

THE RAPID PULSE

March 2006

Faces & Places

WELCOME

El Centro, CA:

Ms. Gabriela Casillas

Houston, TX:

Mr. John Flournoy

San Diego, CA:

Mr. Rommel Monton

Tacoma, WA:

Mr. Rick Sargent

Washington, D.C.

LT Jennifer Jones

FAREWELL

Washington, DC:

CDR Nathan Quiring
LCDR Sara Newman
Ms. Sylvia Bramante
Mr. Corey Price

THE DIRECTOR'S PERSPECTIVE

By Dr. Gene Migliaccio, Director

Welcome to another installment of *The Rapid Pulse*. This month, I want to talk about cascading, and what it means for the Division of Immigration Health Services.

Cascade:

1. A waterfall or a series of small waterfalls over steep rocks.
2. Something, such as lace, thought to resemble a waterfall or series of small waterfalls, especially an arrangement or fall of material.
3. A succession of stages, processes, operations, or units.
4. *Electronics*. A series of components or networks, the output of each of which serves as the input for the next.
5. A chemical or physiological process that occurs in successive stages, each of which is dependent on the preceding one, and often producing a cumulative effect: *an enzymatic cascade*.

In late January the Division was informed that the Health Resources and Services Administration (HRSA) would begin a new initiative to give recognition and accountability to all employees' performance (civil service and commissioned officers).

Civil service employees' performance is evaluated and recognized via the Employee Performance Management System (EPMS). Commissioned Officers' performance is evaluated by the Commissioned Officer Evaluation Report (COER).

However, the COER is a more general reflection of an individual's performance and may not always convey the relationship between the officer's responsibilities to the broader organizational goals.

Therefore, in an attempt to accurately recognize all employees' contributions, a new 'cascading' initiative was developed. The initial step (or top of the waterfall) was the development of a plan for the Director which reflected the objectives which the Bureau identified. This plan was created, in turn, from the Associate Administrator's plan.

All Senior Executive Service (SES) personnel have a performance plan which reflects the top 20 objectives for HHS. The purpose

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Meet LCDR Chris Henneford

By Michelle Martinez

LCDR Chris Henneford has been with the Public Health Service for 11 years. Prior to his PHS duty, LCDR Henneford served four years with the Indian Health Service.

He has been the Health Services Administrator (HSA) at the San Pedro SPC for the past two years, and has held the title of HSA for a total of six years. He came to us from the SPC in Batavia, New York, where he served as the HSA for five years. In addition, he carries the title of RN/BSN. LCDR Henneford is married and has a five year old daughter.



LCDR Henneford (l) poses with Dr. Tim Shack, DIHS Medical Director

We all work closely with LCDR Chris Henneford and we must give him props for all that he does for our clinic. We do not have an AHSA, so LCDR Henneford has assumed the duties of two leadership positions. His attention to detail and quality of work is nothing less than exceptional.

His professional demeanor is outstanding, which makes him very easy to work with. For those of you that do not know him on a personal level, he does have a comical side.

On a daily basis, he makes sure we are all cared for, much like a mother goose to her flock. He has an open door policy, with which we all use at least twice a day or more. He makes sure each of our individual needs are met as close to our expectations as possible. He tries to accommodate each and everyone of our leave requests as he would see fit for the clinical schedule.

He is not only our HSA, but our friend. His job is very demanding, but he still ensures that he takes time to listen to our suggestions on improving the clinic.

He is a very easy going person, therefore, making our clinic a

pleasant environment for us to work in. His calming personality and smile can brighten up anyone's day.

He has taught us all many things over the years; therefore, we are grateful to be working with him. Our clinic is better for having him as our HSA. It would be a great loss should he decide to leave our facility.



San Pedro SPC staff members pose with their HSA, LCDR Henneford, and Dr. Tim Shack

From all your staff here at the San Pedro Processing Center: LCDR Henneford, thank you for being our HSA!

National Nutrition Month

Step Up to Nutrition & Health

By CDR Kirsten Warwar, MHA, RD

Each year the American Dietetic Association runs a month-long nutrition education campaign in March called National Nutrition Month®. This program is designed to focus the public's attention on the importance of making informed food choices and developing good eating and physical activity habits. This year the campaign is "Step Up to Nutrition and Health." This campaign reinforces the importance of nutrition as a key component of health, along with physical activity.

There is no time like the present to take an active role in what you are personally doing to improve your own health. As healthcare professionals, we often neglect our own health and are the worst at following the advice that we give our patients. In the end, if we invest a little bit of time in our own health, we will perform better on the job and better assist others (patients and staff) in improving their lifestyles.

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Nutrition– From Page 2

Eating is one of life’s greatest pleasures, and with the time commitment to our “desk jobs,” it is very easy to let healthy eating and exercise slide. The following are a few ideas to get you started to a life long commitment to a healthy lifestyle.

