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JUL 18 2012

## MEMORANDUM

From:   
T. L. Emerson, LCDR  
CG HSWL SC (rpcm-hsa)

Reply to: LCDR Emerson  
Attn of: (609) 898-6860

To: K. A. Koskinen, CDR  
CG HSWL SC (rpdcn)

Subj: JULY 2012 PATIENT ADVISORY COMMITTEE (PAC) MINUTES

Ref: (a) CG Medical Manual, COMDTINST M6000.1E, Chap.13-M-2

1. Call to order: The Health, Safety & Work-Life (HSWL) Regional Practice Cape May, Samuel J. Call Health Center's Patient Advisory Committee met on 17 July 2012; LCDR Emerson called the meeting to order at 1400.

2. Members Present:

LCDR T. Emerson      MCPO D. Smith (CMC / TCCM)      Ms. S. Schanz

Mr. D. Hunter      HS1 Thurston (ASAC/HSA)      SK1 R. Dietrich

Ms. J. Woods      SCPO C. Seybold      ENS M. Doepking

Celine Angull (Ombudsman / CGC VIGOROUS)

HS1 R. Greenan (IDHS / DEPENDABLE)      LCDR J. Leshnover (XO / DEPENDABLE)

3. New Business:

a. Review Complaint / Concern Process. LCDR Emerson reviewed the four mechanisms for customers of the Samuel J. Call Health Center (SJCHC) to voice their complaints or concerns:

(1) Beneficiaries may speak directly with the Clinic Supervisor (HSCS Seybold), Health Services Administrator (LCDR Emerson), Regional Practice Director (CDR Simon) or speak with the HSWL SC CMC, (MCPO Glen San Nicholas), Deputy (Mr. Munson), or Commanding Officer (CAPT Ty Rinoski).

(2) Beneficiaries may complete a SJCHC patient satisfaction survey which is located in each of the patient waiting rooms.

(3) Beneficiaries may attend the quarterly Patient Advisory Committee meeting.

(4) Beneficiaries may exercise their right to write to their elected government officials / congressman.

b. HIPAA Statement. LCDR Emerson reminded everyone that PAC meetings are held to discuss clinic business and patient concerns and that specific patient treatment details should not be discussed in order to honor the patient's privacy.

c. PAC Meeting Attendance: LCDR Emerson described ideal representation at PAC meetings which would include enlisted and officer representation from each area command, active duty dependent representation, retiree beneficiaries, various military association members and unit Ombudsman.

d. Staffing concerns/updates: LCDR Emerson provided an update on the following staff vacancies:

(1) Medical Officers:

a. Physicians: One USPHS Physician billet remains vacant (since Jan '12); LCDR Buenaventura is expected through an interservice transfer from the U.S. Army in August. CDR Simon departs to AIRSTA Clearwater 19 July; CDR Koskinen assumed Regional Practice Director and Senior Medical Executive duties effective 1 July. LCDR Amy Redmer has assumed Senior Medical Officer duties.

b. Physician Assistants: ENS Seth Harris & ENS Matthew Doepking have reported aboard after graduating PA studies. One PA active duty billet will remain vacant this assignment year due to lower recruit shipping numbers.

(2) PHS Medical Officer/Psychiatrist: Our CAPT/O6 PHS psychiatrist billet remains vacant.

(3) PHS Dental Officers: CAPT Robin Scheper is expected to report aboard in August. One of the Dental Officer positions vacated is being transferred to the HSWL Service Center and will be filled by a USPHS Medical Laboratory Technologist. This results in a USPHS Dental Officer PAL reduction at Cape May from 10 billets to 9.

(4) GS/Registered Nurse: Fully staffed at this time, we anticipate 1 summertime resignation.

(5) Enlisted Staffing: Currently 47 of 50 positions are filled with three more slated for PCS assignment this assignment year.

(6) Work-Life: We have 1 opening for a new Child Development Care Specialist (GS-11). This individual will be the primary point of contact and local subject matter expert for all Active Duty Coast Guard members requesting Family Child Care Home certification, seeking quality child care services and school related resources and information.

