



Immunization clinic latest to expand services

Fully integrated immunization clinic serves FHCC Veterans, active duty

By **Stephanie McCrobie**
Lovell FHCC Public Affairs

The sign above the door of the first floor clinic in the Ambulatory Care Center at Lovell FHCC clearly reads "Immunization," but until recently, Veterans who wanted flu shots and other immunizations were directed elsewhere.

Today, Veteran patients are welcome to visit on a walk-in basis to receive flu shots and other routine immunizations. This new offering is the latest in the ongoing integration of services at Lovell FHCC for active duty military and their dependents, as well as Veterans.

Immunization clinic staff members were happy to announce they would accept Veteran patients Nov. 1 and waited expectantly for the first one to show up. While they waited, they reflected on the reasons they felt it was important to integrate the clinic.

"The Immunization clinic staff in Building 133EF had been turning away Veterans, who saw the Immunization sign and believed they could use the clinic," said Mark Lesko, chair of the Integrated Immunization Work Group and head of the occupational health department.



The first Veteran patient, Richard Shure, receives a vaccination from Hospitalman Sean Cook in the recently integrated Immunization Clinic in Building 133EF at Lovell Federal Health Care Center. (Photo by Stephanie McCrobie)

"Immunization staff felt terrible about turning away Veterans, and we felt it was important to integrate the clinic to fulfill our mission of readying warriors and caring for heroes."

Prior to Nov. 1, Veterans had to make appointments to see their primary care provider

for all vaccinations, and the Immunization Clinic was available on a walk-in basis only to active duty members and their families.

Continued on page 3

Sights, smells, chaos of combat to be simulated in new center

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

A Navy hospital corpsman (HM) wipes the sweat from his forehead with one swift swoop of his forearm, attempting to steady his breathing while rescuing a fellow service member in the intense heat.

Explosions are occurring all around him at an increasing rate, and he can smell the gun smoke from rifles being fired nearby.

In the midst of the chaos, he finishes bandaging the wound of his buddy and moves toward the next. Then, all at once, the explosions cease, the

smells of battle fade, and the projectors are shut down.

The Lovell Federal Health Care Center (FHCC) is constructing a state-of-the-art simulation center that will allow military and civilian health care staff the opportunity to train in a traditional simulated hospital environment, in addition to a military training room, to sharpen their skills and to sustain clinical expertise.

Continued on page 3



Dr. Norm Lee, medical director, simulation center at Lovell FHCC, gives Surgeon General of the Navy and Chief of the Navy's Bureau of Medicine and Surgery Vice Adm. Matthew L. Nathan a tour of the planned simulation center. (Photo by Mass Communication Specialist 2nd Class Darren M. Moore)

Lovell FHCC EEO Committee Presents

Dr. Martin Luther King, Jr. Observance

Jan. 23, 2014
1 p.m.
Building 4, Bourke Hall
All Invited

*"The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy."
— Martin Luther King, Jr.*

Leadership Commentary

Providing excellent patient-centered care to be a focus in 2014



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

With the turn of the calendar, my natural thought is to recount all the achievements of the past year.

Our third anniversary celebration and opening of the time capsule from the former Great Lakes Naval Hospital, the 25th anniversary of the homeless domiciliary, the new Homeless Veteran Walk-in Center, and Get Well Network ... those are just a few highlights. But with all of

those things, there's another story I believe needs mentioning – our staff and volunteers – “Our Team.”

In essence, all of our stories are about you. Our team members are the key for all of our successes, and we recognize them during our integrated monthly awards ceremony. Dozens of employees were all smiles in 2013 as they were recognized for years of service as well as military awards. We salute our civilians like William Troxell, who was recognized for 50 years of federal service, as well as our Sailors – many who volunteer – returning from deployments.

