



The APOLLO

Readying Warriors and Caring for Heroes

Sim Center team takes training on road

Lovell Federal Health Care Center simulation specialists provide trauma training to area first responders



Lovell Federal Health Care Center Simulation Center team members Hospital Corpsman 1st Class Darrell Brown, behind fire truck, and HM3 Garret Bergstrom train Waukegan firefighters how to apply tourniquets. (Photo by Jayna Legg)

By Jayna Legg
Lovell FHCC Public Affairs

Word is getting out that Lovell Federal Health Care Center (FHCC) has high-tech manikins and a team of civilian and military experts who will travel to provide experienced, quality trauma training.

“They are in demand,” Lisa Baker, program director for the FHCC Simulation Center, said about the Sim Center team. In addition to running a hot-ticket Tactical Combat Casualty Care (TCCC) course every two weeks, the team also hits the road to assist outside agencies, including private hospitals and municipal first-responders.

“We have resources these places don’t have,” said Baker, who noted that increasingly Chicago-based federal agencies, such as the Federal Bureau of Investigation and Immigration and Customs Enforcement, are requesting trauma-related training from the FHCC Sim Center team.

Recently the team packed up two specialized trauma manikins, each worth about \$80,000, and went

to two Waukegan fire department locations on the same day to train firefighter Rapid Intervention Teams how to apply tourniquets and perform other life-saving procedures.

Jon Nordgren, the Waukegan firefighter and medic heading up his department’s “Saving Your Own” class, said he heard about the FHCC’s Sim Center team by “a friend of a friend.

“It was a good link up,” Nordgren said. “This is a realistic simulation rather than what we’re used to, which is usually Power Points with put-together simulations of odds and ends,” Nordgren said referring to the department’s non-Emergency Medical Service (EMS) system sanctioned training.

In the morning, Nordgren’s students gathered around the two manikins lying on the floor of the garage at the Waukegan airport fire station. Each 180-pound manikin was programmed to move and breathe as well as bleed from simulated amputated limbs.

Continued on page 3

Corpsman is NME ‘Blue Jacket of the Year’

By Hospitalman James Stewart
Lovell FHCC Public Affairs

Lovell FHCC Hospital Corpsman 3rd Class Amber Pinchback was in for a surprise Nov. 19.

She was called to the Lovell FHCC director’s conference room and was named the Navy Medicine East (NME) Blue Jacket (Sailor) of the Year via a video teleconference.

Pinchback, a behavioral health

technician currently attached to the FHCC’s outpatient mental health clinic, couldn’t leave the room without a round of congratulatory handshakes. She had already been named the FHCC’s Blue Jacket of the Year for her commendable work ethic, leadership, volunteerism and command involvement. That honor made her eligible to compete at the NME level.

“Hospital Corpsman 3rd Class Amber Pinchback is an exceptional

Sailor who leads by example,” said Chief Hospital Corpsman Elwin Familiar, who helped nominate her. “She’s is a true leader for others to emulate. Pinchback possesses a genuine concern for her Sailors and pushes each to strive for success via superb mentorship, outstanding ‘Sailorization,’ and she provides a sound role model to follow.”

The Apollo sat down with Pinchback recently to ask her some questions.

Continued on page 2



HM3 Amber Pinchback (Photo by Mass Communication Specialist 2nd Class Darren M. Moore)

In this Issue...

Leadership Commentary, p. 2 & 3

This month on Facebook, p. 3

News Employees Can Use, p. 4



Lt. Cmdr. Willis inspires Veteran to live

Page 4



LSS team decreases patient readmissions

Page 4

From the Desk of the Director

2015 was a ‘fantastic’ first year; looking forward to 2016



By Dr. Stephen Holt
Lovell FHCC Director

I have had an absolutely fantastic first year as the director of the Lovell FHCC. In fact, it has far exceeded my expectations. I attribute this to the incredible staff, patients, Veterans Service Organizations, military community and unions. Every day, I have the privilege of working with the best staff I have known in my time in the Department of Veterans Affairs (VA).

I know it is not just me who feels this way. In fact, I try to stop and talk to five patients a day and ask them questions. The first question I ask is, “Are we taking good care of you?” Almost all of the patients and families have glowing remarks about our facility and our staff. It is not unusual to hear patients say, “This is the best facility I have ever

been to,” and the military patients echo those sentiments as well. The second question I ask is, “who is your provider, or is there any one in particular that stands out?” I love this second question because it gives me a chance to send a special message to the staff member mentioned, to thank them for the great service they give every day. Many of you have received those emails.

