

Navigating Forward

Captain James A. Lovell Federal Health Care Center
Annual Report 2014



We provide the very best, patient-centered care to our Veterans, military patients and military family members.

Mary Howard, RT (R)(M), Lovell FHCC Women's Health Clinic

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Melvin Williams, Elas Zelaya and Marilou Belski, nursing assistants providing the best patient-centered care on the Lovell FHCC medical-surgical unit.

CAPTAIN JAMES A. LOVELL

VETERANS HEALTH ADMINISTRATION
UNITED STATES NAVY



EST. 2010

HEALTH CARE CENTER

Message from the Director and the Commanding Officer and Deputy Director



Stephen R. Holt, MD, MPH, MSNRS
Director



Robert G. Buckley, MD, MPH
CAPT MC USN
**Commanding Officer and
Deputy Director**

During our fourth year as the nation's first federal health care center, an integration of Department of Veterans Affairs (VA) and Department of Defense health care services, there were many "firsts" and "bests" and new opportunities. Navigating forward, we will continue to provide the very best, patient-centered care to our Veteran and military patients and military family members.

Under the direction of the new Secretary of the VA Robert McDonald, we recommitted to the core values of the VA (Integrity, Commitment, Advocacy, Respect, Excellence, or "I Care"), and adopted a "Blueprint for Excellence" that mirrors the core values of Navy Medicine as well as the VA. The Blueprint unites our more than 3,000 active duty military, civilian and contracted staff in our sacred mission of "Readying Warriors and Caring for Heroes."

Restructuring our organization was part of our ongoing commitment to improving patient care, and these

changes, while significant, were transparent to our patients.

We greatly expanded telehealth options, making health care convenient and accessible to patients close to home, or at home in some cases. Comprehensive telecardiology and teleretinal services, just two of many telehealth services, are now available at our McHenry Community Based Outpatient Clinic in McHenry, Ill. We also broke ground for a brand new McHenry CBOC scheduled to open in 2015.

It could be said the heart and soul of Lovell FHCC patient-centered care are our civilian and military nursing professionals and our Navy hospital corpsmen, two groups that received special mention in 2014. Our new hospital corpsman trauma training program at Cook County Stroger Hospital in Chicago gained national media attention, and as part of our ongoing journey to attain prestigious Magnet® status for nursing excellence, we began recognizing our best

nurses through the nationally known Daisy Award program.

Our nationally recognized services for Veterans and military members recovering from PTSD expanded to include caring for patients' family members through a new spouse support group. We also sustained our whole-health approach to patient-centered care through innovative programs such as expressive arts therapy, and equine-assisted therapy for PTSD patients, as well as patients residing in our long-term care Community Living Center neighborhoods.

The Lovell FHCC accolades and accomplishments would not have been possible without our compassionate volunteers and dedicated staff members, who go above and beyond every day to provide excellent patient-centered care to every patient, every time, everywhere.

Lovell FHCC

Who we are

“Readying Warriors, Caring for Heroes”

Lovell Federal Health Care Center is one-of-a-kind not only because of our unique status as the nation’s only federal health care center, but also because of our employees, who provide compassionate and expert patient-centered care. From the young children of military families served in our pediatrics clinic, to tens of thousands of young men and women embarking on careers in the U.S. Navy, to Veterans of all ages returning from combat or leaving military service, every employee here makes a promise. They promise to do their part to fulfill the sacred mission of readying Sailors for duty – the “Warriors” in our *Promise* – and caring for our Veterans who have completed their service – the “Heroes.”

The philosophy of how we keep our *Promise* is centered in our Core Values that we practice every day.

