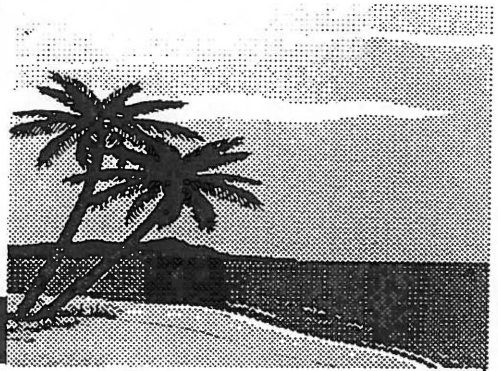


The Caribbean Pulse

QUALITY IN ACTION



Serving the U.S. Naval Hospital, Roosevelt Roads, Puerto Rico

CAPTAIN W. F. LORENZEN



A WORLD OF CHANGE!! We added several names to our Hall of Quality a couple of weeks ago. Folks who were recognized because of their innovative ideas that were put into action. That started me thinking about the subject of change and innovation, so I want to spend some time briefly discussing those two topics. It comes as no surprise to anyone, and there should be little or no doubt in anyone's mind that we truly do live in a world of change. In fact, I would suggest to you that the rate (or pace) of change and the scope (number of items) of change are steadily increasing. It should also be a "blinding flash of the obvious" that I like the dynamic environment of change -- I embrace change (with a focus on improving how we do things). You may have heard me state that a person can approach change from two perspectives: You can be a reactor, and fall into the category of reacting constantly to changes that are being imposed on you; or, you can be an agent of change and seek out those items

(continued on page 2)

What's Inside
XO's Corner

CMC's "SOAP BOX"

Name the Paper Contest Winners
Dental Technicians Celebrate 49th Birthday

Any Day In The Hospital
Black History Celebration

Red Cross Blood Drive
HIV/AIDS Walk in San Juan
Command Career Counselor

Historical Happenings
Hail and Farewell

Women's History Month Luncheon
In Memory of a Shipmate

News from the Directorates
Congratulations to our E7 Board Eligible Personnel

Highlights of Performance Improvement
Civilian Advisory Board

Total Quality Leadership Corner



CO's Corner

(continued from page 1)

that need improving and change them for the better!!

Change has often been likened to innovation. Alfred Russel Wallace, co-discoverer with Darwin of the principle of evolution, once noted that "Man (sic) is the only animal capable of purposeful evolution; he makes tools.", meaning that men and women and their social organizations can innovate....they can create, so to speak, a different animal. Indeed, in a rapidly changing environment such as we live in today, our survival depends on our capacity to innovate....both as individuals and as an organization.

Let me take just a few lines to look at some of the changes that have and are happening in our healthcare environment... both in and outside the Navy:

-- Healthcare costs have soared in the last forty years from roughly 5 percent of our Gross National Domestic Product as a nation to currently 15 percent of GDP and predictions show the costs of healthcare going beyond 25 percent of GDP by the year 2010.

-- Our population has expanded greatly since 1970 -- previously the vast majority of the population was under the age of 34 -- in the year 2000 the majority of the population will be over age forty, with the fastest growing segment of the population being females over the age of 75. It is estimated that there will be over 13 million American women of that age by the year 2000.

-- The military budget between 1988 and 1998 dropped 45 percent, with procurement of new items dropping 70 percent in the same timeframe.

-- Infrastructure for the military [meaning the support base or non-warfighting forces and bases throughout the world] represents 62 percent of the total military budget. Navy Medicine is considered to be in this infrastructure arena.

-- We continue to go through a period of "rightsizing" to have Navy

Medicine be the right fit for the support we provide to the warfighting side of the Navy --converting small hospitals into comprehensive clinics [the DoD comptroller said that military medicine should close 17 hospitals - all of those with an average daily patient load of 1 - 5 patients] -- We have reduced the number of physician specialty training programs -- we are increasingly looking at outsourcing [contracting] many of our functions covered now by both military and civilian employees -- there is a great deal of pressure to reduce medical end-strengths to levels needed for future wars.

-- The "cold war" has ended -- we no longer live in a Bipolar world dominated by the U.S. and the Soviet Union -- it is now a complex multipolar world with many national agendas -- we live in a world that increasingly sees civilians as targets for terrorist violence instead of the military being the target of conflicts -- the military increasingly is involved in operations other than war such as humanitarian relief.

-- We spend \$1Trillion a year in the United States inside our medical system taking care of disease, severe illness, and the dying while we spend next to nothing in the area of health promotion.

I could go on and on with the changes that are occurring now, and the innovations that are being discussed for the future.....suffice it to say that change is omnipresent and pervasive -- we will all need to be innovators to stay up with and ahead of the changing world we live in. Now, before you all go and get downhearted about all this change that I am talking about.....don't!! These are exciting times and they will continue to get more and more exciting as we find new and innovative ways to accomplish the things we do....how are we going to focus on creating health rather than treating illness? That question alone portends another evolution in medicine just such as we are going through with the current change to managed care in the United States.

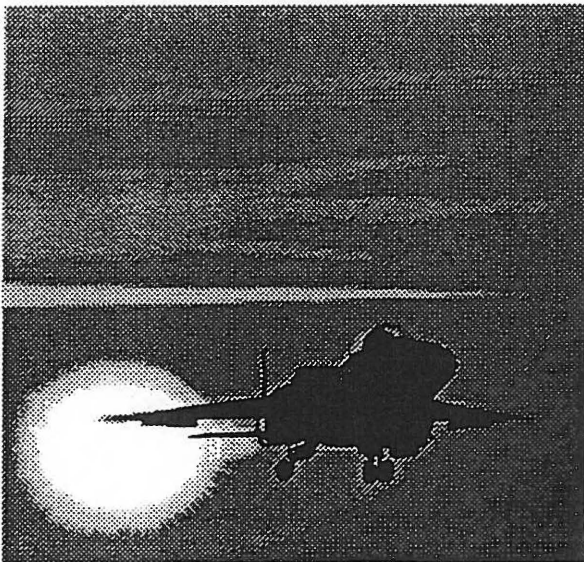
(continued on page 3)

CO's Corner

(continued from page 2)

Celebrating some of our own contributions to change and innovation by placing several pictures of folks here at Naval Hospital Roosevelt Roads in our "Hall of Quality" is the right thing to do. These "Innovators Awards" were given out to folks that took the challenge of change head on and came up with ways to make things better. Now, these weren't all huge changes that, as you've heard me say, are like moving the moon out of it's orbit around the earth, but rather they were changes and innovations that in some cases helped out their own departments or in some cases helped out the entire command. I would love to see that entire hallway filled with pictures of all of you as we celebrate your innovations that make things better for our patients, that allow us to take care of our patients more easily with that courtesy, compassion and respect that we all expect.