We have many staff leaving our team to start new chapters in their lives. Associate Director for Facility Support Marianne Semrad is leaving this month. She has been with North Chicago VA and now Lovell FHCC for 14 years. She was an invaluable resource in identifying and recommending solutions to integration issues regarding infrastructure, design, information

management/information technology, regulatory changes in legislation, policy, financial and patient care. She made significant contributions – the latest is the Defense Medical Logistics Standard Support automated system, which will allow the FHCC to have a system to efficiently track manning, supplies and real property. Her spirit and energy inspires everyone she is around. She will be truly missed.

We will continue to look for your support and dedication as we head into our fourth year and plan new projects, such as the opening this spring of the renovated gastroenterology suite, which will have more GI endoscopy procedure rooms to meet demands and improve the timeliness of service delivery. These types of improvements and renovations are a necessary part of our growth as a medical facility; by expanding the quantity and quality of services, we can make sure all of our patients receive the most comprehensive care. We will also open two more

Green House® homes in the summer, providing more Veterans the opportunity to receive long-term care in a home-like environment.

The year 2014 also will mark the beginning of an important journey to enhance our care environment and methods of care delivery. This month, we will begin a collaboration with the Department of Veterans Affairs (VA) Office of Patient-Centered Care and Cultural Transformation. While we have already made great strides in Patient Centered Care (PCC), our Field Implementation Team (FIT) from the Veterans Health Administration will help us look at our current PCC practices and give us tools to promote personalized, proactive, patient-driven health care to our patients. Staff training starts this month. Thank you for everything you did in 2013 to ensure excellent patient-centered care. I look forward in 2014 to continuing our promise kept of “*Readying Warriors and Caring for Heroes.*”

U.S. Navy program helps wounded warriors

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

Imagine being away from home on the other side of the country – or even the world – and becoming so ill or injured you have to be taken to a medical center far from everything you are familiar with, potentially unable to return.

Such is the case for a large portion of the U.S. military's wounded warriors; but one program is helping make the transition not quite as difficult. The Navy Wounded Warrior (NWW) - Safe Harbor program assists with the non-medical care of seriously wounded, ill and injured Sailors, Coast Guardsmen and their families as they transition to their new way of life.

At Lovell Federal Health Care Center, Lt. Michael Chalfant, a NWW - Safe Harbor representative and Midwest region coordinator for Fleet and Family Services, works hand-in-hand as an advocate with medical care providers to ensure service members and their families are taken care of as they continue through the recovery process.

“Anything they have concerns or questions about we try to take it and run,” Chalfant said. “Some people have different goals, whether to medically retire or maybe stay in service, but if we can lighten some of the load of what's on their mind, or the burdens that they're having to lift up under this new diagnosis or new illness that they have, that's the goal – to make sure they know the



Lt. Michael Chalfant, a Navy Wounded Warrior (NWW) - Safe Harbor representative, right, chats with Stephan Vanostrand, who was diagnosed with aplastic anemia during Navy basic training. NWW - Safe Harbor assists enrolled wounded warriors as they recover and transition back to duty or back home. The program worked with Salute Inc. to provide Vanostrand with a laptop so he could communicate with his family in New York. (Photo by Mass Communication Specialist 2nd Class Darren M. Moore)

Navy's there and trying to take care of them.”

NWW - Safe Harbor is a voluntary program. Ill or injured service members are not required to seek assistance but may be referred to a representative or visit one on their own if interested. NWW - Safe Harbor also receives casualty reports that are given to representatives so they may contact patients.

As a non-medical care provider, Chalfant supports each enrolled service member's recovery, rehabilitation and reintegration needs, whether it is back into duty or into their communities. Some areas of assistance include help in applying to schools or new jobs, addressing pay and personnel issues, developing comprehensive recovery plans, connecting service

members to family resources, offering opportunities for adaptive athletic sports and more.

“We can come alongside them, we can visit them, talk to them and continue to follow through with them, making sure everything is being taken care of,” Chalfant said. “A big part of that is their quality of life and the challenges they face with their families, spouses or kids, or whatever transition to their life outside; that is really what the program is for, to help each and every Sailor transition to that new reality and support them in it.”

