

THE RAPID PULSE

May 2006

Faces &
Places

WELCOME

El Centro, CA:
LCDR Christine Yu

San Diego, CA:
Jason Saliba

THE DIRECTOR'S PERSPECTIVE

By Dr. Gene Migliaccio

Welcome to another installment of The Rapid Pulse. As discussed during our most recent all-hands conference call, the annual conference of the Commissioned Officers Association (COA) was held in Denver, CO and attended by some of our DIHS officers.

The major focus of the conference was on the ongoing transformation of the Commissioned Corps. Supporting Health and Human Services Secretary Michael Leavitt's January 18 roll-out, ADM Agwunobi and VADM Carmona, along with other PHS leaders put a lot of emphasis on joint interoperability, readiness, force management, career development and marketing of the USPHS.

Five workgroups have been meeting to address issues related to readiness, corps size, recruitment/training, assignments, and classification/billets.

As it relates to force management, RADM Knaus briefed on some of the challenges we face and the plan to overcome them. The overall goal for the appropriate size of the Corps is being reevaluated. In addition to having manpower to conduct our regular duties, the Corps needs suffi-

cient manpower to respond to emergencies, fill 3H (Hardship, Hazardous, Hard-to-Fill) billets and provide management and research needs. One tool that will assist in reaching these manpower goals will be significantly reducing the length of time it takes to become a Corps officer.

Under the transformation plan, each officer will have three labels: 1) professional category, 2) functional group (clinical, applied public health, etc.) and 3) deployment status. Each of you should have already indicated to OFRD your desire for placement

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EMPLOYEE RECOGNITION

By Mr. David Warner

Two things that employees want more than money and a relationship are recognition and praise for their performance at work. The benefits that employers can reap with a fair awards recognition program are a positive work environment that reinforces desired behaviors and certainly a high level of morale. Retention and decreasing turnover will improve, ultimately saving the organization thousands of dollars.

A few of the challenges in recognizing federal employees is tied more towards procedural protocol than the actual award. Private sector businesses have more discretion in the types of awards they may offer their employees and are limited to ethical boundaries in certain circumstances. Private sector employers are limited only by their imagination on what rewards they offer drive a high performance organization and boost morale.

As federal employees this is discouraging news and in some ways very frustrating, but let me brighten up your day a bit with some guidelines to follow as you think about rewarding your staff for a job well done. And, remember that it does not make a difference whether you are a federal employee or work in the private sector. The effect of an award is the same.

Golden Rules of Recognition:

- *Commitment* – As a leader it is your responsibility to commit some credible and sufficient resources to your program. Your backing of your subordinate employees and supervisors is vital to the success of our program. You must also give your supervisors the power to run the program.
- *Link awards to bottom line results* – How many times have you heard this one? To be effective your awards must connect with the needs and certainly the expectation of your staff. If there is no direct link to results and no way to measure these results your employees will be left scratching their heads wondering why an award is given that is disconnected from their day-to-day activities.
- *Recognized value* – Your staff must understand the mission and they must understand what is to be expected of them in order to achieve the objectives set by you. This does two things for you. First, you get buy-in from your employees and secondly, they now own it. By this I mean that it will be incumbent upon them to reach the program goals and objectives.
- *Fairness / Equity*- Your employees must believe that the awards program is fair and just. You can achieve a fair and equitable goal if you include all employees who meet the criteria established for the award and recommend awards for those deserving. The quickest way to losing your credibility and respect as a leader is to award poor / low performers. The second quickest way is to wait too long that the award has lost its value. This latter point is a DIHS challenge!
- *Simplicity*- The process of writing, submitting, and receiving an award should be free of administrative constraints as much as possible. In other words, keep it simple! Excessive management control will only hinder the process and exacerbate the level of frustration. Below, I have outlined some program initiatives.
- *Evaluation / Improvement*- You must evaluate your awards process and continuously ask yourself if objectives are being met and are the awards being viewed as

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fair. The first indicators that something is wrong usually come from your employees themselves. This can be in the form of lowered performance in your star achievers. Consistent communication and feedback will help you understand your employee's attitude towards the awards.

DIHS Awards Program Initiatives

If you have not heard it through the grapevine by now I have assumed responsibility for the DIHS Awards Program. Actually, the program is being aligned under human capital since recognition programs are typically associated with HR. Nonetheless, I am pleased that the leadership has the confidence in me to oversee awards and I welcome the challenge of taking a solid program to the next level. Below I have outlined some specific objectives I would like to accomplish for our program. As always, I welcome your input and feedback.