I urge you all to embrace this arena of change and innovation -- bring your ideas forward into our Total Quality Leadership Office or through your chain of command -- focus on the all the positives that change and innovation bring about rather than the negatives.



Captain J. E. Fajardo

At 0749 on 7 Dec 41, Mitsuo Fuchida flying over Oahu sent a fateful message to Tokyo: "Tora, Tora, Tora" (Tiger, tiger, tiger) indicating that the planned attack on Pearl Harbor was a complete surprise. And a great surprise it was, keeping the American Forces in Hawaii unable to mount any semblance of resistance. In the 105 minutes the attack lasted, the Japanese sunk or seriously damaged 18 ships, destroyed 188 planes, damaged 159 others and killed 2403 servicemen.

A terrible surprise it was, but it did not need to be. There were warnings, whose occurrence was not properly passed to those who could have organized a defensive posture. Lcdr. Outerbridge, commanding the USS Ward, notified headquarters at 0653 that he had attacked and sunk a submarine at the entrance of Pearl Harbor. Capt. Earle the duty officer on the Staff of Adm. Kimmel requested confirmation of the message rather than convey it to higher authority. The confirmation was never obtained due to lack of contact with the Ward. The attack to Pearl Harbor had started at 0755 when calls were still being made seeking confirmation.

Personnel at the newly installed radar station in Opana Heights detected the incoming Japanese planes at 0702, the radar screen was soon covered by bleeps, but when Lcdr. Kermit Tyler, assigned to the Aircraft Warning System, received the information he dismissed it saying "Well, don't worry about it" before hanging up.

XO'S Corner*(continued from page 3)*

"The day that will live in infamy" is certainly an impressive example of disasters that could have been prevented or minimized if the communication flow was unimpeded. It is an impressive example, but it is not unique. I am sure that all of us can quickly cite examples of problems resulting from not having the appropriate information at the right time. Those problems happen every day.

Appropriate and effective communication is everyone's responsibility. For us to live up to that responsibility we must remember certain facts:

When gaining any knowledge, ask yourself who else needs to have the information you just obtained and ensure timely notification.

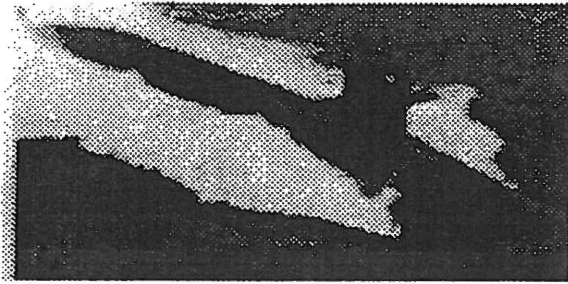
Avoid strong emotions when passing or receiving information. If you shoot the messenger only once, you have added a significant barrier to the receipt of future information.

Remember that what you heard is not necessarily what was said. Clarify and confirm what you have heard from him/her.

Use multiple ways of communication for important facts; do not be satisfied with just saying what you have to say, confirm it in writing, put it on E-mail etc.

Most importantly, be sure that you pass valid facts and not opinions, the latter tend to gain a life of their own and will soon be disguised as fact when they are nothing but rumor. While information is vital for institutions in their search for excellence, rumor is quite destructive. Be always in the lookout to make of yourself an important conduit for information while suppressing gossip.

Effective communication is built on the cement of trust, the foundation of which lies with people, their relationships and their perceptions. Remember the age old saying "Seek first to understand, then to be understood".



**Command Master Chief's
SOAP BOX**

by HMCM (SS) Larry Bailey



"ONE ON ONE LEADERSHIP"

Strong leadership is the cornerstone of Navy medicine and our Navy, as well as the key to our future, and with it, we will remain the world's best. Strong leadership will ensure mission readiness and provide our staff and their families with a sense of purpose and commitment to provide the best medical care in the Caribbean. As good as we are, improving leadership throughout the chain of command is essential to our future success. Development of exceptional leaders requires many things--ROLE MODELS, EXPERIENCE, EMPOWERMENT, THE ABILITY TO COMMUNICATE IDEAS, LISTEN FOR THE REAL ISSUES AND COMMITMENT TO EXCELLENCE to name a few. In my view the most important aspect is to allow your staff to trust you and not be afraid to put any issues on the table before you, along with providing team building time to ensure you both are headed toward true north.

Dental Technician's Celebrate 49th Birthday



The Dental Technician (DT) Rating

"History"

03 February 1923

The U. S. Naval Dental School was opened at a part of the U. S. Medical School. The purpose was to provide instruction to specially detailed Hospital Corpsmen to serve as Dental Assistants and Dental Hygienists. The first 10 "Hospital Corpsmen" commenced training on this date.

01 October 1927

Twenty Five Hospital Corpsmen were trained in the duties of a Dental Technician.

31 May 1941

As of this date 563 Hospital Corpsmen were assigned as Dental Technicians.

7 December 1941

The Japanese Naval Forces attacked Pearl Harbor. Dental Technicians were sent out on rescue teams. 1000 Dental Technicians were assigned as of this date.

12 December 1947

The Secretary of the Navy established Group XI, Dental which represented 11% of the Hospital Corps.

2 April 1948

Rate Group XI, Dental, became effective. This marked the first time that the enlisted men of the Navy wore a Dental rating badge.

12 June 1948

The Women's Armed Services Integration Act of 1948 was approved. For the first time in the history of the Navy, permanent status was granted to officer and enlisted women.

6 November 1950

The Korean War marked the first time the rating had been worn in combat. The Navy Cross was awarded to Dentalman, Thomas Christensen, for his gallant deeds of heroism while administering first aid to the wounded after being wounded himself.

29 February 1952

From July 1, 1951 to this date, 63,857 patients received "front line" dentistry in Korea. This was accomplished because of change in the basic combat mission of the Marine Corps. Dental Technicians were assigned to the 1st Marine Division, Korea.

27 July 1953

At the peak of the Korean incident, 4,700 dental technicians were on duty.

29 June 1965

The first Dental Unit, a detachment of the 3rd Dental Company, arrived in Vietnam as a support unit for the Fleet Marine Forces.

27 January 1973

The Vietnam cease-fire agreement was signed. At the peak period in the Vietnam conflict there were 170 DT's assigned to FMF units. In all, approximately 835 DT's served in Vietnam.

