



## Fisher Clinic streamlines 'sick call'

Corpsmen contribute to successful Lean Six Sigma project improving sick call process; visit time cut by half-hour



Hospitalman Sean McSheffrey screens a sick call patient in one of the new private rooms. On the right, Hospital Corpsman 3rd Class Taylor Coe sits behind the new counter in the waiting area. Sick call patients now have a clearly marked central location to wait until their turn to see a sick call screener. (Photos by Trevor Seela)



By Jayna Legg  
Lovell FHCC Public Affairs

When sick call patients would come to the Lovell Federal Health Care Center's Fisher Clinic in the past to get treatment, the chance they would get lost in a maze of crowded hallways was high.

When it was their turn to be questioned, patients had to describe their symptoms to the screener in an office where two other clinic employees worked at their desks. Plus, the wait to see a doctor was, on average, an agonizing 24 minutes.

"They were getting lost, it was not very private, and patients told us they felt mistreated," said Lt. Nicholas Lumi, formerly the Primary Care Division Officer at Fisher Clinic.

But that was then. Today, patients enter the clearly marked reception area, take a number and sit down in comfortable chairs, and see the triage Corpsman in a private office with new furniture and a door. A white noise machine blocks sounds from outside.

The improvements were part of a Lean Six Sigma team project, led by Lumi, that

ultimately decreased patients' total time in the clinic by streamlining the sick call screening process. Lean Six Sigma, or LSS, is a business management strategy originally used in manufacturing. Lovell FHCC is implementing LSS as part of its new Strategic Plan.

"I think patients like it a lot better," Lumi said. "Patients have said they like it better because they don't see or hear other patients ... one Corpsman said that patients are now explaining more of their stories because they are more comfortable, and then we can triage them more effectively and get them to the right provider."

The centralized waiting area also is a bonus because patients don't get lost, and the providers can easily find their patients, Lumi added.

In health care, "lean" is a customer-focused leadership philosophy, said Scott Haraty, Lovell FHCC Lean Six Sigma Program Analyst. He explained that it means designing processes and physical spaces with the patient in mind.



Hospital Corpsman 3rd Class Ryan Magsayo works in the new medical records office. Moving the records out of a large space in the front of the building freed up space for the waiting room. (Photo by Trevor Seela)

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9th Annual  
Car Show  
July 21st



# Leadership Commentary

## No individual employee at Lovell FHCC has to ‘go it alone’

*Teamwork allows us to overcome our limitations and reach our potential, to the benefit of our patients*



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

Regardless of your current job, background or skill set, I am sure you have met a challenge that was difficult to tackle on your own. No individual can do it all, nor should they have to. Sometimes it seems easier to try and tackle a problem on your own, or to just ask the person across the room or down the hall. But at the Lovell FHCC, we are one, diverse team with bountiful experience and knowledge.

This month I’m writing about

teamwork, and the most challenging part is figuring out what exactly “team” and “teamwork” mean.

We work with teams all the time. It is easy to see your team as the people you interact with everyday, be it friends, family, employees in your work area, your department, or your directorate. But a team consists of more than that. At the FHCC, we are a team comprised of people spread all around the world, from North Chicago to branch clinics on the East campus; to our Community Based Outpatient Clinics in Evanston, McHenry and Kenosha; we are even overseas when our Sailors deploy.

Every staff member in the FHCC team is an equally important team player in patient care. You may be a provider who directly interacts with patients, a volunteer who greets patients with a smile and guides them to appointments, a mail room staff member who facilitates easy communication across departments and clinics, or a housekeeper who ensures a clean and safe environment.

Each person at the FHCC is essential to our team as a whole.

Equally important to the FHCC team are patients themselves. It is simple to look at any health care organization’s staff as coaches, guiding patients through health care. However, it is also useful to view patients as coaches. Like professional athletes, our skilled staff knows what to do. But when patients actively participate in, and ask questions about, their health care, we can better work together as a team to meet patient’s health care goals.

So what is teamwork? Teamwork at the FHCC is a dialogue that ties together innumerable moving parts to reach a common goal effectively and efficiently. In part, it is staff coming together to reach a goal, but it is more than just reaching the goal. It is about a group actively engaging in a challenge to figure out the best solution.

Teamwork can also be someone reaching out for help or someone passing on valuable experience and institutional knowledge. To

best work in a team, you have to be willing to acknowledge your strengths and to utilize them, but also to acknowledge your weaknesses and work with others to improve yourself and to overcome your weaknesses.

Finally, teamwork allows us to overcome limitations. It also helps us meet our potential. Meeting the unique challenge of being a first of its kind federal health care center would not have been possible without you, the FHCC team.