- Integrity
- Commitment
- Advocacy
- Respect
- Excellence



Megan Ballantine, Speech Pathologist



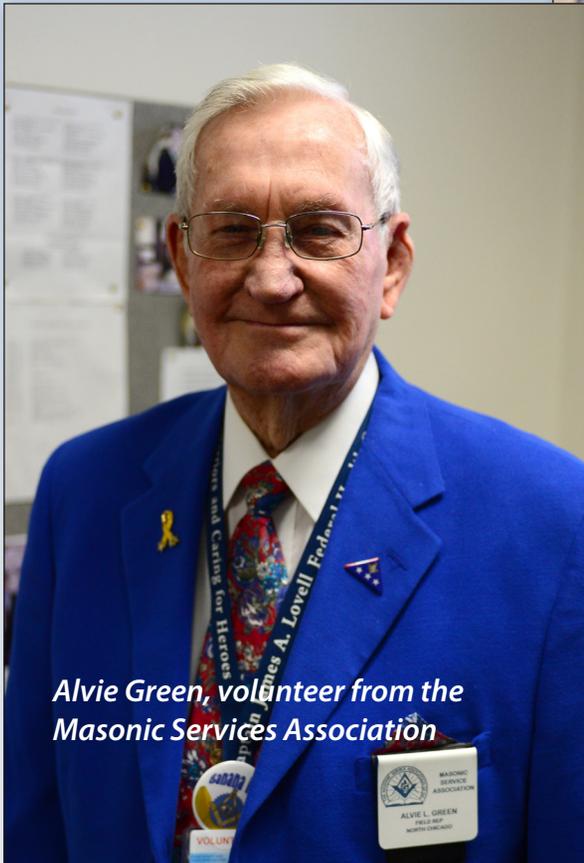
Coleman Bass, Housekeeper



Douglas McDaniel, Physical Therapy Assistant



Shirley McCullough, MSW, social worker with Hospitalman (HN) Mallorie Ward and HN Austin Nielsen, program support, Substance Abuse Rehab Program



Alvie Green, volunteer from the Masonic Services Association



Doris Carter-Simon, Medical Support Assistant, Evanston CBOC



Lt. Cmdr. Yulia Korchnoy reenlists HMC Sonseeahray Walker



Lt. Dawn Ashley and Lt. Alyssa Gibbons, Medical Home Port/Fisher Clinic

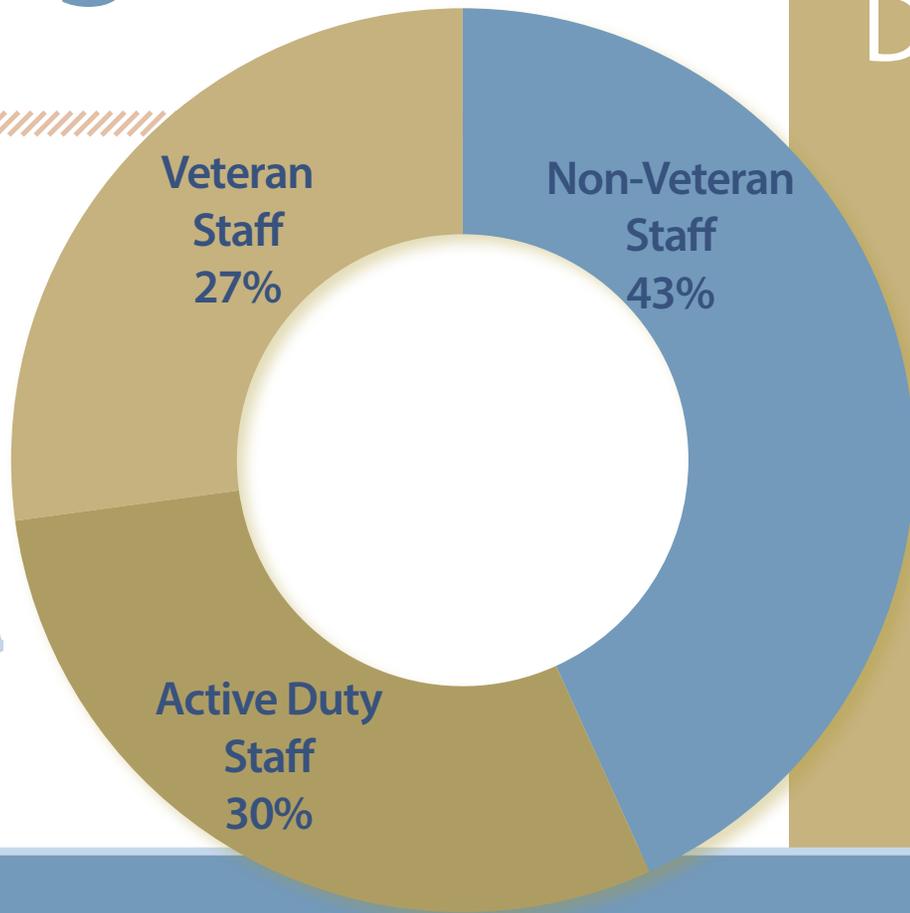
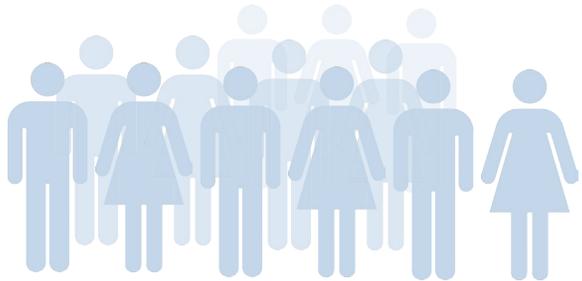


Sterile Processing Service team, Michael Green, JoAnn Hunter, Judith Meeker, Sam Thorell and Kimberly Oien

