

The Rapid Pulse

January 2004

Faces and Places

The Director's Perspective

By Dr. Eugene Migliaccio

I want to wish every DIHS staff member a Happy New Year! I hope that everyone had an enjoyable holiday, and that you spent time with family and friends. As we begin the new year, I'd like to focus on some of the new and exciting activities DIHS will undertake this year.

In February, we will send some of our new PHS officers to a DIHS sponsored Basic Officer Training Course (BOTC) in Rockville, MD. The officers will receive a week long orientation on military protocols, traditions, customs, and programs.

In May, various DIHS staff will attend the annual Commissioned Officers Association (COA) conference in Alaska. If you plan to attend, you should make your travel arrangements as soon as possible.

I'm also excited to announce that the Task I of the Information Technology (IT) project has been completed. With the completion of Task I, there are several improvements to our IT program, one of which is the availability of a Help Desk during normal working hours, in all time zones. Your new Microsoft Outlook inbox now contains your Department of Homeland Security (DHS) and Health Resources and Services Administration (HRSA) emails.

There is continuing growth within DIHS. The Managed Care Program now contains over 4,000 resources comprised of medi-



cal facilities, physicians, and health care providers.

The DIHS Flight Nurse Program also continues to thrive. A new class will commence January 9, with four officers attending from our Buffalo, El Centro, El Paso, and Florence facilities.

Congratulations to the four candidates for being accepted into the course. They had to meet strict physical requirements. You have the support and goodwill of the Director and all DIHS staff and we wish you success during the month long course.

I look forward to what the coming year will bring for DIHS, and I thank all of you for your continued commitment to this organization.

WELCOME

Batavia, NY :

CDR Yvonne Anthony

El Paso, TX:

LT Karen Beaman
Karen Samuels
LTJG Julia Knauff

Florence, AZ:

Barbara Dunmeyer
Kay Stone-Ebner
LCDR David Intyre

San Diego, CA:

LCDR Gerard Bazile

San Pedro, CA:

Avonnette Cansler
LCDR Chris Henneford

Tacoma, WA:

CAPT Dennis Williams

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Meet the newest DIHS Headquarters employees!



LT Darrell Lyons
(second from left), our
newest MCC, poses
with his fellow MCCs
LCDR Karen Bryant,
CDR Christine Wil-
liams and CDR Jim
Sorenson



LT Rusty Waldron,
Finance Officer



From STG, left to right:
Gladys Fernandez, Joe
Kuzemchak, and Cheryl
Montgomery

It's Action Planning Time!

By LCDR Beth Osborne

The foundations of a meaningful action plan (vision, mission, goals, objectives, strategies, and measures) for DIHS have already been established, but a successful strategic plan requires identifying the actions to be taken, by whom and when.

Action Planning will allow us to achieve the goals in our strategic plan. Defining the action steps is the heart of action planning. The process includes identifying each step needed to get there, the pitfalls to avoid, and ways to monitor our progress.

You can find the action planning steps at: [S:\AAA DIHS Policy, Planning and Evaluation\Policy and Planning\Strategic Planning FY 2003\Action Planning\Steps in Action Planning](#). For those who do not currently have access to the S drive, please email me if you would like the file electronically.

The following questions and tips are suggested for developing an effective action plan.

Questions to Ask While Completing The Action Planning Worksheet:

- ◆ Are we action planning on an activity that helps achieve the DIHS mission and is consistent with the strategic plan?
- ◆ Are we action planning on an activity that is either new or a revision of what we are already doing to meet the strategic objectives?

- ◆ Do the steps we described include everything that is necessary to achieve the objective?
- ◆ Did we take into account the relationship of one action's result upon the completion of other steps?
- ◆ Are we clear about who is responsible for each step?
- ◆ Have we identified the resources needed to accomplish the steps in the action plan?
- ◆ How will we and who will monitor the implementation of each step?

Tips to Facilitate The Action Planning Process:

- ◆ Contact participants in advance and clarify the purpose of action planning as well as individual roles.
- ◆ Distribute an agenda and set reasonable expectations for the meeting. (Avoid trying to do everything at once).
- ◆ Choose an environment that is comfortable and removed from distractions. Stock supplies needed or request participants to bring them.
- ◆ Start on time and consider everyone's time: Select an end time, and if the meeting lasts longer than one hour, plan for breaks and possibly group refreshments or allow snacks and drinks to be brought in.
- ◆ Early in the process encourage participants to express expectations and thoughts related to the process and then address any disinterest, misunderstandings, or hidden agendas.
- ◆ Set up ground rules for action planning and customize this list to fit your situation:
 - Speak one at a time
 - Let everyone participate and let no one dominate
 - Respect each other
 - Listen so as to understand rather than so to argue
 - Stick to the time limits

Surgeon General Visits DIHS HQ!

