NAVAL MEDICAL CLINIC ANNAPOLIS

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WINNER OF THE NATHANIEL STINSON - EEO AWARD

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AUGUST 2001

Navy Surgeon General and Chief, Bureau of Medicine and Surgery

Vice Admiral Michael L. Cowan, MC, became the 34th Surgeon General of the Navy and Chief, Bureau of Medicine and Surgery on August 10, 2001.

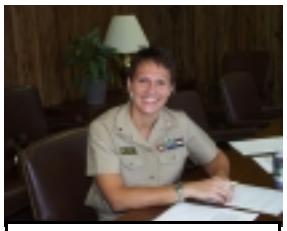
Raised in Fort Morgan, Colorado, he completed his undergraduate studies at the University of Colorado in Boulder, and earned his M.D. degree in 1969 from Washington University of Medicine in St. Louis, Missouri.

Vice Admiral Cowan entered Naval Service as a General Medical Officer at Camp Lejeune, North Carolina in 1971, and was promoted to flag rank while serving as Commanding Officer at the same hospital in 1996. During his career, he has held a variety of clinical research, operational, and staff leadership positions.

Vice Admiral Cowan and his wife Linda reside in Bethesda, MD. They have 4 children and 7 grandchildren.

Department in the Spotlight

Medical Records Patient Administration



LTJG Dawn Zahumensky

Shermaine Robinson

The Patient Administration Department, located on the First Floor, NMCL Annapolis is headed by LTjg Dawn Zahumensky. Basic functions of the department include: receipt, storage, and maintenance of health records; processing information regarding injury and third party liability; Privacy Act/Freedom of Information Act coordination; overseas and sea duty suitability screenings; administering the Decedent Affairs Program; processing active duty physical evaluation boards, and verification of eligibility for medical care. The department is staffed with civilian, active duty, and American Red Cross volunteers who are constantly filing chits, pulling and delivering medical records, and entering medical data in the computers. The next time you see these members, please thank them for all their hard work and the good job they do to maintain our medical records

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General Enrollment Numbers

Active Duty	5623
AD Fam.Mbrs	2565
Retirees	587
Ret.Fam.Mbrs	955
Other	3

Coming Soon!

AUGUST

21	First Term Success Workshop
24	HMC Manning's Reenlistment
31	Awards Ceremony

SEPTEMBER

3	LABOR DAY
14	MA1 Green's Reenlistment
25	First Term Success Workshop
28	Awards Ceremony

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Are We JCAHO Ready?

By Eva Miller, R.N., B.S., CPHQ

Here we are again, talking about the JCAHO standards. We've covered a lot of territory in the last nine chapters! We've discussed all of the functions (five of them) that deal with the care of the patient. We are now discussing functions of the organization. Some of those organization functions we have already discussed are Human Resources, Environment of Care, Leadership, and Performance Improvement.

This time we are going to talk about **Infection Control** standards. Yes, even in a clinic there are infection issues and concerns. Infections are not just the business of hospitals and operating rooms. The goal is to identify and reduce risks of acquiring and transmitting infections among patients, staff, volunteers, students, and visitors.

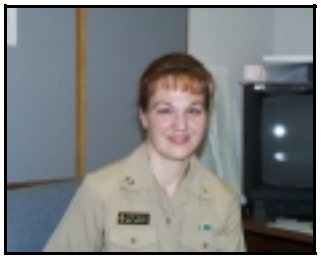
Some infections are the results of care we provide in the facility, some infections we get from each other, some we get in the community, and some are from environmental sources (contaminated food or water).

Three things have to be present, all at the same time, for infection to occur.

- an infectious agent (virus, bacteria, or fungus)
- a susceptible host (a person –patient or staff member)
- a chain of transmission (contaminated equipment, dirty hands)

Infection Control programs prevent infections, break the chain of transmission, or improve the ability of persons to avoid infections (vaccines/immunizations).

The standards require the organization to have a process to reduce the risks of infection in patient and staff. That process must include collecting surveillance data to determine trends, as well as data analysis and interpretation. All infections must be reported in the organization and some require reporting to outside agencies. Steps are taken to control outbreaks when identified.



LT Zentrich, Head, Preventive Medicine, is the command Infection Control Officer. She will provide oversight for the Infection Control Program, but infection control is everyone's responsibility. Are you infection control ready? Here's how you know.

- Do you wash your hands before and after each patient?
- Are hand washing sinks or antiseptic wipes/foam available in each patient exam room?
- Are hand washing sinks supplied with sufficient soap and paper towels?
- Is the patient care area clean and neat?
- Do staff members use proper hand washing techniques between patients?
- Are trash cans located in patient care areas covered?
- Are linen hampers available and used properly?
- Are needles and syringes disposed of according to clinic policy?
- Is medical waste disposed of properly? Where are red bags stored?
- Is dirty equipment and supplies separated from clean equipment and supplies?
- Does each staff member know the correct procedure for cleaning and disinfecting equipment?
- Is aseptic techniques used during dressing changes and suturing?
- Are personnel wearing the correct protective apparel and equipment?
- Are sterile supplies on open shelves stored at least one foot above floor level?
- Are expired sterile supplies promptly removed?
- Are medications and IV's properly marked?
- Are biological refrigerators checked and temperatures recorded twice daily?
- Is a temperature log maintained?
- Do staff know what action to take when temperature is not maintained?

