

THE RAPID PULSE

September 2006

Faces & Places

WELCOME

Florence, AZ:

Erika Neal

Los Angeles, CA:

LTJG Katherine Maye

Port Isabel, TX:

CAPT Marian Moe

San Diego, CA:

Linda Ward

FAREWELL

Los Angeles, CA:

Cynthia Carter

Miami, FL:

Veronique McGuire

Pearsall, TX:

LCDR Maria Tovar
Sandy Ramirez

San Diego, CA:

CDR Gerardo Bazile

THE DIRECTOR'S PERSPECTIVE

By Dr. Gene Migliaccio

Welcome to another installment of *The Rapid Pulse*!

This month, I want to start by bringing you up to date on the expansion of DIHS. The Human Resources office has been working diligently and using new and creative methods for recruiting necessary staff for the new and existing DIHS sites. In addition to list-serv broadcasts, website postings, newspaper advertisements and traditional recruitment venues (career fairs, professional conferences), we have held six job fairs that have occurred since mid-July or are in progress; one in Harlingen, TX, two in the San Antonio Area, two in Arizona (Florence area and Tucson) and one in Stewart, Georgia. These job fairs have yielded over 175 interested candidates with an average of 65% of applicants being selected for employment. We have seen great interest/response from the job fairs across all categories. There are an additional eight venues planned between now and mid-November targeted geographically (in the Texas and Arizona areas) or by specialty.

Unfortunately, we are still encountering slow processing times with security clearances. In this climate of growth for all in the immigration detention arena, ICE security staff has the added challenge of processing priority clearances for its ICE staff. In addition, though there has been some movement, agency

processing of personnel actions for federal hires continues to be delayed.

Special thanks to local folks who have either lent support to DIHS-sponsored job fairs or have taken it upon themselves to find a venue in their area and have volunteered to man a recruitment booth there. Also, we appreciate your flexibility and patience as we continue to recruit and hire the best qualified applicants.

To date, 30 of our officers have deployed to the new sites in Texas to help get them up and running. I want to thank them for their dedication. I also want to thank those staff who have remained at their sites, while their co-workers deployed.

This expansion has truly been a team effort, and I want to thank everyone!

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TELEHEALTH PROGRAM UPDATE

By CAPT Don Brown

Telehealth has many definitions, but is generally defined to include provision of medical care to geographically dispersed patients through the use of telecommunications and information technology. Its complexity can range from a simple phone call or fax exchanged between medical providers, to videoconferencing or teleradiology.

Within DIHS we currently utilize many forms of telehealth to accomplish our daily tasks.

The most visible use has been the implementation of teleradiology at the majority of our sites. At most of our sites, tuberculin skin testing has been replaced by teleradiology as our primary mechanism to conduct our initial tuberculosis screening.

Teleradiology has reduced the length of time that a potentially infectious patient exposes both staff and other detainees from several days to several hours. This program continues to grow each year. We expect DIHS staff to complete approximately 98,000 x-rays this fiscal year. That will be an increase of approximately 18,000 from the previous fiscal year.

Several teleradiology changes are currently in progress or have been recently completed. The Los Angeles Staging facility was recently moved, teleradiology included, from downtown LA to Santa Ana for the duration of an upgrade in the building's earthquake resistance. The teleradiology unit at the Krome facility will soon be moved into the new medical clinic. Intake screening for the Port Isabel facility has been shifted to the new teleradiology unit at the Harlingen Staging Facility. While intake screening has moved, we will still need the ability to take x-rays at the new Port Isabel hospital. We will install a different teleradiology unit at the new hospital and move the current Port Isabel machine to our new Taylor facility.

The Division is also exploring the possibility of add-

ing teleradiology to the Elizabeth site. We would like to have teleradiology at all DIHS sites, but will only implement this technology where there is sufficient volume to be cost effective.

Another exciting project is the development of a mobile teleradiology/telehealth trailer that can be used daily and deployed when necessary. Mass influxes and changes in detention patterns resulting in sudden large increases in detainee population have occurred in the past and are expected to occur again. A mobile unit will provide increased capability to more quickly and effectively process these detainees.

Videoconferencing for diagnosis and treatment of physical and mental conditions is experiencing rapid growth within the Division. For several years the Batavia facility has had the capacity to conduct live videoconferencing with the Erie County Medical Center. We have also had, off and on, the capability to videoconference between our Florence and Krome facilities.

This initial system is currently being upgraded and expanded so that all sites within the Division can leverage our use of both internal and external providers to meet each facility's workload during times of limited manpower. This system will give each DIHS provider access to appropriate levels of consultation either from other DIHS sites or from a cadre of credentialed and privileged external providers.

The new videoconferencing platform has recently been installed at El Centro, Krome, San Diego and DIHS Headquarters. In the near future this capacity will be added to San Pedro,

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Florence, Houston, Tacoma, Santa Ana, Port Isabel, El Paso and Pearsall. All remaining sites will then be added to the system.

A new contract is currently being developed that will allow the addition of a variety of telemedicine peripherals to be added to the telehealth platform. Implementation of the new contract is expected to result in each site having primary care telehealth peripherals including otoscope, stethoscope, pulse oximetry and vital signs.

I would like to end this article talking about the most important portion of our expanding telehealth program – YOU. The reason this system exists is to assist you in the provision of health care to our patients. Many of you have participated in the implementation of teleradiology within DIHS. Suggestions and observations you have made have led to a variety of improvements in the teleradiology system. As we move forward with implementation of telemedicine videoconferencing, I look forward to your assistance and feedback to continually improve the program. You will soon be the experts at your facility, and I look forward to working with you.