By The Numbers

\$490,556,802.00
Total Operating **Budget**

FHCC Staff
3,073

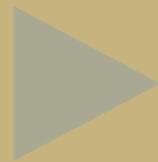


918,951
Outpatients
Encounters

Emergency
Dept **Visits**
18,994



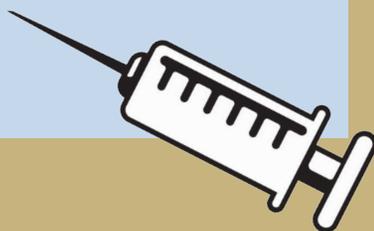
Physicians = 166
Nurses = 347
Licensed Practical
Nurses & Nursing
Assistants = 139





Recruit
 Patients Processed
▶ 44,000

Immunizations
270,000



Pharmacy
Prescriptions
1,045,668

Telehealth
Encounters 10,370

• **Operating Beds**

- **88** hospital beds **154** nursing home
- **care beds** **125** Domiciliary beds
- **18** Psychosocial Residential Rehabilitation

• **981** **Volunteers**



47,060
Volunteer Hours

• **\$ 275,956.18**
Donations

Patient-Centered Care

Integrated Disability Evaluation System - IDES

Lovell FHCC continues to lead the way in serving military members going through the disability evaluation process. The Integrated Disability Evaluation System (IDES) at FHCC has been one of the top performing programs within Navy Medicine since inception July, 2011. Staff members implementing IDES are responsible for the Medical Evaluation Board (MEB) phase and have sustained an impressive average of 58 days for the process, well below the mandated goal of 100 days. The FHCC's 58-day average is below both the Navy's and VA's average times.

Integrating IDES processes in the same department, under Managed Care, has fostered a symbiotic relationship between Department of Defense Case Management, Operational Forces Medical Liaison

(Fleet Liaisons) and Physical Evaluation Board Liaison Officers (PEBLOs). Both military and civilian treatment records are "front-loaded." Records are requested and received, and the non-medical assessment is completed before the appointment/IDES referral is made. Weekly tracking means problems are identified and corrective action implemented before phase time-lines elapse.

The Department of Defense uses IDES to determine a service member's fitness for duty. If the service member is found medically unfit for duty, the system gives them a proposed VA disability rating before they leave the service. The proposed rating informs the service member of the approximate amount of compensation and benefits they will



PEBLO Lilian Salinas checks the status of a file.

receive from the VA. Through the IDES process, PEBLOs guide service members to ensure they are aware of their options and the many decisions they, or their families, need to make. VA Military Service Coordinators (MSCs) help service members file their VA benefits claim before they leave the service so they can get their benefits as soon as possible after they separate from service.



PEBLO Kim Parker,
Electrician's Mate
Fireman Marissa Wiles,
Chief Petty Officer
Aaron Fenz and PEBLO
Lilian Salinas

Medical Evaluations

Lovell average days for completion **58 days**

Mandated goal **100 days**



Patrick Reardon, Veterans Benefits Administration, works with PEBLO, Kim Parker on a medical evaluation.

Patient-Centered Care

Navy Readiness

We embrace our role in ensuring the medical readiness of more than 40,000 new Navy recruits annually, at our East campus Branch Medical Clinics: USS Red Rover, USS Osborne and USS Tranquillity. Additionally, we maintain the health deployment readiness of our own – more than 900 – active duty Sailors assigned to Lovell FHCC, dozens of whom deploy to support military operations around the globe every year. In fiscal year 2014, 56 Sailors from Lovell FHCC deployed for Department of Defense missions.

From the first days the Navy's newest Sailors begin their service, we medically evaluate them and provide them the quality health care they need before they go on to the Fleet to begin their service to our nation. The care includes extensive medical screening and complete physicals, including immunizations, comprehensive dental care, women's health care, mental health care, wellness and preventive care. Throughout boot camp and beyond, as they transition to student status at Great Lakes Naval Station, Lovell FHCC is their sole health care provider.

At USS Red Rover, the "Gateway into the Navy," we administered nearly 300,000 immunizations and made 17,000 pairs of glasses in Fiscal Year

2014. Lovell provided nearly 10,000 gynecological exams and evaluations, administered 44,000 hearing exams, and collected and examined 264,000 tubes of blood.

At USS Osborne, one of the Navy's largest dental facilities, 75 percent of all Navy recruits annually require some type of dental treatment to ensure their readiness for the Fleet. Dental procedures, such as root canals, removal of impacted teeth, multiple large fillings, crowns and/or dentures, result in the delivery of more than \$50 million worth of dental treatment. Lovell FHCC dental professionals additionally deliver more than 1,200 Computer Assisted Designed and Manufactured (CAD/CAM) ceramic crowns and onlays annually.

At USS Tranquillity, recruits and students receive more extensive health care including Sports Medicine and Rehabilitative Therapy (SMART), mental health evaluations and more than 6,000 special exams annually to qualify Sailors for unique career paths to include service on nuclear submarines, in Naval aviation, and diver-explosive ordnance duty. More than 26,000 patients are seen in the SMART clinic for assessment, diagnosis and treatment of any injury affecting the musculoskeletal system.