Initiatives

Quality – Quality begins with the supervisor / nominator. You are in the best position to provide accurate information regarding the basic demographic data found on the PHS 6342-2 Parts I & II for Individual and Unit Award nominations. If you spend the few minutes verifying this data upfront it will flow through the administrative channels easier and lessen the likelihood of getting returned by the Bureau of Primary Health Care (BPHC) for a simple oversight.

Quality also entails the written nomination. The most critical skill in the awards process is the actual writing of the award. Many of us are not English majors and may even find it a bit challenging to craft the correct verbiage for the write-ups.

I would like to remind everyone that Ms. Shalana Millard is more than willing to proof nominations; she has also developed templates that describe how to identify the impact and intervention within an award. (These templates / examples are an excellent resource for you to follow as you roll up your sleeves.

You may access the templates at the following location and scroll to the bottom of the page: <http://www.inshealth.org/Training.htm>. Shalana has done an outstanding job of developing this for the organization.

The ultimate object of quality is the reduction of human capital time spent, administratively, to correct mistakes due to lack of attention to detail.

Timeliness – As mentioned above, the timing of any award is vital. The "value" of the award will diminish over time and certainly sends a strong signal to your staff if awards are constantly late.

My personal goal is deliver an award to an employee prior to their departure from the organization. With that in mind, there are a few things I want to point out here that you should be cognizant of as you prepare your awards.

First, the Health Resources and Services Administration (HRSA) awards board meets only once per quarter. This is the super bowl of your hard work and to have an award returned for *quality* will only delay the award another 3-4 months. The process for an award to get to the HRSA awards board is through the BPHC awards coordinator after it goes through the administrative process here at HQ. So, as you can see the road to get your award to the super bowl is administratively long.

I have implemented a database to track awards from inception to reception. The primary objectives of this database are to maintain an administrative handle on the whereabouts of the awards and to develop a benchmark for the length of time it takes your awards to process out of this office through BPHC to HRSA and back. Currently, we are averaging 40+ days for awards here at the HQ once they are logged into the database. The primary reason for this

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again is *quality*. Too much human capital time is spent conducting QA/QC on awards, only to cause delays. Quality checks implemented at the local level help ensure a smooth administrative path for the award.

The ultimate object of timeliness is to process the awards here at HQ in 10 days or less from the time it is logged in to the database. The flow chart attached to this article graphically depicts how the awards should flow.

Ethics – Finally, I want to discuss the ethics of awards recognition and your responsibility as a leader to your staff and your superiors. There should be no reason that any employee writes his or her award. We are all busy, but you are serving as a leader and have a responsibility to your employees by taking the time to show your recognition of their hard work.

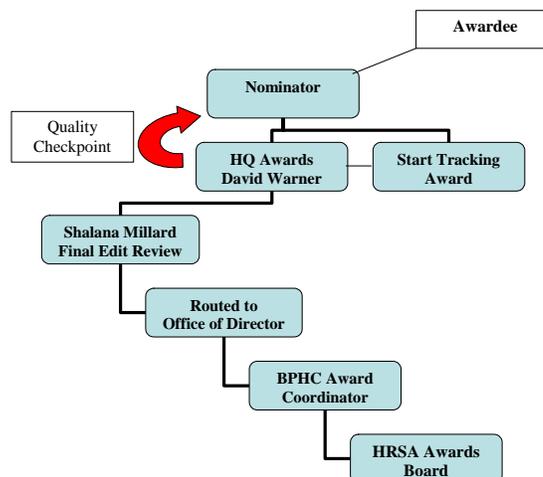
There is nothing wrong with asking the nominee to provide some input regarding a specific event, but writing the entire award is unacceptable.

It does absolutely nothing for your credibility, the professional development of your staff, and is ethically wrong. Besides, you have all the tools available that give you concrete examples to follow.

Lastly, I have asked BPHC coordinators to send me a calendar of dates when the HRSA awards board will meet. Once we get a timeline for HRSA we will publish an internal cut-off date for awards to arrive here for the next board.

If you have any questions or suggestions please feel free to contact me on email or call me at (202) 732-0161.

[\(see awards flow chart on opposite side\)](#)



DIHS Special Operations

Alien Migrant Interdiction Operation program is pushing readiness and operational medicine to a new level

By CAPT Jacinto Garrido

The Alien Migrant Interdiction Operation (AMIO) is one of the U.S. Coast Guard’s number of missions in the Florida Straits. The migrants, usually Cuban, Haitian, or from the Dominican Republic, risk life and limb attempting to illegally migrate into the United States.