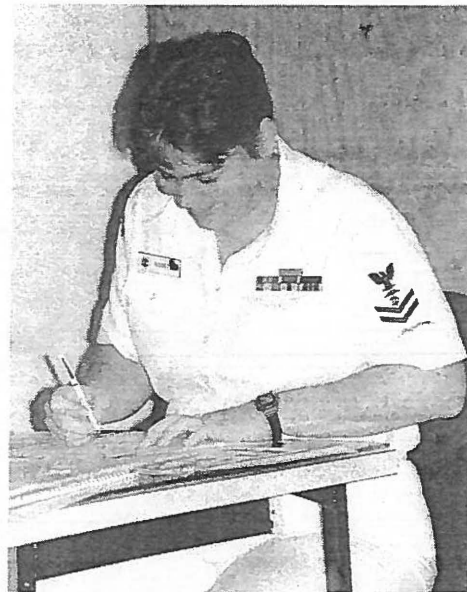


ANY DAY IN THE HOSPITAL

Do you know this Chief?

She is the Assistant Head of Patient Administration and has been stationed here at U. S. Naval Hospital Roosevelt Roads for the past 2 1/2 years. Her name is HMC(SW) Beverly Davis. She was born November 14, 1961 in Ellsworth, Maine and grew up in the suburbs of Massachusetts and Connecticut. On January 18, 1980, at the age of 18, she shipped off to Orlando, Florida to attend Naval Recruit Training. It's not too much of a surprise that HMC Davis is now working in hospital administration, before she changed her 'A' school request, Chief Davis was slated to become a Navy Personnelman. Chief Davis has held many jobs during her career as a hospital corpsman, some of which include Emergency Room Corpsman, Laboratory Technician, Sick Call/Flying Squad Corpsman, Career Counselor, Administrative Assistant and even full-time college student. She holds a Bachelor of Arts Degree in Economics, a Graduate Certificate in Health Care Administration and is currently only two classes away from completing her Master's Degree in Business Administration. Chief is married and has a 15 year old son and is currently anticipating the arrival of her second child. She has promised to send pictures of the baby, because her new baby is not due until the end of September and Chief will be transferring to Branch Medical Clinic, Lakehurst, NJ in August of this year. Her favorite food is her mom's homemade

lemon meringue pie. Her favorite place is New England. She considers herself an optimist and states that she has always enjoyed working with people. She credits her customer service, whether good or bad, to the days she spent as a waitress while in high school. Her favorite saying is "Treat others as you would have them treat you," and "Always remember where you came from."



Meet DT2 Lisa Scott

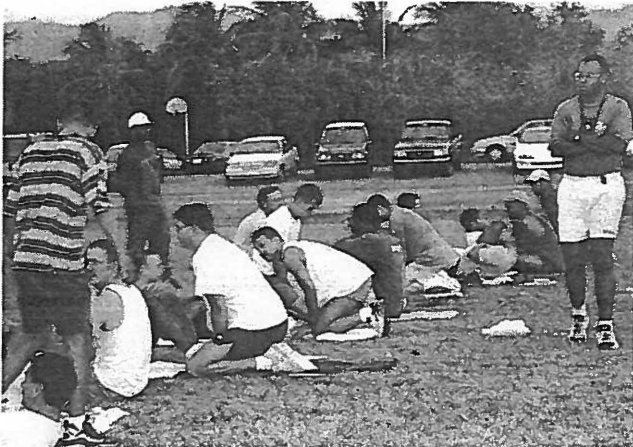
DT2 Lisa Scott is the Leading Petty Officer of the Oral Surgery Department. Husband Michael is also a hospital staff member working with the Environmental Services Division. They have two children, Alexander, 3 years old and Megan, 9 months old. She has orders to Great Lakes and will be transferring in July 97. Good Luck in Great Lakes and try to stay warm!!!!

"Navy History"

April 18, 1942 the U.S. Army Bombers flying from the Aircraft Carrier USS Hornet, made the first attack on Tokyo.

ANOTHER PHYSICAL READINESS TEST OVER

The U. S. Naval Hospital conducted their semi-annual Physical Readiness Testing the week of 7-11 April 1997. Operational Readiness is among the top priorities for our military staff members and the pictures below reflect that!



Military Spouse Appreciation Day 09 May 1997



This year 09 May 97 has been designated as the Military Spouse Appreciation Day. Our spouses' provide invaluable perspective and help us successfully balance our lives between work and home, and they unselfishly share their love and support with us and those we care about most. They get involved in community volunteer work, they are there for our shipmates families with a helping hand when it is so needed.

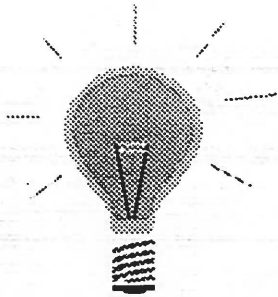
Lets take this time to acknowledge our spouses' efforts and thank them for their continuous courage, strength, patience, love and support.

AND THE WINNERS ARE

HM3 RICHARD WRIGHT
HN FRANCES DIAZ

"THE CARIBBEAN PULSE"

(by HM3 Richard Wright)



Whenever our intuitive minds are tasked to come up with some new idea, concept or thought, the creative juices will either flow or trickle. Coming up with a name for the Hospital newspaper was no big revelation. On the contrary, the title "Caribbean Pulse" came almost naturally. For example: Naval Hospital Roosevelt Roads serves the entire Caribbean. There. That was easy.

Now for the second part. For the last three years I have worked in inpatient care. One of the more significant, yet seemingly routine, duties of a ward corpsman are taking vital signs. Checking the pulse for rate, rhythm, and force, may conceivably be the most important indication as to the general condition of the patient. Webster's Dictionary defines the word "pulse" in a throbbing of arteries generated by regular contractions of the heart." Another, perhaps more applicable definition, states that the pulse can be viewed as the "perceptible emotions or opinions of a group of people." The lightbulb just came on! The newspaper, in my eyes, is the collective expression of the staff members here at the hospital. What better way to assess this remarkable organization than to check its pulse!

So there you have it -- how I came up with the name. Not so amazing is it?

"QUALITY IN ACTION"

(by HN Frances Diaz)



I was asked how I came up with the name "Quality In Action". I am sure the same way everyone else who turned in a name did. At first I was a little hesitant to enter the contest because I couldn't think of any names I really liked. I was sitting in my office calling out ideas to my co-workers, and drafting up more names that I felt "reflected a sense of pride and teamwork". After a while, I got frustrated because I had doodled and crossed out names all over the place, then, I asked my co-workers what they thought of "Quality in Action?" They liked it so I turned it in. I honestly did not think it had a chance among all the entries, but decided to give it a try anyway. I am glad that I did and I was very surprised when I was asked to come forward at the ceremony. This experience was fun and it taught me a lesson as well, "Don't underestimate your abilities or yourself".