CAPT Robert G. Buckley, commanding officer/deputy director salutes after his Change of Command ceremony on Sept. 5, 2014.



Tactical Combat Casualty Care provider course



MM1 Christopher Sergi at December Frocking Ceremony in Bourke Hall



Dental Treatment
\$50 million

Immunizations
300,000

Hearing Exams 44,000

Pairs of glasses 17,000

Special Exams
6,000

SMART Clinic 26,000

USS Red Rover recruit immunization

Patient-Centered Care

Taking care of Veterans with PTSD

A cool autumn evening in 2014 found a small group of Veterans being treated at Lovell FHCC for PTSD at a Harvard, Ill. stable – grooming, riding and helping to train horses. The Veterans were enrolled in the FHCC’s residential PTSD treatment program and were participating in equine-assisted therapy. Most of the patients in the group hailed from hometowns out of the area, including a Dallas Army Veteran who came to Lovell after spending 10 months at Walter Reed National Military Medical Center for treatment of combat-related injuries.

Another Army Veteran from central Indiana said he did his research before coming to Lovell FHCC. Afghanistan and Iraq Army Veteran

Tyrone Motley thought he would make the Army a career. “I loved the Army; I felt like a superhero in uniform,” he said. Instead of 20 years in the Army, he had to get out in 2012 after a decade of service and seek treatment for PTSD. Motley said his mental health therapist recommended Lovell FHCC’s PTSD treatment program.

Veterans and military members from around the nation, and even the world, come to Lovell FHCC to take advantage of its PTSD Programs.

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PTSD treatment at Lovell FHCC includes a 26-bed residential program and an outpatient program. The residential

program was established in 1983 as one of the first residential programs in the Department of Veterans Affairs (VA) specific to the treatment of combat-related PTSD. Since that time, the program has served combat-Veterans (and those who have served in direct support of the combat mission) from all recent wars including: World War II, Korea, Vietnam, Desert Shield/Desert Storm, Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn.

The program utilizes evidence-based approaches to treatment including Cognitive Processing Therapy and Eye Movement Desensitization and Reprocessing (EMDR) Therapy, as well as various complementary and alternative approaches to treatment. Such complementary and alternative approaches to treatment include: sobriety skills and addiction management, yoga, journaling, meditation and mindfulness, spirituality, education on grief and loss, therapeutic recreation activities such as equine-assisted therapy, anger management, family issues and concepts from Rational Emotive Therapy.

Lovell FHCC’s successful evidence-based approach to treatment, including Cognitive

PTSD Family support group

Many Veterans diagnosed with PTSD struggle with marriage and family relationships. While providing treatment to Veterans, we found that many partners also needed increased intervention and support; they needed a place where they could discuss their difficulties as a partner of a PTSD Veteran.

The Partners Empowerment Program (PEP) – which includes patients and families of the stress disorder treatment program – includes outpatient couple counseling and a spouse support group. The program was started to address the needs of partners and families of combat PTSD patients who were struggling as much as the Veterans with PTSD.

Partners and children of Veterans with PTSD can develop secondary traumatization as a result of taking on their traumatized loved one’s feelings, experiences, and memories. Partners can also develop caregiver burden, which is caused by the partner’s stress of shouldering excessive burdens and taking care of their loved one.

Therapeutic services, such as support



Army Veteran Mitchell Reno grooms a horse before riding at BraveHearts Therapeutic Riding & Educational Center in Harvard, Ill.

Processing Therapy, Prolonged Exposure and EMDR Therapy, has earned it a national reputation for excellence. Lovell FHCC is unique in that it admits Veterans and active duty service members from around the world. Prior to the scaling down and ending of combat operations in Iraq and Afghanistan, the FHCC received referrals from overseas military medical facilities including Landstuhl, Bamberg, Stuttgart, and Incirlik. The FHCC's census is generally 20 to 30 percent out-of-VISN 12 referrals. When such a referral is received, the Veteran is encouraged to consider residential treatment nearer his/her home, but many of them choose to receive care here.



A Veteran in the Lovell FHCC PTSD program grooms a horse before riding at BraveHearts Therapeutic Riding & Educational Center.

groups, for families strengthen family coping and increase emotional connections. The group format was essential to helping partners learn more about PTSD, including increasing their coping skills and building a social support network of committed partners and family members.

The support group has proven to be a huge success, with more than 30

partners participating since it started. The members find it offers a great mix of a social and supportive environment.

The group meets bimonthly at Lovell FHCC and through discussions and guest lectures, participants learn skills and techniques for managing stress, communicating and engaging in mindfulness, and self-care.



Lean Organization

Huddle Boards

A look around the FHCC on any given work day may reveal groups of employees standing around a whiteboard, intently participating in what appears to be a brainstorming session tracked with color-coded magnetic thumbtacks and printed playing cards of sorts.

From the director's conference room to individual departments' work areas, employees are learning how to "huddle," Lean Six Sigma style.