NWW - Safe Harbor works with many organizations to help wounded warriors. Chalfant said the Midwest region assists nearly 30 people a month. For the rest of the story, go to <http://ow.ly/s2OoM>.

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

Capt. James A. Lovell
Federal Health Care Center
Patrick L. Sullivan, FACHE

Deputy Director/Commanding Officer

Capt. James A. Lovell
Federal Health Care Center
Capt. José A. Acosta, MC, USN

Communication Chief
Mary Schindler

Public Affairs Specialist
Jayna M. Legg

Public Affairs Specialist
Stephanie C. McCrobie

Visual Information Specialist
Mary Waterman

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.

Patients appreciate convenience of immunization clinic (cont.)

Continued from page 1

It confused some Veteran patients who would walk to the clinic in Building 133EF only to find out they couldn't get a shot, said Renee Kramer, head nurse of the immunization clinic.

Lesko and Navy Capt. Kimberly Harlow, then chief of ambulatory care, created a working group in February to address how the clinic could be integrated. The working group included staff from information resources management, fleet medicine, primary care, preventative medicine, informatics, business operations and organizational performance improvement.

Lesko noted that "an impressive synergy resulted from the diverse membership."

The working group moved quickly to overcome many obstacles on the path to integration, including Department of Veterans Affairs and Department of Defense policies, information technology issues and staff training. However, as Harlow said, "The team was very engaged and wanted to make this a success," so compromises and resolutions were found.

All the efforts paid off. In the first few weeks of operation, the clinic saw close to 100 walk-in Veteran patients for more than 150 immunizations, in addition to the regular military and military dependent patients.

Kramer said patients and staff are happy with the service.

"Since our clinic is here just to provide immunizations, we can take as much time as the patient needs to answer their questions and concerns about the shot they are able to get," she said.

Most patients appreciate the information she and the corpsmen can provide, Kramer added.

The Veteran patients also appreciate being taken care of by the Navy corpsmen. Hospitalman Sean Cook said his Veteran patients "like receiving their shots from active duty guys. We share stories about our time in service."

From the patient's perspective, they could not be happier with the convenience of a walk-in clinic. Richard Shure, the first Veteran to use the clinic late morning on opening day, said he liked that he did not need an appointment.



Left to right, Hospitalman Sean Cook, Health Technician Rose DeJesus, Centralized Scheduling Supervisor Jennifer Corrao, Immunization Nurse Specialist Renee Kramer, Hospitalman Rasjual Joyner and Hospitalman Kevis Thurmond learn how to schedule Veteran patients who walk into the Immunization Clinic at the Lovell FHCC. The team received refresher training from Corrao while they waited for their first Veteran patient in the clinic. Until it fully integrated, the clinic primarily served active duty military, their dependents and military retirees. (Photo by Jayna Legg)

"I came early for my primary care appointment, and instead of waiting around, I liked that I could go to the immunization clinic and catch up on my vaccinations," Shure said.

For more information on the immunization clinic walk-in hours and location, visit the Lovell FHCC website, <http://www.lovell.fhcc.va.gov/services/Immunization.asp>.

Simulation center to help clinicians give best patient-centered care (cont.)

Continued from page 1

The simulation center will be part of the Center for Healthcare Education Excellence (CHEE). It also will offer a simulated intensive care unit bed, four medical surgery beds, an operating room, a two-bed emergency department, a dental simulation room, and an apartment-style room for home health training. It also will have a part-task training room for specialized, single-task procedural training evolutions such as virtual reality surgical trainers, airway management, vascular access, task-specific trauma training, primary care and women's health procedures. Manikins will represent a diverse patient population, including pediatric, adult and geriatric "patients" for clinicians to treat.

