Lovell Federal Health Care Center’s top leaders took sledgehammers to a wall in July, in a sanctioned demolition of the dental breakroom at the Zachary and Elizabeth Fisher Medical and Dental Clinic at Great Lakes Naval Station.

FHCC Director Dr. Stephen Holt and Deputy Director and Commanding Officer Capt. Robert Buckley had first honors to symbolically begin the $6.1 million renovation of the clinic, which treats Navy student Sailors and area active duty military members.

“Thank you all,” said Buckley before he took the first swing. “I know it’s been a lot of work, and I know at the end of the day, the staff and students will benefit, and there will be a lot of very happy people.”

The extensive renovation of the 52,000-square-foot clinic has been a long time coming. Funding for a new building wasn’t approved, so it was decided to modernize the existing building to accommodate changes in technology, promote better safety for staff and patients, improve patient flow and increase patient and staff satisfaction.

“This design from the 1970s isn’t conducive to having computers in the exam rooms, and to protecting patient privacy,” said Cmdr. Jeffrey Zeller, who last year headed up a Lean Six Sigma Process and Preparation (2P) project with clinic staff to redesign the dental space.

The medical staff at the clinic also completed a Lean 2P project to come up with recommendations for remodeling their half of the building.

The 2P events allowed staff members the opportunity to draw on their experience and expertise to improve their work areas to better accommodate patients and employees. The medical and dental design teams met separately for several days, and ended the 2Ps by physically mapping out the proposed floor plans on scale large enough to allow participants to walk the spaces. The work of the 2P teams helped architects and engineers keep the total cost of the project down, Zeller said.

The footprint of the building will remain the same, which limited the scope.

Lovell Legends wheelchair athletes win gold

The Lovell Legends Veterans Wheelchair team brought home 26 medals of all colors from the 35th annual National Veterans Wheelchair Games in Dallas.

“The team did an amazing job this year,” said Lovell FHCC Recreation Therapist Susanne Brown, who coached the team along with fellow Recreation Therapist Karen Fleming. “It was a privilege, like always, to accompany them to the annual games.”

The seven-member Legends team won a total of 14 gold medals, 10 silver and two bronze, competing in events including softball, track and field, table tennis, bowling, power soccer, nine ball, weightlifting, archery, swimming, slalom and motor rally.

Fleming and Brown accompanied the team to Dallas and helped the athletes with all their traveling and other logistical needs. Several volunteer organizations held charity events to help defray costs.

“We couldn’t do this every year without all the volunteer hours and donations that go into preparation,” Fleming said at the FHCC’s sendoff celebration for the team. “We thank everyone who helped make this possible.”

In this Issue... Leadership Commentary, p. 2 & 3 News Employees Can Use, p. 4 Nurses act to halt infections, p. 6

continued on page 5

FHCC LEAD Class of 2015 graduates

continued on page 3

Blessed Sacrament Room dedicated

continued on page 5

Dr. Leanne Fredrickson, Dental Directorate assistant director, takes a sledgehammer to the wall. (Photo by Mass Communication Specialist 2nd Class Darren M. Moore)

Lovell Legends wheelchair athletes win gold

Legends athlete Ed Tolliver competes in the javelin. (Photo provided by co-coach Susanne Brown, recreation therapist)
From the Desk of the Director

‘We want YOU,’ to take the all-staff surveys this summer

Survey results are taken seriously; change is implemented to improve patient-centered care throughout FHCC

By Dr. Stephen Holt
Lovell FHCC Director

Many of you will know the familiar phrase, “We want YOU,” and the immediate picture that comes to mind is that of fictional Uncle Sam, with his finger pointing at the viewer. It’s a striking image, with succinct and powerful text that got the message across during a time when our country needed its citizens to respond.

This month, I am the one saying “I want you” to our Lovell FHCC staff, to do something that has a direct impact on the quality of patient care here; therefore, it is of importance to our patients and their families as well.

