



# The APOLLO

Readying Warriors and Caring for Heroes

## Navy inspection is a first for FHCC

Command inspections of uniforms instill pride, professionalism and allow leaders to evaluate Sailors' appearance



Lovell FHCC's Navy Sailors form up for an inspection in Parking Lot 1. October marked the transition to the Dress Blue Uniform. (Photo by Mary Waterman)

**By Jayna Legg**  
Lovell FHCC Public Affairs

Curious onlookers were treated to the spectacle of a full U.S. Navy uniform inspection on the West campus of the Lovell FHCC in October.

Several hundred Lovell FHCC Sailors gathered for the inspection, outfitted in their Dress Blue Uniforms. Navy leadership conducted the inspection prior to the regular military awards ceremony.

"The officers and enlisted Sailors looked outstanding in their uniforms and displayed impeccable military bearing," said FHCC Command Master Chief Maurice Coffey.

The Navy uniform regulation prescribes that all Navy personnel "must present a proud and professional appearance that will reflect positively on the individual, the Navy and the United States. The regulation states: "The uniforms of the United States Navy and the indications of rank and specialty displayed thereon, are but outward symbols of naval

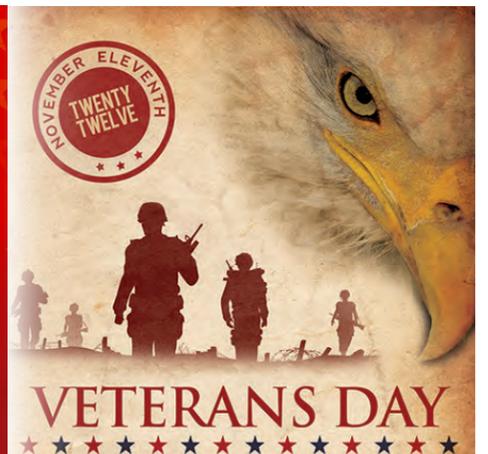
organization and military rank or rating. As such, the Navy uniform is a visibly important element in the morale, pride, discipline and effectiveness of the organization."

Uniform inspections give leaders a chance to ensure enlisted and officer personnel are "squared away" and have the appropriate uniforms. The Navy shifts dress uniforms twice a year based on regional climate and geography. For the Midwest, it was the month of October. The dress uniform in summer is the Dress Whites.



Sailors of Lovell FHCC form up for the inspection. In the center photo, Interim Executive Officer Captain James Oxford on the left, and Command Master Chief Maurice Coffey, left center, conduct the inspection of one of the groups in the formation. (Photos by Mary Waterman)

## Honoring All Who Served



# Leadership Commentary

## Everyone at the Lovell FHCC is a ‘strategic communicator’

*Communication has no boundaries - Everything we say and do has intended and unintended consequences*



**By Patrick L. Sullivan**  
Lovell FHCC Director

We can probably all agree on one thing here at Lovell FHCC, and that is the importance of good communication. How many times have we heard it said that “communication” is the key to something – the recipe for successful Lean Six Sigma projects, the driver behind attaining “good to great,” the answer to creating one team, the motivator for employee satisfaction, even the prime method of providing patient-centered care.

Based on input to our all-employee surveys and subsequent focus groups, it is no surprise to learn that employees crave communication – from their supervisors, from top

leadership, from each other. It’s the common denominator in all the results.

That said, the art of communicating is an intangible skill. Quite simply, it can be a challenge. Good communication isn’t achieved until the receiver understands the message. People respond differently to various methods of communication. Two supervisors may communicate with their employees in opposite ways. Two employees will hear and comprehend the message in dissimilar ways. Some ignore emails but remember face-to-face talks. Others just want it all digitally, so they can read it when they want. Some don’t have access to email and voice mail. Without a regular meeting with a supervisor, they may feel they are in the dark.

To address the need for quality communication at Lovell FHCC, we’ve created a strategic communication philosophy and plan. It is based on the idea that communication is the responsibility of every employee and “should be incorporated into all actions and efforts on a daily basis.”

The plan outlines six principles of communication. The first is that it is *leadership driven*. Supervisors at all levels are accountable for the delivery of organizational

communication and ensure it flows through both the West and East campuses.

Other principles state that what is communicated must be *credible*, *synergistic* and *adaptable*. We recognize also that it is *inevitable*. What does that mean? Quoting from the plan: “Communication has no boundaries. Everything we say and do (or fail to do) has intended and unintended consequences.” Sometimes inaction speaks louder than words.

Finally, strategic communication is *results-based*, meaning that it has specific end states, and it can be measured. Always ask, what do you want the receiver to know or do?

The three over-arching messages in the plan should be communicated by all of us, in all our interactions. The first is we are “One Team: Ready Warriors and Caring for Heroes.” This is important because it encompasses what we’re doing here every day – creating a new culture from the foundation of the Navy and Veterans Affairs traditions.

