



# THE COURIER

August/September 2002



## Team Wins First And Finest Award

Story by JO3 Theresa Raymond

NMCP's commander, C. E. Adams presented the 'Commander's First and Finest Team Award' to NMCP's Women's and Children's/Operative Specialty Team, August 15. The Women's and Operative/Operative Specialty Team was given the award for improving operations of the command, achieving a significant command objective and increasing professional stature of command. The 2002 "Commander's First and Finest Team Award" went



to Ward 4E Cmdr. Laurie Larson, Cmdr. Lisa Leiby, Lt. Cmdr. Catherine Bayne, Lt. Louisa Pirmann, HM2 Sharon Raymond, HM2 Patrick McCaffery, HM3 Rosa Rubin, HM3 Joseph Uke, HM2 Michael Burnette, Ward 4KL Lt. Cmdr. Wendy Brown, Lt. Cmdr. Kimberly Roberts, HM3 Jennifer Barron, HN Candice Mullen

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## Navy Officers Pinned, Meet Personal Milestones

Story by HM2 David McIlvain

Cmdr. Jeffrey J. Kuhn (right center) reached a career milestone on Monday, August 5 when he was promoted to Captain, United States Medical Corps. Kuhn works for Naval Medical Center Portsmouth's Ear Nose and Throat Team. Kuhn's father, wife and three children were present as Rear Adm. C. E. Adams delivered the oath of office. The ceremony was performed in front of the main entrance of Building One.



Lt. Jason Fox (left center) was promoted to Lieutenant Commander., United States Medical Corps



on Monday, August 5. The ceremony was performed at Hospital Point, also in front of Building One with Rear Adm. Clinton E. Adams delivering the oath of office.

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**The Courier** is published monthly by the Public Affairs Office. Be sure to check out NMCP's website at [www-nmcp.mar.med.navy.mil](http://www-nmcp.mar.med.navy.mil).

**Commander**

Rear Adm. Clinton E. Adams

**Deputy Commander**

Capt. Mathew Nathan

**Public Affairs Officer**

Lt. Robert Lyon

**Assistant PAO**

Mr. Dan Gay

**Staff Reporters**

JO2 Daniel A. Bristol

JO2 Duke Richardson

JO3 Theresa Raymond

**How do I get something in The Courier?**

The command's monthly publication provides an avenue to circulate all the useful information the Medical Center staff has to offer. Contact the Public Affairs Office at 953-7986, Fax 953-5118, via Guardmail, or you can E-mail the PAO, Lt. Lyon, at [rtlyon@pnh10.med.navy.mil](mailto:rtlyon@pnh10.med.navy.mil) Submissions should be on a disk in text or Word format with a paper copy attached. Photos are welcome and can be returned on request. The Courier now comes out once a month. Send your submissions to the Public Affairs Office and we'll put it in the next current issue, space permitting. Submission deadline for the next issue is the 15th!!

We are located in Bldg. 215, second deck, Room 2-118.

# September Staff Soundoff

Question: *What do you think is the best way to prepare for the advancement exam?*



*I think using flash cards and studying one section for one hour a night is a good way to get ready for the test. HM3 Ann Marie Anop, Awards Office*



*Research the bibliography, the rate training manuals, BMR and military requirements. Start studying well in advance and make sure you study the materials thoroughly. RP1 Timothy Giles, Pastoral Services*



*Get your hands on study material such as advancement guides from higher ups. Also try to get reference materials from staff education and take advantage of group studying. HN Aaron Lopez, Oncology*



*Always make sure you have all of the updated study materials needed for the exam. Also study well in advance before the exam date. HM2 Carmen Yalung, Pediatrics*

# Teen Volunteers Honored, Thanked At Ceremony

Story by JO2 Duke Richardson

Although summer is the time of year teens relax and enjoy their time away from school day drudgeries, a small number of teens volunteered part of their vacation to help Naval Medical Center Portsmouth.

Taking part in the American Red Cross Volunteer Program, they worked in a variety of places throughout NMCP to provide assistance to the staff while gaining knowledge of basic aspects of the medical field.

NMCP recently said thanks for their efforts and willingness to help when it held a graduation ceremony for the teens on Aug. 9. Combined, the teens contributed over 2,900 hours of volunteer time to the hospital.

Naval Medical Center Portsmouth's Deputy Commander Capt. Matthew Nathan, on behalf of the hospital staff thanked the teens for the work they did and time they donated during their time as volunteers. "We are grateful for everything you have done here at the hospital," he said. "A lot of times the things you did here affected our patients and helped make their lives a little bit better. It could have been something as small as giving them directions someplace, but it still affected them and helped things for them be a little bit better."



*Naval Medical Center Portsmouth recently held a ceremony to bid farewell to its 2002 American Red Cross volunteer class. Each member of the class was given a certificate commemorating the hours they spent volunteering at the hospital. The program is a summer program geared for teenagers interested in a career in medicine to volunteer their services to the naval hospital. Photo by JO2 Duke Richardson*

# Truman Sailors Donate Blood, Support Fleet Families

Story by HM2 David McIlvain

Sailors stationed aboard the USS Harry S. Truman took time out of their workday to donate blood on Tuesday, August 6. Portable stretchers and lab equipment filled the ship's galley as Naval Medical Center Portsmouth laboratory staff worked to collect 100 pints of blood. "The blood donated here goes directly to military support," said HM2 Steven Maier, the coordinator for the blood drive.

NMCP laboratory staff conducts blood drives three times a week throughout the Hampton Roads area. "We need to take care of our shipmates and families, and the only way to do that is to donate blood. The usage rate is pretty steady and we have a big commitment to area commands," said Lt. Cmdr. Robert Davis, Blood Bank Officer for NMCP.

Longtime donor DT2 S.W. Rowe and newer donors such as SK2 Brandy Moore, both enjoyed the opportunity to help people by donating blood. Moore also liked the convenience of donating onboard ship. In addition to the refreshments and snacks normally provided to donors, sailors aboard the Truman were given Vampire Liberty Cards for the remainder of the day with the permission of the Executive Officer and their department head.



# NMCP Branch Clinics Offer Aid For STD Afflictions

Story by JO2 Duke Richardson

If a sexually transmitted disease strikes, Naval Medical Center Portsmouth's branch medical clinics can lend a helping hand.

According to Lt. Linda Dunn, NMCP's Epidemiology Team Leader, although there may not be a generalized clinic targeting STD's, help can be received at the local branch clinics. "There are a lot of units in which STD's is such a big issue that we feel it would be more convenient for them to receive care at the branch clinics because they are closer," she said. "It is a way for us to streamline the process and a good way is to have the clinics conveniently located."

