lemonier continued...

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wounded during a border dispute with Eritrea. EMF 13 medical personnel traveled to the French medical facility Hospitalier de Bouffard (Central Hospital Armies at Bouffard, Djibouti) and assisted with the treatment, stabilization and care of the Djiboutians.

Cmdr. Tom Nelson, an EMF 13 general surgeon who helped at Bouffard, said it was a great experience and unique in these modern times for a joint U.S. military medical team to work so closely with a French medical team.

Nelson, along with other past and present members of CLDJ's medical facility, also reach out to the local community by assisting doctors at Hospital General Peltier, a local Djibouti City hospital.

"We normally go to Peltier three times a week and assist with anywhere between three and ten different cases during the week," said Nelson. "Part of the whole

idea of Commander, Joint Task Force Horn of Africa is building strong relationships in the community, and that is what we are doing. By helping train local medical personnel, we are hoping to bring more medical stability, and in turn create a higher level of health care for all Djiboutians.

Nelson added that since Michaud medical team members started volunteering at Peltier hospital in the fall of last year, they have worked a variety of cases, including: prostate, kidney, bladder, tumor and trauma operations.

"It will be difficult to exceed the work that EMF 13 has done here," said Browning. "They have done an outstanding job in the area of mass casualty; the clinic is top-notch, and the health of the camp couldn't be better."

Browning added his EMF team has wide-range of specialties, and he hopes to use that to build onto relationships EMF 13 has established and further medical stability in the area.

CCPD continued...

(Continued from page 4)

vider will be working in the Navy. Then it's a matter of a provider completing the application for privileges, which might take only a cou-

ple of weeks to process."

Though the initiative is in the early stages, Boyrie believes the new LSS-based process is going well, primarily due to the CCPD staff of well qualified MSSPs with many years of credentialing and privileging experience.

"That's important because when a patient is in that exam room, they should feel confident and comfortable in knowing their provider is fully qualified," said Boyrie. "As MSSPs our job is to not assume, but rather to verify with absolute certainty that each provider is fully qualified to be involved in patient-care activities."

CCPD manages both the credentials and privileges for many differ-

ent healthcare specialties, including physicians, dentists, nurse practitioners and many other allied health professionals.

In regards to the new accession credentialing initiative, the initial feedback from CNRC, BUMED and the career plans officers has been very positive.

"At the end of the day, we aim to deliver a completed credentials file to the gaining command, which they will use to fully privilege a provider," said Boyrie. "The value of this service cannot be understated in terms of Navy Medicine's ability to put outstanding practitioners to work in a timely manner to take care of our patients worldwide."



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