

## DMLSS Just-in-Time Logistics Half-Way 'Round the World

*AFGHANISTAN—Building is stressful. Moving is stressful. Imagine moving an entire acute-care hospital nearly halfway across the world; building it on a rocky, windy terrain; and stocking it with not one but two intensive care units, a fully equipped surgical suite and enough beds and medical supplies to treat hundreds of people.*

Now imagine doing this in less than 30 days.

The U.S. Army recently erected its full-service 31st Combat Support Hospital in Afghanistan. The staff had an initial set-up operational within 72 hours of arriving. In less than two weeks, the entire hospital was a fully functioning acute-care facility treating critically injured combat casualties with the latest in medical equipment and technology.

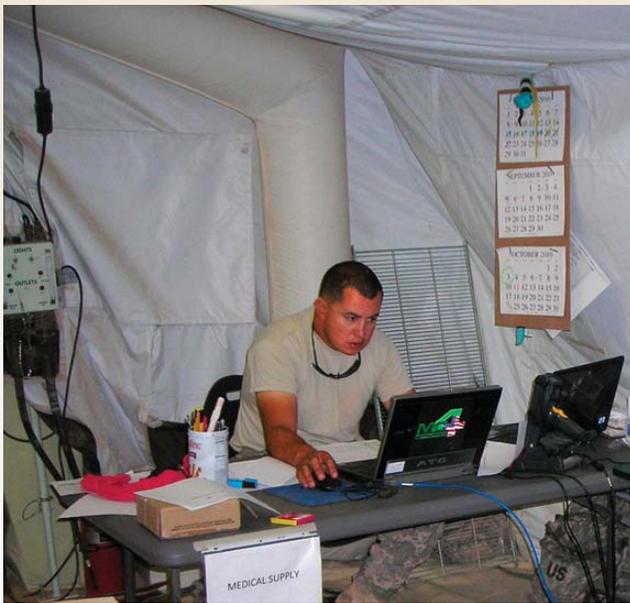


*MC4's Rocky Henemyer installs the DMLSS server allowing staff with the 31st Combat Support Hospital in Afghanistan to electronically manage medical supplies. (U.S. Army Photo)*

Despite this rapid, successful deployment, one section of the 31st CSH used pen and paper to order, track and deliver all its medical supplies. Those tools have been replaced through successful deployment of the Defense Medical Logistics Standard Support automated information system.

Deploying DMLSS at 31st CSH was successfully accomplished thanks to the dedicated efforts of the Military Health System, the Army's Medical Communications for Combat Casualty Care, the Joint Medical Logistics Functional Development Center at Ft. Detrick, and the DHSS Medical Logistics Division. Deployment requirements were led by the MC4 team who integrate, field and support comprehensive medical information systems in-theater for access to electronic medical records, to streamline medical logistics and to enhance situation awareness for Army tactical forces. Server requirements were led by the JMLFDC team to ensure the DMLSS database and cache would work correctly in-theater for the Army.

Story continues on page 4



*SPC Daniel Guzman, medical supply technician for the 31st Combat Support Hospital, processes medical supply orders. (U.S. Army Photo)*

# ESSENCE Medical Surveillance Releases New Surveillance Categories In Support of Influenza Tracking and Reporting

*Two new syndrome groups in support of influenza tracking and reporting are now available in ESSENCE. The new groups are 'Influenza Specific' (based on diagnostic codes) and 'Antiviral' (based on filled prescriptions for medications commonly used to treat influenza). The "Influenza Specific" category is in the ESSENCE alert and time series syndrome lists. The "Antiviral" category is under the query function for pharmacy.*

Additional features of this release include an update to the ESSENCE User's Guide and new video training that addresses many of the fundamental training objectives of ESSENCE. MHS Learn, the Military Health System's enterprise learning portal, built an integrated link for the training video which can be found under the new 'training' toolbar within ESSENCE and at [www.mhslearn.csd.disa.mil](http://www.mhslearn.csd.disa.mil).