Lt. Cmdr. Stan Hovell, education and training department head, said the center will introduce nurses and corpsmen to procedures in simulation so they can become proficient in new areas. "Since the integration of Lovell FHCC, we've expanded quite a bit, and the next step is to expand our services so we can provide more," he said.

As part of the simulation center training rotation, participants will be sent to other area hospitals, such as the Cook County Health and Hospital System in Chicago, for more observation and possible hands-on training in skills such as trauma care.

"One of the big initiatives we have is to increase the level of our ICU and our surgical staff training so that we can take more complex cases in the future," Hovell said.

Retired Cmdr. Lisa M. Baker, program director for the simulation center, said it also will allow hospital corpsmen and physicians to maintain muscle memory they have already developed. A good example, Baker said, is active duty military physicians.

"They may not have an opportunity to stand duty in the inpatient setting while they're primarily assigned to an outpatient care setting," Baker said. "When it comes time to transfer, they will go to another MTF (military treatment facility), and they're going to be responsible for pulling duty or covering the inpatient areas. Having the ability to come to the simulation center and to keep their core competency skills fresh ... allows them to feel as if they're not losing that muscle memory skill."

Along with current military and civilian health care staff, Baker said the simulation center will be available to anyone who regularly trains at Lovell FHCC, including reservists, medical students and staff within Veterans Integrated Service Network (VISN) 12.

Baker said, "The goal is to eventually bring in staff from the VISN to our simulation center, which would serve as a central

hub, where they can participate in a variety of educational programs through the use of simulation-based training events, to take them out of their routine workspace within their hospital, away from their phones, their computers, the constant interruptions of the day; bring them to the simulation center to perform competency training on procedures and team-training events."

The 8,500-square-foot simulation center will provide classrooms, conference rooms, hands-on training spaces and will resemble a hospital setting – from initially bringing a patient through the sliding doors in the front of the building, all the way to treatment in the numerous medical rooms.

Baker said another main goal of the center is to turn patient safety errors into simulation-based learning opportunities, and identify research and development needs through simulation that can be translated into operational improvements.

The training also will provide military members experience in a battlefield environment, before they deploy, by displaying a multitude of scenarios in the military simulation room. The room will have projectors on the walls, the room temperature will be adjustable from about 30 degrees to 110 degrees Fahrenheit, and piped-in smells will add to the realism.

The military simulation room will

assist participants in developing, enhancing and retaining critical skills through regularly-scheduled simulation activities relevant to their mission.

"We have some really neat manikins that bleed out, and if you do not get the proper hemorrhage control in place, they die," Baker said. "If our HMs don't protect each other under fire, they die. We let the HMs know that there are no do-overs in war ... now is the time to learn, not on the battlefield."

The new CHEE is currently under construction in Building 4 on the Lovell FHCC West campus.

Find More Online
@ facebook.com/
LovellFHCC



Frocking ceremony celebrates new Petty Officers

Lake Bluff students sing for FHCC patients



- Corpsmen to train in trauma center
- VA's new dental insurance starts
- .. and many more stories and photos!

Or Visit Our Website
@ lovell.fhcc.va.gov

Healing: Recovery in their own words ...

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

Name: Tony Sembarski
Branch of service: U.S. Army
Dates of service: 1968-1986

I joined the Army in 1968 ... I retired in 1986. I wanted to do something constructive so I got on a bus and rode downtown and signed up for the Army. My brother was already in the Army. I became a door gunner for a Huey helicopter.

On July 20, 1968 I went to Vietnam; I had just turned 18. I had a 12-month tour in Vietnam. When I came back from Vietnam to the states, they offered me a re-enlistment bonus so I signed up for six more years. I was the youngest of eight children, and we needed the money. My second tour in Vietnam was 1969-1970. They sent me back because I was a door gunner, and that was a critical need. I got shot in the foot. I saw things a young man shouldn't see; I was in many fire fights. I lost my best buddy. When I got off the plane coming back, there were protestors; I got hit with a tomato, was called a baby killer. It was shameful. But I got through it.