(7) Contract Openings: 25 of 25 contract positions are filled.

e. Medical & Dental Readiness for Regional Practice Cape May AOR:

- 1) Periodic Health Assessments: 90.9%
- 2) Dental: 87.6%
- 3) Immunizations: 95.1%
- 4) Medical Tests: 95.7%
- 5) Influenza: Not reported, awaiting 2012-13 Flu Vaccine Shipment

\*\* Annual PHA and Dental Exam compliance for Active Duty and Reserves has dropped slightly over the past quarter. Cape May is targeting these items during recruit no-ship weeks to return readiness to levels congruent with our FY12 business plan goals of 95% or better. We have purchased a Mobile Dental Unit and intend to deploy it with a Dentist and 2 Dental Assistants to Sector Delaware Bay in September to address lower than desired dental readiness compliance for personnel assigned in the Philadelphia area.

f. Smallpox Vaccine: The Coast Guard suspended administration of this vaccination in 1989 after the World Health Organization concluded that the virus had been eradicated from natural occurrence and only remained in labs for scientific study. In early 2003 the CG, along with the DOD, began vaccinating active duty and reserve forces once again to protect against the Smallpox Virus should it be liberated by terrorists in the form of a biological weapon. Throughout the early months of 2003 all CG forces were immunized and they continue to be immunized at accession points (TRACEN Cape May and CG Academy) to this day. Boosters are recommended for this vaccine every 10 years, which means the Coast Guard must prepare to revaccinate all those in the field that were previously vaccinated. The decision to continue this vaccination is being studied by CG-11 and the DoD, if approved as a continued requirement, CG clinics will begin the process of visiting field units to revaccinate personnel.

g. Annual Influenza Vaccine: We are awaiting shipment of our annual stock of Influenza Vaccine for the 2012-2013 Influenza Season. Typically this vaccine is received over the course of several months in several shipments, for this reason we have to prioritize administration of the vaccine to alert forces first followed by recruits and other personnel. The first vaccine received will be administered to cutters, small boat crews, health care workers, aircrews, fire department personnel, and CDC personnel. Recruits will follow this group, followed by non-alert forces. Depending on supplies/availability, the clinic may also hold a couple of walk-in flu shot clinics for other beneficiaries (Space-A). The flu vaccine is a covered TRICARE benefit, for this reason we strongly encourage space-A beneficiaries to obtain this vaccine in the civilian network, especially those deemed high risk due to chronic health conditions, pregnancy, etc.

h. Semi-annual Clinic Newsletter: The Clinic Newsletter was updated in July; the current edition has been released to all hands via email and has been posted on the clinic web site at: [http://www.uscg.mil/hq/capemay/activeduty/HS\\_Main.asp](http://www.uscg.mil/hq/capemay/activeduty/HS_Main.asp)

i. New Health Record for Active Duty Personnel: HSWL Regional Practice Cape May rolled out the new Active Duty Health Record to the fleet on 13 July with Victor-186 as the first company

to graduate with this new health record. The old health record, which consisted of a blue 6-part medical record and a separate 2-part green dental record, is being replaced by a new 10-part combined medical & dental record. The new chart has done away with Social Security Numbers (SSN's) on the record cover which is replaced by the DOD Identification Number; this number may be found on the back of your CAC card. Our new electronic health record "EPIC" is expected in the next year; this new EMR includes a mechanism in which bar code labels are generated and affixed to health records, enabling the use of scanner technology to account for record location anywhere in the CG. An AIG was released to announce the new health record with directions to health services personnel to begin transitioning to the new record in the field. Directions for filing medical information in this new record can be found at:

<http://www.uscg.mil/hq/cg1/cg112/cg1123/default.asp>.

j. **NEW!! Employee Assistance Program Contract:** Effective 1 May 2012 the CG launched the new CG Support (CG SUPRT) Program. CG SUPRT replaced the old EAP program including WorkLife4You services. CG SUPRT is a professional counseling service designed to help you with your problems both on and off the job. This service is free, confidential, and voluntary. The EAP is an effective way to deal with work-related issues. Contact Cape May's Employee Assistance Program Coordinator (EAPC), Mr. Glen Corlin, if you have any questions or concerns about this program/contract @ (609) 898-6731. To access CGSUPRT, members can call toll free at 855-CGSUPRT (855-247-8778) or go to the web site at [www.CGSUPRT.com](http://www.CGSUPRT.com). Many of the services being offered under this new contract are enhancements from the previous EAP. Most notably, SELRES and their families are now fully covered, telephonic health coaching services are now included, the number of face-to-face counseling sessions available to covered members has increased from 6 to 12, and tax preparation assistance is available. The CG SUPRT Program, as was the case with our previous EAP, remains confidential within the limits of applicable laws and regulations. All the old EAP contract marketing material should be discarded, updated marketing material will be distributed to all units within 2-months. See enclosure (1) for a list of services.