I want as many as possible of our more than 3,000 staff members to take part in all-staff meetings this summer to discuss actions we have taken based on last year’s survey results.

For example, Navy enlisted hospital corpsmen told us they want to better utilize their specialized medical training. So we have expanded the number of corpsmen who work on our medical units, side-by-side with civilian medical professionals, treating patients and performing the procedures and tasks they are trained to do. Our Intensive Care Unit is the latest unit to integrate corpsmen.

CIVILIAN AND NAVY STAFF TOLD US THEY WANT MORE RECOGNITION FOR THEIR ACCOMPLISHMENTS AND THE HARD WORK THEY DO EVERY DAY TO SERVE OUR PATIENTS.

One of our existing recognition programs, the Oscars, is designed especially to give shout-outs to employees who go above and beyond during the course of their daily duties. Staff members may nominate each other. For more information, click on the Oscars link on the left side of the SharePoint/Intranet homepage or call our Office of Patient Experience at 224-610-7505.

Other actions include implementation of a virtual suggestion box to solicit improvement ideas and feedback from staff, leadership communication training, leadership development programs and increased rounding of leaders with front-line staff.

And, on a daily basis, in many formats and venues, we have stepped up our efforts to broadcast our positive news about our valued employees and their accomplishments, and to get the word out about the great things we are accomplishing on a daily basis at the nation’s only fully integrated federal health care center.

We will celebrate an important milestone this October when we mark the end of the five-year demonstration project that integrated Department of Defense and Department of Veterans Affairs medical services in the Great Lakes area to create the FHCC.

There’s no better time than the present to tell the hundreds of good news stories about the comprehensive, compassionate and expert care we provide tens of thousands of patients every year at the Captain James A. Lovell Federal Health Care Center. Join me in wishing us another fantastic five years—and beyond!

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.

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In the right photo, FHCC MOVE! Coordinator Erin Thompson shares a healthy recipe with staff members at the 1st Lovell FHCC Nutrition Festival. Attendees sampled Thompson’s Zucchini Ribbon Salad.

In the below photo, Recreation Therapist Karen Fleming shows festival participants the raised garden beds in the Community Living Center courtyard. Representatives from the Chicago Botanic Garden assist with gardening in the beds. (Photos by Mass Communication Specialist 2nd Class Darren M. Moore)

1st Nutrition Fest well-attended
A steady stream of staff members, patients and volunteers visited Lovell FHCC’s 1st Nutrition Festival.

“I think people really liked this, so we will have to do it again next year,” said David Reid, FHCC health promotion coordinator.

The event featured a 2K Walk, healthy cooking demonstration, garden talks in the Community Living Center courtyard, giveaways and produce boxes sold by Top Box Foods, a non-profit organization.

Top Box, coordinated by the Veterans Canteen Service, sold more than 50 pre-orders and an additional 30 boxes sold out at the festival.

Survey results are taken seriously; change is implemented to improve patient-centered care throughout FHCC.
From the Desk of the Commanding Officer

Objective facts of integration’s success easy to demonstrate

‘Vibe’ from FHCC patients is that blending military and civilian staff into integrated team has been a success

We work in a fantastic health care facility that has made enormous progress in the last five years by joining and blending the staff of two separate hospitals and clinics into one fully integrated medical center – to the benefit of all of our active duty, Veteran and dependent beneficiaries.

I can say this with confidence for two main reasons – one has to do with objective, measured evidence, and the other comes from the subjective feedback and “vibe” I get from all our patients I encounter.

The objective facts are easy to demonstrate. In fiscal year 2015, Lovell FHCC has moved from a three-star to four-star quality ranking when compared with all other Veterans Health Administration (VHA) facilities. Our hospitalized patients’ perception of their care, when measured by Press Ganey scoring, has skyrocketed in the last year – moving from less than the 50th percentile to the 90th percentile compared with other Department of Veterans Affairs (VA) hospitals.