"If a patient does contract an STD and is seen for the affliction at a treatment facility, confidentiality is paramount when it comes to dealing with the situation," according to Dunn. "Patient confidentiality and education are things that are strictly upheld when it comes to

STD cases. When a patient comes in, we try to find out about their sexual behaviors and educate them about the situation they are in, so we can try to make things as easy for them as possible. We also educate patients on the importance of practicing safe sex so as to minimize the chances of contracting another STD."

Dunn also said that, by law, an effort is made to try to find out the sexual contacts of a person who has an STD, so they can notify the other person of the potential danger he or she may be in. This is done as a way to try to stop the spread of diseases as much as possible. "Our main role is to educate and give help to people who have contracted an STD and to track down other people who may also have one," she said. "Whether a person receives assistance through the hospital or one of the branch clinics, their case will be handled in a confidential manner."

# Oceana Opens Doors Of New Career Counselor Office

Story by JO2 Duke Richardson

Branch Medical Clinic Oceana recently opened the doors of its new Career Development Office. Its purpose is to help service members make wise choices concerning their careers.

According to HM1 Loretta Connatser, Oceana's Command Career Counselor, the new office will offer a multitude of services for sailors and their families to take advantage of. "Sailors will be able to bring in their families, if they wish, to help them use the information we provide when it comes time for them to make decisions regarding their career," she said. "Whether it is negotiating orders with their detailer, or signing up for a special program, we will help them along the way as much as possible."

In the past the role of career counselor was just a collateral duty. So, when a service member wished to speak with the counselor regarding career decisions, they had to hunt them down and hope to find them at a good time. Now that they have their own bona fide space, taking care of their career-based needs will be a little bit easier on sailors. Plus, unlike in the past, sailors will now have the chance to confer with the command career counselor in a more private, intimate atmosphere without distractions and other annoyances.

The new office offers its customers Internet access and brochures for researching different paths they can take to have an enhanced, rewarding career. They will also work with service members in getting in



Branch Medical Clinic Oceana opened its new Career Development Center Aug. 12th. It serves service members located at Oceana and Dam Neck as well as Tri-care Prime Clinic Va. Beach. Photo by JO2 Duke Richardson

contact with their detailers when the time comes for them to negotiate orders.

The Oceana-based career counselor's office is responsible for handling the career needs of service members based at Oceana, Dam Neck, and the Tri-care Prime Clinic in Va. Beach.

# Dental Office Offers More Than Clean Teeth

Story by JO2 Daniel A. Bristol

A long, metal object pokes its way around inside your mouth. The grinding sound of the drill fills the air. The light above your head burns images of hands reaching into your mouth as the dentist works on your teeth. This is the patient's view of the dental office, but there is so much more to it than that. There are more services offered than just working on teeth. There is so much that goes on behind the scenes, especially at Naval Medical Center Portsmouth's dental department.

John E. Shellenberg, one of the front desk personnel at NMCP's dental office offers a friendly smile and asks, "May I help you," as a patient walks up to the counter. Shellenberg and the rest of the personnel at the front desk are there to answer any questions patients may have as well as schedule appointments. Sometimes Shellenberg and the dental technicians in the exam room are the only people patients see, so what else goes on behind dental's doors?

The only other room some patients may likely see is the operating room. Inside the operating room, the dentists perform oral as well as reconstructive facial surgery. "The majority of the reconstructive surgery we do is for cancer patients that have lost part of their face," said DT2 Robert Robinson, a Dental Maxillofacial Laboratory Technician who works in the prosthetic laboratory. Inside the laboratory, Robinson, who is one of only seven Navy Maxillofacial Techs, sculpts all kinds of facial prosthetics. Common types of dental prostheses include crowns (caps), dentures, orthodontic appliances, obturators, palatal lift prostheses, and speech aids, as well as, ocular prosthetics commonly known as artificial eyes.



DT2 Robert Robinson sculpts a mold of teeth at Naval Medical Center Portsmouth Dental Department's Prosthetic Laboratory. This mold will be used for implants in the patient's mouth. Photo by JO2 Daniel A. Bristol

A facial prosthesis is an artificial device used to replace a missing or malformed facial feature. A person in need of a prosthesis may have lost a part of their face due to cancer, trauma, or as a result of a congenital birth anomaly.

Inside another room the parts for facial prosthetics are sculpted. Common types of facial prosthesis found inside this room are ear, nose, mid-facial, and orbital facial prosthetic appliances. The different parts of the face come in various skin tones, and they are matched as closely to the patients skin tone as possible.

As for artificial eyes, they are used to simulate a natural looking eye. They are easier to match than other facial prosthetics because they are hand painted. The fact that they are hand painted makes them time consuming to make. "It used to take me four hours to make artificial eyes," said Robinson, "but now I can do it in a couple of hours."

Robinson also sculpts molds for teeth implants. These molds are for patients who are getting caps for either partial implants or whole implants inside their mouth. Some of the implants have screws and can be removed if needed, while others are cemented permanently in place. Some of the implants can be capped with silver or gold, which is melted down in a specialized machine. Some of the implants take a couple oral surgeries to complete, while others may take several surgeries by various surgeons.

So whether a patient needs oral surgery, reconstructive facial surgery, facial prosthetics or just a simple cleaning, the staff at NMCP's dental office is always willing to go the extra step for the patient.



Lt. Cmdr William G. Shoemaker and Lt. Cmdr John C. Malloy perform surgery at Naval Medical Center Portsmouth's Dental Department. Photo by JO2 Daniel A. Bristol

# Patients Offered More Than Just Health Care

Story by JO3 Theresa Raymond

Having a loved one in the hospital can be an extremely stressful experience. Who do you turn to when you have a concern or a problem? Naval Medical Center Portsmouth has the answer — the Patient and Guest Relations Department.

Patient relations representatives serve as patient and family advocates, obtaining solutions to problems, concerns, and unmet needs in regard to the delivery of care and services.

“We are not here to try and get anyone in any trouble. Our goal is to give the customer the best possible service that we can. That doesn’t mean just the health care, but making them happy. This way they will go and tell others, and it will make people want to be taken care of at NMCP,” explained the leading petty officer of NMCP’S Patient and Guest Relations office, HM2 (SW/FMF) Kymjamera Wells.

In a hospital setting, health care professionals focus on healing the patient. Patient relations staff are an integral part of this health care team, addressing the wide spectrum of concerns patients and families have, from quality of care to hospital regulations and accessing services. If there is a concern, they address it directly, no matter how large or small it may be.

Solving a complaint isn’t the only thing guest relations does. They also receive many compliments, most of which get channeled directly to the staff member, clinic or ward.