The huddle board lends itself to easily posting ideas on the left side with blue thumbtacks. New ideas are categorized according to Lovell FHCC's strategic goals (Patient-Centered Care, Lean, Talent Management and Innovation.) Then at huddle board meetings, the work group discusses each new idea, determines the impact and effort involved, and whether or not to take action.

"The huddle board process allows every employee, equally, to provide input for a process improvement," said Capt. David Jones, Lovell FHCC executive officer. "All ideas are listened to, talked over and tracked until they are implemented as a process improvement, or the group decides to shelve the idea because the impact and/or effort involved does not warrant pursuing it at the time."

Ideas that are "shelved" can be resurrected later if something changes, such as more resources become available.

"Huddle boards are a great mechanism for increasing employee engagement and making quick improvements to the workplace," said

"The huddle board process allows every employee, equally, to provide input for a process improvement."

Kathy Dong, Acting Associate Director for Clinical Support Services, who helped implement the use of a huddle board in audiology.

"What we noticed prior to using huddle boards was that someone would have an idea and be very enthusiastic about it but would have to wait for a staff meeting to discuss it," she said. "By that time, the initial enthusiasm had died down somewhat ...

We would decide on the initial step but not discuss the idea again until the next month's staff meeting. Often, by that time, the idea was effectively dead.

"By using a huddle board, we look at ideas twice a week and implement actions much more quickly," she said.

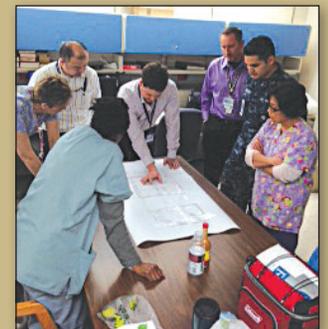
More about Lean

FHCC started its Lean journey in 2012 and continues to make great progress. In 2014, the facility continued to make improvements on its two active Value Streams, on both inpatient and outpatient flow. The Lean Six Sigma (LSS) Department completed eight Rapid Improvement Events (RIE), two Problem-Solving Events (PSE), two 5S Events, and four Process-Preparation Events (2-Ps). The LSS staff kicked-off nine RIEs, five projects, and one

PSE. In addition, another Value Stream started work, focusing on improving access. Staff are educated on Lean methodologies as part of New Employee Orientation.

The first 2P event in Navy Medicine and at a VA medical center was conducted at Fisher Clinic, Naval Station Great Lakes. The purpose was to enhance the design of the planned renovation by gaining staff input on the layout of the medical and dental

sections. The outcome was presented to NAVFAC to include in the architecture bidding package. The result is that the people who work in the building every day played a key role in designing the interior of the new clinic.



Many supervisors already conducted regular staff meetings where ideas were shared, Jones said, and for those groups, the huddle simply becomes a way of methodically seeing the suggestions through. For other work groups not accustomed to meeting to formally exchange ideas, the process is a way to ensure communication lines are open in all directions.

Huddle board ideas accepted by the group for action are pinned in the "Work In Progress" section, with yellow thumbtacks for action or red for "processes with current barriers." Anything that has to do with patient health and/or safety issues immediately becomes a "Just Do It" project and goes up on a special section under Work In Progress. Other ideas are displayed under the "Plan-Do-Check-Act" section. The number of huddle boards in use at Lovell FHCC increased from six to 23 in fiscal year 2014.

Lean Six Sigma huddle board experts, from the Office of Performance Improvement, have fanned out throughout the FHCC to assist work groups during huddles and answer technical questions. However, it is up to the work groups to run their own huddle boards, and take turns doing so, ensuring every employee understands and feels part of the effort, Jones said.

The huddle board process isn't "all work and no play." It is important for work groups to take time to celebrate completed projects, Jones said. Completed projects are displayed prominently with green thumbtacks in the "Celebration" section of the board. "Everyone needs to feel that sense of accomplishment at the end of a project,



FHCC Executive Officer CAPT David Jones runs a "Huddle" with leaders.

so they can be invigorated to come up with more new ideas for the next time," Jones said.

Some of the ideas that originated on the huddle board in the director's conference room, and were implemented, led to these process improvements, to name a few: better patient safety with self-locking wheelchairs, flu vaccine tracking for active duty and VA enrollees, implementation of surgical huddles between schedulers and surgical teams, increased infectious disease preparations, better after-hours communication, completed MRI training

for staff and increased capabilities to reach FHCC Dispatch from personal cell phones in the tramway and parking lots. Dong said it can take time for huddle boards to catch on. "I was honestly ready to give up on the huddle board idea because initially, attendance was low, and going to huddles was seen as just one more task.

"Over time, however, enthusiasm built as we realized how successful huddle boards were in resolving some of our worst pain points," she said.



Douglas Leverett, RN and Cecilia Sherrod, RN demonstrate peripherally inserted central catheter line service.