The year has also been great for the FHCC. First, we passed a number of accrediting surveys from organizations like The Joint Commission and the Long Term Care Institute. We had a number of VA Central Office (VACO) visits, including the Geriatrics and Extended Care staff and Office of the Inspector General/ Combined Assessment Program (OIG/CAP). The OIG/CAP visits went very well. We also did very well in the Navy Information Technology survey, and we probably had the best Blood Donor Center inspection of any Navy unit, which is remarkable because we have the highest volume center in the Department of Defense.

We had visits from the Veterans Engineering Resource Center (VERC) and from the Director of the National Center for Patient Safety, identifying the FHCC as one of the three strongest VAs in the country for patient safety and Lean Six Sigma implementation. The FHCC also earned the National Center for Patient Safety Gold award based on the great work and

improvements that have come out of our many Root Cause Analyses. On the operational side, we continue to have the largest dental operation in the entire federal government. We continue to be trusted with providing health care to, and making ready for worldwide duty, the Navy’s life line – the basic training function.

We were the only facility in Veterans Integrated Service Network (VISN) 12 to make budget without receiving additional funding and did so while continuing to see improvements in our clinical performance measures and access. We now offer GI services 24/7. We supported a number of deployments including the USS Comfort, Guantanamo Bay and elsewhere in support of national security objectives. We sent several civilian employees on prolonged details to support the Phoenix, Tomah and Jesse Brown VAs. We have managed to do these and many more phenomenal things even though we have had staffing shortages in a number of areas, including senior leadership.

As I think about where we are going in 2016, I have several thoughts. First, I want to fill the senior leadership team vacancies. This has been difficult because we had to make certain aspects of integration work with existing HR rules. But we are confident we have worked out the details and should be able to hire permanent

associate directors in 2016.

Next, I want to make senior leadership more visible and accessible to front-line colleagues. This has been an issue raised in the last two All Employee Surveys, and this is a primary goal of the executive team moving forward. We also want to work to right-size many sections of the hospital. In order to optimize the services we provide, we have established a business operations function that will work with the directorates to improve efficiencies, performance and effort distribution where necessary.

Finally, I want to get staff more involved in process-improvements. Your involvement is absolutely essential to improving the care and services we provide and in creating an ever-improving workplace where all cherish opportunities to serve. Overall, it has been an incredible year working with an outstanding staff. I cannot thank each of you enough for your inspiring, great work. YOU MAKE A DIFFERENCE in people’s lives every day. Thank you and Happy New Year!

Blue Jacket of the Year Questions and Answers (cont.)

Continued from page 1

The Apollo: What made you join the Navy and did you ever dream of being named Blue Jacket of the Year?

Pinchback: I was a preschool teacher for two years before joining the Navy. I enjoyed my work as a teacher but I didn’t envision it as a career. I always wanted to join the military and originally planned to join as a reservist. I eventually changed my contract to active duty. I had a lot of student loans and at some point wanted to pursue my master’s degree. I also regretted never studying abroad or traveling outside my home town. I figured the Navy would be a great opportunity to do all the above. I never imagined I would be honored by being named Blue Jacket of the Year.

The Apollo: So you were surprised to be nominated and get this award?

Pinchback: I was very surprised to win Blue Jacket of the Year. I knew I had a strong (Sailor of the Year) package, but I was concerned about my board. I was nervous.

Also, I was up against the absolute best Sailors at the command. We all were doing outstanding work; any one of us could have won.

The Apollo: How did your family react to the news?

Pinchback: My family was extremely proud, although I did have to explain the significance; they were proud nonetheless.

The Apollo: What are some of the things you focused on in your daily work routine to make sure you were on top of your game?

Pinchback: I love being involved; at first, it took me a while to get adjusted — this is my first command. I’ve always taken pride in the work I do. I spent several months focusing on learning my job and doing my best. I really enjoyed the work. With the mentorship and guidance of my chain and other amazing leaders, I began to develop myself as a Sailor. I found ways to get involved and do things I’m interested in. On a daily basis, I try to be squared away,

keep a positive attitude and sense of humor. I work out regularly. I found volunteering has been a good way to get involved in the community. My clinic collateral duties include Morale, Welfare and Recreation committee, department training petty officer, one-to-one patient observation auditor and timekeeper. My collateral duties include assistant command fitness leader, basic life support instructor, diversity committee member, and I’m also an active member of the Junior Enlisted Association.

The Apollo: Do you have special thanks you want to give to anyone?