Take a minute today thank your fellow teammates. And my thanks to you for being part of our team and making it possible to meet our promise kept of “Readying Warriors and Caring for Heroes.”

### The Apollo

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3001 Green Bay Rd.  
North Chicago, Illinois 60064  
224-610-3714  
www.lovellfhcc.va.gov



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#### Director,

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

#### Deputy Director,

**Capt. Lovell Federal Health Care Center**  
Capt. David Beardsley, MC, USN

**Lovell FHCC Communications  
Department Head**  
Mary Schindler

**Public Affairs Officer**  
Jonathan E. Friedman

**Public Affairs Specialist**  
Jayna M. Legg

Submissions to the publication can be emailed to [lovellfhcc.media@va.gov](mailto:lovellfhcc.media@va.gov)

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## Sailor to be Aerospace Experimental Psych officer



Hospital Corpsman 2nd Class Eric Vorm  
(Photo by Trevor Seela)

**By Trevor Seela**  
Lovell FHCC Public Affairs

Hospital Corpsman 2nd Class (HM2) Eric Vorm, currently working as a counselor in the Substance Abuse Rehabilitation Program (SARP), will be commissioned Aug. 3 into the Navy Aerospace Experimental Psychology (AEP) program. HM2 Vorm is the first enlisted person selected to be part of this program.

The mission of the AEP focuses on selection systems for Navy pilots, human factors design, training systems development, program management, and human performance research, all of this to ensure safe and effective performance by Navy aviation personnel. More information about

### Lovell FHCC substance abuse counselor is first enlisted Sailor commissioned into the Navy AEP Program

the Navy AEP Program can be found online at [www.navyaep.com](http://www.navyaep.com).

#### The Apollo: What was the selection process for this program?

**HM2 Eric Vorm:** “The AEP typically considers candidates who recently graduated from a doctoral program in experimental or cognitive psychology, though they consider masters-level candidates with at least four years of commissioned service. I have the MA, but not the commissioned service, so I went through a lot of extra scrutiny.”

#### Apollo: What is your background in psychology?

**Vorm:** “I entered the Navy with a bachelor of science in psychology and finished my master of arts last August. For the past three years I have been a visiting researcher at Yale. I worked with neuropsychologists and neuroscientists on a project focusing on what makes elite war fighters resilient to PTSD. With elite fighters, such as Navy SEALs, there is a low risk for PTSD compared to the general population, and we want to figure out why — temperament, personality, neurochemistry, or something else? It is not enough to pass the physical assessment portion

of the interview. So we are working on a program to implement to figure out if they are a good fit, basically, without shooting at them.”

#### Apollo: What are you most looking forward to about the AEP program?

**Vorm:** “I didn’t know there was an opportunity in the Navy for this — I’m better suited for research psychology than clinical psychology. Because of this program, I get to continue to serve and stay in the field I’m interested in. This program is similar in many ways to my work with Special Forces at Yale, except it focuses on Navy pilots. And when I found out that I have to be a pilot and log at least four hours of flight time monthly, I thought, this is the program for me.”

#### Apollo: Any last thoughts?

**Vorm:** “I want to convey to other junior Sailors this is what you can do with the Navy. There is a great synergy here. You work for the Navy, but it works for you, too. I’m not going in to this program because I’m some sort of amazing genius. I kept working and I got here. There are many unconventional opportunities in the Navy; you just have to find them.”

# Outstanding FHCC staff nominated for Federal Employee of Year



Deputy Department Head of Patient Administration Jillene Hendrickson was a finalist. (Photo by Israel Molina)

Thirteen individual nominees and two teams from Lovell FHCC vied for Federal Employee of the Year, and one – Jillene Hendrickson – was chosen as a finalist in the annual competition.

Hendrickson, Deputy Department Head of Patient Administration, was nominated in the category of “Outstanding Supervisory Employee.” Hendrickson and other FHCC nominees were among approximately 500 nominees to attend a June ceremony.

The Chicago Federal Executive Board holds the competition “to recognize and honor the brightest stars of our federal workforce.” Each year, hundreds of employees in all fields of government are nominated by their supervisors to receive the Federal Employee of the Year award.