Our hospital-acquired infection rates (HAI) have remained extremely low – with catheter-associated urinary-tract infections (CAUTIs) holding at a phenomenal rate of ZERO for more than a year in both the intensive care unit and medical-surgical ward. See the story on page 6.

We continue to do great things, while managing to hold down costs. While nearly all facilities in our Veterans Integrated Service Network (VISN) are over budget, Lovell has kept its expenses within our congressionally fixed budget going on five years in a row.

But beyond the “numbers” and objective evidence of our success, I am more inspired by the voices of our patients, as well as local Navy and Veteran stakeholder leadership. What I hear from them is they are extremely pleased with the care and support they received at Lovell FHCC. And more importantly, nearly all of them are convinced that combining the two facilities into one has resulted in a much better place for both active duty and Veterans than if the two organizations had remained separate.

This level of success has not been easy, and we all continue to work hard every day to get better at what we do. While we are just a little beyond the halfway point for 2015, I am already seeing impressive progress in our Strategic Goals and Lean initiatives. For our six Strategic Goals, we are making solid improvements on (1) quality and safety, (2) patient-centered care and satisfaction, (3) further integration of Navy and VA staff and policies and procedures, (4) optimization of finite resources by setting standards for provider clinical availability and workload, (5) becoming better organizational stewards by “right-sizing” staffing and developing an external scoreboard to transparently demonstrate to all Department of Defense and VA stakeholders that Lovell FHCC is accountable and highly reliable and finally, (6) developing our workforce – both employee and active duty staff – so the professional development of ALL of our staff will mean we are always READY TO CARE to meet our mission of “Readying Warriors and Caring for Heroes.”

I am overjoyed with the progress we are making, and I am so proud to be the commanding officer of our nation’s only fully integrated VA/Department of Defense health care facility. Let’s all keep working together and giving our very best to make Lovell FHCC better every day.

Fisher Clinic construction project to be completed late 2016 (cont.)

Clinic will not close to patient care during carefully phased remodeling of both medical and dental spaces

“The largest challenge was we were building inside a box,” said FHCC Dentist Greg Browning, who served as an internal consultant for the Fisher project.

To advise the design teams, Browning - who works at USS Osborne - drew on his experience leading military construction projects while he was on active duty.

Naval Facilities Engineering Command (NAVFAC) representatives, architects from Chicago firm Epstein, and engineers and other representatives from Industria, the general contractor for the project, participated in the symbolic demolition event.

Project team members described the project as a “design and build,” meaning Fisher Clinic will not close during construction.

Planning continues for the medical side remodeling even as the renovation begins on the dental side, Zeller and Brown explained.

Additionally, the project is carefully phased to ensure patients will not have to be seen in mobile outbuildings during construction.

“Design this from the 1970s isn’t conducive to having computers in the exam rooms, and to protecting patient privacy.”

Cmdr. Jeffrey Zeller Department Head, USS Osborne, who led a Lean 2P project to redesign Fisher clinic spaces

Instead, during the first phase of the project, administrative spaces will be swapped for patient care space and will be temporarily relocated in the mobile structures. The total Fisher Clinic renovation project is scheduled to be complete in October, 2016.

Pastoral Care Services

SUNDAY

Services are temporarily being held in Building 134/Room C115 until main chapel in Building 4 reopens

Protestant Worship: 9 a.m.
Roman Catholic Mass: 10:15 a.m.

Weekdays

Building 134, Room C115 (Satellite Chapel)

-Roman Catholic Mass Monday through Friday at 11:30 a.m.
-Presbyterian Communion Service Wednesday at 10:30 a.m.