“The compliment get written out on the

admiral’s letterhead and routed to the person’s chain of command. Most compliments are presented to the staff member in a formal manner,” said Wells.

In addition to compliments and complaints, patient relations representatives also work to support physicians and health care personnel as they work to help our patients.

The department’s close working relationship with physicians helps to ensure they offer the best treatment options available to the patients. Patient Relations can be relied upon to help implement many improvements and suggestions intended to create a customer-friendly environment, based on the complaint and feedback forms patients fill out.

“We try to handle everything at the lowest level possible, but if we can’t, we make sure it goes through the proper channels in a timely manner. Knowing the matter has gone to someone to be taken care of, makes the patients very happy,” said HM3 Tiery Samuels, a patient and guest relations staff member.

“The feedback that is received from the patients is used in planning for the future, whether it be education for staff or providing more parking spaces. We make every effort to make the patients happy and to make customer service throughout the hospital more efficient,” added Samuels.

Patient and Guest Relations is open Monday through Friday from 8 a.m. to 4 p.m. For more information call 953-2636.

# Force Health Protection; Important To Navy, Important To Us

Story by HM2 David McIlvain

A pair of scuffed boots is the new symbol of the important role Navy medicine plays in serving the fleet and operational commands. The logo, developed by the Bureau of Medicine and Surgery (BUMED), serves as a reminder how Navy medicine serves the fleet and operational commands. Our mission is to provide Force Health Protection for the members, dependents, and retirees who come through our doors each and every day. The Navy depends on us to:

- Create a healthy and fit force to accomplish any mission our nation calls upon them to perform,
- Deploy with them to provide protection from hazards,
- Restore health of members, dependents, and



retirees by delivering world class care, and - Help a grateful nation thank our retirees by providing health care for life.

Whether we are responding to an emergency, performing a complex procedure, providing for our patient’s daily care, or providing support services at the hospital, the work we do each day plays an important and critical role in the lives of those we serve, the Navy, and our nation.

Our standards of healthcare and customer service are high because our duty and obligation to the fleet require it. NMCP and medical commands throughout the world are a key component of Force Health Protection plan that makes it possible for the fleet to maintain a constant state of readiness and accomplish their mission.

# Special Program Puts Family Members First

Story by JO3 Theresa Raymond

Being in the military doesn't shield a service member from illness or disease, nor does it automatically protect their family members. The same problems that occur in the lives of civilians exist in active duty service members' lives, and when problems arise there are many decisions to make.

These decisions don't have to be made alone, thanks to the Exceptional Family Members Program. The program designed to give career minded service members choices that could make or break their career.

"People automatically assume that since they have a disabled family member their choices become extremely limited. The program is designed to help them make a career even though they face unique situations," said Wanda Williams, EFMP Coordinator for Family Services

EFMP is a mandatory enrollment program for active duty personnel who have family members with exceptional medical, psychological, developmental, or educational needs. Having a family member enrolled in the program doesn't harm the service member's career since the aim of the program is to assist assigning active duty members to an area where their exceptional family member's special needs can be met.

"Most people don't know this program exists. It helps so many people with duty assignments and that's all. Many people can stay in the Navy for many years

while enrolled in the program," said Williams.

According to Williams, Naval Medical Center Portsmouth's exceptional family members' problems range from cancer, diabetes and asthma to muscular dystrophy, Down's syndrome, chronic arthritis, hearing impairment and blindness.

Others suffer psychiatric problems. The list includes Attention Deficit Disorder, hyperactivity or any other condition that requires treatment by a pediatrician or counselor. Premature babies may also be enrolled.

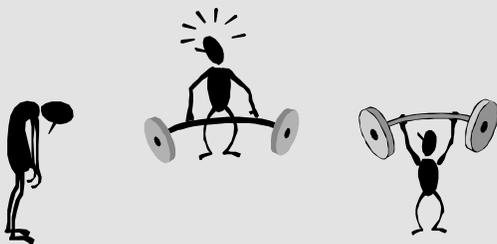
Applications are available at NMCP's EFMP. The completed application is reviewed by a screening committee which makes a recommendation for enrollment. The process takes approximately six weeks.

After enrollment service members must update their records every three years or when the family member's condition changes. Once enrolled, the service member may request to be removed from the program if there is a change in marital status, dependent eligibility, medical status, or special education requirements. It is up to the screening committee if the enrollee is eligible for disenrollment.

After the service member has been notified of enrollment, the family member will be assigned one of six categories based upon the frequency and duration of treatment and support they may need.

For more information call 953-5833.

## NEEDING A LITTLE PICK ME UP?



Let the Wellness Department here at Naval Medical Center Portsmouth help make this your best and healthiest command Yet!

## Lifestyles Can Change With programs Offered at NMCP

- Tobacco Cessation with Self Hypnotherapy
- Tobacco Cessation with Medication Therapy
- Weight Management
- Weight Management with Self Hypnotherapy
- Walking Club
- ShipShape
- Cholesterol Management
- Hypertension Control

## For more information contact Wellness Product Line at:

NMCP Wellness  
Product Line  
5425 Robin Hood Rd, Suite  
220  
Norfolk, VA  
Phone: (757) 314-6014  
Fax: (757) 314-6004

NMCP Wellness Office  
620 John Paul Jones Circle  
Portsmouth, VA  
Phone: (757) 953-5097  
Fax: (757) 953-5-5445

# DAPA NEWS; Navy Drug Policy Alignment

Story by HM1 Luann Smith

A recent message from CNO, provided an update to the Navy's Drug Policy Statement. The following is taken directly from NAVADMIN 179/02.

Navy's zero tolerance drug abuse policy has been in effect since 1981. The cornerstone of this policy has been and continues to be an aggressive and random urinalysis program outlined in (OPNAVINST 5350.4C) we can take great pride in the fact that through the first seven months of FY-02 the Navy is seeing the lowest drug usage rates in 21 years. Through April 2002, Navy's drug positive rate (# of positives / # of total samples) was **0.62** percent compared to **0.77** percent during same timeframe in FY-01. Moreover, while we have tested 43,000 more samples in FY-02 compared to FY-01, 499 fewer sailors tested positive.

Despite the success to date, we must continue to press until the positive rate gets to and stays at **0.00** percent. Our commitment to a drug-free Navy will remain strong. Every officer and sailor will participate in random urinalysis. Every command is required to test a minimum of 10 percent of all personnel assigned each month and conduct one annual unit sweep of all personnel. There are no waivers to this policy. Each command will comply with this policy whether deployed or not.

