



The APOLLO

Readying Warriors and Caring for Heroes

USS Red Rover provides the 'sight to fight'

Optician team makes 20,000 pairs of glasses a year for Navy recruits

By **Stephanie McCrobie**
Lovell FHCC Public Affairs

At USS Red Rover, Navy recruits are seeing clearly because of the great teamwork and dedication of two devoted employees.

Daniel Sisco and Jason Watkins are opticians at USS Red Rover, one of Lovell Federal Health Care Center's Recruit Training Command clinics. Both formerly worked as Navy hospital corpsmen and received training to become opticians while in the Navy. Now, they continue to serve the Navy as civilian employees, and their job is to make eyeglasses for the recruits.

Each year, the opticians make about 20,000 pairs of prescription eyeglasses. To keep up with the high demand, Sisco and Watkins' lab is arranged in organized stations where they work on the eyeglasses from start to finish.

"We start with about five to 10 prescriptions," Sisco said. "We grab the prescriptions from the eye clinic, where the recruits' eyes are tested and the prescription is written."

This small number helps the opticians keep



Lovell Federal Health Care Center optician Daniel Sisco pulls eyeglass frames from the lab's large inventory at USS Red Rover, Recruit Training Command. (Photo by Mass Communication Specialist 2nd Class Darren M. Moore)

track of each prescription and ensures the team stays efficient and accurate. Once they have the prescription, which includes information such as the strength of the lenses and the frame size, the two quickly pull the correct frame and

lenses from their inventory. The lab has a large inventory of frames and lenses to fit the needs of every recruit.

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Lovell FHCC Veteran drops pounds, gains confidence using TeleMOVE!

By **Mass Communication Specialist 2nd Class Darren M. Moore**
Lovell FHCC Public Affairs

As Terri Washburn finishes placing mail and packages into her cart, she maintains a smile that cannot be missed. The Navy Veteran and Lovell FHCC employee begins her walk out of the mail room and heads down the hallway, head high, glowing with a stature radiating confidence.

As she continues her route, Washburn exchanges many greetings with fellow employees, and her delight for what she has achieved, and still will achieve, is evident and noticed by her peers.

Shortly after she turned 50, Washburn decided it was time to take back control of her health and sign up for TeleMOVE!, an at-home derivative of the Department of Veterans Affairs (VA) "MOVE!" weight-management program. TeleMOVE! is offered to Veterans through Lovell FHCC Telehealth services. It assists Veterans who want to regain control of their weight by helping them create a healthy lifestyle.

Washburn's decision to sign up for TeleMOVE! turned out to be a smart move.

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Veteran and Lovell FHCC employee Terri Washburn has lost more than 30 pounds through the TeleMOVE! program. TeleMOVE! is the Telehealth version of the Department of Veterans Affairs (VA) MOVE! weight-management program. (Photo by Mass Communication Specialist 2nd Class Darren M. Moore)



Leadership Commentary

As 2013 winds down, Lovell FHCC continues to lean forward



By Patrick L. Sullivan
Lovell FHCC Director

treatment for post-traumatic stress disorder, brain injuries, and other mental health conditions.

Perhaps the most exciting thing about the walk-in center is that it is the next step Lovell FHCC is taking to end homelessness among Veterans – a far-reaching goal of Department of Veterans Affairs (VA) Secretary Eric Shinseki, who has pledged to reach that goal by 2015. We have social workers on call during hours the center is not open. Our hope is to eventually open for five days a week as word gets out about how we can help prevent and end Veteran homelessness.

Also this fall, a little less publicized event brought us new volunteers trained for the noble calling of ensuring “No Veteran Dies Alone” (NVDA). The VA’s NVDA initiative cannot succeed without dedicated, caring individuals who are willing to be physically present during a Veteran’s last days or hours, to hold hands, read, talk and provide support to family members. Hospice employees worked with recreation therapy staff to reinstitute the training, which was well-attended by new hospice volunteers.

We continue to expand Telehealth services to provide health care to our patients close to home whenever possible, thus decreasing the times when they have to fight traffic and drive long distances. In

the same vein, we marked the 10th anniversary of MyHealthVet in November, celebrating the fact that we continue to increase the number of Veterans who are signed up for secure online messaging through MyHealthVet. It is another way we have cut down on the number of appointments patients have to make – secure messaging allows them to email their medical team as well as get lab results and order prescriptions online, without ever leaving home.