The food and physical activity choices made today – and every day – affect your health and how you feel today and in the future. Eating right and being physically active are keys to a healthy lifestyle. Look for ways to incorporate changes concerning your eating habits and physical fitness habits on a daily basis.

For example, think about your morning routine. What do you eat for breakfast? Do you even eat breakfast? If you have a Vente Latte every morning from Starbucks, then ask for one with skim milk and order a smaller size.

If you don’t eat breakfast, then think of something you can start your day with like a cereal bar, a piece of fruit or a bowl of whole grain cereal. As far as physical activity, try to incorporate 30 minutes of activity into your day on most days. If you take a few minutes to think about small changes you can make with your eating habits and exercise habits, you will see a big impact over time.

Make smart choices from every food group. Give your body the balanced nutrition it needs by eating a variety of nutrient-packed foods every day. In order to get started write down what you eat for the next three days, making note of the time of day and the amount.

Next, go to the website www.mypyramid.gov to obtain your personalized food guide pyramid. Use this to determine if you are eating the right amount of foods from each food group (i.e. fruits, vegetables, milk, grains, fats, meats and beans). Once you know where you need to make changes, decide what changes you want to make. Just be sure to stay within your daily calorie needs.

Get the most nutrition out of your calories. Choose the most nutritionally rich foods you can from each food group each day – those packed with vitamins, minerals, fiber and other nutrients, but lower in calories. Again, review what you ate for three days.

Look for ways you can improve the quality of the foods you eat. Instead of eating white bread, choose whole wheat. Eat fresh fruit instead of pies or cakes for dessert. Increase the amount of vegetables you eat at lunch and dinner. Add more fish and seafood to your diet. By taking these small steps in changing your eating habits, you can get the most out of what you eat.

Find your balance between food and physical activity. Regular physical activity is important for your overall health and fitness,

plus it helps control body weight, promotes a feeling of well-being and reduces the risk of chronic diseases.

Get up and get moving! Just as you have adopted the habit of brushing your teeth prior to going to bed at night, adopt the habit of being physically active on a daily basis.

Start out small, by incorporating activities into your daily routine such as doing 50 sit ups in the morning before getting dressed; walk the escalator instead of standing on it; take the stairs instead of the elevator; take your kids for a 15 minute bicycle ride; lift dumbbells while watching the news at night; or walk at lunch time. These are just a few ideas.

Play it safe with foods. Prepare, handle and store food properly to keep you and your family safe. Keep raw meats and eggs separate from foods that are already cooked. Once food is prepared, refrigerate it as soon as possible in containers that are no deeper than 2 inches to promote quick cooling.

Refrigerate foods within 2 hours of cooking. Ensure meats are cooked until the internal temperature is at least 140 degrees fahrenheit. Ensure you keep track of how long you have kept food in the refrigerator and discard it after a few days. If in doubt, throw it out. It may still smell and look good, but could be full of bacteria that can make you sick.

Being healthy is vital to life. Invest a little time every day to improve your health. Just as you spend many hours committed to your job, you should spend the time that it takes to be committed to a healthy lifestyle. It can only enhance your quality of life. Take the steps and get started today!

Author’s Note (CDR Kirsten Warwar, DIHS National Nutrition Consultant): *If you have any questions I can be reached at Krome Medical Referral Center, Krome SPC, Miami, FL; (305) 552-1845, ext. 302; kirsten.warwar@dhs.gov*

Administrivia

The Commissioned Officers Association is accepting applications for Junior Officer Scholarships to attend the 2006 USPHS Professional Conference in Denver, May 1-4. Scholarships cover the full conference registration cost, but do not cover related costs such as travel and housing. To qualify for a scholarship, an officer must have a rank of O-3 or below (Ensign, LTJG, LT) and must certify in writing that he or she has requested agency funding and been turned down. For more information, or to apply for a scholarship, interested junior officers should visit www.coausphsconference.org/registration.cfm.



Travel Quiz!

Be the first one to answer all the questions correctly and win a DIHS coin!

1. **Purpose of Travel should be entered in the**
 - a. remarks on the Digital Signature Page
 - b. pre-audit screen
 - c. Comments to the Approving Official in the Preview Trip screen
 - d. Does not need to be entered anywhere
2. **I can book my flights**
 - a. through any travel agent, and then enter the flight information in GovTrip
 - b. by calling Omega directly
 - c. through GovTrip
 - d. Any of the above
3. **If non-GSA flights are booked I must**
 - a. submit a Request for non-GSA Carriers to HQ for approval
 - b. select the most appropriate answer from the selection in the Pre-Audit screen
 - c. complete options a and b, sign, and submit GovTrip Authorization
 - d. complete option b, attach approved Request for non-GSA Carrier form, sign and submit my GovTrip Authorization.
4. **The Object Class Code is found on**
 - a. the Expenses, non-Mileage screen
 - b. the Accounting screen
 - c. the Additional Options, My Account Information screen
 - d. the Pre-Audit screen
5. **True or False**
 - If my GovTrip Authorization/Order is approved I don't need to attach my approved car rental form.
 - If the hotel's Government rate is above the GSA government rate I need to complete an Actual/Necessary Lodging form and submit it for approval.
 - When the Actual/Necessary Lodging form has been approved and attached to my GovTrip authorization/order I must then edit my Per Diem Entitlements.
 - If my dates of travel are extended I must amend my travel authorization/order and after they are approved I may stay on travel.
 - If I return early from a trip I can change the dates directly on my voucher.
 - All DIHS federal employees must apply for a government travel credit card so they are ready to travel

in case of all emergencies.

