Communiqué of The Division of Immigration Health Services!

THE RAPID PULSE

November 2006

Faces & Places

WELCOME

El Centro, CA:
LTJG Adriana Garcia

Miami, FL:
LCDR Christino Gavarrete

Port Isabel, TX:
LTJG Efehi Enobakhare

FAREWELL

Batavia, NY:
Ms. Noelle Pitkin

Pearsall, TX:
Ms. Kay Beard

Tacoma, WA:
Ms. Kelly Moody
Ms. Susan Caro

THE DIRECTOR'S PERSPECTIVE

By Dr. Gene Migliaccio

Welcome to another installment of *The Rapid Pulse*.

Recently, a Policy Work Group was established to take a hard look at the DIHS Policy and Procedure Manual. The Policy Work Group is comprised of members from the various specialties/disciplines in DIHS, including nursing, mental health, etc. The goal is to produce a policy and procedure manual that clearly and succinctly addresses the operation of our organization, encompasses the standards required of accrediting organizations, requirements of licensing and regulating agencies, and most importantly will serve as an easy to use guide and resource for staff throughout the organization.

If you have questions regarding the policy and procedure manual that you want to share with the Policy Work Group, please send them an email at policyworkgroup@dhs.gov.

Also, DIHS is actively pursuing a new electronic health record (EHR) to replace CaseTrakker. LT Allen Magtibay will be working with Ms. Kathie Brady in writing the request for proposal (RFP).
Also, the Healthcare Information System (HIS) committee chaired by LDCR Jason Ortiz will assist in providing feedback for the RFP. The HIS is a sub-committee under the IT Steering Committee comprised of representatives from all of the job disciplines within the division. Their role is to determine the IT needs and requirements for our medical procedures and policies pertaining to the EHR. They will be relied on heavily to provide the clinical requirements for the new system. Determining the clinical processes of the new system before development and customization of the software will be very important in ensuring its success.

Thank you to everyone involved in these two critical projects that will help move DIHS forward.

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WELCOME TO WILLACY

By LCDR Dawn Anderson-Gary

Conceived in support of the Secure Border Initiative, the Willacy Immigration Detention Center broke ground in June 2006. Within 45 days the first 500 of 2000 beds opened to adult male El Salvadoran detainees.

Upon arrival to the site on July 16th there was a lot of construction still in progress. It appeared that the project couldn't possibly be completed for the grand opening on July 31st. With some skepticism and a lot of praying, I busied myself purchasing supplies, equipment and other necessary items in anticipation of the big day.

Before!

The hours were long (still are), the manual labor physically tiring, and the daily meetings with contractors, construction supervisors, ICE, MTC staff and Team USA mentally exhausting. Help came on July 26th as the first group of TDY staff from across the division arrived on site to assist with the move into the temporary clinic and to receive our first mass influx of detainees.

The grand opening went without a hitch. Thanks to all the staff for their dedication in accomplishing this time sensitive mission. This was a huge weight lifted off our shoulders, since the temporary clinic was turned over just two days before we were expected to open for business.

We are #1; First on site to open the first of a kind facility for the Division of Immigration Health Services

Can you imagine how frantic it must have been to get all the supplies and equipment moved from the storage place into the clinic in just one day? Let me tell you, it was not a "bed of roses."

We accomplished what appeared to be the impossible with just a hand full of staff. Whew!

We thought the worst was over, but the day was still young. MTC came in to inform me that the building would not be secure, although that was a stipulation for us to move in.

We could not just place all this expensive medical equipment and just walk away from the building. With all the contractors running in and out of the building, I was left with no choice but to designate one of the staff to stand guard duty over our area.