k. **ANNUAL PATIENT SATISFACTION SURVEY:** The results of the annual patient satisfaction survey held 26 March – 6 April was shared with the PAC committee. This year 309 customers who visited the clinic during the period were surveyed. Results were overall very positive citing high marks for professionalism, customer service, sanitation, privacy, wait times, and overall satisfaction. Room for improvement was noted in the areas of PCM recognition and Clinic Newsletter awareness. The front desk will strive to educate patients at each visit on the existence of the Clinic Newsletter and query on understanding of their assigned PCM identity.

l. **PCS SEASON IS HERE!** Each summer season brings with it PCS transfers for active duty personnel and their families. HSWL Regional Practice Cape May wants to remind personnel that it is of utmost importance to check-in/out with the clinic to ensure accountability of health records, readiness items are addressed and TRICARE benefits are understood. We have revised check-in procedures in the clinic to include an appointment for active duty personnel with their Primary Care Manager (PCM). This is a "GET TO KNOW YOU" appointment where our newest patients can discuss healthcare needs with their newly assigned PCM; we'll also address any readiness issues

during the check-in process to ensure that readiness compliance for all personnel in the Cape May AOR is of the highest levels.

\*\*All units are urged to confirm that the HSWL Clinic is listed on your check-in/out sheets for personnel.

m. Transition of Family Member Dental Program from United Concordia to Met Life: The TRICARE Management Activity awarded the TRICARE Dental Program T-3 Contract to Metropolitan Life Insurance Company, Inc. The contract provides for worldwide, comprehensive dental care coverage to enrollees including family members of Uniformed Service Active Duty personnel and to members of the Selected Reserve and Individual Ready Reserve and their eligible family members. Dental care under the new contract began 1 May 2012. Beneficiaries are urged to ensure that their current dentist is part of Met Life's network; they may do this by visiting the Met Life web-site at <http://www.metlife.com/individual/>, click "find a dentist" at the upper right-hand side of the web page and search for a "Dental PPO" provider. If the dentist is not a member, dentists can apply to become part of this network by visiting <http://www.metdental.com>.

l. Reserve Dental Readiness: Annual Dental Screening (Type II) Examinations are required for dental readiness. SELRES members can obtain Dental Examinations via one of the following methods:

1) Private civilian dentist. SELRES members must provide a completed Department of Defense Active Duty/Reserve Forces Dental Examination, Form DD- 2813 to their cognizant Health Record Custodian;

2) Coast Guard Dental Treatment Facility (DTF) on a space availability basis and subject to approval by the Health Services Administrator or HSWL Regional Practice Manager;

3) Reserve Health Readiness Program (RHRP). Authorized for SELRES members without dental insurance coverage or who are not able to be seen at a Coast Guard DTF. Contact RHRP at 1-888-697-4299 to make an appointment.

\* SELRES members may use one Readiness Management Period (RMP) for this dental screening. Dental treatment or cleaning is not authorized at Coast Guard DTFs or via RHRP. All dental follow up care and treatment are the responsibility of the SELRES member and must be completed by the member at their own expense. SELRES members are encouraged to utilize the TRICARE Dental Program if they do not have a civilian dental insurance coverage.

n. Committee Comments:

1) SCPO Seybold advised that the clinic recently received two complaints from patients on the "misplacing" of health records. In each occurrence the record was located but due to

occasional staff non-compliance with SOPs with regards to use of certified mail tracking logs and in-house “check-out” cards finding these charts was more difficult than desired.

a. In one case a health record was sent to the National Records Archive 3-years ago after a member departed active military service; when this member returned to active service Cape May was unable to confirm his health record had been sent to the National Archives. After some back and forth with the National Archives the chart was located and returned to Cape May.

b. The second case involved a chart that was not properly checked-out from the Cape May records room; it was later found in a medical provider’s office.

- The Front desk staff will ensure SOPs are followed in all cases of record management to ensure accountability and safe-keeping of health information. Health records are to be returned to the records room at the end of each work day; records shall not be kept in provider offices.

4. Meeting adjournment at 1445. The next PAC meeting has been scheduled for 16 October at 1400 in the SJCHC conference room.

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Copy: Health Services Administrator file  
CG Portal  
Attendees