The selection Board consisted of: Captain Lorenzen, Captain Fajardo, HMC Bailey, Lt Davidson, HMC Davis, HMC McDaniels and DT1 Hardie.

The criteria the board wanted the name to meet was: Location, Unit ID, Mission, Pizazz and Team Spirit.

There were 90 entries submitted and they were all outstanding.



(This is only a portion of this large department)

Happenings with the Emergency Medical Department (EMD) (by Ltjg White)

Greetings from the Emergency Medical Department. In the last six months we've welcomed many new staff members, including a change in our leadership positions. LCDR Russell is the EMD's new Department Head, LT. Kincade is the new Division Officer, and HM2 Spees is the new Leading Petty Officer. These individuals have come to us with extensive emergency medicine experience to offer, and we're all learning from their expertise.

The Emergency Department recently began the "corpsman of the month" program. The honored corpsman receives movie tickets or dinner, a seventy-two hour special liberty, first priority on a staff education course of his/her choice, and a picture on the wall outside the department. We encourage everyone to come down to our neck of the woods and see who the corpsman of the month is.

The EMD is the proud department of the most trained corpsman in the hospital. PALS, NALS, ACLS, cardiac dysrhythmia, Family Advocacy, EMT and EVOC are just some of the certifications that a majority of EMD corpsmen currently possess. After two years experience and after passing an intensive written examination, Emergency Room nurses can obtain Their Advanced certifications. Congratulations are in order for LT. Goddard, LT. Sturdivant, and

LT. Kincade for certification in Emergency Nursing and to LT. Schmidt for certification in Emergency Flight Nursing.

We are also excited about the recent approval of a central monitoring system. The new equipment will assist us in monitoring critical patients while overseeing the care of less urgent patients. Look out NBC's "ER", here comes Naval Hospital Roosevelt Roads' Emergency Medical Department!



CONGRATULATIONS

HM3 Stacie Sullivan receives Letter of Recognition from Colonel Wright, USAF, 445th Aeromedical Evacuation System. She was surprised by a ceremony in her honor that was held on the flight line while assisting with a routine Medevac flight, Friday 14 March 1997. The recognition was for her outstanding support to the patients needing evacuation and to the Medevac System.

E-7 Board Eligible Personnel

Congratulations to the following First Class Petty Officer's who are "Board Eligible":

HM1 David Amick/ HM1 John Bacon/
HM1 Miguel Briseno/ EM1 Willie Booth/
HM1 Sherri Brown/ HM1 Michael Cox/
HM1 Alonzo Cruder/ DT1 Paulette Hardie/
HM1 Peter Damianidis/ HM1 Cristi Peck/
HM1 Phillip Gissendanner /HM1 Julia
Dean/ HM1 Margarita Hewitt/
HM1 Christine Orlins/ HM1 Anthony
Windom/ HM1 Teri Zahnd.
Congratulations and good luck !!

Black History Month Celebration

(continued from page 11)

Committee members were as follows:

Chairperson: LTJG Leory Harris
Co-chairperson: LTJG Abe Brown
Treasurer: LCDR Pat Stevens-Ross
Advertising: LTJG Ronda Henderson
Secretary: Mrs Destiny Hays
Secretary: Mrs Val Pinder

Subcommittee Chairpersons:

Mr. Phillip Ross, Gospel Extravaganza RM2
 Gary Thompson, Sports Weekend Mr
 Adrian Braxton & Mrs Marcia Adare Essay
 Contest

Subcommittee Chairpersons

RM1 Collin Nole, T-Shirt
 HMC Diana Horn-Cruder & CDR Andrea
 Rosemond, Fundraising
 Mrs Soana Harris, Door Prizes
 RP2 Theresa Flemming, MLK Prayer
 Breakfast
 EN1 Anthony Thomas, Talent/Fashion
 Show

Key Persons:

LT Yvette Smith-Simon
 LT David McElwain
 LTJG Kathy Young
 LTJG Nancy Wilson-Jackson
 HMCM Larry Bailey
 Ms Harriett Caines
 HM1 Cathy Smith
 HM2 Malcolm Guess
 HM3 Carletus Patrick
 HM3 Terrance Guishard
 HN Natika Bradford
 HM1 Belinda Sneed
 CDR Ron Coleman
 RMCM Johnathan Lewis
 SH1 Roland Lewis
 SK2 Oscar McCullough

Many thanks to all for the support of the people and commands not mentioned above, who provided great support throughout to truly make the 1997 Black History Celebration a very big success.

Civilian Advisory Board (CAB)

The Civilian Advisory Board has undergone a name change due to a possible conflict. Would you be able to distinguish CAAC from CAC? They are pronounced the same, but mean two entirely different things; one is the Command Counseling and Assistance Center and the other is Civilian Advisory Committee? To avoid confusion the name has been changed to Civilian Advisory Board.

Update on the latest happenings... The CAB has finalized the Civilian Employees Awards Program (CEAP), and one staff member from each directorate has been selected to comprise the board. Let me take this opportunity to introduce the CEAP members:

<u>Name</u>	<u>Department</u>
Angel L. Martinez	Fiscal
Samuel Gomez	Wellness Center
Maria Hassan	DFA
Margarita Torres	Family Practice
Ahmed Martinez	Occupational Health
Luciano Millan	MISD

The CEAP empowers military and civilian staff members to award up to 12 credits each fiscal year to any civilian staff member in recognition of their good work. The maximum credits redeemable during a fiscal year is 16. Not more than 4 credits in the first quarter, 8 in the second quarter, 12 in the third quarter and 16 by the end of the fiscal year. A special form has been created for this program and can be found in all departments throughout the hospital. An Awards Credit Store will be set up twice a month at the quarter deck. This will be operated by members of the CEAP and they will validate and process awards credits.

The grand opening of the Awards Credit Store was held Thursday, 10 April 1997 on the Quarter Deck. Captain Lorenzen gave the opening remarks and the celebration concluded with a cake cutting ceremony.