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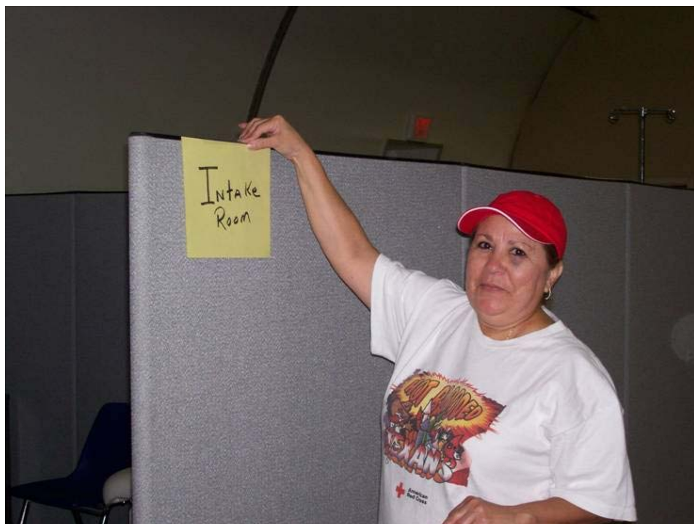
Willacy– From Page 2

Since I had become a frequent flyer at Wal-Mart and Home Depot, I just grabbed my tax exempt card that was issued by the stores and high tailed it to the store and bought a cot for the nurse on guard duty. Of course the nurse did not get any sleep, since there were contractors in and out all night long. Though we were ensured that our equipment would be protected, this precautionary measure was probably the wisest decision.

I would like to take this time to say a special thanks to LCDR Ben Brahim of Tacoma for being such a good sport. Being the only male nurse in the bunch, the guard duty fell squarely on his shoulders and he never complained, not even once.

We have come a long way since August 1st, the date the first detainee was processed into the detention center through Harlingen Staging. Phase III of the building project moved us into the permanent clinic on September 13th. Here we go again; another move that had to be done in one day! How much more can we take; moving all that stuff again. Talk about hard labor; a rough day it was indeed!



Treatment room in the clinic being temporarily labeled by our Medical Records Technician

Now that we have passed the worst and are on cruise control, we are proud of how far we have come in just 10 short weeks. Currently there are 1886 detainees in the camp; 483 of which are females. By the time you read this article we should be at our maximum capacity of 2000 detainees.

Oh! I forgot to mention how fast things change. Willacy Immigration Detention Center has been upgraded from a level 1 all El Salvadoran male facility to a level 2 multi-cultural unisex facility.

Dormitories constructed from steel beams covered by tough canvas like water proof fabric. AKA - SPRUNG structure

With females in the camp we went from being low keyed to high drama low trauma. There is so much more to say but it would take several articles to give a detailed accounting of all the events that have occurred from the first day of arrival until now.

After!

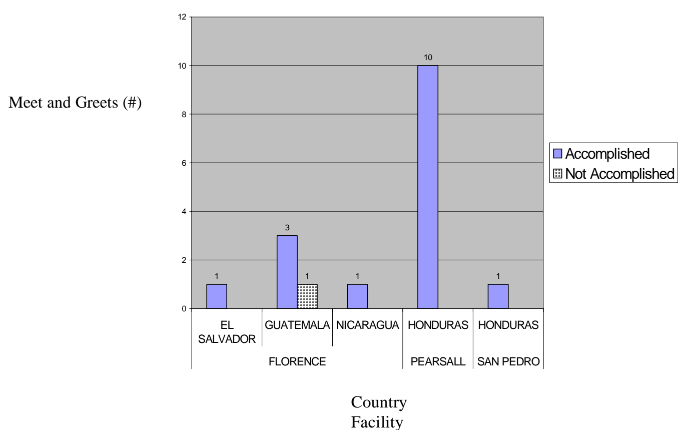
Epidemiology Corner

As a friendly reminder, please submit all final Infectious Disease and Tuberculosis surveillance forms for FY2006 if you have not already done so. **The final TB case classification should be determined by the treating physician and should reflect the most severe state of disease at diagnosis. Refer to SOP 8.13- TB Surveillance, for complete instructions.*

Meet and Greets

Due to outstanding coordination and communication between DIHS, ICE, JPATS and foreign National TB Programs, 17 meet and greets were planned during the months of September and October. This is an indicator that our staff can provide appropriate resources to facilitate continuity of care for patients on treatment for TB.