I started drinking while I was in Vietnam, and when I came back I was out of control. I turned to drinking to numb the war out, my losses, and because nobody understood what we went through. I didn't even know I had PTSD. I was depressed. I started going downhill. I used to drink my money up. I was angry, I got in fights, went to jail for disorderly conduct, being drunk in public. I got two or three DUIs. I couldn't see my daughter on a regular basis.

I started getting PTSD treatment in the 1970s in Michigan. My therapist in Michigan told me



Veteran Tony Sembarski, on the right, discusses his care while walking on the Stress Unit. (Photo by Trevor Seela)

about North Chicago, and I came to the Stress Unit in 2000 for the first time (at what was then the North Chicago Veterans Affairs Medical Center). I found out that this unit dealt strictly with traumas. This was an intense program, which I needed. My first time on the Stress Unit, I wanted to leave because I was scared and unsure of myself. I wanted to drink. But the tech stopped me and convinced me to stay. And now I come back to the Stress Unit whenever I need to. I've been sober since 2003. I finally tell myself, 'I'm somebody; I'm somebody who takes on challenges and completes things. Quit kicking yourself.'

I see PTSD, and I turn it around to "Proud Things Strength Determination." My recovery process was an intense journey. I had intense issues that impacted my life, and because of

this place, my life is manageable, tolerable, and I have great expectations that I can deal with situations on a more level keel. The program is a support, and my family and friends. The best tool is to take a step back and assess the situation, and then lay your tools out for that particular challenge. I have a nice home now; I'm married; I have money. I'm involved in VSOs (Veteran Service Organizations). I still have nightmares, but they're not so bad.

I used God a lot for support. I made friends who saw potential in me and believed in me. The staff in the Stress Unit played a big part in my recovery and life. They see that I can give back to the program. I can share my experience with the young guys now. When I see the young guys hurt, I hurt. And I thank the program for giving me the tools to help other Veterans. As long as I live and breathe, another Veteran will never walk alone.

If you have an opportunity to get help, please do so. It's about listening and what you do after you listen to information from staff. Talk to yourself, take an inventory of yourself, be honest. When you don't admit that you're vulnerable, then it's not going to work. I can cry and get mad, I can feel the pain in myself and others, but it doesn't have to be like that. You don't have to keep eating a box of tacks because you're comfortable with that pain; start eating marshmallows.

Not every story a Veteran has is the same. We all have our crosses to bear. I believe the programs that are offered here help make that cross be much lighter. To share my story with you is a tool, and I hope that by reading my story, you can become a better person and live a great and fulfilled life. Nobody should walk alone. Trust in God and believe in your programs. God didn't make junk; you are certainly not a junkyard. Be proud of your heritage, who you are, and what you've accomplished.

