

# The Rapid Pulse

January 2003

## The Director's Perspective

By Dr. Eugene Migliaccio

I want to wish a Happy New Year to each member of the DIHS staff, and thank you for your hard work and dedication in the past year. In 2003, I wish each of you success and fulfillment of your dreams. I also want to thank those who provided positive feedback on the discussions which took place during the last all-hands conference call.

As I have previously mentioned, I will be using *The Rapid Pulse* as a vehicle to re-focus on the mission, vision and values which guide our organization. Last month, I talked about our mission to promote global health through the delivery of primary health care. In this installment, I want to focus on one of our core values: the people of DIHS. The first and most important of our organizational values are the dedicated employees of DIHS. The Commissioned Officers, civil servants and contract staff of DIHS are vital to the health and safety of this nation, and are among the most talented individuals I have ever seen. They are this organization's most important resource.

I am committed to ensuring that we recruit and retain individuals of the highest caliber, whose values are aligned with those of DIHS. We will

hire those we believe can add value to DIHS, and through various programs and incentives, work hard to retain them. I want to place more emphasis on our awards program to ensure we recognize those employees who go above and beyond the call of duty. I encourage the leadership at Headquarters and in the field to utilize the Public Health Service and civil service awards programs.

I also want to encourage everyone to maximize DIHS' training program and use the funds that have been allotted to you to sign up for Continuing Medical Education (CME) and other training courses which will be beneficial to you and to the organization as a whole.

Again, I wish you all a Happy New Year and thank you for your valuable contributions to DIHS.

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## Faces and Places

### WELCOME

**Batavia, New York:**  
LT Edward Narbuth

**El Paso, Texas:**  
Maria Vasquez

**Florence, Arizona:**  
LT Cynthia Beard  
LT Melissa George

**Los Angeles, California:**  
Noel Tan

**Port Isabel, Texas:**  
LCDR Jerri McGinnis  
LCDR John M. Golden

**San Diego, California:**  
Bessie Bennett  
CDR Angel Frazier

**San Pedro, California:**  
LTJG A. Meyers-Alonzo  
Georgia DeGrant

**Washington, DC:**  
LTJG Patricio Garcia

### FAREWELL

**Queens, New York:**  
LT Maude James

**Tucson, Arizona:**  
CDR Tony Zorzynski

**Washington, DC:**  
LCDR Grey Jones

Happy

New

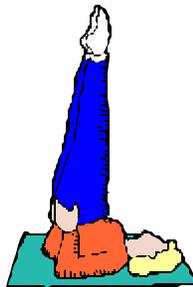
Year!

## How Strong is Your Core?

By LCDR Linda Jo Belsito

As Commissioned Officers this question may trigger further questions for you as it did for me. There are those of us in the Corps, and there is a COER process which we are familiar with. But is your “CORE” as strong as it needs to be?

I am speaking of your “CORE” strength. Today when it comes to fitness you will see many articles and training programs that revolve around this topic of fitness. Why? “CORE” strength involves the strengthening of the Torso Anatomy, the rectus abdominis, external and internal obliques, transverses abdominis, the erector spinae, the quadriceps, hamstrings and gluteus muscles.



These muscles are responsible for quick rotational and ballistic movements, stabilization of your trunk during twisting, turning, lifting, and walking. They also improve posture and help prevent injuries.

The latest methods of training these muscle groups are using physioballs and fitness or stability balls. Exercises such as abdominal crunches, dumbbell pullovers, seated dumbbell presses, back raises and leg raises will improve your “CORE” strength and also prevent lower back injury and fatigue.

Abdominal and lower back exercises are probably one of the most forgotten muscle groups when it comes to our fitness programs. If done correctly, keeping our abdominal and lower back areas strong can also prolong our ability to maintain an active life.

I can tell you from working on an Ortho- Trauma Unit that the patient who had a base of “CORE” strength recuperated much faster, progressed with the rehabilitation faster and suffered far less post-op complications. I will also say as an athlete I have always incorporated some “CORE” training into my program and have been very fortunate to never have suffered an injury.



So the next time you are at the gym and you see a trainer ask him or her if they are aware of these training techniques. Remember that in exercise variety is the spice of life. Try something new and different. Shock your body. You may feel muscles you’ve never felt before, and this is a good thing!

## *DIHS Out and About*

### **Our Values:**

**People**

**Commitment**

**Inclusion**

**Innovation**

**Integrity**

**Performance**

**Professionalism**

**Service**

**Teamwork**

**Trust**



**CAPT GERALYN JOHNSON, DIHS Chief of Staff, with HHS Secretary Tommy Thompson at the Secretary's Holiday celebration**

**CAPT CAROL LINDSEY (L), BRENDA MARSHALL, and BARBARA HORN WISH CAPT DON GABBERT A HAPPY RETIREMENT ON HIS LAST DAY WITH DIHS**



**LTJG DARRELL LYONS and LCDR DAWN ANDERSON-GARY OF THE KROME MEDICAL REFERRAL CENTER HARD AT WORK PROTECTING THE HEALTH OF THE AMERICAN PUBLIC DURING THE MASS INFLUX OF HAITIAN DETAINEES TO THE FACILITY.**



## JCAHO Accreditation News

By CDR Mary Bowling

The Joint Commission on Accreditation of Health Care Organizations (JCAHO) implemented a major change to their ambulatory standards. Specifically, The Joint Commission Board of Commissioners has approved six JCAHO National Patient Safety Goals to be effective for one year beginning January 2003.

The goals were selected based on what experts determined to be the most critical threats to patient safety in the nation's health care system. Each goal is accompanied by specific recommendations. Organizations are expected to have implemented all relevant goals.

Failure to implement one or more of the relevant recommendations will result in a special Type I recommendation. The goals focus on:

- ??Patient Identification
- ??Communication among caregivers
- ??High Alert medications
- ??Wrong-site surgery
- ??Infusion pumps
- ??Clinical alarm systems

Revisions have also been made to the Emergency Management Standards. For the specific changes, please refer to the

January 2002 issue of *Perspectives*, page six, "Emergency Management Standards Clarified."

JCAHO began a major review of its accreditation program in 2002. Many changes were proposed, to be implemented over the next two years. The goals are to:

- ??Focus on organization-specific, critical patient care processes and systems
- ??Incorporate the self-assessment process
- ??Enhance the education aspects and provide information regarding best practices
- ??Increase engagement of the physicians in the accreditation process

Currently there are several standards pending approval. They are:

- ??Draft Standards Addressing the Assessment of the Effectiveness Of Staffing
- ??Proposed Revisions to Medication Use Standards
- ??Proposed Revisions to Ambulatory Care Standards in Support of Patient Safety and Medical/Health Care Error Reduction

Information will be forthcoming from the Headquarters level on how DIHS will implement these changes in accordance with our accreditation program so that we will continue to meet JCAHO standards.

## Our Mission:

We promote global health through the delivery of primary health care to undocumented migrants