

THE RAPID PULSE

July /August 2009

Faces & Places

WELCOME

El Centro, CA:

Sandra Aguirre
William (Ross) Hardwick
Franciso Gonzalez

Florence, AZ:

Brent Stephen

Houston, TX:

John Manuel
Sekertria Battle

Miami, FL:

Nakita Jackson

Willacy, TX:

Maury Meredith
Jason Evans

THE DIRECTOR'S PERSPECTIVE

By CAPT Marsha Davenport, Acting Director

Welcome to the July/August 2009 issue of *The Rapid Pulse*. I would like to take this opportunity to thank each and every one of you for your on-going support in my role as Acting Director for the Division of Immigration Health Services (DIHS) during this period of transition.

There are many things that we should be proud of as an organization. I would like to share some of those things with you at this time.

First, I want to acknowledge our staff both in the field and at Headquarters for the exceptional efforts that have supported our response to the H1N1 influenza pandemic.

Since April 24, 2009 we have focused on identifying suspect, probable, and/or confirmed cases of the H1N1 virus among the detainees in our facilities. Through your continued vigilance, we have been able to work together to control the spread of this virus in our facilities, the community, and nationally as well as internationally. We have continued to partner with the state and local health departments and other federal agencies to mitigate the spread of the H1N1 virus during this pandemic.

What is even more commendable is that we are doing all of this during the pandemic, yet maintaining our high standards of medical care for the detainees at our facilities.

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Healthcare IT: The Continuity of Defense/VA Electronic Healthcare

By Dr. John Wulu

I had an opportunity to attend a forum on “Healthcare IT: The Continuity of Defense/VA Electronic Healthcare,” in Washington DC, at the National Press Club, and believe that it is befitting to share in this write-up my experience at the forum.

The forum was hosted as a part of the *Government Executive Events Group: Leadership Breakfast Series* on March 4, 2009, 7:30AM to 9:30AM. It was moderated by Mr. Bob Brewin, *Government Executive’s* Editor at Large and a panel of experts to discuss the following issues: (1) How electronic health records move from the battlefield to stateside Defense Department hospitals and to VA healthcare facilities, and (2) The progress that both agencies-Department of Defense (DoD) and Department of Veterans Affairs (VA)-have made sharing health records electronically. The forum was sponsored by six leading IT and business process services providers including CA Wily Technology, CGI, GTSI, Intersystems, Lockheed Martin, and SAS.

The panel of experts included Rear Admiral Gregory A. Timberlake, Director, Interagency Program Office, Department of Defense/Department of Veterans Affairs and Colonel Leroy Winfield, Deputy Command General of 3d Medical Command (Deployment Support), Department of the Army.

The VA/DoD experience in sharing electronic health records (eHR) is perceived as a good example for a nationwide electronic health records system addressed in the Obama stimulus plan. The forum revealed that such a system is expected to retain the medical records of service men and women during and after their military careers.

During the panel discussions, the following points were emphasized:

The VA and DoD operate a large percentage of federal hospitals collectively in the United States. Stud-

ies have confirmed that federal hospitals provide the best care available anywhere for some of the most common life-threatening illnesses.

Since 2007, there have been transmissions of inpatient medical records from the war theater, thus allowing doctors to share medical data seamlessly at the DOD and VA.

- Both departments are continuing collaboration on the development of a joint inpatient electronic health record system for hospitalized active duty military personnel and veterans.
- DoD has updated its outpatient electronic health record, the Armed Forces Health Longitudinal Technology Application (AHLTA), and is continuing efforts toward integrating and updating its inpatient health record.

VA has been planning to modernize the platform for its Veterans Health Information Systems and Technology Architecture program (VistA) electronic health record.

VA and DOD currently can exchange certain data, including lab results, radiology reports, medication history allergies, encounters, clinical notes, and consult reports of shared patients.

The need to share computable outpatient pharmacy and drug allergy information for shared patients through clinical data repository/health data repository exchange.

The benefits of the joint eHR system would allow for, among other things, continuity of quality care; flow of bidirectional health information/data exchange between VA and DoD; health care cost-efficiency and costs containment; patient safety and reduction of medical

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errors; the protection of medical records; and provision of system integrity and accessibility.

A full interoperability of the DoD/VA eHR system is scheduled for **September 2009**, as both departments have been working on the development of such a system for at least two years.