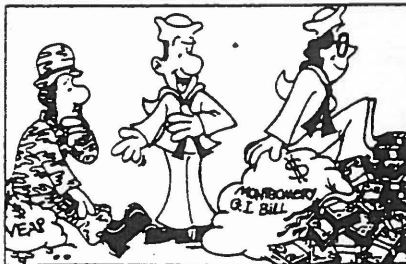


HM1 Christine Orlins

What is the Hospital Corpsman Apprenticeship program? The apprenticeship program was designed to enable Navy personnel to document their technical working hours out against a similar field outside of the Navy. It also allows you to take these documented hours out to the civilian community and prove your work experience to your next employer. Completing the hours required by this trade would give you a certification in the field. As a Hospital Corpsman you may be qualified to enter the apprenticeship program for the following trade areas.

Occupational Title

- Medical Secretary
- Nurse, licensed Practical
- Pharmacy Assistant
- Electromedical Equipment Repairer
- X-Ray Equipment Tester Nurse Assistant
- Emergency Medical Technician
- Paramedic
- Medical Laboratory Technician



Take a leap from VEAP to cash in on your education

Enlisted Duty Preference Sheets (Dream Sheets) can now be filled out electronically. After you have inputted your duty preferences, print your data sheet and turn in to CCC. I will electronically file your duty preference via modem.

- The following NEC's now have a Selected Re-enlistment Bonus ceiling of up to 30,000
- (8402) Submarine Force Independent Duty Corpsman
 - (8403) Special Amphibious Reconnaissance Duty Corpsman
 - (8425) Surface force Independent Duty Corpsman
 - (8491) Special Operations Independent Duty Corpsman
 - (8494) Deep Sea Diving Independent Duty Corpsman
 - (8505) Cytotechnologist

Remember you must be within 12-18 months of your PRD to apply for these schools. If interested in any of these NEC's please see your Career Information Team member.

All personnel who are planning on separating from the Navy must contact the Command Career Counselor to get set up for Transition Assistance Program (TAP) Seminar.

Note: My phone has call waiting capabilities. If the phone keeps ringing, I'm probably talking with someone else, and can not interrupt the conversation. Send an e-mail or try again.

As always if you have any questions on these programs or any others, please come see your Command Career Counselor or call ext. 5907.



The Command Career Counselor now has a separate share drive that can be accessed by anyone who has a computer. These programs can be accessed by doing the following:

Go to File Manager, Go to Disk, Select Connect Network Drive
 Select a Drive at the top, Go down to shared Folders and select Caribbean
 Select NHRMIS, Select CCC, Click on OK

The following files can be accessed by double clicking on the key files:

National Apprenticeship Program Form...	ENROLL.TMP
Catalog of Naval Training Courses (CANTRAC).....	CANTRAC.BAT
Enlisted Duty Preference Sheet.....	DUTYPREF.EXE
HM Study Guide.....	HM.BAT
Permanent Change of Station Housing guide	PCSHOUSE.EXE

THE DATING GAME

by HM2 Z.Y. Morant

There are over 25 sexually transmitted diseases (STD's) such as Chlamydia, Gonorrhea, Herpes, HIV, Syphilis, and Hepatitis B. Sexually Transmitted Diseases are caused by viruses or bacteria that are found in body fluids. STD's can cause many problems ranging from genital discharge and lesions to pain during intercourse or even sterility. Those who transmit sexually transmitted diseases usually show no symptoms, or have some whose implications are not understood. Infected individuals often do not realize that they have an STD until their partner advises them to seek medical treatment.

Most STD's are treatable. However, some STD's such as gonorrhea or chlamydia have become resistant to many antibiotics. On the other hand, viral STD's such as Hepatitis B, genital warts or Herpes have no cure.

Several sexually transmitted diseases have been known to cause death. Therefore, public awareness and education about these diseases and the methods of preventing them is important. Here are some basic facts regarding sexually transmitted diseases.

WHO IS AT RISK?

- Those Having sexual intercourse at a young age.
- Anyone who has sex with an infected partner.
- Anyone who has multiple sex partners.
- Anyone who has sex with someone who has multiple sex partners.
- Anyone who has sex with prostitutes.
- Anyone who shares needles.
- Anyone who does not consistently use barrier protection.

HOW ARE STD'S TRANSMITTED?

- STD's are transferred from person to person through sexual contact. Sexual contact includes, oral-genital contact,

sexual intercourse (vaginal, anal, and oral).

- STD's are transmitted through body fluids such as blood, semen, and vaginal fluids.

HOW CAN STD RISK BE REDUCED?

- Abstinence is the best protection. However, if you are sexually active, there are things you can do to protect yourself against STD's.
- Learn about STD's.
- Use a latex condom with a spermicide each time you have sex.
- Decrease the number of sexual partners or avoid having sex with someone who has multiple sex partners.
- Avoid prostitutes.
- Be tested periodically.

WHERE TO GO TO BE TESTED FOR STD'S.

- Visit the Family Medicine Center at the Naval Hospital where a health care provider can determine if you have a STD. It is recommended that women receive a pelvic examination every year. If a woman contracts a sexually transmitted disease, it can be diagnosed through a gynecological examination. If any tests come up positive for a STD, you will be treated immediately and sent to preventive medicine for education and counseling.

The most important fact to remember about sexually transmitted diseases is that all of them are preventable. These days, sexual freedom and the risks of these diseases are often denied by many. The use of barrier protection such as condoms, dental dams, and latex gloves can help reduce the risk of STD transmission. Remember, the purpose of a barrier protector is to prevent the exchange of body fluids. For further information concerning sexually transmitted diseases, contact the Preventive Medicine Department at 865-5744. Classes on sexually transmitted diseases are given upon request.

HIV/AIDS Instructor Candidate Course:

09 June 97 through 12 June 97. Personnel wishing to attend must submit a request chit through their chain of command and forward to HM2 Morant in the Preventive Medicine Department

**Birthday Celebration in the Caribbean
89 Years of Nursing Excellence
by Ledr Kim Harlow**



(Cdr Espinosa, Ledr Wells and Ledr Swanson)
(Operating Room)



(Lt Marcia Ripley and Ms Miriam Torres,
(OB/GYN Ward)

On May 13, 1997 the United States Navy Nurse Corps will celebrate its 89th birthday. Since its beginning, the Nurse Corps has been a vital element of the Navy health care team. The Nurse Corps Officers assigned to Naval Hospital Roosevelt Roads will celebrate 89 years of dedicated service to the fleet with a dinner cruise aboard the yacht "Anticipation" out of San Juan Harbor.

The celebration will be one of many held by Navy Nurses and their parent commands throughout the world, celebrating the establishment and accomplishments of Navy Nurses throughout history.