The consequences of difficult migration on improvised vessels are often paid in a physical toll; death at sea is not uncommon.

Since 1999, the Division of Immigration Health Services (DIHS) has been a partner with the Coast Guard in the care of migrants at sea, with the goal of decreasing mortality and morbidity of those who attempt illegal migration. DIHS began supporting the Coast Guard in the Florida Straits with a seasonal provider who spent weekends and peak migration times shipboard,

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ensuring those in need were evaluated and cared for. The program quickly blossomed into a year-round TDY experience for nurse practitioners, physicians, and physician's assistants, usually with a 2 to 4 week rotation.

The resulting partnership yielded a strong bond between the Coast Guard and DIHS with commissioned officers rotating through for the ongoing five years, and many requesting to return to the rewarding experience. The officers who served with the Coast Guard spent their tour shipboard, often in tight quarters with sea states varying from calm to riding out hurricanes in a tropical climate, all the while caring for migrants on deck and in need.



A wrist laceration repair being performed

The skill set required to care for sea weary migrants ranges from newborn care to surgical care of wounds; 24 hours a day, 7 days a week. The officers who supported the Alien Migrant Interdiction Operation were awarded the Coast Guard Meritorious Team Commendation in January 2006. This honor from another service sheds light on how impressive these PHS officers have been.

In August of 2005 DIHS selected LCDR Joel Johnson, CFNP to be the first U.S. Public Health Service Officer to be permanently assigned to DIHS' Special Operations Alien Migrant Interdiction mission. The job demands have been heavy

with over 1500 migrants rescued, and migrant attempts approaching three times that of previous years.



Working on repairing a crushed toe

LCDR Johnson has spent up to 70% of his new assignment shipboard, has worked and lived on over 25 Coast Guard cutters since August 2005 and is credited with several lifesaving interventions at sea.

LCDR Johnson has been placed on flight status since flying multiple rescue missions where being vertically inserted to ships to render emergency care became a routine part of his work week. The presenting problems have varied from: shark attack, severe dehydration, broken limbs, appendicitis, and respiratory failure to embellished seizures, overdose, and self-inflicted wounds.

The program has grown under his leadership; migrants are screened for health history, current health, and communicable disease. Daily chronic care and episodic care of ill and injured migrants occupy the day while at sea. Among the responsibilities of the AMIO provider is the care for those who die at sea, a sad reality that has become all too common. Smuggler mishaps have taken the lives of children and adults, leaving shattered families to be consoled.

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LCDR Johnson has recently completed his ship-board qualifications at his duty station and subsequently earned the U.S. Coast Guard's Temporary Cutterman's Pin. LCDR Johnson is sharpening the tip of the spear for public health in an operational environment. The U.S. Coast Guard has estimated a savings of \$3.6 million in FY 2006 due to the high level of care being provided in the operational environment.

The Division of Immigration Health Services' Special Operations Unit is pushing readiness and operational medicine to a new level.

Web Links of the Month:

(If you have links to share, please send them to Ms. Shalana Millard, Editor)

CDC-TB Education & Training Resources (Find TB Resources.org):

Searchable database for TB-related educational resources

<http://www.findtbresources.org/scripts/index.cfm>

Self-Study Modules on Tuberculosis:

Free CEU with Certificate for Interactive TB web-based course

<http://www.phppo.cdc.gov/phtn/tbmodules/default.htm>

Regional TB Training and Medical Consultation Centers [note to editor: must list all four together]

Courses with CEUs, online courses with CEUs, medical consultation, and resources

- *Francis J Curry National TB Center*
<http://www.nationaltbcenter.edu/>
- *Heartland National Tuberculosis Center*
<http://www.heartlandntbc.org/heartland.htm>
- *Northeastern (New Jersey) National TB Center*
<http://www.umdnj.edu/ntbcweb/tbsplash.html>
- *Southeastern National TB Center*
<http://sntc.medicine.ufl.edu/cont.html>

Happy Nurses Week!!!!

Nurses Week is May 6-12-2006

By CDR Linda Jo Belsito, RN, MSN

To all of our nursing staff: thank you for your service, dedication and commitment to the Division of Immigration Health Services.

Our mission is one that is very unique and exciting. Our role as nurses within DIHS takes many different turns, as many of us experienced last year, through deployments for CCRF and ICE Missions.

I would like to encourage those of you who are new to the Division, as well as our veteran staff, to get involved locally and help build the spirit de corps.