Individual Nominees	
<b>Outstanding Professional Employee</b> Jennifer Hirsch Karen Popovic Alexis Chan Sandra Cech Katherine Dong Cynthia Standish	<b>Outstanding Supervisory Employee</b> Cathy Spiller Pam Devore Mark Lesko Kyle Ziegler Barbara Meadows <b>Jillene Hendrickson (Finalist)</b>
<b>Outstanding Program Specialist Employee</b> Beverly Bartley	

Team Nominees	
<b>Central Supply Services</b>	
LTJG David Lester Leonel Blanco Graham Gardner Ricky Kirkland Donald Bartley LS2 Crystal McCrady Charles Mims Nancy Heth Ronald Lackey Lionel Baker SH2 Derrick Butler	Robert Teegarden Kimberly Ducre LS2 Arrion Williams LS3 Joe Sauls James Honigmann LS3 Kevin Scholler LS2 Bonifacio Suson Kurt Ketavong Hector Otero Michael Massey
<b>133-4th Floor Medical/Surgical Unit</b>	
Lucien Guinguing Desiree Lewis Myrna Handley	Nancy Bautista Ray Arceo



## Patients don't get lost as often (cont.)

Continued from page 1

Haraty said lean means minimizing wait times, travel distances and decreasing the time healthcare workers spend dealing with “waste” in the workplace – activities that don’t directly help move forward the patient’s diagnosis and treatment.

“There was a total of 29 steps from the beginning until the end when the patient walked out of the clinic, and by focusing on the front-end of the process – triage – we cut seven steps,” Haraty said. “We got together, we brainstormed the solution, piloted the solution and implemented a permanent solution.”

Overall, early data shows that the total time sick call patients spend at Fisher Clinic has been reduced by approximately a half-hour.

Cmdr. Stephen Elgin, former head of Fisher Clinic, emphasized that a concentrated joint effort made the project successful.

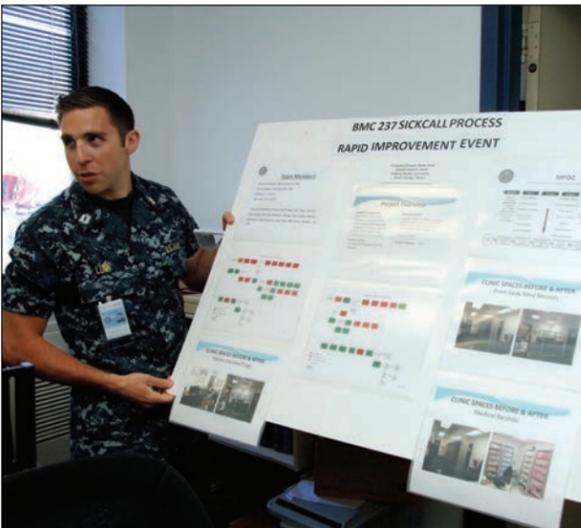
*“It just goes back to asking for the input of the people at the deck plates, the ones doing the work. The solutions they come up with are amazing.”*

**Cmdr. Stephen Elgin**

“Two things are notable here – the teamwork and the simple brilliance of HM3 (Hospital Corpsman 3rd Class) Chris Fonger, who had the idea to move medical records across the hall,” Elgin said.

“They came up with the ideas. They had the answers. They made my job easy.”

Elgin said Fonger, one of the Corpsmen who screens sick call patients, and Hospitalman Justin Pickul collaborated to move medical records from a large room next to the clinic’s



Physician Assistant Lt. Nicholas Lumi explains the Lean Six Sigma steps his team used to improve the sick-call process at Fisher Clinic. (Photo by Trevor Seela)

front door to a smaller and secure office, which allowed the team to carve out a large, open waiting room with a check-in counter and room for private offices.

“It just goes back to asking for the input of the people at the deck plates, the ones doing the work. The solutions they come up with are amazing,” Elgin said.

The project started in November, and by the spring it was designated a LSS Rapid Improvement Event and piloted with positive results, Haraty said. During the pilot period, before the offices were constructed, Corpsmen screened sick call patients in cubicles. All indications were that patients liked the changes, so the project proceeded.

“It’s a smoother and a more patient-friendly atmosphere,” said Hospitalman Jeff Stephens, a sick call screener. “We’ve improved patient flow, we can triage patients more accurately, it’s not as congested, and patients aren’t getting lost.”

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Lovell FHCC Wheelchair Athletes compete in national games

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Lovell FHCC honors employees for years of service



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Lovell FHCC June Petty Officer Frocking Ceremony

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- 59th Medical Wing visits Lovell FHCC
- “Burgers and Bikes” for Veterans presents Lovell leadership Certificate of Appreciation
- Palo Alto VAMC, U.S. Army and BUMED visit
- CNN story features Lovell FHCC nurse LCDR James Gennari
- Lovell FHCC Safe Patient Handling Coordinator Michelle Franklin featured in “The Source”
- Asian Pacific Islander Heritage Ceremony
- ...and many more!