Talent Management

Magnet Journey

The American Nurses Credentialing Center (ANCC), credentialing arm of the American Nurses Association, established the Magnet Recognition Program® in 1994 to recognize health care organizations that provide nursing excellence, and to help disseminate successful nursing practices and strategies to nursing administrators throughout the country. The Magnet Recognition Program is the highest level of recognition that ANCC can extend to health care organizations.

“Creating and sustaining a culture of excellence is what it means to be on the Magnet journey,” reads the definition on the ANCC Web site. “Recognizing quality patient care, nursing excellence, and

innovations in professional nursing practice, the Magnet Recognition Program provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive.”

Magnet-designated facilities consistently dominate the list of top-rated hospitals in the country, which helps attract top nursing talent and improves patient care.

Lovell FHCC continues on its Magnet journey, said Lovell FHCC Deputy Associate Chief Nurse Executive Steve Haag, RN. “It means the things we do



The Nursing Strategic Plan provides a framework for achieving nursing excellence.

should be evidence-based practice,” Haag said. The FHCC will be measured based on patient, nurse, organizational and consumer outcomes.



Lois Gault, RN, MSN, Nursing DSO/VANOD Coordinator, presents Leolla Judilla the Daisy Award.

DAISY Award

Lovell FHCC started its well-received Daisy Awards program for nurses in July, 2014. Patients are encouraged to nominate nurses for providing “extraordinary” care. Co-workers may also nominate nurses for this honor.

The Daisy Foundation started the Daisy Award program in 1999 in honor of J. Patrick Barnes, who died at the age of 33. His family was “awestruck” by his nursing care. The foundation seeks to say “thank

you” to nurses everywhere.

In 2014, Ruby Amodia, oncology nurse; Aleyamma Pappachen, medical-surgical nurse, Leolla Judilla, and Joy Carvajal, telehealth nurse received the award.

Daisy Award winners personify the excellent patient experience at Lovell FHCC. They demonstrate excellence through their clinical expertise and extraordinary compassionate care.



Cook County trauma surgeon Dr. Hassen Dagher, left, and Navy corpsman Karl Gieseke care for a patient brought to the Cook County Trauma Unit.

Talent Management

Corpsmen Training at Stroger Hospital

Stroger Hospital in Chicago and Lovell Federal Health Care Center in 2014 announced a new training partnership that embeds active duty Lovell FHCC Navy medical personnel in Stroger Hospital's Trauma & Burn Unit.

The program, called the Cook County Trauma Experience (CCTE), allows Lovell FHCC Navy surgeons, nurses and hospital corpsmen to work alongside Cook County trauma surgeons and nurses as they treat patients at Stroger. Navy medical personnel complete one, to two-month rotations in the trauma and burn units.

"Working on the complex cases we see at Stroger Hospital will help Navy doctors, nurses and corpsmen improve and enhance their medical skills and prepare them for future military deployments,"

said Dr. John Jay Shannon, Interim CEO for the Cook County Health and Hospitals System. "The training they receive here will prepare them to respond quickly on the battlefield."

Lt. Cmdr. Stan Hovell, department head of education and training at Lovell FHCC, led the development of the program. Hovell chose Stroger because its trauma center is considered not only one of the busiest, but also one of the best in the country.

"It's an ideal partnership for both sides," Hovell said. "For Lovell Sailors, we are close enough to Stroger to be able to send staff for daily shifts in the unit. Stroger is also benefitting from the extra staff

who are coming to their unit with highly specialized combat medical experience."

"The training they receive here will prepare them to respond quickly on the battlefield."

Hospital Corpsman 2nd Class Karl Gieseke found the experience to be beneficial. Although Gieseke has previously deployed to Afghanistan as a corpsman, he

appreciated the opportunity to learn from Stroger staff about other models of care.

"At Stroger, it was great to follow the patient throughout their treatment and work side-by-side with Stroger's doctors and nurses. Although the types of injuries at Stroger are different than what we saw in combat, I learned a lot from the Stroger trauma team," Gieseke said.

Academic Affairs

Lovell FHCC currently has more than 142 affiliation agreements with various colleges and universities throughout the United States.

Rosalind Franklin University/The Chicago Medical School is our major sponsor of students/residents and trainees. Other universities include DePaul, Northwestern, Midwestern, Rush, University of Illinois

at Chicago, College of Lake County, Scholl College of Podiatry Medicine, Mt. Sinai Hospital, Olivet Nazarene, Loyola Illinois College of Optometry, and Adler School of Psychology. The agreements delineate curriculum and objectives of training, and the process of evaluation and feedback.

In 2014, Academic Affairs

in-processed more than 1,200 students/residents and trainees for rotations, which included Nursing, Audiology/Speech Pathology, Radiology, Laboratory Sciences, Pharmacy, Physical Therapy, Podiatry, Physician Assistants, and medical specialties such as Internal Medicine, Pulmonary, Infectious Disease, Endocrine, Neurology, Gastroenterology, Psychiatry, Psychology,

Optometry and Cardiology.