In addition to urinalysis, education is a strong tool for preventing drug abuse. Navy's drug and alcohol program management activities (DAPMAS), located in San Diego and Norfolk, provide abuse prevention courses to the fleet. Courses include personal responsibility and values education and training (prevent), alcohol drug abuse managers/supervisors (ADAMS) training, drug and alcohol program advisor (DAPA), urinalysis program coordinator (UPC) and Navy drug screening program (NDSP) training. These tools and resources are provided to help leaderships' deckplate efforts to eliminate drug abuse.

For additional information or to obtain command specific training, contact your respective DAPMA. Commands located west of the Mississippi River and assigned to Pacific Fleet may reach DAPMA San Diego at DSN 522-4964. Commands east of the Mississippi River and assigned to Atlantic Fleet and European commands may reach DAPMA Norfolk at DSN 564-8190 (444-8190). Amplifying information is available on Navy alcohol and drug abuse prevention program website: <http://navdweb.spawar.navy.mil>.

I ask for your continued leadership in ridding our ranks of this menace called drug abuse.

## Fleet Liaison Provides Guidance For Fleet Sailors

Story by HM2 David McIlvain

The Fleet Liaison Office at Naval Medical Center Portsmouth (NMCP) provides a command-to-command link between the medical center and mid-Atlantic operating forces. Staff at the fleet liaison office communicate information and requirements of the fleet and operational forces to appropriate personnel at NMCP, and conduct visits to ships and land-based commands.

Once a sailor or marine is admitted or referred to the hospital, fleet liaison will provide information to operational units about the medical center's policies and procedures and the current status of personnel admitted or discharged from NMCP. Although communication is generally initiated by NMCP or an operational command, the staff spend most of their workday working with individual sailors and marines. HM1 Louis Everett, Leading Petty Officer for the fleet liaison office, said, "I enjoy working with the individual sailors, guiding them through the system and ensuring they have access to the health care they need."

Fleet liaison staff visits with each sailor admitted to the hospital to keep the active duty patients informed about what to expect when discharged and be available for any questions they may have. During the past year, fleet liaison coordinated 4,047 admissions from the fleet and operational commands and tracked 2,078 consultations for fleet medical units..



*HN Estevan Trevino (right) of the Fleet Liaison Office discusses with SC2 Tony Shankle what he can expect after his discharge from the hospital. Photo by HM2 David McIlvain*

# Better Health For Quitters In Just A Few Days

Story by JO3 Theresa Raymond

Making the vow to quit smoking isn't an easy process, and some smokers often find it easier to put off quitting to a later date for fear of failure. Naval Medical Center Portsmouth's Wellness Department offers smoking cessation classes designed to give smokers the knowledge and the means to quit smoking for good.

Many people don't realize that smoking cessation has immediate as well as long-term benefits. According to the American Lung Association's website, people who stop smoking for one-day experience increases in blood circulation, lower levels of carbon monoxide in the blood, and a decrease in heart rate and blood pressure.

"Many people experience improvements that occur shortly after quitting tobacco use. Things like, improved circulation and lung function, increased energy and improved taste and smell," said Alverine Mack, registered nurse and health educator at NMCP's Wellness Department.

The benefits don't stop there. Over the next few weeks and months, people notice that they're breathing much easier than they were when they were smoking, but that is only the tip of the iceberg, explained Mack.

"Long term benefits include reduced risk of coronary heart disease, stroke and lung cancer as well as the personal sense of accomplishment. Most people who quit have tried to do so a few times before. 'Staying Quit' is a continuous journey and a good support system is most helpful," said Mack.

Wellness offer's a unique "self-hypnotherapy" class designed to help smokers identify their "triggers" that precede smoking and using methods to deal with these "triggers."

"Self Hypnotherapy is a form of self talk. The smoker learns to identify his 'triggers' and makes mental tapes of new planned responses to replace his old mental tapes that provided excuses and false information," said Mack.

Another way of helping a smoker deal with the withdrawal and cravings is to prescribe medications such as Nicotine Replacement Therapy and Zyban. Mack believes everyone leaves the classes with the knowledge to make a huge lifestyle change.

"The key to success is the readiness to quit. There are no failures. If someone becomes more aware of the dangers of smoking and realistically evaluates his/her smoking habits in order to change personal behavior, then there is progress towards quitting," said Mack.

The Wellness department offers many classes to help smokers kick the habit; here is a list of a few smok-



ing cessation classes they offer at NMCP and its branch clinics:

Tobacco Cessation classes are offered at a variety of times and at NMCP and numerous outlying clinics. The four-session classes are designed to help participants stop smoking and using smokeless tobacco products through group support, education and medication. Zyban and/or Nicotine Replacement Therapy, or NRT, are used as desired or appropriate. No consults are needed to register. Call 314-6014 or 953-5097 for more information.

Tobacco Cessation with Self-Hypnotherapy is a four-session program designed to help participants stop smoking or using smokeless tobacco products through behavior modification and relaxation techniques. No medications are prescribed during these classes. The classes are offered at NMCP and many of the outlying clinics and have a variety of times available. For more information, call 314-6014 or 953-5097. No consults are needed to register.

Fresh Start for Teens is a tobacco cessation program designed to assist in educating middle school and high school aged teens in making healthful and permanent choices regarding tobacco use. The classes are at NMCP and pre-registration is required. Call 953-5097 for more information.

NMCP's Wellness Department also offers Tobacco Cessation Class Facilitator Workshops. These classes are for nonsmoking Active Duty personnel and DoD civilians who want to help others quit smoking. Call 314-6014 or 953-5097 for more information on how to help others quit smoking.

# Caregivers' Health Just As Important

Story by LCDR Raymond J. Houk, CHC,

If you, as a caregiver, sometimes feel discouraged, overworked, stressed and are barely hanging onto your life, then let the good news in this article refresh and energize you.

Armed with enormous optimism, training, expertise and compassion, many care-givers launch into the healthcare world to battle against the physical, mental and spiritual ailments of others. Sometimes, over time, passion and compassion may give way to disillusion and disappointment. Care givers start out hoping to make a difference in the world, but later they hope to make it to the end of the day. Health providers can stay passionate and compassionate by keeping our lives in balance and cherishing the ideals of the profession to which we are called.

When balancing personal, professional and family goals, how do you best take care of yourself? This probing question can evoke long lists of "should's." Eat better, sleep more, pray more, train more, exercise more and do more of the things we all know we should do. If you are anything like me, the "should" things often get pushed to the side by schedules and the demands of others, so much so that I have nothing left for my family or myself. Balance is the key.