On November 5, 2003 the Surgeon General visited DIHS HQ for the swearing in of three new PHS officers.



The Surgeon General with LT Martin Ruiz-Beltran and his family.



LCDR Sara Newman with the Surgeon General and her family



The Surgeon General with LT Kelly Brown and her husband.

Buffalo at a Glance *A Federal Detention Facility*

By LT Chris Henneford

An important focus for the Department of Homeland Security's Bureau of Immigration and Customs Enforcement is the return of detainees to their country of origin. The DIHS staff at the Buffalo Federal Detention Facility is becoming increasingly involved in repatriations of these large groups, insuring both their absence of communicable disease and providing for immediate health concerns in transit.

Similar to JPATS transports in design, the trips are organized locally under the coordination of deportation and detention, with transport and in-flight security provided by detention enforcement staff, and medical escorts from this and other SPCs. Detainees arrive from detention, correction and jail facilities throughout the country in the days preceding, and are then staged for deportation.

The challenge to us as the interim health care provider to these individuals is ensuring fitness for travel and continuity of care during the trip. Individuals presenting here arrive with varied prior medical history, transit medications and medical transfers, anywhere from medically well documented histories to those requiring complete assessment, evaluation and prescription medications prior to departure. Our commitment is to coordinate the necessary health care, within an arrival/departure turnaround time of ten less than 48 hours.

The clinic staff has shown excep-

tional energy, effort and insight into streamlining and refining the process through experience, trial and error, to the point of confidence that we have a process and the capability of adequately supporting these trips.

On receipt of a tentative list of those scheduled to leave, medical records staff enters the names into the information system and originates numbered and labeled temporary charts, prior to their arrival. They also maintain the list for name additions and deletions that frequently occur throughout the process. Nursing is primarily responsible for completing the World Health Organization (WHO) screening form, used for expediency in place of the normal full intake screening process. Any individuals requiring medications during transit, with known health conditions requiring evaluation, or with health issues previously unidentified, are flagged for follow up.

Practitioners assess those requiring evaluation for chronic or acute conditions, including mental health concerns that may be exacerbated by situational stress. Existing medications are reviewed for appropriateness and adequate quantity, and new prescriptions are written as needed. Pharmacy fills the orders and staff work together to update existing health transfer forms or generate new transfers, to adequately reflect significant medical conditions, treatments and medications required for in-transit administration.

One trip involved 105 Pakistani

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nationals repatriated to their country, the second week of March 03.

We additionally provided one of the two Division nurse officers that served as the medical escort, to ensure continuity of care. Although long and both physically and mentally demanding, the trip itself was without problem, again a tribute to the planning, organization and effort of our dedicated health care staff.

Clinical Operations

By CAPT Philip Jarres

The past year has been one of exciting change and growth for the Division of Immigration Health Services (DIHS). We have been given the opportunity to accept further challenges in carrying out our mission in support of immigration law enforcement.

This includes the opening of new facilities, the implementation of a new information technology system and greater participation in the aviation medicine program. With these changes has come the need for a more committed, loyal, diverse and flexible workforce.

As the Chief of Clinical Operations, it is my responsibility to provide administrative oversight to all of our Service Processing Centers and Staging Facilities. Each of our sites should be staffed with qualified, trained healthcare pro-

fessionals. Our vision is to be “the benchmark for all detention health systems.” To that end, the Clinical Operations Branch is developing standardized systems approaches which will result in efficient and effective delivery of care. Our goal is to have a cohesive team spirit between all DIHS employees in order to make a seamless organizational transition from “good to great.”

In order to better serve the field, LT Kelly Brown and LT Martin Ruiz-Beltran have joined the operations team. Each of them brings a significant amount of experience and education to the division and both have worked in field operations.

LT Brown has nearly eight years of service with the US Air Force. While on active duty she worked as a Personnel Officer and Medical Service Corps Officer.

LT Ruiz-Beltran is originally from Mexico and his past experience includes being the Director of Residential Programs for the Department of Mental Health and Substance Abuse for the city of Alexandria, VA. He is also an adjunct associate professor of global public health at the George Washington University School of Public Health.

My sincere thanks to all staff for making it possible for us to carry out our mission with such success and I offer my best wishes to all for a successful, productive professional and personal new year.

More New DIHS Staff!



The Claims Processing Unit during the HQ holiday festivities, from left to right: Claudia Dabney, Ilene Movshin, Demetrius Stewart, Gloria Thomas, Ed Sheppard and Charlotte Henderson



Annamarie Russell (center), new social worker, poses with Juanita Maldonado and LT Tom Hochberg



LT Beth Osborne with the Surgeon General