Pinchback: I have so many people to thank, too many to list. I first thank God. I’m humbled and tremendously grateful. My family has been my biggest support system. My chain of command, clinic and friends have encouraged and supported me. I seriously could not have accomplished this without their help. So many people reviewed my package, prepped me for my board, gave a word of encouragement, or simply had my back.

The Apollo

The Apollo is the official newsletter of the Captain James A. Lovell Federal Health Care Center, published monthly for staff, Veterans, military families and volunteers. The Apollo newsletter is designed by the FHCC Communication Department.

3001 Green Bay Rd.
North Chicago, IL 60064
224-610-3714

www.lovell.fhcc.va.gov



www.facebook.com/lovellfhcc



www.youtube.com/lovellfhcc

Director

Stephen R. Holt, MD, MPH, MSNRS
Deputy Director, Commanding Officer
Capt. Robert G. Buckley, MC, USN

Communication Chief
Mary Schindler

Public Affairs Specialist
Jayna M. Legg

Public Affairs Specialist
Stephanie C. McCrobie

Visual Information Specialist
Trevor Seela

Mass Communication Spec. 2nd Class
Darren M. Moore

Factual Accuracy and Disclaimer:
Accuracy is important to us. We want to correct mistakes promptly. If you believe an error has been published, please alert us via email at lovellfhcc.media@va.gov. Use of any social media product does not imply endorsement on the part of the Department of Defense or the Department of Veterans Affairs, and may not be available from all government servers. Content on these sites is not edited for accuracy and may not necessarily reflect the views of the federal government.

From the Desk of the Commanding Officer

FHCC staff members should be proud of work done in 2015

Fleet Medical and Dental staff members safely processed more than 42,000 Navy recruits



By Captain Robert G. Buckley
Lovell FHCC Deputy Director/
Commanding Officer

The year 2015 was a landmark year for Lovell FHCC and each and every one of our 3,400 staff members has much to be proud of.

In October we celebrated, with our namesake Capt. James Lovell,

our first five years as the nation's first fully integrated federal health care facility - and we had so much to show for it. In particular, 2015 was marked by continuous improvement in access to care for all of our patients.

On the latest Strategic Analytics for Improvement and Learning (SAIL) report from the Department of Veterans Affairs, Lovell FHCC ranked in the top 5 percent in the nation for outpatient access. On the inpatient side, 2015 showed a marked decrease in the need for hospital bypass due to bed availability - largely due to a concerted effort by inpatient leadership to reduce unnecessarily lengthened hospital stays.

We also improved the consistency of on-call specialty care availability and added GI availability 24/7.

Our overall Quality of Care rating increased in 2015 from a 3-star to a 4-star status, and our

Department of Defense Healthcare Effectiveness Data and Information (HEDIS) scores improved dramatically as well.

On the Fleet side, our medical and dental staff safely processed 42,506 new recruits, (up from 39,273 in 2013). They also effectively battled a lice outbreak. And they kept the rates of febrile illnesses, strep throats, GI illnesses, methicillin-resistant Staphylococcus aureus (MRSA), stress fractures and rhabdomyolysis (a muscle condition) cases at record-breaking low levels.

But the most important assurance of our success came from our patients in the form of positive letters, Interactive Customer Evaluation (ICE) comments and Press-Ganey patient satisfaction scores that were ranked over 90 percent for our inpatient and surgical services.

So yes, we all have much to be

proud of at Lovell FHCC, and 2016 will be even better. In the year ahead, we plan to renew our focus on the career and professional development of all of our staff, increase the time senior leadership spends throughout all areas of the facility, and improve all forms of

"But the most important assurance of our success came from our patients in the form of positive letters ... comments and ... patient satisfaction scores."

Capt. Robert Buckley
Lovell FHCC Deputy Director/
Commanding Officer

staff recognition and awards.

I look forward to the year that lies ahead, and I am so thankful to serve at the Lovell FHCC with each and every one of you.

Happy Holidays and Happy New Year to you all!

Sim Center team runs Tactical Combat Casualty Care course (cont.)

Continued from page 1

To add to the realism, the manikins can be moulaged (made to look like they are injured using makeup and rubber or latex "wounds"). FHCC also is gaining a reputation for having expert "moulagers," Baker said.

The team recently began using a "cut" suit that is worn by a real person and can be moulaged to simulate serious wounds. A person wearing the suit can have emergency medical procedures done on him or her, explained TCCC Program Director Ricky Kaebisch, a former Navy respiratory therapist.

"The person wearing the suit can react, scream and flail around," said Kaebisch, a retired chief hospital corpsman.

The cut suit and trauma manikins were successfully worked into a recent FHCC active shooter exercise, which provided an extra layer of realistic training for FHCC security personnel.