Helen Fitzgerald, the Training Director of the American Hospice Foundation, tells how she takes care of herself and encourages others to do so. She recommends that healthcare workers tend to their own basic health needs. Rest, exercise and proper nourishment remain top priorities. Exercise programs quickly disappear when stress comes, but this is a double-edged sword as physical activity is one of the best ways to reduce tension and manage stress. Concerning nutrition, she recommends yogurt during a busy day so no one can hear you eating while on the phone!

Incorporate your children into your work. Attend their school classes to talk about what you do as a healthcare provider. Check with your supervisor, but perhaps an "off-hours" walk through your work area or ward with your children will open up communication

with them about what you do during the other twelve hours of your day.

Cultivate friendships with neighbors or at a place of worship apart from shoptalk and co-workers. Take a class in art, music, or some other subject totally unrelated to work so you meet other people and broaden yourself as a person.

Relaxation is also important. I once asked a retiring captain if there was anything he did not do that he would have liked to do in his career. He quickly answered that he regretted not learning to play golf. Light reading (not JAMA), prayer, walks, hobbies and quality time with friends all provide opportunities to relax.

Be aware of when stress starts to overwhelm you and take steps to take care of yourself. Talk to co-workers about particularly stressful patients or crises, and don't hesitate to ask for help from a chaplain if you feel overwhelmed. A five-minute talk debriefing a crisis is much better than trying to carry pent-up anger and stress home with you after a long day. Marital stress, financial stress or other types of issues may all contribute to feeling overwhelmed.

The calling to restore people to health and relieve pain is a high ideal. However, as the old saying goes, the carpenter's house never gets finished (because the carpenter is working on everyone else's home). When helping starts to hurt, healthcare workers can maintain their personal optimism by cherishing the high ideals of their healthcare calling, and make sure their own needs are met. Two books that shed some light on this subject are: *Margin: Restoring Emotional, Physical, Financial and Time Reserves to Overloaded Lives* by Richard Swenson, M.D. and *When Helping Starts to Hurt: A New Look at Burnout Among Psychotherapists* by William N. Grosch, M.D. and David C. Olsen, Ph.D.

Others will follow your example as you care for yourself and balance this with care for your family and work responsibilities. Chaplains are a resource at NMCP's Pastoral Care Services just call them at 953-5550 or social workers can be reached at 953-5861.

## School Physicals Now Covered by TRICARE

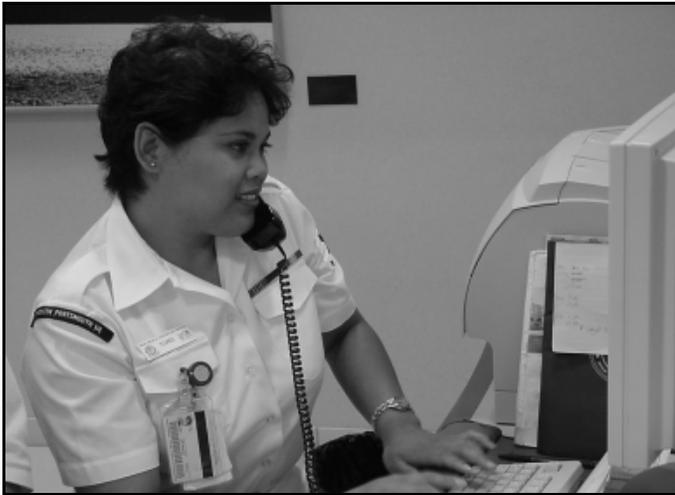
In many locations schools require that their students have physical examinations before they can enroll. TRICARE now allows coverage for physical exams required for school enrollment for beneficiaries ages 5 through 11. This benefit is retroactive to Oct 30, 2000. Therefore beneficiaries or their providers may resubmit claims for school physical exams with dates of service on or after Oct 30, 2000 for adjustment and reimbursement. For more information you may call the TRICARE Mid-Atlantic Region Beneficiary Line at (800) 931-9501.

# Neurosurgery Corpsman Shows Sailor Spirit

Story by JO3 Theresa Raymond

Doing the job to one's best ability and at the same time, ensuring patient satisfaction is all in a day's work for most hospital corpsman, but for one sailor of Naval Medical Center Portsmouth's Neurosurgery Clinic, it's only part of the job.

HM3 Isma-Rhonda Flores has been in the Navy for four years and is serving her second tour. Her typical workday is usually very busy and very demanding.



*HM3 Flores starts her busy day in the Neurosurgery Clinic by answering patients' questions and helping with the scheduling. Flores keeps busy, but it is all part of her job. She also volunteers on her off-time.*  
Photo by JO3 Theresa Raymond

"I love the clinic. Unlike the ward, working there gives me time to volunteer and give something back to the community and the Navy," explained Flores.

Although the clinic itself keeps her busy, Flores still finds time to volunteer at command functions as well as outside areas as well.

"At the clinic, I help take patients' vital signs, and I do a lot of suture and staple removal. Since the hours are regular and I have the same days off every week, I have time to do other things like volunteer as a Sunday school teacher in town," Flores said.

In addition to teaching Sunday school, she volunteers at Parkview Elementary School. She also is a member of the Junior Enlisted Association and the Command Heritage committee.

Although Flores doesn't know what the future holds, she knows she'll have to work hard to attain her goal.

"I want to be commissioned, and that requires work. It takes research and knowledge, and I am using both. I have looked into commissioning programs and colleges. I am working really hard," said Flores.

Holding an Associate Degree in Medical Assisting and working on her Associate of Science degree at Tidewater Community College, Flores proves she is reaching for her dreams.

She was accepted, to the University of Hawaii and is waiting for a reply from New Mexico State University.



## MASS TRANSIT INCENTIVE PROGRAM



Naval Medical Center Portsmouth is teaming up with Norfolk Naval Shipyard, in compliance with Executive Order 13120 of April 21, 2000 and are trying to reduce air pollution in Hampton Roads, and they want your help. They have implemented the Transportation Incentive Program. The program encourages mass transportation to reduce traffic congestion and air pollution by federal employee's. All personnel enrolled in the program are allowed to spend up to \$100 per month to commute to work by public transportation or eligible vanpool. This program is just that. It is a program and not a benefit, so there is no retroactive reimbursement. Reimbursement begins upon enrollment. Employees receive the benefit completely free of all payroll taxes, federal and state income taxes. All Navy and Marine Corps military members and Department of the Navy civilian employees, including Non-appropriated Funds employees are eligible. Program applications can be obtained from the program web site at [www.fmo.navy.mil/service/tip.htm](http://www.fmo.navy.mil/service/tip.htm). Employees are required to submit an updated application when the amount being claimed changes, when transferring to another command, when personal information changes or military status changes. Applications should be submitted to Shalinda Cannon by the following dates: July 4, August 1, September 3, October 1, November 4 and December 2. For more information or program policies, call Shalinda Cannon at 396-8613.