I cannot talk about changes without lauding our Lean Six Sigma team and the ongoing rapid improvement events (RIEs) that are resulting in meaningful, measurable process improvements that make a difference in the lives of our patients. Most recently, we have heard many positive reports about the new discharge process on the medical-surgical floor. Early data in November showed we were well on our way to discharging the majority of our patients by 10:30 a.m. instead of between 1 and 3 p.m.

The RIE team sang the praises of the new, daily 8 a.m. and 3 p.m. huddles attended by the entire team involved in each discharge – therapists, dietitians, pharmacists, the housekeepers who turn over rooms for new patients, even Information Resource Management staff – as well as all the doctors, nurses and residents involved in patient care. I am told the huddles have rapidly gained in

popularity and are now “not to be missed.” The end result is better communication between those who have a role in each discharge, employees who ensure each patient is ready to go home with understandable instructions, timely and accurate prescriptions, and a comprehensive plan for follow-up care, thus decreasing readmissions.

My 2013 message to each one of our 3,000 Sailors and civilian employees and every volunteer is this – no improvement or new offering here is inconsequential. Everything you do here makes a difference to someone, whether it is a Veteran in the ER who has never received services before, an injured Navy recruit in the middle of training, or the child of an active duty service member. Thank you for all you continue to do to provide excellent patient-centered care every time, everywhere by everyone. I look forward to seeing what we can accomplish during our fourth year of *Readying Warriors and Caring for Heroes*.

The Apollo

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Walk-in Center for Homeless Veterans opens

By Jayna Legg
Lovell FHCC Public Affairs

At Lovell Federal Health Care Center, there is no “wrong door” for Veterans to knock on when they fear they may become homeless or when they already are without a place to stay.

In the spirit of a pledge from the Department of Veterans Affairs (VA) to eradicate homelessness among the nation’s Veterans, Lovell FHCC opened a new Walk-In Center for Homeless Veterans in November.

The clinic is open three afternoons a week, in an easily-accessible location on FHCC’s North Chicago campus. From 1 to 4 p.m. on Mondays, Wednesdays and Fridays, a social worker is available to see Veterans one-on-one and answer their questions, assist them with resources and provide guidance about the services and care that are available to help them.

“It’s a one-stop shop,” said Lovell FHCC Licensed Clinical Social Worker Elizabeth Morgan,



Left to right, Elizabeth Morgan (one of three social workers who work in the center), Commanding Officer/Deputy Director Capt. José Acosta, Veteran Ernest Blouin, and Bill Flood, head of mental health special programs, cut the ribbon. (Photo by Trevor Seela)

coordinator for the Health Care for Homeless Veterans (HCHV) program. “We want to fill the gaps and better coordinate the services we have, and the community has, to help Veterans who are homeless or who are at risk of becoming homeless.”

Morgan said Veterans become homeless for many reasons, including poverty, lack of support from families, substance abuse and/

or mental health problems; and whatever the reason may be, Lovell FHCC is committed to helping them. Staff in the center will help with emergency, transitional and permanent housing options for eligible Veterans.

The center phone number is 224-610-1148. When the center is closed, Veterans may contact an on-call social worker at 224-588-0009.

Making each pair of glasses takes about two minutes (cont.)

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In the above photo, opticians Danuel Sisco, left, and Jason Watkins organize prescriptions to begin making glasses for recruits at USS Red Rover, a Lovell FHCC Recruit Training Command clinic. The duo is able to make nearly 200 eyeglasses a day. In the left photo, Danuel Sisco uses a lens analyzer to calibrate the lenses for each pair of eyeglasses. (Photos by Mass Communication Specialist 2nd Class Darren M. Moore)

The Navy provides recruits with the standard 5A eyeglass frames, a recent upgrade from the infamous S9 frames.

In a press release, Capt. Matt Newton, commanding officer of Naval Ophthalmic Support & Training Activity, said, “We are confident this frame will increase the likelihood that military personnel will continue to utilize their eyeglasses beyond boot camp.”

The standard-issue plastic frames are meant to withstand the rigorous activities of boot camp, since recruits are only allowed to wear eyeglasses, not contact lenses.

“Due to the environment that recruits experience during their training, contact lens wear may cause them to develop eye infections or eye irritations,” said Cmdr. Marc Herwitz, an optometrist and head of the Branch Health Clinic at USS Red Rover.