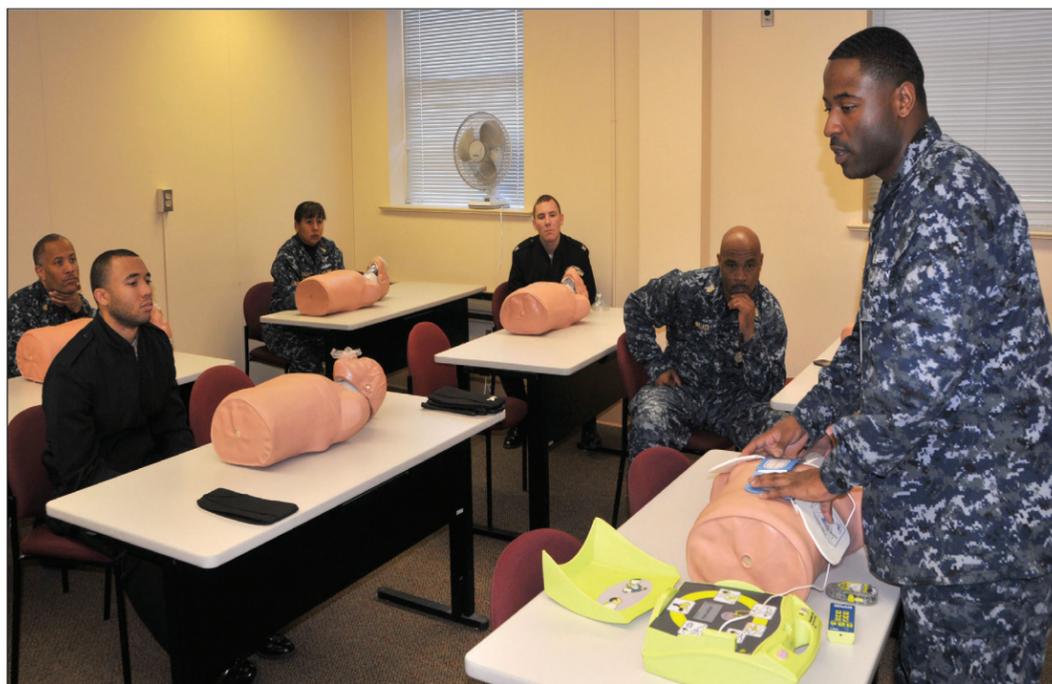
FHCC Basic Life Support staff train local Sailors, civilians

By Scott A. Thornbloom
Naval Service Training Command
Public Affairs

Naval Service Training Command (NSTC) staff members participated in Cardiopulmonary Resuscitation (CPR) training Dec. 6, following a NSTC directive that all personnel in the NSTC domain be CPR qualified by 2014.

Rear Admiral Dee L. Mewbourne, commanding officer of NSTC, advised all instructors, facilitators, civilian and military staff members, recruit division commanders (RDCs) and professors of naval science to become familiar with the handling of an Automated External Defibrillator (AED). The CPR/AED training is conducted at Lovell FHCC in the Basic Life Support (BLS) department.

"This (CPR/AED training) is something we should be doing every couple of years," said Capt. Bob Fink, NSTC chief of staff. "Earlier this year, we reviewed our safety procedures and policies to ensure we had enough staff trained, had the right staff trained, had right equipment like the AEDs in place and if staff members were qualified to use them ... we needed to make sure that every unit and every command has an AED on site when we are conducting high risk training," Fink said. "Safety is our number one



Hospital Corpsman 2nd Class Michael White, from the Basic Life Support department at Lovell FHCC, explains how to properly use an Automated External Defibrillator to Sailors and civilians from Naval Service Training Command (NSTC) during training Nov. 7. The commander of NSTC, Rear Adm. Dee L. Mewbourne, recently sent out a directive advising all personnel in the NSTC domain to be CPR/AED qualified by the beginning of 2014. (U.S. Navy photo by Scott A. Thornbloom)

concern, and when you look at it, most of the domain's high risk training is running, and most of the incidents we have seen in the past few years have been during running-type events or physical fitness activities."

Portable AEDs are now on hand during physical fitness activities. Additionally, Lt. Cmdr. Bryan Bost, director of biomedical research, physical training analysis and medical liaison at NSTC, now ensures portable AEDs are at athletic outings, such as softball, flag football or command-sponsored 5Ks. Bost also monitors the training and certification of all NSTC staff. "It is always better to be safe than to lose

valuable seconds that could cost a shipmate their life," Bost said.

"I felt the training was exceptional ... you never know when you'll need to use one (AED) or perform CPR," said NSTC Command Master Chief Leon Walker, who attended the training at Lovell FHCC in November, 2013. Senior Chief Navy Career Counselor Minerva Verley, NSTC's career counselor, thought the training was "very informative and interactive. HM2 (Michael White) did a great job conducting the training. The more people we have CPR/AED trained, the better prepared we are to respond if the need arises."