# Child Life Center To Open New Teen Play Lounge

Story by JO3 Theresa Raymond

Naval Medical Center Portsmouth's, Child Life Center (CLC) and a local boy scout team up to open a Teen Lounge in the pediatric ward September 5, at 3 p.m.

Chris Brogan, a Child Life Specialist in the Pediatric Department, was in the process of putting a room together for the inpatient teenagers he treats at the CLC when he heard about a coworker's son who was looking for a project to manage for qualification as an eagle scout.

"I had just finished getting the play room situated to where it should be, and was trying to coordinate getting the teen lounge together, when I heard of Michael Mitchell I thought to myself, 'this is perfect timing,' so we set it up where we could work together," Brogan said. Brogan decided this was how the lounge that he had been planning to put together would finally get finished.

Mitchell is a member of BSA Troop 486, of the Tidewater Council in the Cape Henry District.

The young boy scout's father heard about the teen lounge at his job as a pediatric ward charge nurse at NMCP. The senior Mitchell, a Navy ensign, approached Brogan about setting up the project.

"Everyone knew my plans, so when I heard about young Michael, I couldn't refuse. I feel this

collaboration between us at the hospital and the community will show support to our patients," explained Brogan. "Having the community pitch in shows the level of support we have from outside the hospital, without compromising patient care."

"Young Michael gets kids in his area to volunteer so it makes it much easier on the rest of us. NMCP does have a big part in this project as far as funds, but it's Michael who puts in most of the time it takes to get the room finished," explained Brogan.

The lounge will have a computer, an x-box video game console, books and other things Brogan feels teenagers will enjoy.

"Treating teenagers is different. They want to be treated like adults even when they are in the hospital. This lounge should give them some type of comfort, especially those teens that have been in and out of the hospital all their lives," Brogan said

CLC also helps NMCP's inpatient children to understand both their medical situation and procedures. Through medical play, children learn how to behave during a procedure, and they get an understanding of what is going on.

For more information on Teen Lounge project or to the Child Life center, please call Chris Brogan at 953-4487.

## *Why Are There Prime Enrollment Card Delays?*

**Q. I just received a letter welcoming me to TRICARE with my TRICARE Prime card attached. I enrolled six months ago. Why am I just getting this now?**

A. The short answer is: there is a backlog which has created delays in sending the letter acknowledging your TRICARE enrollment.

In summer 2001, TRICARE Management Activity directed implementation of the Enrollment Portability Program (EPP). This program provides a convenience for service members and their families to be able to transfer to their new duty location without having to disenroll from TRICARE. In support of enrollment portability, millions of beneficiary records were transferred to the National Enrollment Database (NED), part of DEERS (the Defense Enrollment and Eligibility Reporting System). As a result, the distribution of enrollment letters became backlogged. This had no effect on health care services or benefits.

There are more than 840,000 TRICARE beneficiaries in the Mid-Atlantic Region. Ideally, when there is a new enrollment or change in enrollment, a "welcome" letter is sent promptly to the beneficiary acknowledging enrollment (or change in enrollment) in TRICARE. The delay in sending the letter occurred because of a change in contract requirements. TRICARE Prime cards are being sent out as quickly as possible to eliminate the backlog.

As always, if you would like to check your TRICARE status, you can call the TRICARE Mid-Atlantic Region toll-free number, (800) 931-9501, or speak to a health benefits advisor (HBA) at your clinic or military treatment facility.

# Sailor Gives Back To Community, Stays Navy

Story by JO3 Theresa Raymond

HN (SW) Steven Rinkervage has given a lot of himself to the Navy volunteering over the past three years, and he says this is only the first part in his tri-fold life plan he has made for himself.

Most sailors' reasons for joining the military are similar. College or travel seems to be the answer on most surveys, but Rinkervage chose to join for the satisfaction of giving back to his country.

"Serving as enlisted is just the first part of my tri-fold plan. I enjoy what I do and don't mind working long hours. I feel this is a way to give back to my county," he explained.

Rinkervage, who works at Naval Medical Center Portsmouth's Pediatric Endocrinology Specialty clinic, enjoys working with children and explained how he feels about working in the clinic with ill children.

"I feel the teenagers who are seen at the clinic can relate to me. I'm closer to their age, and it feels good knowing I can ease their minds. They are going through some intense situations, so I feel my job is more than care, it's helping them feel comfortable also," he said.

The extra hours at the clinic aren't the only hours in his work week. Rinkervage also volunteers full time at base security.

"I was operational on the USS Simpson when we were in the Persian Gulf, so I felt this was the volunteering I could give back to the command, especially after September 11th," said Rinkervage.

Volunteering seems to come natural for the NMCP corpsman. Rinkervage also volunteers with the Junior Achievers program in Portsmouth and the Boys and Girls club in Norfolk. He will also be traveling to Camp Periwinkle later this year to volunteer with children with a variety of cancer and blood disorders.

"I'm not doing this for personal gain or recognition, I'm doing this to make a difference. Inner city kids



*HN Steven Rinkervage teaches a third grade class at Lakeview elementary School in Portsmouth as a mentor for the Junior Achievement Program. This program helps students learn about city economics through free enterprise. Photo by JO3 Theresa Raymond*

don't get to see a lot of different cultures. This way they see this sailor from another state and can say they learned something they can use," said Rinkervage.

The future seems vague for most, but for this junior sailor it seems very clear and in focus.

"My tri-fold plan has me in the Navy for the next seven years. I'm in school now and have applied for officer's candidate school. Hopefully I'll get commissioned, but if not, I have a backup plan. I want to stay in the Navy as long as possible," he explained.

Rinkervage plans to join the hospital's Junior Enlisted Association and hopes to get the mayor of Portsmouth in the near future to visit the school where he volunteers.

# Running A Failure Mode And Effects Analysis Team

Story by CDR C.K.Andreno

Just the mention of the term Failure Mode and Effects Analysis (FMEA) can sometimes cause people to run and hide. The time and dedication required to make it a successful venture can appear to be overwhelming until the process is understood. When done properly, it can be a very rewarding experience.

Staff members working within the Oncology Product Line at Naval Medical Center Portsmouth voiced concerns regarding about the high-risk process of ordering, dispensing and administering chemotherapeutic agents. It was felt that an effective, *sustained*, systems change was needed to improve patient safety.

A core group of staff, which included the Oncology Product Line Leader, the Risk Management Product Line Leader and a Process Improvement Coordinator, met to determine the best way to address these concerns. It was decided that a FMEA would be the best approach. (FMEA is a systematic method of identifying and preventing produce and process problems before they occur.)