The Nurse Corps at Naval Hospital Roosevelt Roads is led by Capt. Nancy Zabel, who is the Director of Nursing Services. There are currently 44 nurses assigned to the hospital serving in various positions to include: Medical/Surgical, Pediatrics, Obstetrics, Nurse Midwifery, Labor and Delivery, Nursery, Ambulatory care, Emergency Medicine, Perioperative Nursing, Nurse Anesthesia, ICU/Recovery Room, Command Education and Training, and the Wellness Center. The hospital also employs 13 civilian nurses.

As history is told, the idea of a separate Nurse Corps had been proposed since 1811 when Navy surgeon, Dr. William P. Barton suggested to the secretary of the Navy in writing, that a Nurse Corps be established.

Unfortunately, his idea was not accepted. It was not until May 13, 1908 that the Navy Nurse Corps was officially established by Congress via Public Law 115. However, nurses served as integral part of the United States Navy years before its birth date. The "pioneers" of the Navy Nurse Corps were a group of catholic nuns who served aboard the *Red Rover*, the first hospital ship, during the Civil War. This group of nurses served with distinction, providing patient care during the majority of the war.

When injured soldiers arrived in Virginia during the Spanish-American conflict, a group of trained nurses were contracted to provide care at Naval Hospital Portsmouth. They were not officially naval officers and were unsure of payment for their services. However, according to official records, "reimbursement for travel expenses and moderate wages were paid if funds were available. These dedicated women served 50 days and were eventually paid out of what would be considered today, non-appropriated funds. Building One, where this pioneering group served is now a national historic landmark.

Esther Hasson, a former Army contract nurse, was appointed the first superintendent of the Navy Nurse Corps in 1908, a position today called the Director of the Navy Nurse Corps held by Rear Admiral Joan M. Engel.

(continued on page 16)

89 Years of Nursing Excellence (continued from page 15)

By October of the same year, the first 20 Navy Nurses reported to Washington, D.C. for duty, commissioned however, with out rank. This group was historically labeled as the "Sacred Twenty" with a starting salary of \$4.00 a day.

In 1916, the Naval Reserve force was created with a provision for reserve nurses. The number of reserve nurses has equaled or exceeded the number of active duty nurses. For example, in 1917 there were 260 reserve nurses compared to 225 active duty nurses.

The Navy Nurse Corps has served in every major confrontation since its establishment. During World War I, nurses were assigned to hospitals all over Europe and also served with Army field units. There were four Navy Crosses awarded to Navy nurses, three were posthumously.

World War II involved confrontations in the Atlantic, Pacific, and Europe; all of which the Nurse Corps served, supporting the Navy and Marine Corps team. Several nurses were captured during these conflicts and were Prisoners of War for 6 to 37 months. The Japanese used these nurses' skills for the sick and wounded within several prison camps.

The Nurse Corps continued to serve the fleet during the Korean War and Vietnam conflict. In 1963, LCDR Bobbie Hovis and four other nurses, converted a dilapidated apartment building in Saigon into the first U.S. military hospital in Vietnam. Four nurses assigned to this hospital were awarded the Purple Heart. These nurses were the first women in the armed forces to receive the Purple Heart for injuries incurred in Vietnam. LCDR Hovis has retold this gallant group's story in a recently published U.S. Naval Institute book entitled "Station Hospital Saigon: a Navy Nurse in Vietnam".

As the war raged in Southeast Asia, the Navy Nurse Corps continued its evolution. In 1965, the first male nurse was commissioned and the corps has been totally integrated since.

Male nurses comprise 30 percent of the Nurse Corps today. Soon thereafter, male Nurse Corps officers were assigned and deployed with the newly established fleet surgical teams and aboard aircraft carriers.

Another significant acknowledgment for the Corps was the promotion of Capt. Alene B. Duerk to Rear Admiral in May 1972, the first woman promoted to flag rank in the history of the U.S. Navy. Each succeeding director has been a flag officer.

In August 1990, Nurse Corps Officers from all over the world joined other Navy medical professionals to serve during Operation Desert Shield/Storm. Two hospital ships, the USNS Comfort and USNS Mercy, several fleet hospitals and multiple field units were supported with both active duty and reserve components. Today, there are more active duty and reserve nurse corps officers serving in wide variety of billets, to include: clinical nursing, practitioners, educators, administrator, executive officers, commanding officers, and researchers.

Throughout the history of the Nurse Corps, its focus has remained unchanged: to deliver the highest level of health care to the men and women of the Navy and Marine Corps, and to provide instruction and supervision for hospital corpsmen in the practice of nursing. With Navy Nurses working in nearly every phase of the Navy health care delivery system, their expertise and unique contributions ensure that quality patient care remains the top priority for all patients.

"Since the official establishment of the Nurse Corps, dedicated nurses have served the Navy and our country with pride and distinction," said Rear Admiral Mariann Stratton, the 17th Director of the Navy Nurse Corps. "Throughout continued leadership, innovative approaches to the delivery of health care, and total commitment to quality health care, Navy Nurses demonstrate their system.

Through vision and strength, we will continue to excel in all areas of nursing practice-for, Navy Nursing is Nursing excellence". (continued on page 17)

HIGHLIGHTS OF PERFORMANCE IMPROVEMENT

By Maria Villanueva, MS

JCAHO UPDATE

1997 Comprehensive Accreditation Manual for Hospitals (CAMH) JCAHO Manual will soon be available in the "public drive" for all staff to access.

Previous JCAHO Task Force was renamed to "PI/Accreditation Review Meeting (PI/ARM)".

Standards which were changed from 1996 CAMH were made in only two areas: Restrains/Seclusion and Authentication of Medical Records.

Restrains/Seclusion

These new standards are replacing TX.7 and Appendix A from the previous year.

The new revised standards focus on patient care and performance improvement and address the following:

Limitation of restraint/seclusion used in situations with appropriate clinical justification. Performance improvement activities supporting reduced restraint/seclusion use, and The role of hospital leaders in creating an environment that supports preventive strategies and protects the patients rights, dignity, and well-being.

Authentication Standards

Revision with main purpose of clarifying and streamlining the authentication process. The standards address the following:

A new definition of authentication as "the process used to verify that an entry is complete, accurate, and final". Clarify requirements for verbal orders. Provide a specific list of medical record entries which requires authentication; and Permit authentication of other types of medical record entries as specified by hospital policy or medical staff bylaws, or as required by state/federal law (1997 CAMH).

PI UPDATE

Teams working Towards Improvement:

F.O.C.U.S./P.D.C.A.

CENTRAL MONITORING CAPABILITIES OF EM DEPARTMENT

EMD presented the following opportunity statement: "An opportunity exist with the process of dual/multiple close circuit patient monitoring beginning, with the initiation of critical patients and ending with stabilization of patient and discontinuance of cardiac monitoring."