- If I have a direct deposit form for my salary I do not need to complete another one just for travel reimbursements.

Email your answers to LCDR Elizabeth Osborne.

Hurry – don't let someone else win the coin!

Focusing on Priorities

By CDR Diane Aker

The leadership conference was the starting point for a new year of goals and strategic planning for the Division of Immigration Health Services and for the leadership group.

As a group, the HSAs have a number of priorities that they have identified and are working diligently towards accomplishing for this year. The top five priority areas identified by the HSAs are as follows:

1. EMR/CaseTrakker
2. Accreditations
3. Communication
4. Staffing Models
5. STG Contract

In each of the five areas, elements were identified that need to be addressed related to policy, standardization, training needs, and other areas. The HSAs have been meeting on a weekly basis via conference call along with forming workgroups to focus on each priority area.

The goal is to have accomplished at least 50% of the priority area goals in the first six months of this calendar year. There have been a total of five HSA conference calls since returning from the leadership conference, working on these priority areas along with other strategic planning initiatives.

Some of the projects completed at this time include revision of the daily report and validation of the 2005 workload statistics. Workgroups that have been formed outside of the HSA meetings include HSA/AHSA orientation, workload reporting and quantification, and continued work with the health information system subcommittee of the IT Steering Committee.

As the Chief HSA, I am very excited about the progress being made by the groups and look forward to more accomplishments throughout the year.

Cascading- From Front Page

of the cascading concept is to ensure that all levels within the Agency are aware of, and being held accountable for, the Departmental goals and objectives.

Simultaneously, there was an on-going effort within DIHS to identify and re-invigorate the objectives and targets for our FY06 strategic plan. Hence, we chose to combine the efforts and make what many offices see as a 'paper' exercise a truly valuable tool.

A cascading performance plan matrix was developed that included the Director's plan; then moved horizontally across to include the Deputy Director, each Associate Director, the National Consultants and Chiefs, the Program Managers, and the Health Service Administrators.

For each topic, as the matrix progressed horizontally, the goal was to identify if that individual's area of responsibility contributed to the topic (helped achieve the target). If so – a measure was developed which applied; if not – then it was not included in their plan. Eventually, we reached the final step (or end of the waterfall) and developed plans for individual staff members that showed how their accomplishment of tasks directly contributed to the organization's success.

Naturally, as with other first time developments, these plans will not be perfect. We fully recognize this. All supervisors are set to meet with their staff again in April. At that time (or before if needed), slight revisions can be made to make the plans more accurate reflections of an employees responsibilities and efforts. Notes documenting the individual's progress should be made, along with constructive comments for improvement and identifying accomplishments for recognition (awards).

By the time annual evaluations are required (EPMS or CO-ERs), supervisors should have ample documentation to provide a robust reflection of the employees performance.

Strategic Planning

By LCDR Jean Pierre DeBarros

The following individuals have been selected by the Executive Committee as members of the DIHS Strategic Planning Committee. The committee represents a diverse representation of professional categories, field sites and breadth of experience professionally and time in the Division. Their charge is

to guide the Division's strategic plan for FY07 and forward.

The Division is actively engaged in strategic planning as it has significant impact on the Division's performance plan. The committee will be meeting monthly with regular updates to the Executive Council and the field during our monthly all-hands meetings.

The committee will be responsible to ensure that the strategic plan fit into the vision and mission of the Division as set forth by the Executive Council. In addition, there will be an at large group for consultative basis; this membership will be comprised of the Executive Council, CDR Diane Aker, CDR Mary Bowling and Dr. John Wulu, PhD.

Because the focus of this committee will be for FY07, that is not to say that we are not currently focused on strategic planning. We are currently executing many strategic planning processes, we just need to fine tune them.

Ultimately, every DIHS employee is part of the strategic planning process; without organizational buy-in we will find it even more challenging to succeed. Get yourself familiar with the membership of this committee and exude your thoughts and ideas to them as you identify an area requiring focus.

DIHS Strategic Planning Committee

CDR Reginald Ballard

CDR Rosa Colon

CDR Philip Farabaugh

CDR Alex Garza

CDR Coleman Palmertree

LCDR Kelly Brown

LCDR Jean Pierre DeBarros

LCDR Stephen Gonsalves

LCDR Stacy Jennings

LCDR Martin Newton

LCDR William Waldron

LT Michael Chuley

LT Elsa Rivera