West Nile Virus

Submitted by LTJG D. Dietz, MSC, USNR

In the United States, West Nile virus (WNV) made its debut as an outbreak of human encephalitis (inflammation of the brain tissue), of then unknown etiology, in New York City in early August 1999. On September 14, 1999, a virus was isolated at the National Veterinary Services Laboratories from tissues of a crow from the New York City area. This virus was later identified as WNV and confirmed as the cause of the human encephalitis outbreak.

In the United States, WNV was first identified in a limited area of the northeastern United States in wild birds, mosquitoes, humans, and horses in 1999. The affected area consisted of parts of Connecticut, New York, New Jersey, and one county in Maryland. Since then, WNV has spread down the East Coast all the way to Florida.

What is West Nile? The WNV is a mosquito-borne virus commonly found in Africa, Eastern Europe, West Asia and the Middle East. It is closely related to the St. Louis encephalitis virus found in the United States. It is not known how the virus got to the U.S., but the strain of WNV found here is most closely related to strains found in the Middle East.

How is WNV transmitted? People and other animals may get WNV from the bite of an infected mosquito. Mosquitoes pick up the virus when they feed on infected birds. The infected mosquito can then transmit the virus to humans and animals when they bite to take blood. The virus is found in their salivary glands, and during blood feeding, WNV may be injected into the person or animal, where it can multiply and possibly cause disease. WNV is not spread by person-to-person contact, and so far there is no evidence that a person can get the virus from touching infected birds or animals. Even in areas where infected birds and mosquitoes have been found, your chances of being bitten by an infected mosquito are low. If you encounter the rare infected mosquito and are infected yourself, the chances are less than 1% of developing severe disease.

What are the symptoms of WNV? The majority of people infected with WNV experience no symptoms. For those who do experience symptoms, they are usually mild and include fever, headache, body aches and occasionally a skin rash and swollen lymph nodes. The general incubation period for the virus in people (the time from being bitten to experiencing symptoms) is 3 to 15 days. Severe infections may be characterized by encephalitis, which can cause permanent brain damage, and in rare cases, death. Encephalitis symptoms include headache, high fever, neck stiffness, stupor, disorientation, tremors, coma, convulsions, and paralysis. Although anyone who gets bitten by an infected mosquito can be at risk for developing encephalitis, the groups who have the greatest risk are the elderly, children, or people with weak immune systems. WNV has no specific therapy. All care is supportive, with severe cases requiring hospitalization. Among those with severe illness, the case-fatality rates range from 3% to 15%. To date (1999 to July 2001), 80 cases of severe disease have been reported, with 8 deaths. Keep in mind however, that less than 20% of infected people get a fever, and less than 1% develop anything severe. The

Continued to page 4

COMMAND MASTER CHIEF'S CORNER
HMCM(AW / SW / NAC) RONALD O. RANG, USN

Sailors in the Spotlight

Our first Sailor in the spotlight is HM2(FMF) Bridget Hogan. She currently works in Pre-Comms as an Aerospace Medicine Technician. She was born in Batavia, Ohio and has served in the Navy for 12 years. Petty Officer Hogan's previous duty stations include; Portsmouth Naval Hospital; Marine Aviation Weapons Test Squadron, Yuma, AZ; Naval Support Facility, Diego Garcia; ASU Bahrain; and Branch Medical Clinic China Lake. She is currently working on completing her Bachelor of Science in Nursing degree and studying for advancement to first class. Some of her hobbies include working on her Creative Memories scrapbooking home business, hanging out with her dog, and spending some quiet time reading (advancement material?) Oh, yeah and shopping! Her future plans include applying for MECP and getting promoted to HM1.

Our next Sailor is HM2 Babatunde Kayode Oloyede. Petty Officer Oloyede was born in Ibadan Oyo State, Nigeria. He attended elementary, high school and college in Nigeria. He came to the United States in 1995, and while thinking about attending medical school, he enlisted in the Navy as a gas turbine systems electrician. He served on USS BUNKER HILL homeported in Yokosuka, Japan. While onboard, he qualified as an Enlisted Surface Warrior and while not losing sight of his goals of becoming a doctor, he struck for HM and was eventually sent to HM "A" school, giving him an insight into American medicine. After completion of HM "A" school, he elected to attend advanced laboratory technician school, where he graduated with honors and passed the American Society of Clinical Pathologist board exam. After advanced lab school HM2 received orders to NMCLA. While on leave enroute, he went to Nigeria and married his high school sweetheart, Juliet. He will enroll in college this fall to take classes to prepare for medical school.