Message two is that we provide “excellent patient-centered care every time, everywhere, by everyone.” The patient is the center of all our services. The care we provide is “health-focused,” not “disease-focused.”

Third, we want to promote the Lovell FHCC as “the employer and destination of choice.” This entails recruiting the best employees as well as being a sought-after Navy duty station. With our broad-based patient population and training facilities such as our new education center, we provide unique training and experience for the future career progression of our employees.

My hope is that each of you will adopt these messages and incorporate good communication practices into your daily operations, no matter what job you do. Then, together, we will successfully continue our promise of “*Ready Warriors and Caring for Heroes*.”

### The Apollo

The *Apollo* is the official newsletter of the Captain James A. Lovell Federal Health Care Center. It is published monthly for staff members, Veterans, military family members and volunteers.

The newsletter is designed and published at the Lovell FHCC in the Communications Department.

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## FHCC by the numbers

### Total FHCC patients

VISTA\* = 47,361

AHLTA\* = 65,069

### Total FHCC Outpatient Visits

VISTA = 370,954

AHLTA = 238,088

### Total pharmacy prescriptions (through June)

DoD outpatient prescriptions = 391,194

Veteran outpatient prescriptions

60,764 (window)

350,090 (mail, includes scripts sent to cmop)

Inpatient unit doses produced and administered = 911,768

Total Recruits = 36,222

Total Immunizations = 103,454

\* VISTA is the system used by the VA to track patients

\* AHLTA is the system used by DoD to track patients

# Lovell FHCC cuts ribbon on first Green House® homes

*The homes symbolize a cultural transformation in the way long-term care is provided to Veteran residents*

**By Jayna Legg**  
Lovell FHCC Public Affairs

World War II Veteran Adrienne Burke will soon move into one of the new Green House® homes. What she noticed was that it isn't overly masculine.

"Everything is for the men where I live now," the 89-year-old said as she appreciatively observed the artwork and homey features of the Green House® home after the ribbon-cutting ceremony Oct. 1. "It's all pictures of eagles, fishing, nothing for women. This is very nice."

Burke, currently a resident of the Community Living Center at Lovell FHCC, held the scissors and helped cut the ribbon on the first home to open in the neighborhood already dubbed "Heroes Harbor." At the ribbon, Burke was joined by the FHCC's namesake, retired astronaut and Navy Capt. James A. Lovell; fellow Green House® home resident Bernard Kelly; Rep. Robert Dold, III, 10th District; Department of Veterans Affairs and



*The Green House® model allows residents to live as independently as possible, giving them choices including what they want to eat and when. Residents will have input on daily menus, and the food will be prepared in the home. (Photo by Mary Waterman)*



*Left to right, officials cut the ribbon: Terry Simonette, Chief Executive Officer N-B-C Capital Impact; Patrick Sullivan, Lovell FHCC Director; Rep. Robert Dold, III, 10th District; Adrienne Burke, Lovell FHCC resident; Retired astronaut and Navy Capt. James A. Lovell; Bernard Kelly, Lovell FHCC Resident; Dr. Christa Hojlo, Director, Veterans Affairs Community Living Centers; Dr. Sarah Fouse, Associate Director of Patient Services, Lovell FHCC. (Photo by Mary Waterman)*

U.S. Navy leaders, and construction contract representatives.

"We are creating a new world view about long-term nursing care," said Dr. Christa Hojlo, Director of VA Community Living Centers (formerly VA nursing homes), in a speech during the ceremony. "Our Community Living program is not a place to simply put people ... in the Green House® home, they are first, and then, foremost, home, and they are not a patient, but a resident."

Hojlo said the goal is to provide a dynamic array of services, "to provide the highest level of well-being and function at any age. The patient is no longer a passive recipient of service. Through



*Future Green House® home residents Bernard Kelly, second from the left, and Adrienne Burke, to Kelly's right, are presented donated blankets by Capt. Jim Oxford, Lovell FHCC Interim Executive Officer, on the left, and Patrick Sullivan, Lovell FHCC Director, on the right, during the ribbon-cutting. The blankets were donated by Ladies Auxiliary VFW, Department of Ill. (Photo by Mary Waterman)*

the Green House home project, we have learned how to see the human person."

When he spoke at the opening, Lovell FHCC Director Patrick Sullivan recounted a story related to a Green House® home he visited in Michigan. "Ota" moved from a traditional long-term care facility to a Green House® home, he said. Before she moved, she was most likely depressed and kept to herself. "A short while after moving into the Green House® home, Ota began eating her meals around the kitchen table and socializing with a few of the other residents," he said.