When the joint eHR system becomes operational, there will be a ban on the use of external devices; especially those prone to exposure of electronic transmitted diseases (ETD).

Expectations from the forum

The joint eHR system will be a model for other large healthcare providers to emulate. It is expected to be synthesized for use in other health systems.

The efforts of integrating both departments' e-health records systems with real commitment to interoperability standards reflect vital progress and appreciation for consolidated health care systems that would focus on U.S. military service members, veterans, and their beneficiaries.

Implications for the anticipated Division of Immigration Health Services (DIHS) eHR System

Effectively examine DIHS' clinical and business processes, and develop and reveal team-approach strategies that would pave a clear path a unified electronic medical records system.

Continue to engage in a series of discussions and dialogues with potential Healthcare IT vendors as well as with DIHS staff, health professionals, and other stakeholders to set the foundation for obtaining high quality certified correctional healthcare eHR system that will be cost-effective and fulfilling to various service delivery programs and management systems at DIHS.

PHS Reception at UT School of Public Health

By CDR Dennis Slate and LCDR Tina Bryant

A reception for Commissioned Officers of the U.S. Public Health Service was held by the the University of Texas School of Public Health on April 14, 2009, at the campus on Pressler Boulevard in the Texas Medical Center complex in Houston. PHS officers from the U.S. Coast Guard, Division of Immigration Health Services, and the Federal Bureau of Prisons attended the reception. Medical, dental, nursing, scientist, and health service officer categories (Physician Assistant, Social Work, & Clinical Psychology) were represented at the reception. Approximately 100 students and faculty from the UT School of Public Health attended the reception. The goal of the reception was for the UT School of Public Health and Commissioned Officers of the U.S. Public Health Service to establish relationships and cultivate mutually beneficial teaching, research, and service opportunities.

Remarks were provided by RADM James Steele, USPHS (retired). Dr. Steele was the first veterinarian to attend the Harvard School of Public Health and later developed the veterinary category for the U.S. Public Health Service. RADM Steele retired from the USPHS in 1971 and has been on the faculty of the University of Texas School of Public Health since that time. He is 96-years-old and still publishing articles in professional journals. Comments were also provided by Dr. Roberta Ness, Dean of the School of Public Health, Jane Montealegre, President of the Student Epidemic Intelligence Service at UT School of Public Health, and CDR Dennis Slate of the Division of Immigration Health Services.

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PHS Reception-- from Page 3

Students and faculty were able to mingle and interact with the PHS officers and establish recruiting and networking contacts. Two of the PHS officers were asked to participate in public health seminars as a result of the interaction. Two of the graduating Ph.D. students from the school (both Scientists) have applied for commissions as PHS officers as they have been selected for positions at the Centers for Disease Control and Prevention, and the Food and Drug Administration, respectively. It is hoped this will become an annual event for the UT School of Public Health.



UTsPH PHS Officers and Dean and SEIS

***DIHS Civil Servants Recognized
For Federal Government Length
of Service***

Congratulations to Mrs. Kelly Horecky and Ms. Shalana Millard, who were recognized for their length of service to the federal government.

Mrs. Horecky was presented with a certificate from ICE for five (5) years of federal government service. Ms. Millard was presented with a certificate and pin for fifteen (15) years of federal service.

***2009 DIHS Commissioned
Officer Promotees***

Buffalo:

LCDR Sean McMahan to O-5

El Centro:

LCDR Garnel Elmer Martin to O-5

El Paso:

LCDR Ivan Pierce to O-5

LT Mark D. Cruz to O-4

Elizabeth:

LT Jennifer Chibber to O-4

LT Raymund Delapena to O-4

Eloy:

LT Grafton Adams to O-4

LT Trellis Adams to O-4

LT Kimberly Spady-Grove to O-4

LT Monica Morris to O-4

Florence:

LT Mark Nienhuis to O-4

Harlingen:

CDR Jerri McGinnis to O-6

Houston:

LCDR Robert Harris to O-5

LT Amanda Stewart-Wright to O-4

LT Jesse Larson to O-4

Miami:

LCDR Nelson Reyes to O-5

LT Gerarda Persad to O-4

LT James Lane to O-4

LTJG Leslin Coachman to O-3

Pearsall:

LCDR Jeffrey Haug to O-5

LCDR Lysa Hieber to O-5

LT Vicky Ottmers to O-4

*Promotees– From Page 4***Pinal:**

LCDR Shawna Hutchins to O-5 (transferred)