“We make recruits’ glasses to ensure that they have the highest level of vision. We want to assure that they are seeing clearly, as their jobs depend on it.”

Once Sisco and Watkins select the correct frames and lenses, they use a piece of special equipment, called a lens analyzer, to calibrate the frames for each recruit.

“Calibration is important because without it, the lenses could hurt the

recruit’s eyes and cause nausea,” Sisco said.

After calibrating the lenses, the opticians use machines to sculpt each lens to fit into the frame. Once the lenses are sized correctly, and placed into the frame, the glasses are ready to go to the recruit.

Sisco and Watkins have perfected the process and produce the glasses in time to ensure recruits are properly equipped during training.

Each pair of glasses takes about two minutes to complete. Their speediness allows them to make nearly 200 pairs of glasses a day.

Sisco and Watkins enjoy their jobs. “We are providing the sight to fight for the naval recruits,” Sisco said.

“We make recruits’ glasses to ensure that they have the highest level of vision. We want to make sure that they are seeing clearly, as their jobs depend on it.”

Cmdr. Mark Herwitz, who heads the branch medical clinic at USS Red Rover

‘TeleMOVE! isn’t a fad diet; it’s about living healthy for life’ (cont.)

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The Roseville, Calif., native has lost more than 30 pounds since beginning the program in July.

“I don’t have as bad of breathing because I’ve lost weight, and I’m not carrying as much weight now when I walk,” she said. “I have energy all day; I’m eating the best I have in over 25 years.”

Washburn was issued a MOVE! handout booklet, a pedometer and

a weight scale, and is currently participating in the 80-day program for a second time. She said the self-paced, automated system from home has made a positive impact on her life by monitoring her eating and exercise patterns and providing continuous feedback.

“I just really love this program; it’s really helped me out,” Washburn said. “Everyone’s like ‘you’re so dedicated,’ and I’ve never been dedicated to anything in my life.”



Employee Terri Washburn credits TeleMOVE!, and her active job, with helping her lose weight. Here the Navy Veteran delivers mail to Michael Zawadzki, prosthetics clerk. (Photo by Mass Communication Specialist 2nd Class Darren M. Moore)

To begin each day, Washburn calls in and listens to an automated message that provides her tips as she continues the program. Before work, she heads to the gym to walk one and a half miles on the treadmill. Washburn then utilizes her mail route during the day to add on another two-to-three miles of walking. Washburn has also changed her diet to eating three small meals a day and a snack in the morning and in the afternoon.

“When (my patterns) go back up the system will say I’m trending back up and need to get back on track,” said Washburn, who is working to reach her goal weight by Christmas. “That’s only happened to me once, and I got right back on track. I get so much feedback from everybody about how much weight I’ve lost, and that really makes me feel good and keeps me going.”

Washburn said TeleMOVE! and the Lovell FHCC care coordinators have truly changed her life and helped her generate a positive self-image. Lovell FHCC Home Telehealth Care Coordinator Laila Navarro, BSN/RN/BC, works with Washburn and other Veterans during their journey through the

program, helping them set and achieve their goals.

“Terri is one of the best that I’ve enrolled ... she is so encouraged and so motivated to ‘MOVE,’” said Navarro, from Algonquin, Ill. “We have had a few Veterans who work here enroll because they saw her. I know that the program has boosted her self-confidence ... she’s very positive, and she’s so focused and just living healthy.”

Veterans must have a body mass index (BMI) of 30 or more to be eligible for TeleMOVE! Navarro said the overall goal of the program is to teach Veterans tips and basic health information that they can adapt to their everyday living.

“It’s not a fad diet; it’s about lifestyle change – it’s about living healthy for the rest of their lives,” Navarro said. “These are little things that we’re trying to ingrain in their brains so that for the rest of their lives they know what it is to live healthy.”

For more information about Telehealth services, Veterans can call Home Telehealth, 224-610-3340, or their primary care provider.

Lean Six Sigma project is improving '4 AB' discharge times

Rapid Improvement Event (RIE) aims for earlier discharge times, correct medications and medical equipment

By Jayna Legg
Lovell FHCC Public Affairs

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Getting patients back home or to the Community Living Center and residential treatment programs as soon as possible, thus freeing up beds for new patients, is

a top priority for all the providers, residents, nurses and other employees working in the medical-surgical unit at Lovell Federal Health Care Center.