The Influenza Specific syndrome group will report all direct care outpatient encounters with any of the following ICD-9-CM codes: 487, 487.0, 487.1, 487.8, 488, 488.0 and 488.1. An Influenza Specific group complements the existing nonspecific ILI group and will provide insight as to whether influenza is a likely cause of an ILI outbreak. In the future, ESSENCE users will be able to superimpose time series graphs for both these categories for easier comparisons.

The Antiviral group queries all medications dispensed by TRICARE military, network, and mail order pharmacies and identifies records with medications found in the specific PDTS GC-3 category of W5A. This category includes the four most



common antiviral agents used to treat influenza (oseltamivir, rimantadine, zanamivir and peramivir), but it also includes other antiviral medications, like acyclovir, used to treat herpes simplex, shingles, cytomegalovirus and sometimes varicella. In order to focus on the influenza medications, ESSENCE users will need to query on new prescriptions and then sort the medication column. In the future, the ESSENCE development team plans to add an automatic sort filter to the PDTS query.

For additional support or assistance, please contact the MHS Help Desk at 1-800-600-9332. Additional consultative support regarding the operational use of ESSENCE is always available from your Service's public health center.

# ESSENCE Featured in Latest Issue of Medical Military Technology Magazine

*The capabilities of ESSENCE Medical Surveillance are reported in the September issue of Military Medical Technology/CBRN magazine.*

The article describes how ESSENCE was built for the Department of Defense and describes its current and future capabilities. It includes interviews with DHSS Director of Health Surveillance Robert Bell and Dr. Kenneth Cox, Health Quality Expert for Medical Informatics and Special Projects for the U.S. Army Public Health Command.

To read the article, entitled *On Watch*, please click onto this link: <http://www.military-medical-technology.com/mmt-home/274-mmt-2010-volume-14-issue-6-september/3375-on-watch.html>

ESSENCE is a Web-based medical surveillance tool that automatically screens the entire Military Health System worldwide for rapid or unusual increases in the occurrence of certain medical syndromes.



# TRICARE Online, MyHealthyVet Featured in Association Newsletter



*The September issue of the Fleet Reserve Association newsletter of the U.S. Navy, U.S. Marine Corps and U.S. Coast Guard, FRAtoday, features a detailed article about the online capabilities of TRICARE Online and MyHealthyVet.*

Entitled *Online healthcare tools*, the article includes an interview with Jenna Noble, DHSS Deputy Program Manager, Clinical Support Division, describing the benefits of online appointing in TRICARE Online and recent enhancements to the application.

To read the article, please click onto this link: [http://www.fra.org/AM/Template.cfm?Section=FRA\\_Publications&CONTENTID=10939&TEMPLATE=/CM/ContentDisplay.cfm](http://www.fra.org/AM/Template.cfm?Section=FRA_Publications&CONTENTID=10939&TEMPLATE=/CM/ContentDisplay.cfm)

# DMLSS

## Half-Way 'Round the World

Continued from page 1

Although used at all Air Force and in most Navy combat support hospitals, deploying DMLSS at the 31st CSH is a first for the Army. The MC4 and JMLFDC teams worked closely for months to go through the IT architecture, testing and support required for a successful deployment. Leading those efforts were Tim Wheeler for JMLFDC and Rocky Henemyer for MC4.

Currently, DMLSS has 14 different modules available for automated tracking and reporting. The MC4 and JMLFDC teams decided to initially deploy DMLSS into the modules at the 31st CSH based on the essential individual tasks required, such as ordering bandages, gloves, tape, catheters, and medicine. Before the DMLSS deployment in August, staff walked to and through the hospital's supply section writing down the items they needed from the inventory. Imagine writing down everything you select in a grocery store aisle. No scanning, no automated reporting or barcodes.

"Until we arrived, the staff had to manually record everything within the supply area," Henemyer said. "We brought in hand-held scanners and a barcode printer, so now logistics staff can print shelf labels to help quickly track their inventory."