Bible Study

Wednesday at 11:45 a.m. in the Prayer/Meditation Room, Building 133EF, Room 5E103

Pastoral Care Staff

Chaplain Lyle Swanson
Father Leoncio Santiago
Chaplain Lt. Cmdr. John Rudd

Continued from page 1

Capt. Jeffrey Nordin, Lovell FHCC associate director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize director of dental services, smashes holes in the wall at Fisher Clinic to symbolize
Facility leadership class graduates

T

en Lovell FHCC employees recently graduated from the Leadership, Effectiveness, Accountability and Development (LEAD) program during a ceremony with facility leadership.

LEAD is the first tier of the Department of Veterans Affairs leadership development program, offered to employees in civilian wage grades 5-11 (or wage-grade equivalent), and equivalent enlisted military ranks (E5 and E6).

“They are great programs,” said Christine Misiove, the facilitator for LEAD at Lovell FHCC, “It provides opportunities to learn about the facility and gives participants new skills to help advance their careers.”

This year’s class worked with the Minority Veterans Program. Misiove said they researched and identified ways to strengthen and support the program’s outreach to minority Veterans within the Lovell FHCC catchment area.

LEAD students also set up, and participated in, two community outreach events; one was the FHCC and Naval Station Great Lakes Fleet and Family Support Center’s Job Fair, and the other was the College of Lake County’s Cinco de Mayo event. At both events, LEAD students provided information about services and FHCC patient registration.

As part of their graduation requirements, students briefed the FHCC Director about the Minority Veterans Program and presented their ideas about how to move forward with the program.

Congrats go to ...

- RN Linda Spriggs, case manager, for being named a Top Nurse by the International Nurses Association.
- “Inpatient Flow - Discharge Process” Rapid Improvement Event team, which won top RIE honors at the Navy Medicine East virtual process improvement fair: Carol Gilchrist, Dr. Frank Maldonado, Mary Ann Alred, Andrea Loftis, Brian Poynor, Terri Shambach and Mark Hubbard.
- Hospitalman Kenneth Smoot and Hospital Corpsman 3rd Class Aislynn Stowe, for graduating from the Airman Leadership School.

20th Navy Advanced Education in General Dentistry class graduates

Nine Sailors graduated from the FHCC Great Lakes Advanced Education in General Dentistry (AEGD) course June 10. The AEGD residency is a one-year postgraduate program of formal dental education for naval officers, designed to expand the knowledge and expertise of recent dental school graduates. It is accredited by the American Dental Association.

While also learning to be officers in the Navy, the residents learned advanced skills in general dentistry so they can handle more complicated cases while practicing as solo providers on ships or remote duty locations.

“Graduates will have the foundation to act as independent clinicians, providing and managing patient-centered care from diagnosis to restoration of oral health including form, function, and esthetics,” said Lt. Cmdr. Dea Brueggemeyer, AEGD program director. “AEGD programs are uniquely structured to develop competent and confident naval dental officers who are able to transition into any military clinic in the world and contribute to mission readiness.”

The AEGD Class of 2015 was Brueggemeyer’s first class as an instructor. “This has been the most challenging but rewarding experience I’ve had so far in the Navy,” said Brueggemeyer, who said she also learned how to be a better mentor through leading the course. “The residents have a lot of knowledge from dental school that they need to put into their daily clinical practice. Guiding them in the diagnostic process and making sound clinical decisions is a large part of the residency program.”

The residents rotate through a wide variety of specialty areas including oral surgery, endodontics, periodontics, prosthodontics and restorative dentistry. Graduates will have the foundation to act as independent clinicians, providing and managing patient-centered care from diagnosis to restoration of oral health including form, function, and esthetics.

MA1 Buffum honored

Master at Arms 1st Class (Aviation Warfare) Jessica Buffum has been selected as the Illinois Servicewoman of the year by the American Legion Auxiliary.

Buffum is the co-coordinator of the FHCC No Veteran Dies Alone (NVDA) hospice program. She trains new volunteers, sends out updates on patients’ status, and she also sits with Veterans in their time of need.