The FHCC also trains residents/fellows through the Disbursement Agreement, with Rosalind Franklin University (61 total). Residents also come from the University of Illinois at Chicago, Rush University Medical Center and Marianjoy Rehabilitation Hospital for Physical Rehabilitation Medicine.

Innovation Telehealth

New telehealth services are giving Veteran patients more convenient choices to receive health care closer to home.

The latest telehealth options to be offered are telepharmacy, teleretinal imaging and telecardiology services at Lovell FHCC's three community based outpatient clinics (CBOCs) in Kenosha, Wis., Evanston and McHenry, Ill.

"It really is exciting," said Bernice Arcibal, RN, Lovell FHCC telehealth coordinator. "We are moving beyond education-based services into real telemedicine services now." The goal of telehealth is simple, Arcibal said. "We want to provide as many Veterans as possible with easy, accessible care, particularly Veterans in outlying areas."

Patients of CBOCs have long taken advantage of video-teleconferencing technology to participate in weight-management classes, diabetes education

and smoking cessation programs. Additionally, teleaudiology services are available at McHenry and Evanston CBOCs by appointment.

Telehealth Patients

2,208 up 35% from 2013

New Telehealth Services:

Gynecology

Pharmacy

Oncology

Cardiology

Teleretinal imaging

Our first telecardiology patient came to McHenry for a follow-up appointment with his Lovell FHCC-based cardiologist and Navy physician, Lt. Cmdr. Eric Yeung. Army Veteran Herbert Lang was hospitalized for a heart condition earlier this year at Lovell FHCC in North Chicago. For his appointment, telehealth clinical technician Paula Mantas, LPN, rolled in a telehealth cart equipped with a digital stethoscope. Both patient and doctor could see each other and converse, and Yeung not only viewed Lang's EKG, but also listened to his

patient's heart and lung sounds in real time.

Lang, who lives in Huntley, said the service was "fantastic ... This is great. It's certainly easier on the patient. I don't have to travel as far. It's a win-win situation."

Also, patients with diabetes can now walk in and have their eyes examined using new teleretinal imaging cameras that store and forward the images to their Lovell FHCC providers.

The new telepharmacy services include patient education, therapeutic monitoring of medications, movement disorder assessment, laboratory monitoring of oncology patients, and symptom management for patients receiving chemotherapy.

A Lovell FHCC-based gynecologist is accepting new telegynecology patients for fertility and prenatal counseling. Other telehealth services include: individual and group PTSD sessions; coping skills classes; nutrition counseling; Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn care management, and home-based services to include speech therapy and mental health/PTSD counseling.

Research and Development

The year 2014 saw a recommitment at Lovell FHCC to research and development, including an increase in research studies and an enhanced research profile.

The second annual FHCC Research Poster Day showcased more than 50 research studies being conducted within the FHCC,

and highlighted the FHCC's partnerships with academic affiliate, Rosalind Franklin University. More than 200 people attended the event, which concluded with three breakout focus groups that discussed

Currently there are fifty-eight active research studies being conducted at Lovell FHCC.

groundbreaking studies on the treatment of traumatic brain injury (TBI), diabetes, stress and post-traumatic stress disorder (PTSD). The FHCC Research Program will continue to utilize this annual event in order to increase its research impact within the region. The FHCC Research Program also



Army Veteran Herbert Lang is examined by his Lovell FHCC cardiologist Navy Lt. Cmdr./Dr. Eric Yeung (on the monitor), during a follow-up appointment at the McHenry Community Based Outpatient Clinic (CBOC). The exam was conducted in the CBOC by telehealth clinical technician Paula Mantas, LPN (center), using a telehealth cart equipped with a digital stethoscope.

coordinated and hosted its first technical site visit from the VA's Office of Research and Oversight (ORO) since the inception of the facility's Research & Development Committee. The visit was highly successful, and the ORO was very pleased with the progress FHCC's research committee and program has made in the past 12 months.

This successful visit means that FHCC's Research & Development will continue to grow and support more research projects at FHCC in the future.



Dr. Raúl J. Gazmuri, section chief of critical care medicine and critical care unit director, discusses research with residents at Lovell FHCC.

Lovell FHCC Leadership



Stephen R. Holt, M.D. is the Director of the Captain James A. Lovell Federal Health Care Center and is responsible for the strategic leadership and operations. He leads an integrated VA/Department of Defense team of approximately 3,500 employees, serving Veterans, Active Duty military and military dependents. Lovell FHCC is responsible for the medical readiness of more than 40,000 Navy recruits who pass through Naval Station Great Lakes annually.



Captain Robert Buckley is Commanding Officer/Deputy Director of the Captain James A. Lovell Federal Health Care Center, supporting the director with leadership and administrative functions. He maintains Uniformed Code of Military Justice authority and is responsible for day-to-day operations at the federal health care center.