Wheeler and Henemyer originally created a four-week deployment schedule to factor in any possible contingencies that might occur since the hospital is nearly 7,000 miles away from Ft. Detrick, Md., which supplies all support for the DMLSS server at the 31st CSH.

As with any schedule, there were surprises. The original DMLSS server configured for 31st CSH did not arrive as scheduled. That problem was quickly solved by the JMLFDC team who remotely downloaded the Army medical logistics cache onto a DMLSS server in Qatar, which was then shipped directly to Henemyer at 31st CSH.



*Members of the JMLFDC Server - Support, Remote Support, and Database Administration teams who helped with the 31st CSH deployment. Shown from left are: (front row) Benjie Lagasca, Nick Shaikh, Dilip Patel, Gigi Miller, and Harry Mayle; (second row) Daniel Armstrong, Shawn Henson, Jean Weagley, and David Sawyer; (third row) Dave Davis, Mark Pernicano, Tim Wheeler, and David Irish; and (top row) Dan Maruschak, Matt Anspach, Leuchien Sangvorn, Jorge Pulupa, and Joe Morlock*

Story continues on page 5

# DMLSS

## Half-Way ‘Round the World

Continued from page 4

The lesson learned is that for future deployments the JMLFDC team will pre-stage hardware at Qatar so if anything fails in the fields, replacement parts can quickly be distributed.

U.S. Army Col. Chris Harrington, DHSS Deputy Program Manager for Medical Logistics, describes it best.

“We’ve all had cable installed in our house,” he says. “A guy comes out, physically connects the cable, hands us a remote and shows us how to use it. That’s what Rocky (Henemyer) did. He physically went over there, hooked the wires together and showed his users how to use DMLSS.

“But, like with cable TV, what comes over those wires has to be tested to ensure the signal is working correctly so that when the installer leaves, you have someone to call if a problem occurs. That’s where Tim’s (Wheeler) team comes in. If you don’t have a good installer, or activator as we call them, and someone on the other end to support the installer and deliver the programming, or in our case the logistics updates and patches to DMLSS, then that wonderful piece of equipment in your house will not work.

“I’m so proud of everyone who’s been involved with this deployment from the MHS, to JMLFDC, to MC4, and Army leadership. We all worked together to make sure this deployment could go as smoothly as possible and I think they’ve done a terrific job.”

Henemyer agrees and offers special praise for the JMLFDC team who supported him and his team in Afghanistan.

“We could not have done this without the folks at JMLFDC working remotely to make sure the server was working correctly,” he said. “We would call them back at Ft. Detrick during our daylight hours but which for them was 1, 2 or 3 in the morning (EST) helping us work through things so that we could make it a success.

“We may be the ones on the front lines and who look good, but JMLFDC really did the hard work. They made sure we had our equipment. They pushed the (DMLSS) database to us so that we could train with it and then pushed out the live database so that we could complete the end-to-end connection all the way back to TEWLS. Now that’s just-in-time logistics.”



# eXpresso

## **Enhanced Blue Button Feature Available on TRICARE Online**

*An enhanced version of the TRICARE Online Blue Button capability is now available at [www.tricareonline.com](http://www.tricareonline.com) allowing users to download their personal health data to text.*

This enhancement offers TRICARE Online users the choice of saving their personal data to the new text format or to the original Portable Document Format. With the text format, users can quickly edit and search their personal health data downloaded from TRICARE Online.

To access the enhanced Blue Button feature, users can select the Blue Button titled "Save Personal Health Data" on [www.tricareonline.com](http://www.tricareonline.com).

TRICARE Online is the Military Health System's internet point of entry providing all 9.6 million Department of Defense beneficiaries access to available health care services and information through an enterprise-wide secure portal.

Online users who receive their care at a military treatment facility can schedule appointments, order prescription refills and view their personal health records.

To learn more, go to [www.tricareonline.com](http://www.tricareonline.com) or visit [www.health.mil/mhscio](http://www.health.mil/mhscio).

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