Last, but certainly not least is HN Renay Ebbert. She currently works in Medical Records/Patient Administration Department. She joined the Navy in July of 1998. Her first duty station was Naval Station Roosevelt Roads, Puerto Rico where she worked as a seaman striker. Her duties included Hazmat and Training Coordinator for the entire command. After regular working hours she would report to the Naval Hospital for on-the-job training to gain experience as an HM. She was accepted into HM "A" school in October 2000 and graduated in six weeks through the accelerated pace program. Upon graduation she was sent to Great Lakes for temporary duty and eventually received orders to NMCLA, where she reported in March 2001. Her long term goal is to become an X-ray technician. She is slated to get married soon to another sailor currently onboard the USS INCHON homeported in Ingleside, Texas.

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Congratulations!

CAPT J. E. Shore - DoD Superior Service Medal
Mr. Bob Jones - Civilian of the Quarter
HM2 Scott Lark - SOQ, Wallops Island
LCDR Selectees:
LT Sean Murphy, MC, USNR
LT Dale Ramirez, NC, USN

HM2 Jeffrey Klimczak reenlisted on board a YP cruising the Severn River on 2 August 2001.

Hail!

HM1 R. Pajarillo - MedRep Division
HM2 A. Gipson - Ortho

CDR Sammons and LTJG Hayden (oldest and youngest MSC) cut the ceremonial cake during the MSC's 54th Anniversary celebration.

Farewell!

LCDR K. Wyatt - USNH Rota, Spain
LCDR R. Ebel - CivLant
LT K. Elder - BMC Arlington Annex, VA
HN T. Davis - NH Jacksonville, FL
HM3 A. Frazier - USNH Yokosuka, JA

LCDR Mary Seymour promoted and pinned by her husband, Jeff and CDR Brenda Baker at a ceremony held on 01 AUG 2001.

KUDOS

"Eileen Jasko has been primary care person for several years. She is a warm, caring, and outstanding person. She is a marvelous asset to the Navy Medical Clinic." E. M. Hanlon

"For nearly 60 years, I have utilized the medical services of the Annapolis NMC. On a scale of 1 to 10, the Annapolis NMC receives a 10+ from this dependent. Many changes have occurred over the years, but the services which are still available there are excellent." Mrs. Marjorie Q. Gibson

"I would like to make a special note of the outstanding medical care I received from my orthopedic surgeon, Dr. John H. Wilckens and his staff at the Orthopedic Clinic. The staff there has always been courteous and professional. From working around my schedule to set up appointments to providing advice over the phone or even just putting on yet another cast-I have always been very impressed with the care provided at this clinic." CW3 Jeannine M. Juhnke

"I would like to take this opportunity to say that our family has been satisfied overall with treatment received at the Naval Medical Clinic. In **Primary Care**, we have received very good service most of the time. We have received **X-ray services** several times, and I would like to commend them (the Hospital Corpsmen) on their excellent service and attitude. They are friendly, courteous, and efficient, and they really seem to enjoy their jobs. I would also like to say that I have received very good to excellent service from those in the **Physical Therapy Department**. They are very competent young men and women, also with good caring attitudes." A Tricare Prime Enrollee

Continued from page 2

New York City Department of Health estimated that in the 1999 outbreak in New York City, 8,200 people were infected, with 62 severe cases, including 7 deaths.

How to protect yourself against infection. At this time there is no vaccine to protect against WNV. Several companies are working to develop one, but it could be a number of years before a vaccine is available. At this time, the best way to protect you from WNV is to protect yourself from mosquito bites. Stay indoors at dawn and dusk when mosquitoes are most active. Wear light (mosquitoes are attracted to dark colors) colored clothing and long pants and sleeves whenever possible. Spray clothing with repellents containing permethrin or DEET. Apply insect repellent to exposed skin. Effective repellents contain 33-35% DEET (N,N-diethyl-meta-toluamide). DEET in higher concentrations does not provide additional protection. Avoid areas of high mosquito infestation. Clean rain gutters to prevent water from collecting in them. Turn over wading pools, wheelbarrows, carts, and similar items when not in use. Flush any standing water from the bottom of plant holders several times a week. Turn garbage lids upside down and keep trash containers empty of water. Replace the water in birdbaths at least twice a week. Fix dripping faucets and make sure the ground around faucets, hoses, and drain spouts drain properly. Finally, removing any and all potential sources of standing water mosquitoes could use to lay their eggs in is one of the most effective control and prevention methods there is against WNV.

What is being done? Currently, states up and down the East Coast are conducting mosquito and dead bird surveillance. Mosquitoes are regularly collected and sent to labs to be tested for the WNV. Dead or dying birds are also being tested to monitor for the disease. The Preventive Medicine Department at NMCL Annapolis is working with the Pest Control Department of Public Works and State of Maryland entomologists in our local surveillance efforts. Currently the Preventive Medicine Department has 3 gravid mosquito traps set out on the Annapolis Naval Complex. These traps attract female mosquitoes, which are blood fed and are ready to lay eggs. The mosquitoes collected from the traps, along with any dead birds, are sent to labs at Ft. Meade for testing. All over Maryland, aggressive mosquito larvae control is being conducted to prevent adult mosquitoes. If you live in base housing and find a dead bird or standing water with mosquito larvae, call the Trouble Desk for Base Public Works at 410-293-4594. If you live off base, the State of Maryland's Department of Health and Mental Hygiene has a WNV call center you can report dead birds to. Their number is 1-866-866-CROW (2769).