An interdisciplinary team of stakeholders was convened that included physicians, nurses, pharmacy and risk management, with ad hoc representation from laboratory staff. Within this group, the inpatient, outpatient, adult and pediatric populations were all represented.

Articles regarding the impact of chemotherapeutic medication errors as well as readings that described the FMEA process were distributed as a pre-meeting assignment. When the 12-member group initially met, the 10 steps of the FMEA process were reviewed and ground rules were established. (The importance of establishing ground rules cannot be emphasized strongly enough when approaching a change in deeply imbedded practices.) It was agreed upon that the team would meet weekly for one hour at a set time and place.

Through the following four months the group followed the FMEA steps. First, a flow chart was developed to understand the current process. This ultimately was diagrammed as a 21-step process, each with multiple sub-steps. Then, the possible failures and effects of the failures of each step were reviewed, along with the root causes that contributed to actual or potential failures.

At this time, a review of the process clearly indicated that changes to all 21 steps would not be able to be made at one time due to the enormity of the project. Also, it was obvious that the inpatient, outpatient, adult and pediatric focuses would not all be able to be included in the initial efforts of the team. It was agreed that the initial efforts would be directed towards the adult outpatient population. (There was a discussion and

understanding that all improvements could be utilized in the other areas, as appropriate, without waiting for a formal team to convene to address these other patient populations.)

Each member of the group was instructed to choose the top three steps in the process that they felt had the highest importance and then assign a three-point criticality scale to determine the likelihood, severity and probability to each chosen step. Interestingly, most members of the team chose the same three steps upon which to focus their efforts. These were ordering (incomplete/unclear chemotherapy templates), administration (two RN's checking/verifying orders, uniformity in calculation of body surface area, checking/ reporting abnormal lab results, availability of previous orders), and patient discharge (complete discharge instructions, notification of Hematology Oncology clinic regarding further treatment).

Reduction strategies were discussed and agreed upon, to include the development of new chemotherapy templates, new unit policies, staff education, chart audits, revised patient education, and improved methods of communication. A timeline that outlined the actions necessary to implement the recommended changes was developed. Prior to making any changes, staff satisfaction surveys and patient flow (time) studies were obtained to establish a baseline for measuring the effectiveness of the changes.

The team continues its efforts to implement the action plans, meeting on a monthly basis to monitor progress. The group looks forward to reporting the results after their six-month review.

It needs to be mentioned that with an interdisciplinary team, a potential exists for "us vs. them turf war" to come into play. Also, as with any long-term project, sustaining the focus and energy of the group can be extremely difficult. All team members found the FMEA process to be a rewarding experience, as well as having a positive impact on the care that is provided to our beneficiaries. They are all to be commended for their dedication to this long-term project.

If you are interested in forming a FMEA team and would like additional feedback on our experiences, please contact Cmdr C. Andreno by phone at (757)953-7594, DSN at 377-7594 or email him at ckan-dreno@mar.med.navy.mil or contact C. Chinery, RN by phone at (757)953-7278, DSN 377-7278 or by email at clchinery@mar.med.navy.mil. Andreno works as the Patients Safety Officer and the Risk Management Product Line Leader. Chinery works as the PI Coordinator and the Directorate for Fleet and Family Medicine.

# Internal Medicine, Orthopedic Residency programs get high marks

Story by Lt. Robert Lyon

Naval Medical Center Portsmouth maintains 13 residency programs of which the Accreditation Council for Graduate Medical Education (ACGME) recently reviewed two, Orthopedics and Internal Medicine. Both received its highest seal of approval and the confidence of the ACGME which won't return for another five years.

The interval between site visits ranges from one to five years, with a longer period indicating that the ACGME and the Resident Review Committee (RRC) are more confident about a program's or institution's ability to provide quality education. For patients, it means that the ACGME, the largest certifying body in the U.S., has the highest confidence in NMCP's ability to train and supervise residents.

Residency education is the period of clinical education in a medical specialty that follows graduation from medical school and prepares physicians for the independent practice of medicine. The ACGME is the reviewing body that ensures that the over 7,800 programs they review are following the guidelines they have established. Compliance with the ACGME's standards is measured through periodic review of all programs.

One of the primary reasons that these programs were given such a high rating was due to compliance with current requirements and its foresight to comply with future requirements not yet in place.

"We not only have already started working on

all of the new requirements, which is the implementation of the teaching and evaluation of the six core competencies of the ACGME. We have already put plans into effect on how to implement these programs and how to evaluate them," said Cmdr. Lisa Inouye, Program Director for Internal Medicine.

The ACGME has the power to either review programs more often or even stop institutions from continuing with their residency programs if they fail to meet standards.

"If they were worried, they would have given us a shorter accreditation. If they were really worried they would have put us on probation. If they are really, really worried they could shut us down. As they did, for instance at Yale, its surgery program was shut down because of non-compliance." said Capt. Kevin Knoop, head of the Graduate Medical Education Program.

" We have excellent faculty, excellent teaching rotation and these evaluations are based not only on review of our records, but also interviews with residents themselves," said Inouye. "It is actually based on the answers the residents give the site reviewers to verify what we have on paper. So they do not just go by documents. The actually ask the residents 'how many times are you on call, do you get a day off per week,' all these things are requirements by the residency review committee. It's a reflection basically of the excellent training programs for internal medicine, orthopedics, really all

## EPA Chesapeake Bay Program Director Visits NMCP's NEHC

Story by Navy Environmental Health Center

The new Director of the Environmental Protection Agency (EPA) Chesapeake Bay Program Office, Ms Rebecca Hanmer, visited the Hampton Roads area on August 1. She attended the regularly scheduled Federal Agencies' Committee (FAC) meeting and heard first-hand how the Navy is instituting Low Impact Development (LID) projects and other bay initiatives in the bay watershed.

Following a detailed LID presentation and a boat tour of the Elizabeth River, Ms. Hanmer accompanied Ms. Christine Porter, Head, Regional Environmental Coordination Office, and Mr. Glenn Markwith, DOD Chesapeake Bay Program Coordinator, on a personalized tour of two Naval facilities in the Elizabeth River watershed.

Ms. Hanmer first visited the Norfolk Naval Shipyard restoration site at New Gosport in Portsmouth to view the wetlands and riparian forest buffer projects recently constructed by the Atlantic Division, Naval

Facilities Engineering Command (LANTDIV).