"TCCC is designed to enhance operational readiness by providing the basic skill sets required in a tactical setting."

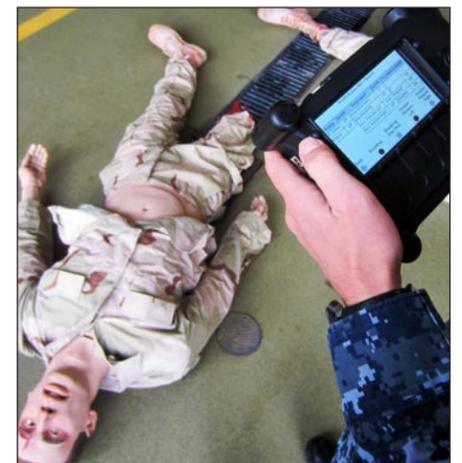
Lisa Baker
Lovell FHCC Simulation Center
Program Director

In addition to having high-tech equipment, the Sim Center team's expertise in using the equipment and running the training means increased demand for its services. Baker said the team likely will increase the frequency of the TCCC course in 2016.

Early in December, the team trained Sailors from throughout the Midwest and beyond when Expeditionary Medical Facility Great Lakes One, a Navy Reserve expeditionary medical unit based out of Great Lakes, Ill., went through TCCC.

"TCCC is designed to enhance operational readiness by providing the basic skill sets required in a tactical setting," Baker wrote recently in the Veteran Health Administration's Simulation Exchange newsletter. "Doctors, nurses and Navy hospital corpsmen work together through an immersive, three-day course learning to provide the necessary trauma care to wounded military members."

TCCC consists of classroom training, followed by tactical training on the grounds of the FHCC's main facility in North Chicago, Ill. The rigorous final exam is done in full battle gear and takes students through multiple trauma station points in real time, while flanked by simulated explosions and gunfire to add realism to the training.



The tetherless trauma manikin is controlled by a remote that is powered by a Makita 18-volt lithium battery.



Lovell Federal Health Care Center Simulation Training Specialist Hospital Corpsman 3rd Class Garret Bergstrom prepares a trauma manikin by filling it with simulated blood. It can take from a half-hour to three hours to prepare manikins, depending on the level of makeup applied. (Photo by Jayna Legg)

Find More Online
[@facebook.com/LovellFHCC](https://www.facebook.com/LovellFHCC)



FHCC staff wish all happy holidays



Staff honored; Sailors frocked in ceremony

- Nurses, canteen staff pose for holiday photos
- 'New Year, New You' FHCC kicks off 4X10 Challenge ... and many more stories and photos!

Or Visit Our Website
[@lovell.fhcc.va.gov](http://lovell.fhcc.va.gov)

ONE TEAM *Extra*

News Employees Can Use

LSS team cuts patient readmissions



The "Reduce 30-Day Readmissions for CHF & Pneumonia" Define-Measure-Analyze-Improve-Control (DMAIC) team was led by Health Promotion/Disease Prevention Program Manager Dean Spangle. Team members included: Dr. John Avramidis, Patient Aligned Care Team RN MaryKate Sweeney, RN TeleCare Coordinator Laila Navarro, Medical/Surgical Clinical Nurse Specialist Lt. Cmdr. Rachel Perry, Hospitalist Dr. William Cotter, Inpatient Nurse Renato Arceo and Nursing Informaticist Geri Wittenberg. Ad-hoc members were Cardiologist Lt. Cmdr. Eric Yeung, Cardiology Tech Hospital Corpsman 3rd Class Aislynn Stowe, and Pharmacist Janice Richardson. "Fresh eyes" on the project were provided by MOVE! Coordinator Erin Thompson and Performance Improvement Coordinator Debra Goodwin.

Pneumonia, congestive heart failure focus of Rapid Improvement Event

The mission was to reduce acute patients' average length of stay as well as decrease the number of 30-day readmissions for congestive heart failure (CHF) and pneumonia after the same acute patients were discharged.

The Lean Six Sigma (LSS) team assembled in the fall of 2014 was made up of doctors, nurses, and other clinicians. All were dedicated to providing the best patient-centered care, which translates into keeping patients healthy and at home instead of in the hospital.

In LSS terms, the working group was dubbed the "Reduce 30-Day Readmissions for CHF & Pneumonia" Define-Measure-Analyze-Improve-Control (DMAIC) team. It was comprised of three experienced team members (those who participated in a previous Lean event), and the rest – including the team lead – had no experience. "The lack of familiarity did not impede the team's rapid attainment of high-functioning team skills," said LSS Facilitator Carol Gilchrist. "In four hours, with the TPOC (Transitional Plan of Care) and VSA (Value Stream Analysis) missions in mind, this team managed the first three steps of the DMAIC process, prepared a plan for testing their theories, and divided into sub-groups to work on the resulting projects."