Quiz Answers: Process for Submissions to Present or Speak

By LCDR Jean Pierre DeBarros

1. I am free to present at any given time on my current position and the work that I do.
 - a. True
 - b. False

Answer: False. Commissioned Officers or General Schedule employees must first get clearance from DIHS, the Bureau of Primary Health Care as well as HRSA.

2. The clearance process is required for only the following:
 - a. Poster presentation
 - b. Speaking at a conference
 - c. Briefing the Surgeon General
 - d. All of the above

Answer: d: All of the above necessitate clearance

3. I need only to let HQ know about my intentions to speak and they will handle everything else.
 - a. True
 - b. False

Answer: False. Though HQ is here to assist you through the process, it is the officer’s responsibility to initiate and follow through on the submission process.

4. The following individual(s) have a role in reviewing submissions:
 - a. CAPT Migliaccio
 - b. CAPT Downs
 - c. CAPT Jarres
 - d. Dr. Shack
 - e. All of the above

Answer: All of the above. As members of the Executive Council all of the above named DIHS leadership have a responsibility in reviewing submissions prior to it being forwarded to the Bureau of Primary Health Care.

5. It is much easier to send my presentation at once to everyone in my chain to include the DIHS leadership.
 - a. True
 - b. False

Answer: False. The submission process is

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linear. The officer/GS employee must first notify their respective supervisor. Once reviewed and approved by the supervisor, the document must be reviewed by the category consultant who will then forward to the Associate Director(AD) in that officer's/GS employee's chain of command. The program assistant for the respective AD will then route the document through the Executive Council, starting with the AD. Once the document is signed approved by the Director, it is then forwarded to the Bureau of Primary Health Care to be reviewed and forwarded to HRSA.

6. The Director asked me to present at an upcoming meeting, hence I do not need to follow the submission process.
- True
 - False

Answer: False. Though the Director may ask you to present at an upcoming meeting, he will never do so without the intent that the presentation be routed through the process outlined above. HRSA holds him fully accountable for any message conveyed in a public forum.

7. Once at the HRSA Speakers' Bureau, the turn-around time is:
- 24 hours
 - 7 days
 - 2 weeks
 - Approximately a month

Answer: 2 weeks. Though the process may take less time, the guidance from the Speaker's Bureau is that a submission will take approximately 2 weeks to be reviewed and returned to the submitter.

8. The following is necessary on all presentations:
- HRSA logo in the bottom right corner
 - The name of my organization, the Bureau of Primary Health Care and HRSA on the title page
 - Presenter's contact information in the

closing of the briefing

- Information pertinent to the presenter's area of expertise

Answer: All of the above. The HRSA logo is an absolute must on all presentations as well as the organization names of the Division, Bureau and Agency. Since the presentation may be distributed and its content possibly referenced in the future, the presenter must include his/her contact information.

9. When HRSA provides me feedback on my presentation and asks me to apply edits,....
- I have the option take their advice under consideration and make the final decision on my briefing
 - I need to establish a strong rebuttal when I feel they have misunderstood and I must stand my ground.
 - I must apply the required edits and provide a copy to the DIHS POC responsible for communicating the revised presentation with the Bureau.
 - I will wait for HQ to apply the edits and let me know the outcome.

Answer: C. Once HRSA has completed their review, they will forward their response to the presenter, sometimes directly, but in most cases via the Bureau POC who will then notify the DIHS POC.

Once the edits have been implemented, the document must be presented back to the DIHS POC who will again forward to the Speaker's Bureau. This entire process averages an approximate 2-week turn-around. Authors of submissions are not to engage with HRSA or the Bureau.

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If you feel that the Speakers’ Bureau has missed the point on their recommendations, provide that feedback to the DIHS POC and let him/her address your concerns.

10. The following must accompany all submissions to the Bureau:
- a. A crisp \$20 bill to expedite the process
 - b. The Speakers’ Bureau Submission form
 - c. Hardcopies of the submission
 - d. A gift as an early thank you for “moving things along” (wink-wink)

Answer: B. All submissions need to be accompanied by a fully completed Speaker’s Bureau Submission form. Incomplete forms will be returned to the presenter to be completed prior to presentation being forwarded to the Bureau.

Epidemiology Corner

The fiscal year is coming to an end, so please remember to submit all TB and Infectious Diseases Surveillance Forms to us in a timely manner if you haven’t done so already.

Reporting of all TB and infectious disease cases is important to help us facilitate TB meet and greets, accurately determine prevalence for our population, and also to help us monitor the effectiveness of our programs.

Here’s a quick look at some of the data we’ve collected from August 2006:

Facility	Infectious Disease						Total
	Chlamydia		Neisseria				
	AIDS	Trachomatis	Malaria	Gonorrhoeae	Varicella	Syphilis	
El Paso			1				1
Krome	3					1	4
Tacoma		1			1		2
Port Isabel					2	1	1
Total	3	1	1	1	2	2	8

Does this table accurately reflect the reportable infectious disease cases in *your* facility?

Meet and Greets

The epidemiology unit can help you coordinate medical meet and greets for TB patients. The following countries have expressed an interest in receiving all TB patients upon arrival: Guatemala, Honduras, Mexico, and Nicaragua. Meet and greet arrangements can be made for detainees of other nationalities where public health authorities are willing to collaborate. Meet and greets are an essential part of facilitating continuity of care for our TB patients. They provide an opportunity for public health authorities in the country of nationality to orient the patient on access to care, to verify locating information, and to provide supplemental services (e.g. transportation, food, housing). The following chart shows the distribution of TB meet and greets planned and accomplished during June-Aug 2006.

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