Following the site visit to New Gosport, Ms. Hanmer traveled to NMCP to view the low impact development projects currently being constructed as part of the renovation project of Bldg. 1 and 215. Ms. Hanmer noted the extensive use of the strategic placement of vegetated buffers to control stormwater runoff into the adjacent Elizabeth River. Mr. Bob Wall, Environmental and Natural Resources Manager, and Mr. Robert Jones, Environmental Protection Specialist, outlined future plans to replace additional asphalt paving around Hospital Point area with pervious pavers to further minimize urban stormwater impacts within the watershed. Glenn Markwith, DOD Chesapeake Bay Program Coordinator said, "The low impact development techniques currently employed at Naval Medical Center Portsmouth are examples of their leadership role in the overall Chesapeake Bay program in our area."

**September 1,15,29**Lunch

Vegetable Bean Soup  
 Roast turkey w/Gravy  
 Swedish Meatballs  
 Egg Noodles  
 Cornbread Dressing  
 Glazed Beets/Carrots  
 Dinner Rolls  
 Cherry Pie/Banana  
 Cake  
Dinner  
 Turkey Rice soup  
 Roast Beef  
 Chicken Vega  
 Mashed Potatoes/  
 Steamed Rice w/Gravy  
 Squash/Green Peas  
 Oatmeal Cookies  
 Peach Pie

**September 6,20**Lunch

Clam Chowder  
 Spaghetti/Stuffed Fish  
 Mac And Cheese  
 Green Beans/Squash  
 Dinner Rolls  
 Banana Cake/Cookies/  
 Apple Crisp  
Dinner  
 Beef Noodle soup  
 Pasta/Meatloaf  
 Mashed Potatoes/Rice  
 Broccoli/Corn  
 Dinner Rolls  
 Butterscotch Brown-  
 ies/Lemon Cake  
 Brownies

**September 11,25**Lunch

Vegetarian veg. soup  
 Beef teriyaki  
 Cat fish  
 Macaroni and cheese  
 Green beans  
 Black eye-peas  
 Apple pie  
Dinner  
 Minestrone soup  
 Jerk chicken  
 Grilled salisbury steak  
 potatoes/gravy  
 Green peas/Carrots  
 Angel food cake

**September 2,16,30**Lunch

Chicken soup  
 Chicken  
 Steamed Rice  
 Stewed Tomatoes  
 Dinner rolls  
 Peach crisp  
 Chocolate chip cook-  
 ies  
Dinner  
 Braised beef strips  
 Baked fish  
 Macaroni and cheese  
 Rice pilaf  
 Carrots/ Spinach  
 Pound cake

**September 7,21**Lunch

Broccoli soup  
 Roast/Lasagna  
 Potatoes/Rice  
 Asparagus/cauliflower  
 Dinner Rolls  
 Pound Cake/Blueberry  
 Pie  
Dinner  
 Onion soup  
 Beef Tips/Baked Fish  
 Potatoes/Noodles  
 Spinach/Beets  
 Butterscotch Brown-  
 ies/Lemon Cake  
 Green beans

**September 12,26**Lunch

Knickerbocker soup  
 Grilled chicken strips  
 Sweet and sour pork  
 Fried rice  
 Mixed veggies  
 Cake/Blueberry pie  
Dinner  
 Mulligatawny soup  
 Fish creole  
 Baked chicken  
 Lyonnaise potatoes  
 Beets/ Asparagus  
 Orange cake  
 Brownies

**September 3,17,31**Lunch

Mushroom soup  
 Salisbury steak  
 Pork loin  
 Potatoes or rice  
 Green beans  
 Frosted brownies  
Dinner  
 Minestrone soup  
 Baked chicken  
 Mashed potato/gravy  
 Spaghetti  
 Cauliflower  
 Turnip greens  
 Pineapple cake

**September 8,22**Lunch

Chicken rice soup  
 Lemon turkey pasta  
 Swiss steak w/ gravy  
 Carrots  
 Dinner rolls  
 Cherry pie  
Dinner  
 Clam chowder  
 Roast beef w/ gravy  
 Chicken pot pie  
 Potatoes/Egg noodles  
 Corn/Green beans  
 Dinner rolls  
 Pumkin pie

**September 13,27**Lunch

Clam Chowder  
 Swiss Steak w/Gravy  
 Vegetable Curry  
 Mashed Potatoes/Rice  
 Turnip Greens/Carrots  
 Dinner Rolls  
 Chocolate Chip cookies  
Dinner  
 Beef vegetable soup  
 Pot roast w/gravy  
 Mac and Cheese  
 Green beans/Squash  
 Florida Lemon Cake  
 Vanilla Pudding

**September 4,18,**Lunch

Beef Veg soup  
 Grilled Chicken Strips  
 Beef Yakasob  
 Broccoli, Corn  
 Dinner Rolls  
 Banana cake/Oatmeal  
 Raisin/Apple Crisp  
Dinner  
 Lentil soup  
 Pork chops (Tropical)  
 Lemon Baked Fish  
 Potatoes/Rice  
 Asparagus/Carrots  
 Sweet potato Pie/  
 Brownies  
 Cocunut cream pie

**September 9,23**Lunch

Split pea soup  
 Chicken /lasagna  
 Peas, Cauliflower  
 Garlic bread  
 Chocolate cake  
 Peach pie  
Dinner  
 Cream of mushroom  
 Ham w/pineapple  
 Herb baked fish  
 Sweet potatoes  
 Succotash  
 Butterscotch brownies  
 Apple crisp

**September 14,28**Lunch

Chicken soup  
 Meatloaf/Chicken  
 Scallop Potatoes/Rice  
 Broccoli/Peas  
 Dinner Rolls  
 Coconut cream pie  
 Oatmeal cookies  
Dinner  
 Veggie soup  
 Pork chops/pizza  
 Mashed potatoes/rice  
 Cauliflower/Spinach  
 Pumpkin Pie/Yellow  
 Cake

**September 5,19**Lunch

Potato soup  
 Turkey/Chili Mac  
 Potatoes w/Gravy  
 Succotash/Fried Okra  
 Corn Bread Dressing  
 Coconut Cream Pie/  
 Sugar Cookies  
 Dinner Rolls  
Dinner  
 Corn Chowder  
 Pork Loin/Chicken  
 Potatoes/Rice Pilaf  
 Carrots/Cauliflower  
 Oatmeal Cookies/  
 Orange Cake

**September 10,24**Lunch

Beef noodle soup  
 Roast turkey w/ gravy  
 Beef stew  
 Mashed potatoes  
 Broccoli, Squash  
 Cake/Sweet potato  
 pie  
Dinner  
 Chicken noodle soup  
 BBQ Chicken  
 Roast beef, gravy  
 Au gratin potatoes  
 Steamed rice  
 Corn on the cob  
 Cocunut cream pie