The NVDA program is a national Department of Veterans Affairs (VA) initiative. Volunteers spend time with patients who may not have anyone to be with them at the end of their lives. Buffum took over and kept it going when the previous coordinator moved. She is a 12-year Navy police officer and a graduate of the VA police academy.

"For those of you who are unaware, Naval Station Great Lakes is for myself, and all of the other residents, our first duty station,” said graduate Lt. Nicholas Crossland, who spoke at the ceremony. “A little over a year ago today, the nine of us were walking across a different stage as we graduated from dental school and were released on the unsuspecting public. But we were different than our classmates; we had all decided to pursue a career in the world’s greatest Navy.”

Crossland told a story of a recruit patient who confessed to Crossland it was his first time visiting the dentist in his life. “One of the great things about this command is the unique opportunity we have as providers to treat such a wide variety of patients from not only the active duty side of things but also our joint partnership with the VA here,” Crossland said.

He said the class was thankful for the course. “Our command here has more than 100 dentists and is the largest dental clinic in the Navy,” Crossland said. “The people who make up this command have been what has made this experience so great. You have been such a big help for us new Lt.’s, as we walk around scratching our heads, and for that we thank you.”

- Mass Communication Specialist 2nd Class Darren M. Moore
Wheelchair games a win (cont.)

Competition empowers injured, disabled Veterans

Continued from page 1

The games are co-sponsored by the Department of Veterans Affairs and Paralyzed Veterans of America.

The competition, which draws athletes from across the country and Great Britain, is designed to be a rehabilitation and wheelchair sports program “empowering Veterans with spinal cord injuries, multiple sclerosis, amputations and other neurological injuries to live more active and healthy lives through wheelchair sports and recreation,” according to the wheelchair games website.

Lovell Legends team members and their medals include:

Steve Ayoyagi won gold in nine ball, silver in motor rally and bronze in softball.

Ramon Calderon won gold in weightlifting and silver in basketball.

Nate Davenport won silver in motor rally and power soccer.

Babette Peyton won the most medals with golds in motor rally, archery, slalom, swimming (five events); silver in discus and javelin and bronze in shot put.

Ed Tolliver won a silver in weightlifting.

Karen Van Benschoten won gold in track, table tennis, bowling and nine ball and silver in bocce.

Bill Watson won silver in weightlifting.

Lovell Legends athlete Steve Ayoyagi competes in bowling. On the left, gold medalist Karen Van Benschoten competes in a track event. In the bottom photo, new Legends team member Babette Peyton competes in archery, where she won a gold medal. (Photos provided by Coach Susanne Brown, Lovell Federal Health Care Center recreation therapist)
Z ero is not a number normally associated with success. But in the Lovell FHCC’s intensive care unit (ICU), staff members have been celebrating a perfect “zero” for more than three years. The ICU has not had a catheter-associated urinary tract infection (CAUTI) since staff began an aggressive campaign in 2012 to make drastic changes in catheter insertion and usage.

In 2012, Lovell FHCC nursing staff found that according to the National Database for Nursing Quality Indicators, a respected metric for nursing care, Lovell FHCC’s CAUTI rate was above the national benchmark. For just the second quarter of 2012, Lovell FHCC had six patients with CAUTIs, whereas the national average for similar-sized hospitals was about one.

According to a 2011 report by the American Association of Critical Care Nurses, CAUTIs increase hospital costs, morbidity and mortality. The report also notes that while CAUTIs are common, it is considered by many to be a preventable hospital-acquired infection. At Lovell FHCC, the nurses in the ICU decided to figure out why the FHCC’s CAUTI rate was higher than the national average. As they reviewed the data, team members realized there were a number of contributing factors.

ICU Nurse Leolella Judilla said, “In 2012, our nurses had to make the catheter system from multiple pieces. We didn’t have one system the nurses could use to insert the catheter. Instead, the staff had to pull different pieces, like the tubes, bags, and more, from inventory. It was not all together in a sterile environment.”