Captain Kevin J. Otte is the Associate Director of Fleet Medicine. Captain Otte is responsible for overseeing the medical readiness for all U.S. Navy Recruit Training Command recruits, Training Support Center students and Naval Station Great Lakes staff. In this position, he is responsible for all Branch Medical Clinic: industrial hygiene, environmental health, preventive medicine and occupational health operations.



Dr. Frank Maldonado is the Acting Chief Medical Executive and Associate Director for Medical Practice. He is responsible for overseeing academic affairs, clinical affairs, ambulatory care and research at the federal health care center.



Captain Kathleen Ann Michel is the Associate Director of Inpatient Services and Navy Nurse Executive. She is the organization's executive level Navy nursing leader with responsibility for nursing care delivery and strategic planning. She is also responsible for overseeing the hospital's Critical Care Unit and Inpatient Acute Medical/Surgical wards.



Dr. Fouse is the Associate Director of Nursing Practice. She is responsible for the operation and evaluation for all nursing practice, SPS, Patient Centered Care, the Magnet Journey and safe patient handling within the federal health care center. Dr. Fouse is the organization's executive level VA nursing leader with responsibility for the direction of nursing care delivery.



Dr. V. Chowdary Jampala is the Acting Associate Director for Geriatrics, Extended Care and Mental Health. He oversees the delivery of geriatric and mental health care which includes acute and extended care inpatient beds encompassing extended care for chronic medically and psychiatrically ill patients, outpatient mental health clinics and specialized programs for PTSD, substance abuse, homelessness, vocational rehabilitation, physical rehabilitation, home health care, hospice, and palliative care.



Captain David E. Jones is the Executive Officer. As the Executive Officer, Captain Jones is responsible to the Commanding Officer for the military performance of duty, training, and good order and discipline of over 850 sailors (officer and enlisted) assigned to the Command.



Master Chief Maurice Coffey is the Command Master Chief. As the Command Master Chief, he is the senior enlisted advisor and works as a liaison between the Director/Deputy Director and the enlisted ranks. He is responsible for all quality of life, discipline, training and morale among enlisted members assigned to the federal health care center.



Captain Jim Oxford is the Associate Director of Dental Services. In his position, Oxford is responsible for all dental operations at the federal health care center.



Ms. Katherine Dong is the Acting Associate Director for Clinical Support Services, which includes the Department of Rehabilitation, Department of Diagnostic Services, Department of Education & Training and Department of Ancillary Services.



Commander Kathaleen L. Smith is the Associate Director for Primary Care. She is responsible for the Department of Defense Medical Home Port, which includes Pediatrics, Internal Medicine and Family Practice, and the Veteran's Health Administration Patient Aligned Care Team (PACT), which includes Primary Care and Lovell FHCC's Community Based Outpatient Clinics in Kenosha, Wis., and Evanston and McHenry, Ill.



Dr. Arora is the Acting Associate Director for Specialty Care. He is responsible for the Department of Medicine, which includes the Emergency Department, Special Medical Exams and Medical Specialties, and the Department of Surgery, which includes Women's Health, Orthopedics and Podiatry.



Captain Dale Barrette is the Associate Director of Resources. In this position, Barrette is responsible for fiscal and budget management, business planning and operations, human resources and total workforce management, information resources and information security at the federal health care center.



Donald E. Taylor is the Associate Director of Facility Support. He is responsible for the direction and coordination of all administrative functions including patient administration, facility management, communication, police and safety, logistics and managed care. He is also responsible for equipment and space management, acquisition and contracting.

Lovell FHCC Locations



Captain James A. Lovell Federal Health Care Center
3001 Green Bay Road
North Chicago, IL 60064
847-688-1900 | 800-393-0865



Evanston Community Based Outpatient Clinic
1942 Dempster Street
Evanston, IL 60202
Phone: 847-869-6315



Kenosha Community Based Outpatient Clinic
8207 22nd Avenue
Kenosha, WI 53140
Phone: 262-653-9286



McHenry Community Based Outpatient Clinic
620 South Route 31, Suite 4
McHenry, IL 60050
Phone: 815-759-2306



USS Osborne Dental Clinic
3440 Ohio Street
Great Lakes, IL 60088
Phone: 847-688-2100



USS Red Rover
In-Processing
Medical-Dental Facility
Building 8521
3359 Illinois Street
Great Lakes, IL 60088
Phone: 847-688-5568



USS Tranquility
3420 Illinois St.
Great Lakes, IL 60088
Phone: 847-688-6755



Zachary and Elizabeth Fisher Medical/Dental Clinic
2470 Sampson Street
Great Lakes, IL 60088
Phone: 847-688-2469



Occupational Health Medicine Department
2470 Sampson Street
Great Lakes, IL 60088
Phone: 847-688-6712





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