Customer gains:

the effort should improve efficiency, safety, and decreased patient waiting time.

Expected outcome:

Continuous cardiac observation when staff must exit treatment rooms.

Additional audio alarms throughout EMD Rhythm interpretation at a central point Patient data may be recollected for review

TEAM ON NOD WATCHBILL

A point paper was presented by CDR Rosemond, and Ambulatory/Nursing Staff to address the process of improving the current NOD watchbill. Team presented the following opportunity statement:

"The improvement exist with the process of the Nurse of the Day duty beginning with assumption of the NOD duty and ending with the assumption of regular duties. The current process causes frustration and dissatisfaction among Nursing Directorate staff. Improvement should result in satisfaction of nursing directorate staff."

Current process caused watchbill disharmony and dissatisfaction, and improvement should result in safe equitable watch standing procedures for the NOD.

Analysis of survey results showed that the majority of watchstanding time was spent performing pharmacy tech duties, administrative consult, and chow relief duties.

Team has implemented changing current process to beeper watch as an alternative to a 24 hour on board watch.

Expected Outcome:

Increased satisfaction with NOD Watchstanding, decreased unproductive time, and better usage of staff for regular assigned duties

Family Practice Clinic

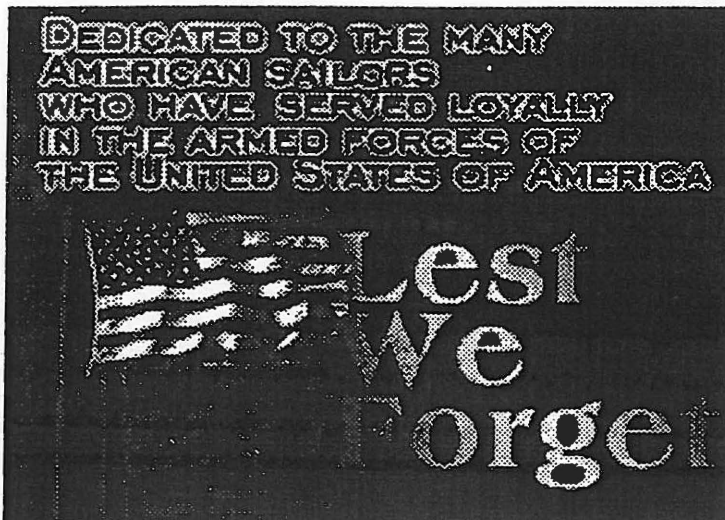
PI Project was researched by LCDR Marquand to determine if cleaning of air conditioning vents in housing area had any impact on patients with asthma, allergic rhinitis, vasomotor rhinitis, and others. Survey results reflected that 75% of patients were utilizing less medication and 79% had experience an improvement in symptoms associated with their diagnosis. In summary, the effects of a/c vent cleaning may reduce the time away from work and/or frequency of clinical visits among these patients. Periodic cleaning should continue throughout the base housing area.

Nice work Dr. Marquand

I encourage you to use our Performance Improvement Proposal form to improve our day to day operations within our facility and for our patients.

Stay tuned for more in the next issue.

NAVAL



HISTORY

MARCH

Women's History Month

American Red Cross Month

- (1854) U.S. Treaty was signed with Japan
- (1862) First engagement between Iron-Clad Warships, USS Monitor-vs-CSS Virginia
- (1867) Civil Engineer Corps Birthday
- (1871) Navy Medical Corps established the office of Chief of Naval Operations
- (1898) Navy Yard, Mare Island was severely damaged by an earthquake
- (1942) "Seabee" name and insignia authorized
- (1964) USS Sacramento commissioned
- (1976) First successful launch of the Tomahawk missile from A-6 aircraft
- (1986) Beginning of Naval action in Gulf of Sidra against Libya

APRIL

Month of the military child

Child abuse Prevention Month

National Sexual Assault Prevention Month

- (1798) Navy department was established
- (1861) Civil War began

APRIL

- (1900) Submarine Force Birthday
- (1917) U. S. declared war against Germany
- (1945) U.S. Navy planes sunk Japanese battleship Yamato in South China Sea
- (1948) Dental Technician rating worn for the first time
- (1953) USS Los Angeles hit by enemy coastal batteries off Korea
- (1975) The Fall Of Saigon
- (1988) USS Samuel B. Roberts hit mines in the Persian Gulf
- (1989) Explosion of Iowa's Turret, kills 47

MAY

National Physical Fitness and Sports month

National Mental Health Month

National High Blood Pressure Month

- (1908) Navy Nurse Corps established
- (1942) Battle of Coral Sea, first carrier-vs-carrier sea battle began
- (1968) Loss of the USS Scorpion
- (1975) USS Nimitz was commissioned

U. S. NAVAL HOSPITAL HAPPENINGS

In Memory of a Shipmate



(Vadm Walter Davis (Ret), Cdr. Brar, Olivia Floyd, Willie Floyd, Erika Floyd, Edna Floyd and Clarence Floyd)

During a Memorial Ceremony 28 February 1997, a room was dedicated to the Hospital staff health care providers in Memory Of A Shipmate, Capt. Charles Floyd who passed away last year.



(HM2 Edgardo Santiago)

National Poison Control week was held from 16-22 March by the Pharmacy Dept. The staff provided vital information to over one hundred patients on poison prevention precautions . Make sure your house is safe by taking the necessary steps to prevent accidental poisoning says HM2 Santiago. **CHILDREN ACT FAST.....SO DO POISONS**



(Sammy Gomez and HN Frances Diaz)

February was National Nutrition Month and to help promote it, the Wellness Center crew had a display every Friday to assist the community with their nutritional needs and answer any questions they had.



On Friday, 29 March the U. S. Naval Hospital in conjunction with the Red Cross sponsored a blood drive. Below, HM1 Julia Dean, Preventive Medicine Department, takes a break from her daily routine to donate.

IRONMAN DUATHLON



Saturday 15 February was the Annual Intramural Duathlon held here at the Naval Station, Roosevelt Roads. 24 people participated in

the event this year, fewer than in the past but they had a race no less hard than before. The top three winning times were well under an hour. The Duathlon consisted of a 2.4 mile run followed by a 10 mile bike ride and ended after another 2.2 mile run. This year's event was won by perennial runner-up Lt. Joel Temple from the U.S. Naval Hospital finishing in 57:37. In second place (and in first for the 36 & over category) civilian Jose Irizarry came in 58:03, followed by newcomer Fred Severson from VC-8 in 58:58. In an amazingly strong fourth place (and first overall for women) was Anne Costello from the Naval Station (1:01:35), and rounding out the top 5 winners was Jerry Smith from Naval Special Warfare Unit-4 (1:02:15).