"It became known that Ota always gardened. With the encouragement of staff and because she was in a Green House® home, Ota was able to once again take up gardening ... This act of planting and caring for flowers helped change Ota's life," Sullivan said.

"These stories of transformation are common among Green House® residents," he added.

Burke said she's already packing and anticipating her move to a Green House home. She downsized once before when she had to give up her Lake Villa, Ill. home after she suffered a heart attack. She recovered but still has high blood pressure symptoms that make it impossible for her to live on her own.

"Where I live now is an institution," she said. "After I move, there will be no more long corridors, no linen carts, medicine trays and stuff sitting in the halls ... The Green House® doesn't look or feel like an institution."

Each home cost approximately \$3 million to build and will house 10 residents. The homes feature private bedrooms and bathrooms and a communal living room, den and open kitchen with a table large enough for all the residents to sit around. Two "universal workers" will be on duty at all times. The workers provide patient care, cook, do some light housekeeping and help with resident activities.

The Green House® model allows residents to live as autonomous as possible, giving them choices including what they want to eat and when. Residents will have input on daily menus, and the food will be prepared in the home.

"With these homes, we are building choices," Sullivan said during his remarks. "These homes

are symbols of autonomy, choice and quality of life for our long-term care residents. They represent the very best in patient-centered care."

Lovell FHCC is the second medical facility in the Department of Veterans Affairs to open Green House® homes. The first one opened at the VA medical center in Danville, Ill. To date, the Green House® Project has developed 135 homes in 21 states. Up to six homes may be built at Lovell FHCC.

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Sailors receive Public Health Service Unit Commendation award

Lovell FHCC employees dress for "Pink-Out Day" to raise breast cancer awareness



Five from FHCC pinned Chief Petty Officers in September ceremony

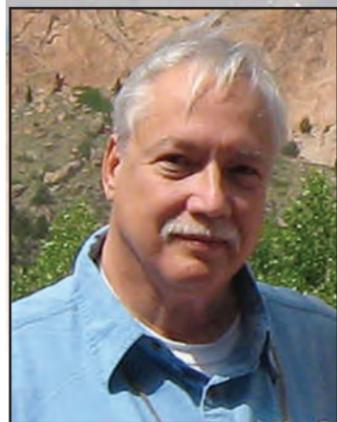
- Employee blood drive set for Nov. 19
- U.S. Navy celebrates birthday
- FHCC holds its first LGBT celebration
- ...and many more!

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# Healing: Recovery in their own words...

By U.S. Army Veteran William Liebman



**(Editor's Note:** "Healing" is a new series written first-person by Veterans and military members who have experienced significant medical recovery in their lives and are willing to share their stories.)

**Name:** William Liebman  
**Branch of Service:** U.S. Army  
**Dates of Service:** Vietnam-era

Where did my depression start? It started in my teenage years, continued thru my adulthood. I knew that something wasn't right but developed an attitude of, "I'm okay and nothing can get to me." I refused help when it was offered. My collapse occurred while I was just starting in a new job and found out my Mother had passed away seven months earlier. That news was "the final straw" as I attempted suicide that night. The result was that I had a complete breakdown at work the next day and was placed in a mental facility. I was diagnosed as suffering deep depression. My then-wife flew down to get me and bring me back. I was medicated so I would not be a danger to her or myself on the drive.

I was an inpatient here for quite a bit of time, and after six months my company paycheck stopped. I was still in a deep depression and could not even try to work at any job. I had gone from being an electronics instructor on communications, radar, public safety systems, and control systems, traveling around the world, to being a person who could barely function. I can't recall how many different medications

I was on until I got onto the "right one." Did I have side effects? Yes. On one, I developed tremors so bad that it was initially thought I had Parkinson's. Nothing seemed to be working, and I was finally told that I would be put on an older drug (Nortriptyline) October, 2009, to see if it could help. That took about a month for the transition. I also was on Electro-Convulsive Therapy (ECT), which was quite helpful. Shortly after, I was put on the Nortriptyline, I woke up one morning, and it was as if a switch had been thrown, I told myself, "I have had enough of this, I am going to get better." I then started to really work at getting better.

With the help of my wife and staff at Psychosocial Rehabilitation and Recovery Center (PRRC) at Lovell FHCC, I started to become more active in the groups, agreed to go through anger management, learned to recognize symptoms of depression, and learned to think before acting or speaking. Most importantly, I realized I was not to blame for the mental and physical abuse I endured while growing up. I "graduated" PRRC in 2010, and what I learned and gained by going to PRRC was of great help to me when my wife suddenly died in February, 2011. It has continued to help with moving to Colorado, starting anew, leading a daily life, associating with other people and enjoying life.