Port Isabel:

LCDR Delia Zorrilla to O-5

LT Julie Niven to O-4

San Diego:

LCDR Cindy Butler to O-5

LT Edwin deGuzman to O-4

LT Sandra Duncan to O-4

LCDR Joanne Galano to O-5

LCDR Diana Liebner to O-5

LT Kenneth Sekulic to O-4

Tacoma:

LCDR Kevin McDermott to O-5

LCDR Victoria Vigil to O-5

LCDR Troy Thompson to O-5

LT Christian Meyer to O-4

LT Tania Thorne to O-4

LT Enrique Vega to O-4

LT Robert Belde to O-4

Taylor:

LT Anthony Johnson to O-4

LT Anthony Benjamin to O-4

LCDR Angel (Sammy) Lasanta to O-5

LCDR Tom Hochberg to O-5

Varick:

LCDR Venetta Thompson to O-5

Washington, DC:

CDR Linda Belsito to O-6

LT Junio Colobong to O-4

LT Monique Davis to O-4

LCDR Karen Dorse to O-5

LCDR Tracey Jackson-Weaver to O-5

Willacy:

CDR Dawn Anderson-Gary to O-6

LT Jenny Mohon to O-4

Rainier Branch Local COA Hold First Promotion Ceremony

By LCDR Aileen Renolayan

On July 15, 2009, the Commissioned Officer Association's Rainier Branch hosted their first annual PHS promotion ceremony. The Rainier Branch was established in October 2008 by the DIHS site in Tacoma, WA.

Seven Commissioned Officers were recognized through the promotion process for the 2009 cycle. All seven are currently stationed at the Northwest Detention Center in Tacoma, WA.

The ceremony was presided over by CAPT Todd Tovarek, DDS, and CDR Deanna Gephart, Health Services Administrator, jointly. Guests included local ICE Leadership including AFOD Tom Giles and his staff as well as Warden Wigen, GEO Group and his staff. After the Presentation of Colors, the National Anthem was sung by George Enlow, a correctional officer at the Northwest Detention Center.

CDR Gephart delivered a warm and informative presentation about the origin of the Corps and the distinction between the seven uniformed services so that the audience would have a greater understanding and appreciation for the US Public Health Service. In addition, she welcomed all and thanked the officers for their continued support and dedication to the mission of the DIHS as well as PHS. She also commented positively about the large number of supporters (GEO Group Inc., ICE staff, family, friends, and fellow officers). CAPT Tovarek then pinned each officer.

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Tacoma– From Page 5

Lastly, CDR Gephart read the “call to orders” for each rank and conducted the swearing in portion of the ceremony.

It was a very pride filled day for the team and DIHS Tacoma.

Port Isabel Promotion Ceremony– In Pictures

The Port Isabel Detention Center held a promotion ceremony on June 30, 2009. CDR Jerri McGinnis (2nd from left) was promoted to CAPT. LCDR Delia Zorrilla (not in attendance) was promoted to CDR, and LT Julie Niven (3rd from left) was promoted to LCDR. Others in attendance beginning at left: CAPT Marian Moe, HSA; CDR Tracy Karshner, FNP; CAPT Luzviminda Peredo-Berger, MD; CDR James Gregory (kneeling), AHSA.



The Importance of Patient Education

By LCDR Julie Niven

Throughout my career as a social worker my awareness of the importance of patient education has continued to grow. I’ve seen the work accomplished in a face-to-face encounter multiplied many times over when patients are provided with written material to supplement the encounter. Patient education is normally aimed at either preventing or treating a health problem. As Sir Francis Bacon said, *knowledge is power*. Patient education is one means of *empowering* patients. Empowered patients take better care of themselves. Healthier patients appear less often for Sick Call. It’s a win-win for everyone!

Late last year, I was appointed Patient Education Coordinator at the Port Isabel Detention Center in South Texas. As I carry out my duties, I find my respect for the importance of patient education again increasing. I am impressed with the National Standards that require DIHS to provide all detainees with written information on the basics of self-care and stress management through the “Medical Orientation and Health Information” and “Dealing with Stress” pamphlets provided to every detainee at Intake as well as the “Staying Healthy” pamphlet which explains the most common ailments and their treatments, and is provided during each detainee’s physical exam.