In the team competition Naval Special Warfare Unit-4 took First Place and the U.S. Naval Hospital came in a strong Second Place.

The remainder of the Hospital staff participants finished as follows:

LT Kim Amrud (1:09:55) and HM2 Frank Contreras (1:13:51)



The women's softball season has begun and the Naval Hospital has already played. The team abound in talent and is still improving rapidly. The season runs through the middle of May with the playoffs following shortly after. There are currently five Women's teams including Air Ops, NCTS, Supply, and Surface Ops. A lot of the members of this year's team are returning from last. They are: ENS Diane Kelsch, HM3 Patti Cook, HN Kelly McNatt, Mrs. Soana Harris, Mrs. Kimberly Doyle, Mrs. Liz Walton, and HM3 Donna Tenney, they are back to join new team mates who we are happy to have: Mrs. Sheila Mojica, Mrs. Faye Brown, Mrs. Rebecca Nail, LT Yvette Smith-Simon, LT. Nancy Wilson, and HN Christy Wade, these newcomers have proven to be important to the team in every aspect. The first few games against Air Ops. were close and we plan on being the winning team by playoffs. Please come out and join us, your support is appreciated.
(by HM3 Tenney)

"Congratulations"

From Left to Right:
Lt. Joel Temple
Lt. Kim Amrud
HM2 Frank Contreras



Total Quality Leadership Corner

by HMC Diane Horn-Cruder

What exactly does Paradigm mean? Simply a perception we have of something! They are usually strongly held beliefs that most of us have trouble letting go of. They are powerful because through them we see the world. I want to share a story with you from the magazine of the Naval Institute, Proceedings.

Two battleships assigned to a training squadron had been at sea on maneuvers in heavy weather for several days. The visibility was limited by fog, so the captain remained on the bridge keeping an eye on all activities. Shortly after dark, the lookout on the wing of the bridge reported, "light, bearing on the starboard bow". The captain asked whether the light was steady, or moving astern? The lookout reported that "it is steady Sir", indicating that they were on a collision course with another ship. The captain ordered the signalman to tell the other ship to change course by 20 degrees. They signaled a second time, "I'm a captain, change course by 20 degrees. The reply they received was "I'm a seaman second class, you had better change course by 20 degrees." Needless to say the Captain was furious at this point and he then had the signalman send "I'm a battleship, change course by 20 degrees." A reply came back "I'm a lighthouse."

This shifted the captain's paradigm when he realized he was wrong assuming that the "oncoming" light was another ship, and he immediately changed course.

The concept of Total Quality is a challenge for each of us to examine our paradigms, think in ways that are new and look at things in a different light. We need to be pro-active, rather than being content to do things the same old way simply because they have been done that way. Dare to propose innovative ways to improve what you do.

If you are interested in seeing the film "Business of Paradigms" or attend the TQL Awareness Training Class please come by or call HMC Horn-Cruder or HM2 Guess at x5771.

Future TQL Awareness Classes are scheduled for the following dates:

May 19-20.....June 23-24.....July 28-29.....August 25-26.....September 29-30

We would like to say "WELCOME" to the personnel reporting to our family and for those departing, we would like to wish you luck, " FAIR WINDS AND FOLLOWING SEAS"

"HAIL"

HN V. Garnett	Ltjg Anthony
HM1 Tim Hanley	HM3 D. Hoffman
HM3 C. Impeng	Lt M. Lee
HN Jamal	HM2 Benefield
HN A. Lott	HM2 Brill
HM2 Poncetoledo	HN J. Couture
HN A. Rubia	HN T. Couture
HR Sanchez	Lt Farmer
HN K. Wade	HM2 K. Wick
HM2 C. Welsh	Ltjg T. Dumore
HN J. Winn	HM2 P. Maloney
HN B. Zigmund	Ltjg E. Poindexter

"FAREWELL"

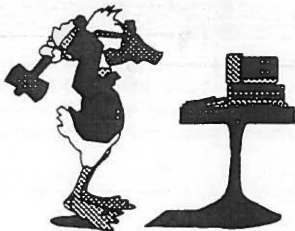
HM1 D. Amick	HM3 S. Marshall
Lcdr K. Drenzo	Lcdr P. McClure
Lcdr C. Fleming	Cdr A. Rosemond
Lt K. Goddard	DT2 L. Scott
Lt R. Nikkola	HN D. Alexis
HM2 S. Wenzke	HM2 S. Blackwell
HM1 J. Bacon	HN K. Bush
HN K. Bellamy	Cdr B. Haney
EM1 W. Booth	HN S. Nalls
HN N. Bradford	HM2 H. Ortiz
HM3 K. Bradke	HM2 R. Parker
Lt. P. Clyde	Lt R. Riggins
HM2 S. Colvin	HM1 C. Smith
HM3 F. Gonzalez	HM2 H. Soto
HM2 G. Linscheid	



The U. S. Naval Hospital participated in the 1st Annual AIDS Walk held in San Juan on Sunday, 13 April 1997. Over 9,000 people, 80 of them from the hospital, walked that beautiful morning proudly showing our banner with our slogan "ALWAYS READY TO ASSIST." The total contributions collected for this worthy cause came to a whopping \$125,000.00. Thanks to all, for your time and support. Bravo Zulu to HM1 Jay Martinez, Lab, who coordinated this event with outstanding results.

WE NEED YOUR INPUT

This paper belongs to you!!! If your department would like to have a column in each issue of this newsletter, please ensure that your articles are submitted by MS-Mail or on a disc, to DT1 Hardie. The next issue will cover happenings in April, May and June and upcoming events for July, August and September. This is based on a first come first serve, basis due to the space limitations, so please get them in early. We would like: Interviews and stories on your top sailor's, news about medicine and general tid bits about your golf game (or lack of). Letters to the editor are welcome.



"THE END"

The Caribbean Pulse, Quality in Action

U.S. Naval Hospital, Roosevelt Roads

Captain	W.F. Lorenzen,	Commanding Officer
Captain	J.E. Fajardo,	Executive Officer
LT.	Andrew Davidson,	Public Affairs Officer
HMC	Larry Bailey,	Command Master Chief
DT1	Paulette Hardie,	Editor/Photographer
HMC	Marvin McDaniels,	Assistant Editor
HMC	Beverly Davis,	Assistant Editor

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