Attempts in the past to improve the discharge process did not really go anywhere, however, and patients frequently were not being released until mid- or late afternoon. "I had concerns," said Renato "Ray" Arceo, a discharge nurse on 4 AB, the medical-surgical unit in Building 133. "I thought we could do more to improve it."

Arceo, therefore, became a key player on a Lean Six Sigma (LSS) Rapid Improvement Event (RIE) team charged with improving the discharge process. The team has a goal of moving up 50 percent of the discharges to 10:30 a.m., while at the same time, ensuring patients leave with complete care instructions, the right medications and equipment, and plans for follow-up.

"Veterans feel like when it's time to go home, it's going to be hours before discharge," Arceo said. "We are going to do it as soon as possible now, by writing the prescriptions for medications the day before, and addressing all the needs they have the day before."

"Now, we are planning ahead. All the social workers, the residents, the docs, even home health care, are involved in the discharge, so it's less likely things are going to be missed."

RN Renato "Ray" Arceo, medical-surgical unit discharge nurse

It did not take the team long to identify one of the first "value streams" and implement a solution – huddles on the floor at 8 a.m. and 3 p.m. daily have become standing-room-only as the employees involved in discharges come together to compare notes and go over checklists.

The discharge huddles include everyone – doctors, residents, nurses, social workers, dietitians, therapists, pharmacists, even computer technicians and housekeepers responsible for cleaning patient rooms – who plays a role in each discharge.

"It's very much a multi-disciplinary approach," said RN Mary Ann Allred, nurse manager, at one of the "report-outs" to leadership on the progress of the RIE.

"It's growing in popularity," she said of the discharge huddle. "We are building a rapport between everyone involved."

Allred reported that the discharge huddle "has worked tremendously," to improve communication between the clinicians and other staff and therefore speed up the discharge



Left to right, resident Dr. Majdi Aldliw; Dr. Paul Morgan, director of inpatient medicine; Ray Arceo, discharge nurse; Dr. Frank Maldonado, assistant chief medical executive; Armando Anima, kinesiologist; and JoAnn Carlson, a social work supervisor in the department of medicine, hold a "discharge huddle." (Photo by Jayna Legg)

process. The huddle has been so successful that 4 AB soon will institute an "admission" huddle every morning, she added.

Arceo, who has worked on 4 AB for four years, is pleased with the direction the RIE is going.



Discharge nurse Ray Arceo consults his checklist during a huddle. (Photo by Jayna Legg)

"I think the team is now taking accountability for planning for discharges and ensuring safety," said Arceo, who acts as a safety officer on the floor.

"I am like the safety valve, and I feel there are things residents are missing concerning safety," he said. "Now we are planning ahead. All

the social workers, the residents, the docs, even home health care, are involved in the discharge, so it's less likely things are going to be missed."

Arceo said with each discharge, he double-checks his own "to-do" list, a list that includes many things, such as the correct medications, the right medical equipment (such as oxygen) "evaluated and done," and "social issues addressed," he said, to name a few.

The LSS process "is very systematic and very thorough and involves many assessments," he said, noting that he has participated in LSS projects previously. "What I like about LSS is that it gives you a picture to understand how things work in a way I've never understood before," he said. "It makes sense at the very end when you make the adjustment or improvement."

Allred noted that other players, such as laboratory staff, have "stepped up," and helped improve the discharge process on 4 AB. When it comes to lab draws, Allred said, "the lab has been great. They are coming up earlier ... and identifying patients even earlier. Their turn-

around is less than 45 minutes. They own it."

There is still work to be done, Allred said during the report-out, including decreasing other "barriers" in the discharge process. A big barrier, she said, "is getting patients where they need to go" after they are discharged, particularly those who are returning to Lovell FHCC inpatient/residential programs, such as Building 11, the Addiction Rehabilitation Unit. A team of staff members from both units is working to create new standard operating procedures for patient transfers back to Building 11.

Reducing and/or eliminating barriers depends, in part, on RIE team members participating in "Gemba Walks," the LSS name for physical walk-throughs of areas involved in the targeted process improvement.

In her own experience, Allred said a Gemba Walk to Building 11 to see "what they can and can't handle" was "eye-opening ... This is all a work in progress," she said.

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