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# Lovell FHCC Navy Corpsmen mentored by inpatient nurses

*New Corpsman Clinical Practice Program pairs civilian nurse preceptors with Corps School graduates*

**By Jayna Legg**  
Lovell FHCC Public Affairs

When Navy Hospitalman Shawn Cook was asked if he wanted to participate in a new training program at the Lovell Federal Health Care Center in North Chicago, Ill., after graduating from Naval Hospital Corps School, he “jumped on board.”

He already “loved the hospital,” he said, because he had surgery at the FHCC after Boot Camp at Naval Station Great Lakes, and “the people were very nice and caring.” So the idea of being one of the first to go through the FHCC’s Corpsman Clinical Practice Program was appealing.

“It’s such a new and different program, having Corpsmen actually work on a ward in a facility like this,” said Cook a few weeks after he reported to the FHCC and began working on the Med-Surg (Medical-Surgical) inpatient unit. “I thought it would be a good experience.”

When he started working Med-Surg, he was assigned a civilian nurse as his preceptor, which in the nursing world is the person who mentors and educates a new nurse. That was the start of the unique training he’ll receive as part of the program.

“You get a different perspective from non-military nurses,” Cook said. “I wanted to learn from the experience of the nurses here ... A lot of times as a Corpsman, you get assigned to a MTF (Military Treatment Facility), or another clinic, and you are just expected to know everything already and get right to work.

“This setup is specifically meant for us to learn as much as possible,” Cook said. “We can watch first and then do the procedure ourselves.”

Lovell FHCC’s Corpsman Clinical

Practice Program was a long time in the making, said Navy Lt. and Nurse Gwendolyn Mulholland, who spent months researching and designing the parameters of the initiative and today serves as the division officer for the Corpsman Clinical Practice Program.

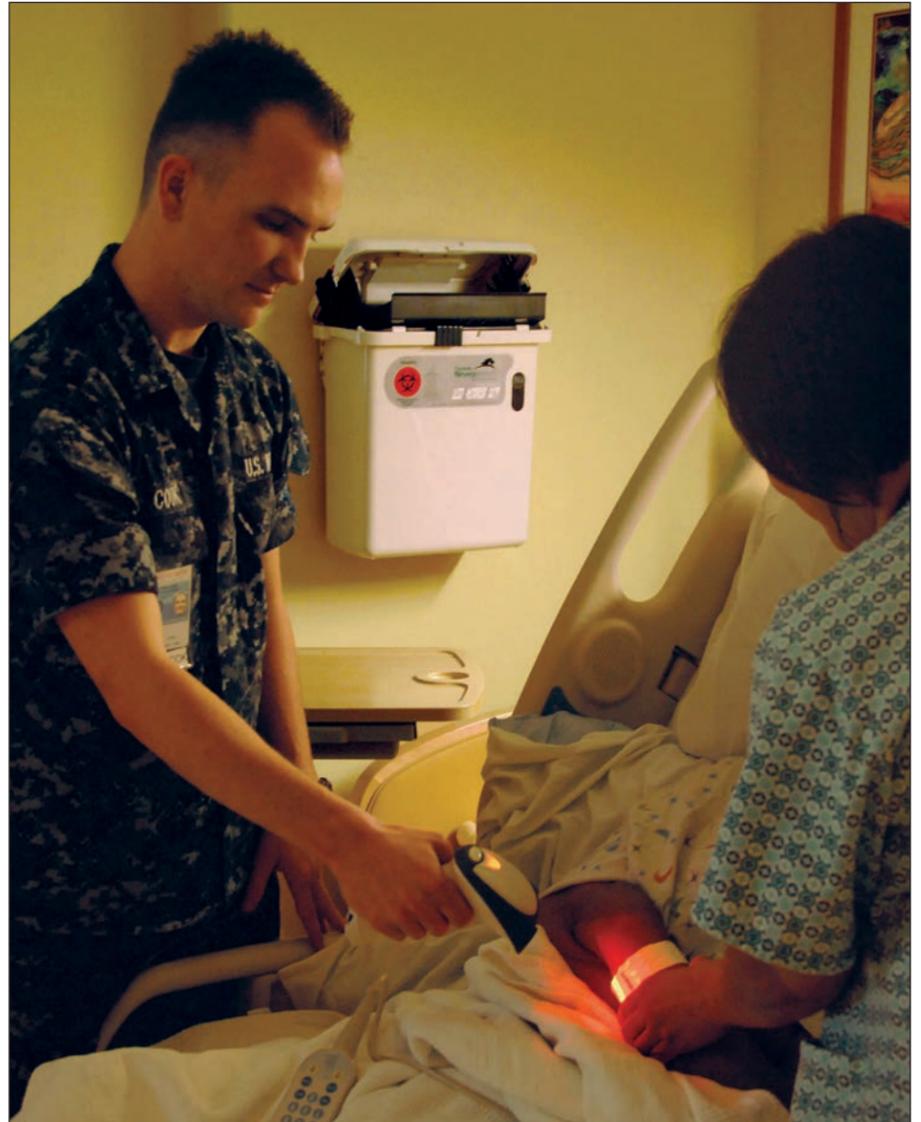
The 2010 integration of Department of Defense and Veterans Affairs medical services at the Lovell FHCC precipitated the development of the Corpsman Clinical Practice Program. This means there currently isn’t a program exactly like it anywhere in the country, Mulholland said.