#### My recovery points:

1. You are not alone!
2. You have nothing to be ashamed of!
3. You do have people who care and want to help. They are family, friends, PRRC and FHCC (Veterans Affairs) staff.
4. Recovery takes time. For each of us it is a different length of time!
5. You can and will recover! I went from being a basically nonfunctioning individual to having a normal life and being responsible for myself.
6. You will find that groups that help you may not be the same as for others and vice versa.

Each person is a unique individual.

7. It may take a while to get you on the right medication, but it will be done. It took several tries for me till I was put on the "right" med that wound up working for me, and it made a night-and-day difference. The meds work on each of us differently. What worked for me may not have worked for someone else. You have to give the meds a chance, as they are not an instant cure.
8. If you have ECTs, do not be embarrassed! It is another tool in the recovery process.
9. Learn to recognize the symptoms of your particular condition as it will make you aware of any regression.
10. PRRC will give you the tools and skills that you will need to make your recovery and continue on. It enabled me to survive the sudden death of my wife after I "graduated" PRRC.
11. You have to put effort and time into your recovery. It won't happen if you don't.
12. If you have anger management problems, seek help. I did and it made a great difference in my life.
13. Patience is a key in your recovery. "Instant" is for microwave meals and not recovery.
14. Talk to the staff. Tell them issues, good or bad. If you don't, they won't know about them!

#### Addendum:

Since I wrote this, I married a wonderful woman who I met here in my local community. The skills I learned at PRRC have truly helped me in our relationship. I now listen to what is being said and think out my reply before I give it. (Communication is one of the foundations of a relationship, one thing I learned at PRRC.) I am able to truly express emotion. Sharon and I had similar experiences growing up. Both of us have battled depression. We know the signs, and we know how to fight it. I feel I have been given a second chance in life. I only have to see my psychiatrist here at the VA in Denver once every six months ... I will always be grateful for the help I received at PRRC and the MHC (mental health center) at the FHCC.

## Been seeing too much pink lately? Think Breast Cancer Awareness

Lovell Federal Health Care Center's Women's Imaging Center is full service, completely digital and accredited



FHCC Women's Imaging Center staff with Dr. Mary Grebenc, center in pink, from left Dr. Marybeth Barr, Radiologist; Dr. Piyush Vyas, Chief, FHCC Imaging Service; Karen Kane, Ultrasound Technician, Deborah Moroney-Clark, Mammography Technician; and Mary Howard, Mammography Technician. Dr. Grebenc came to the center for her mammogram. (Photo by Mary Waterman)

By Mary L. Grebenc, MD, MBA

It's that time of year again. October brings the colors of fall, orange pumpkins, rust-colored leaves, and ... pink? Yes, October is National Breast Cancer Awareness Month, and the sight of pink everywhere, from food packaging to football players, is hard to miss. This annual crusade prompts unique and sometimes profound feelings. Some think about loved ones who have fought the battle. Some feel a loss, while others rejoice in life. Many hope researchers will finally find a cure.

For many of us, October prompts that little voice telling us it's time for a mammogram. So, for the 10th year in a row, and with some trepidation, I fulfilled my duty and faced those compression paddles. I am a radiologist, have practiced breast imaging for almost 20 years, and I still get nervous. Everyone does. Here are a few FAQs that may help.

#### What exactly is a mammogram?

It is a low energy X-ray, which gives an image of tissues inside the breast. Two standard views are performed of each breast. Mammograms show normal tissue and abnormalities such as masses and calcifications.

#### Does mammography really make a difference?

Yes, studies show that early detection of cancer has significantly lowered the death rate. Mammography can detect cancer when it is small and completely curable.

#### How often do I have to get a mammogram?

The American College of Radiology and American Cancer Society recommend screening mammograms to be performed every year starting at age 40. If you have a family history of breast cancer, you may have to start earlier.

#### What happens if I get called back for

**more views?** Extra views are used to resolve questions a radiologist may have about something on the image. This may be normal tissue or something that needs further work up.

**Isn't the radiation bad for me?** The amount of radiation is small. The potential harm is extremely low and should not keep you from getting a mammogram.

**Why does the technologist have to compress so hard?** The images come out much better if the breasts are compressed. Overlapping tissues are spread apart and motion is minimized.

**Why are old films so important?** Comparing old with new mammograms increases accuracy and avoids additional views.

#### I have a lump but my mammogram was normal, do I still need to see my doctor?

Yes, a small percentage of breast cancers are not detected with mammography. This is why a breast exam is also important. Other imaging studies such as ultrasound and MRI may also be performed as deemed necessary.

The Lovell FHCC Woman's Imaging Center is full service, completely digital and accredited by the American College of Radiology. There are two full-time, board-certified breast imagers. The technologists are credentialed by the American Registry of Radiologic Technologists with special certification in mammography.

Don't procrastinate. See your doctor for a breast exam and get your mammogram. It may save your life. To schedule, call 224-610-7642.