Chris Lustig, nurse manager for the ICU, also noted other contributing factors included lack of standard catheter insertion procedures and insufficient reviews of the necessity of catheters for patients. Citing the American Association of Critical Care Nurses 2011 report, she noted that 90 percent of patients in a hospital ICU have a urinary catheter inserted during their hospitalization, often without proper indication. The prolonged use of an indwelling catheter (a catheter left in the bladder, also commonly called a Foley catheter) is the major risk factor for CAUTIs.

The ICU nurses, along with staff from Lovell FHCC’s Office for Organization Performance Improvement (OPI), designed a strategy to decrease the ICU’s rate of CAUTIs. The plan included reviewing and revising the catheter protocol, increasing training, and most importantly, purchasing a complete and sterile catheter kit.

When the nurses first started looking for a catheter kit, they had trouble identifying one that combined all the items they felt were necessary. Working with a local business, Medline, the ICU staff created a catheter kit that met the unit’s needs, including gloves, tubing, bags, iodine, gauge and more. Judilla said that the creation of this kit was very transformative in the unit’s strategy to reduce CAUTIs because all the tools they needed to insert a catheter were readily available in a sterile kit.

“Having one standard kit for everyone to use meant that all staff are using the same equipment to do the catheter procedure,” Judilla said. “Using the same equipment and updating our training helped a lot.”

Judilla and Lustig also noted that updating the procedures, including creating and using a CAUTI checklist, has added to the dramatic decrease in CAUTIs. The new daily checklist requires staff to frequently evaluate the need for a catheter and its continued usage throughout the patient’s stay. The ICU staff also credit their work with Lovell FHCC’s OPI infection control team for helping to increase staff education on infection control methods, including hand hygiene. All of these efforts proved successful. Since the fourth quarter of 2012, the ICU has had zero CAUTIs.

Lustig noted there have been a few challenges, including the frequent turnover of staff, meaning there is a constant need for education to help keep the CAUTI number at zero. But the staff members in the ICU are determined to keep their perfect zero going strong.

The team’s efforts and enthusiasm have spilled over into other units in the hospital. Lt. Cmdr. Rachel Perry, clinical nurse specialist, said Lovell FHCC’s medical-surgical unit has made significant improvements in its CAUTI rates, utilizing the same staff education, checklist and catheter kit as the ICU. The FHCC’s geriatric care facilities, including the community living center, have started implementing the same methods and have seen a dramatic decrease in their CAUTI rates, as well.

New Blessed Sacrament Room made possible by donations

By Jayna Legg
Lovell FHCC Public Affairs

I t’s the careful details in the new Blessed Sacrament Room at Lovell FHCC that make the difference, ensuring the holy space accommodates unique and diverse needs of Veterans and service members.

A prayer corner is positioned so Veterans and service members with post-traumatic stress disorder can kneel there without being startled. Room 117 is spacious enough to accommodate more than one wheelchair or scooter at a time. And the purpose of Room 117 replaces the old Blessed Sacrament Room in Building 134-1C (CLC), is to provide a holy place for the preservation of the Communion bread, Vander Heyden explained. “As Catholics, it’s a wonderful privilege to have a special room to preserve the Blessed Sacrament to carry to the dying. Finally, to have the Eucharist in such a beautiful place and proper setting means so much.”

Room 117 replaces the old Blessed Sacrament Room in Building 4. Many of the donated furnishings in the new space were moved over into other units in the hospital. "I cannot express enough gratitude for the support we got from patients and Veterans Service Organizations (VSOs),” Vander Heyden said.

By Stephanie McCorbie
Lovell FHCC Public Affairs

Veterans Service Organizations (VSOs),” Vander Heyden said.

By Stephanie McCrobie
Lovell FHCC Public Affairs

Battle whatever anguish of spirit they have,” he said, quoting scripture.