Meet and greets planned and accomplished for ICE *M.TB* patients who were released Sept-Oct 2006



*This chart was submitted for print before the end of October. The meet and greet that was "not accomplished" was scheduled for deportation after this article went to print.
** n=17

Article links

To facilitate your ability to keep abreast of medical and public health related literature, we have provided links to various articles and websites germane to the DIHS mission.

Dye C. Global epidemiology of tuberculosis. *The Lancet*. 18 March 2006; 367:9614:938-940 http://www.thelancet.com/journals/lancet/article/PIIS0140673606683840/fulltext

Extensively Drug-Resistant (XDR) Tuberculosis

Updated information from the WHO/Stop TB Department
http://www.who.int/tb/xdr/en/index.html

MMWR article on XDR-TB http://www.cdc.gov/mmwr/PDF/wk/mm5511.pdf

Reminder: State or local health departments should be consulted regarding diagnosis and management of medically complicated tuberculosis, including (but not limited to) HIV coinfection, and drug-resistant tuberculosis. Regional Training and Medical Consultation Centers (RTMCCs) are available for expert consultation on the management of medically complicated tuberculosis (http://www.cdc.gov/nchstp/tb/rtmcc.htm)

Reported Tuberculosis in the United States, 2005

http://www.cdc.gov/nchstp/tb/surv/surv2005/default.htm

Henderson DK. Managing methicillin-resistant staphylococci: A paradigm for preventing nosocomial transmission of resistant organisms. *American Journal of Infection Control*. June 2006 Supplement;34:5:S46-S54.

SHEA guideline for preventing nosocomial transmission of multidrug-resistant strains of Staphylococcus aureus and Enterococcus. Muto CA, Jernigan JA, Ostrowsky BE, Richet HM, Jarvis WR, Boyce JM, Farr BM. *Infect Control Hosp Epidemiol* 2003;24:362-386
http://www.shea-online.org/Assets/files/position_papers/SHEA_MRSA_VRE.pdf

DIHS MANAGED CARE TEAM AND ORR WIN AWARD

By CDR Linda Jo Belsito

The federal partnership between the DIHS Managed Care Team and the Office of Refugee Resettlement (ORR) began in 2003. An interagency agreement was established to facilitate claims payment for unaccompanied minors in the program.

Initially, there were 300 children under the age of 18. As the program grew, the Managed Care Team has worked to increase the relationship between the staff of the ORR Program and DIHS. During the past three years, the census has increased to over 1200 children in the program.

Originally the program was managed by LT Darrell Lyons. Upon his transfer, LCDR Falzini came to Headquarters and assisted with the population growth to 1200 plus children. As well, she assisted with the revision of the interagency agreement, updated the benefit package with the ORR leadership, served as the customer service point of contact and also assisted with teaching all of these new facilities how to access the TAR system for claims. LCDR Falzini also identified treatment requests that could be auto-approved, which decreased her workload, and that of the facilities, by 90%.

To date, the ORR program submits approximately 1200 TARs per month and has had a few complex cases for case management to follow. Most recently the program facilitated a heart transplant. At this time he has done remarkably well post operatively, and continues to thrive. The ORR Program is unique; it has its own policies and procedures, and a separate budget.

Recently, the DIHS Managed Care Team and ORR received the Partnering for HHS Excellence Award, the result of great collaboration and coordination between the two agencies.

LCDR Falzini has since moved into an HSA position, and now this program will be handled by LT Lydia Springs.

The award!

CDR Belsito holds the award received by the DIHS Managed Care Team and ORR

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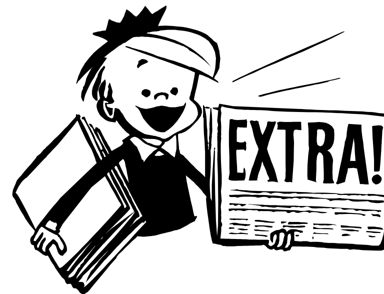

DIHS' New Vision Statement!

By 2012, we will be the globally recognized leader in detention health care

By 2012, we will be recognized as having the most dedicated, competent workforce that provides for the effective and efficient utilization of its resources