The team's goal was "to optimize patient care and transitions to decrease inpatient admissions/readmissions for chronic diseases, such as CHF and Pneumonia."

The baseline data, from August 2013 to July 2014, revealed the patient readmission average per year was 16 CHF patients and 37 pneumonia patients. The team also worked with Medical/Surgical and Primary Care staff members who voluntarily were quizzed on their knowledge of standard care for CHF, pneumonia and Ischemic Heart Disease

(IHD). Their initial average score was 76 percent. The team met for seven months to follow the LSS steps – discuss the **Plans**, **Do** the work, **Check** the progress/results and **Act** on the findings, Gilchrist said. In November, they presented their report.

"Leadership was amazed and excited by what the team had accomplished and sustained over the previous year," Gilchrist said.

There was a significant improvement in the average readmissions for congestive heart failure, to less than 10 – a 39 percent reduction. The readmission rate for pneumonia was 31 for the year, an 84 percent reduction, Gilchrist said, and staff quiz scores went from C+ to a B+.

The results included "Best Practice" standards for work, new procedures for treatment of patients with CHF, better methods of communication, and improved training for clinical staff. Additionally, the team developed a patient "Heart Failure" brochure for use in the hospital and at home, which includes instructions for self-care, a place to note what to ask clinical staff, and documentation for patients to share at follow-up doctor appointments.

"This outstanding team truly exhibited patient-centered care, talent management (training best practice), and a strong dedication to continuity/safe transition of care," Gilchrist said.

The team was led by Dean Spangle. Core and ad-hoc members included Dr. John Avramidis, MaryKate Sweeney, Laila Navarro, Lt. Cmdr. Rachel Perry, Dr. William Cotter, Renato Arceo, Geri Wittenberg, Lt. Cmdr. Eric Yeung, HM3 Aislynn Stowe, Janice Richardson, Erin Thompson and Debra Goodwin.

- Submitted by Carol Gilchrist

Congrats go to ...

- Patient Safety Officer **Mary Haik and team**, for helping the FHCC win the Fiscal Year 15 Cornerstone Recognition "Gold Award" from the National Center for Patient Safety. Staff-reported adverse events and close calls represent the foundation of a robust and effective patient safety program. In addition to event reports that are reviewed as Root Cause Analyses (RCAs), and close-call reports reviewed in the Aggregated Categories (falls, medication events and elopements), the center supports each facility capturing additional reporting designated as Safety Reports. This is intended to inspire the culture of open communication towards reporting and for use in identifying system issues.

- Nurse **Ida Lyn E. Benemerito**, a nurse for 28 years and an infection preventionist in the Community Living Center. She was profiled in the Association of Professionals in Infection (APIC) Winter 2015 publication for becoming Certified in Infection Control (CIC).

- **Imaging staff** for passing the unannounced Radioactive Materials Permit and Diagnostic Imaging Inspection by National Health Physics Program. Among other things, the inspectors performed the FHCC's first imaging audit. The inspectors noted high standards as demonstrated through the patient care in Nuclear Medicine, CT and Fluoroscopy cases and the systems to protect patients and staff receiving radiation exposure. The Radioactive Materials Program and Radiation Safety Imaging Program were praised. Imaging staff were commended for outstanding knowledge, professionalism and patient care.



Lt. Cmdr. Van Willis, left, is credited with saving a Veteran's life. (Photo by Hospitalman Rebecca Patterson)

- **Lt. Cmdr. Van Willis**, for inspiring a Veteran to follow his physician's instructions for his care that saved his life. His caring bedside manner was praised by a McHenry CBOC nurse during her exit interview. The nurse cared for the Veteran for six months, "and on every visit, the Veteran would express his desires to die," she said. She dedicated many hours to the Veteran but his mind was set and he was non-compliant. However, at the end of a visit with Dr. Willis, "the Veteran straightened himself in his walker and addressed Willis as 'Sir,' saying 'I will do whatever you recommend. I was enlisted and listened to my officers.'" The nurse said, "Lt. Cmdr. Willis changed this Veteran's outlook." The Veteran told the nurse, "I have changed my whole attitude. I will do anything the Lt. Cmdr. needs me to do." It was reported that after the Veteran's visit with Lt. Cmdr. Willis and being compliant for just one day, the Veteran's blood sugars dropped from a daily check of 515 to 270.