Aside from these three mandatory pamphlets, there are many additional optional handouts available in various languages depending on the specific problem a patient may be facing. And our Patient Education database is always increasing.

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Most recently five new handouts are under development on topics aimed at preventing health problems before they start.

Many detainees arrive at our detention centers with previously undiagnosed physical and mental illnesses. Illnesses uncovered during intake may be ones that a detainee has no prior knowledge of. I imagine that many detainees feel overwhelmed when told about health problems for the first time. Patient education can help calm patients by informing them how they can begin to take better care of themselves. Patients frequently give positive feedback about the education they have been provided. Most seeking mental health services report stress management and cognitive restructuring handouts are helpful as they adjust to their detention stay. Many who are experiencing depression, anxiety or post traumatic stress disorder are relieved to learn that their problems do not mean they are “loco.” Overall, patient education helps the detainees we treat increase their capacity to help themselves.

Though reading is second nature to health care professionals, it is often not so in our detainee population. It is important to assess a detainee’s level of literacy and his or her primary reading language before handing out written patient education. If the patient is unable to read, the educational leaflets are good guides when providing education to patients verbally. Remember that documentation in the clinical record is essential to meeting our national standards and must consist of a brief note stating that patient education was provided as well as understood.

The Patient Education Coordinator (PEC) is responsible for monitoring the administration of patient education at each DIHS site. It is important that we re-familiarize ourselves periodically with the Patient Education folder (inside the Specialty Folder) on the DIHS Global Drive. Don’t hesitate to talk with your site’s PEC or the Patient Education Program Manager, Shalana Millard, if you have questions or ideas about patient education that you think might be

beneficial to add to the existing databank. Each one of us plays a valuable role in helping increase the efficacy of services to our detainee population. Never underestimate your power to help others! Remember, as a team we are much more powerful and effective than as individual health care providers. Thank you for your attention to the importance of providing patient education as a function of our service with ICE and DIHS. Keep up the good work!

OFRD Readiness: Congratulations to DHS Nurse Category

By CDR Karen Dorse

The DHS nurse category met 95.8% OFRD basic readiness this past quarter.

DHS has a total of 188 officers in the nurse category: 161 are basic ready; 7 were not basic ready and 20 were exempt.

Overall comparison to other agencies: ranked # 7 highest (tied) of the 16 total agencies. DHS is ranked in the top nine agencies at or above 95% basic readiness

Congratulations to all the DHS nurses who continue to work hard and maintain their basic readiness!!

Within the next quarter, I am sure we can reach an even higher percentage. Our goal is 100%.

Keep up the good work!!!!

Director's Perspective– From Front Page

Second, I want to let you know how much I appreciate the time that was put into the H1N1 After Action Reports (AAR). They were all very thoughtfully done. They will be useful not only in documenting how we addressed this pandemic but also for providing a foundation for us as we prepare and plan for the anticipated next wave for this pandemic.

As the months go on, and as the pandemic continues, we will be revising our plans and developing new approaches as needed with the lessons learned and best practices guiding this process.

Thirdly, during the past few months several of the facilities have had to complete accreditation reviews, including the Performance Based National Detention Standards (PBNDS).

We continue to demonstrate that we are providing quality health care to our detainees as reflected in our outstanding accreditation reviews. All of you are to be commended on these achievements.

In closing, I would like to thank the Commissioned Corps Officers who are participating in the Office of Force Readiness and Deployment (OFRD) Field Training 2009.

As we prepare for hurricanes, another wave of H1N1, or other foreseeable disaster, the nation will be counting on us to be ready to serve and protect. Our Division should be proud that we have officers who are willing to make the sacrifice to be trained and ready to respond to public health emergencies.

Thank you all for your continued dedication to the Division of Immigration Health Services and the population we serve.

This is YOUR newsletter! Have an idea or suggestion for a future installment of *The Rapid Pulse*? Contact Shalana Millard, Editor, today!

**Email: shalana.millard@dhs.gov
Phone: 202-732-0130**

Content for *The Rapid Pulse* should be submitted by the 20th of each month for the next month's issue.

If you have content to place in the October issue, it should be email attached to Ms. Millard by September 20.

Thank you!

In Next Month's Newsletter!

We have another exciting installment planned for next month's issue of *The Rapid Pulse*.

Content that we are working on for next month:

- The first part in a series on nursing concepts/knowledge
- An update from our Taskings Unit
- An update from the Human Resources Unit
- And so much more!