“Our goal is to get them some inpatient clinical experience to develop their critical thinking skills and their hands-on actual clinical skills so when they get deployed with the Marines, they have those skills to draw on,” Mulholland said. “When they deploy, there is no medical backup in the field.”

Corpsmen usually deploy to a combat zone with the Marines, or sometimes with a Navy Hospital surgical team or the Army, Mulholland explained. Once they are in the field, the Corpsmen “are it. They are the doctor,” she said. “If their convoy is hit with an IED (Improvised Explosive Device) or rocket, they are the only medical care that convoy would have.”

After going through nursing orientation, the Corpsmen participating in the FHCC’s program are assigned to the Emergency Department and the Same-Day Surgery recovery room, as well as Med-Surg. The rotations last four to six months.

Previously – before the Navy closed the Great Lakes Naval Hospital Corps School and moved it to San Antonio, Texas – FHCC nurses were “used to” working with Corps School students on the inpatient floors, Mulholland said.



*Hospitalman Shawn Cook checks vital signs of a patient on the Med-Surg (Medical-Surgical) inpatient floor at the Lovell FHCC. Cook is one of the first U.S. Navy Corpsmen to participate in the FHCC’s new Corpsman Clinical Practice Program. (Photo by Trevor Seela)*

Now they are working with fully trained Navy Corpsmen.

The nurse preceptors who are participating in the program went through their own specialized training, Mulholland said, and are eager to share their experience and “teach the Corpsmen everything they know.

“So as an RN, if I have a junior Corpsman on the floor, I would teach him or her any skill I am expected to know how to do,” Mulholland continued, “such as how to do a nursing assessment, giving medications, any kind of hands-on skill like dressing changes, wound care, IVs (intravenous therapy), catheters ...

and we teach them why we do the things we do.”

FHCC RN Nancy Bautista, one of Cook’s preceptors, said the training the Corpsmen receive on the inpatient floors “helps prepare them for the future. When they go out in the field and have to draw blood, give shots or start an IV, then they’ll be able to draw on their experience here.”

Cook, who sold computers at Best Buy before he joined the Navy a year ago, expects to transfer to the FHCC’s outpatient Fisher Clinic after he finishes his clinical rotation. “They may expect more from me because of this program,” he said, “and I’ll be ready.”

## Competitive LEAD program gives graduates a step up in their careers



*The '11-'12 LEAD Program class: (Front, left to right) Wali Shakoor-Luqman, Tanya Smith-Jeffries, Caroline Kang, Kristina Moore, Hospital Corpsman 1st Class Igin Ismat. (Back, left to right) Adrienne Fisher, Momyca Fisher, Tammy Cooper, Otis Martin, Latia Russell, Trina Coleman and Kim Jones. (Photo by Trevor Seela)*

**By Trevor Seela**  
Lovell FHCC Public Affairs

The 2011-'12 Leadership, Effectiveness, Accountability and Development (LEAD) Program class graduated 12 employees June 13.

“Everyone has some kind of leadership skills,” said Christine Misovie, LEAD Program coordinator. “This program just helps build and refine these skills.”

LEAD Program students dedicate at least four hours per month for classroom time and also complete outside assignments, Misovie said.

The '11-'12 class is Misovie’s fourth class, and the program gets “more competitive every year.”

“It is a great opportunity to see what you need to do to move ahead,” she said.

Applications for the 2012-'13 LEAD program are being accepted through July 27. The FHCC LEAD Program is open to full-time employees of the facility or a VISN product line employee assigned to this facility at levels GS 5-11, Title 38 or WG-equivalent levels, and E5-E6 military. Interested employees should call Christine Misovie at 224-610-4539.