If you have a unique specialty or interest, please share this with your fellow staff and submit these successes to *The Rapid Pulse*.

DIHS has been in a steady growth pattern, and I have been working with the HSAs to interview and recruit RNs with strong clinical experience to add to our nursing team. Over the last two years I have recommended 28 nurses for hire.

As the Supervisor of Managed Care and the Chief Nurse Consultant, these 1 ½ years have been exciting and challenging.

My vision/ goals for our nursing staff are as follows:

1. That all nurses are credentialed to do intake screening physical exams

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2. To encourage all nurses to participate in the medical escort program by getting credentialed to participate in the Nurse Flight Program. With medical escorts averaging 35-40 per month this is a part of our mission that gives our nurses a unique opportunity to travel and support ICE missions as well.
3. To continue to work with operations to update and revise the Nursing Guidelines
4. To support the semi annual performance contracts for the Nursing category, and provide mentorship and guidance for future performance objectives
5. To facilitate having 100% of Nurses Basic Ready
6. To enhance our medical record system
7. All nurses will participate in monthly PAC meetings to remain informed
8. All nurses will know benchmarks for promotion and prepare for review
9. To plan the 2006-2007 Annual Nursing Conference

All of these goals are attainable. I expect all of the nurses to strive to be the best officer that you can be. Growth is opportunity for growth. Remember that luck is when opportunity meets preparation.

The Hazard Communication (Hazmat) Program is used to communicate information about the hazards of substances employees use or come into contact with as part of their work.

Following are the answers for the Hazmat Quiz that was in last month's issue of *The Rapid Pulse*.

1. According to the NFPA labeling, reactivity,

flammability, and health are ____ of chemicals.

- a. Hazard categories. NFPA labeling provides for quick identification of the general hazard of any material.
2. The "hazcom" standard provides for:
 - a. Training, labeling, and MSDSs (Hazcom Standard 29CFR 1910.1200)
3. Corrosives are chemicals that:
 - c. Eat away at skin (Corrosives wear away gradually by chemical actions).
4. Flammability, combustibility, and explosiveness of a chemical are:
 - d. Both a **and** c: Physical hazards and Physical properties.
5. The hazcom standard provides for all of the following except:
 - a. Annual testing (Provides for labeling, training and provision of MSDSs)
6. Warning labels on shipped chemicals must have all but:
 - a. First-aid precautions. Warning labels have: appropriate hazard warning, name and address of the chemical manufacturer or importer and identity of the hazardous chemicals that match the MSDS.
7. The hazard communication standard is also commonly known as:
 - c. The Right-to-Know Law
8. Material Safety Data Sheets (MSDS) must be written in which language?
 - b. English. However, some manufacturers could provide MSDSs in other languages upon request.

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- 9. Health hazards that happen right away, like breathing in poisonous fumes and dying immediately, are called:
 - c. Acute. It is like having a sudden onset and short course reaction.

- 10. Which of the following is not a typical route of entry for toxic or hazardous substances:
 - b. Assimilation. The typical route of entry for toxic or hazardous substance is by inhalation, skin contact or ingestion.

***CDR Edwin Vazquez, MS, REHS
DIHS Environmental Health and Safety
Coordinator***

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in Tiers 1 through 3. The plan also calls for the revision and central management of billets in order to make them unique to each position.

Each billet will have both general and officer-specific components. These changes will be designed such that they can be implemented without any negative effect upon officers currently in established career pathways.

A variety of positive incentives will be used to encourage officers to volunteer to fill 3H positions. One incentive in particular is the proposed entitlement offered a member to first choice of follow-on assignment.

Another aspect of force management will be development of a central personnel office for the corps that will provide multiple qualified candidates for a position.

A two-week long BOTC will be the expectation of all new officers; preferably at their call-to-duty, and at least within the first six months of duty.

COA continues to be one of those events crucial for

the career development of our officers. I encourage you to make plans for next year's meeting in Cincinnati.

While the Division supports participation in this annual meeting, governmental funding may be restricted again next year.

I suggest that you begin now to make appropriate financial plans. I especially want to thank those DIHS officers who made it a point to attend this year's conference at their own expense; this demonstrates true leadership and recognition of the importance of this annual meeting.

With the ongoing transformation of the Corps, this is an exciting time to be a Commissioned Officer.



LCDR DeBarros convincing ADM Agwunobi why he should be the keynote speaker at this year's Conference of the American Academy of Medical Administrators

This is your communiqué! Have an idea or suggestion for The Rapid Pulse?

Email Shalana Millard at shalana.millard@dhs.gov!