

The Rapid Pulse

July 2004

The Director's Perspective

By Dr. Eugene Migliaccio

In last month's installment of *The Rapid Pulse*, I talked about two new initiatives in DIHS: 1) providing Registered Nurses (RNs) with the necessary training to allow them to conduct physical exams and 2) the advent of the Electronic Medical Record (eMR).

This month, I want to focus more on the eMR, and what it means for DIHS.

DIHS' current health care system utilizes manual, paper medical records, resulting in difficulty generating consistent reporting and on-demand reports, and results in an expenditure of vast resources (such as staff time) collecting and analyzing workload reports.

Tommy Thompson, Secretary of Health and Human Services, is asking the department to implement electronic health records ahead of President Bush's 10-year goal. I am proud to say that DIHS is already moving steadily in that direction.

As mentioned in last month's column, Case-Trakker was selected as the software solution for the eMR and utilization management/utilization review (UM/UR). The value-add of Case Trakker for DIHS, as well as the Bureau of Immigration and Customs Enforcement (ICE) include:

- Better coordination of patient treatment scheduling with security to reduce trips between barracks; Scheduling can be based on barracks so that multiple patients from the same barracks can be brought into the clinic at once

- Reduced time to generate transfer summaries for detainee movement

- Ability to document and report on medical conditions seen and treated at each facility

- Ability to perform global bed management to maximize the use of DIHS Short Stay Units and minimize the number of outside hospitalizations; ability to better track treatment requests and determine appropriate level of care

- Better record keeping and reporting; Reduced medical errors; Better view of patient condition and identification of patients at risk

- Automated data collection to allow prompt reporting and research, to further justify the benefit of DIHS to ICE

This system will assist DIHS in achieving our goal to move from "good to great."

Change can often be difficult, but it is often necessary and beneficial. I want to thank our Information Technology team for spearheading this critical initiative. The Managed Care Branch were the first users to transition to the new system. Their commitment and feedback ensured a successful deployment. I also want to thank the staff at El Centro for serving as the test site. These efforts will ensure a successful deployment of the first consolidated correctional UM/UR and eMR system.

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Faces and Places

WELCOME

Florence, AZ:

LT Tonya Toussaint

Tacoma, WA:

LCDR Philip Farabaugh

FAREWELL

Washington, DC:

Barbara Horn

LCDR John David

CAPT Enzo Borchini

Thank you to all officers in DIHS who deployed in conjunction with the state funeral for former President Reagan:

LT Rebecca Singleton

LCDR John David

LCDR Elizabeth Osborne

LTJG Darrell Lyons

CDR Jim Sorenson

CAPT Marylouise Ganaway

CDR Christine Williams

CCRF Deploys for Reagan Funeral

By CDR Christine Williams

“The public viewing and State Funeral of Former President Ronald Reagan will be held in Washington, D.C. from June 9 thru 11, 2004. The event is as a National Special Security Event, thus placing all Federal response entities on an increased security status for the duration of the event. The Office of Public Health Emergency Preparedness is in the process of planning for this event and has requested support from the CCRF. At this time, that support is in the form of health care providers as well as liaisons being placed at various locations in Washington, D.C.”

This was the request I received via e-mail from CCRF on Tuesday June 8th. The next day, after receiving approval from DIHS, I volunteered to assist Thursday night from 10PM to 1030 AM Friday.

Later, Secretary Tommy G. Thompson issued a letter to local HHS division heads activating the USPHS Commissioned Corps to “provide medical support to the tens of thousands of people who will be queued to pay their respects in the Capitol Rotunda” along with the information that “dignitaries from Federal, Tribal, State, and local governments will attend, in addition to a large number of international Heads of State.”

Some DIHS staff members were

given only two hours notice prior to reporting for duty. I was one of twenty CCRF members reporting in working khaki uniform to First Aid Tent One on the National Mall for a briefing from the team leader. We were grouped into two teams to man each first aid tent.

Our tasks were to screen for potential patients in the extensive lines, provide water to those who appeared at risk for dehydration, assess patients for transfer to the medical tents, arrange transfer to and provide care for patients in the medical tents, and maintain continuous communication with team members. One physician was assigned to each tent. The nurses formed two-person teams and walked the lines watching for medical problems.

We rotated throughout the night so that two nurses were always at the tent. We carried backpacks with bottles of water and first aid supplies as we walked the lines. There were three fenced-in areas each holding a crowd of 5,000 people.

At one o'clock in the morning all fenced-in areas were full and people were still entering the line. Amazingly, despite the 6-8 hour wait, the crowd was non-complaining, orderly, patient and appreciative of our presence.

The crowd consisted of ages ranging from infancy to the elderly as well as handicapped individuals with canes, crutches and in wheel

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**Congratulations
to our officers
who have been
promoted!
Thanks for a job
well done!**

To O-4:

Karen Dorse
Elizabeth Escalera
Alice Fike
Joanne Galano
Nadina Hammonds
Angel Lasanta
Rebecca Singleton
William Rekward
Joseph Verge
Jedeon Virata
Jeffrey Wiersma
Sara Newman
Matthew Febbo
Stanton Hawkes
Thomas Hochberg

To O-5:

Xiomara Brown
Diane Aker
Nancy Bartolini
Alex Garza
Sheryl Smith
David McIntyre
Daniel Hasenfang
Kirsten Warwar
Jay Seligman
Wanda Gonzalez

To O-6:

Yvonne Anthony
James Sorenson
Christine Williams

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chairs. Except for some minor first aid complaints, we were fortunate in that the only serious medical problem during the shift was a middle-aged woman complaining of weakness with “no history of medical problems” even though she was on blood pressure medication and had a diastolic blood pressure of 110!

The park rangers and DC police were extremely supportive and the American Red Cross provided the much needed bottles of water.

The high point of the night occurred when DC police offered all uniformed officers in line and on duty, the opportunity to enter the Rotunda from a side entrance for the viewing.

To see Reagan’s casket surrounded by the Honor Guard under the dome of the Rotunda was indeed a very special experience!

By 8 o’clock AM, the remaining crowd was in the secure area of the Capitol out of our coverage. We then packed up the supplies in the tent and reported to HHS headquarters nearby.

There we waited in readiness for potential medical needs until the funeral procession departed the Capitol for the National Cathedral.

As the funeral procession passed us, we stood in formation and saluted, showing our respect and making me feel proud to be a member of the USPHS!

**DIHS Supports CCRF
Deployment**

Responds to Suicide Cluster

By LCDR David McIntyre

For the first time the Surgeon General was asked to activate the CCRF to support the Indian Health Service (IHS) in response to a suicide cluster. On April 26, 2004, CCRF posted a request for mental health providers to deploy to Fort Thompson Indian Health Service Hospital in South Dakota.

During the previous five months at Fort Thompson there had been a cluster of five completed suicides and a report of over 60 suicide gestures or attempts within the same time frame.

The purpose of the deployment was and continues to be to provide Fort Thompson IHS Hospital with administrative guidance and clinical consultative services.

LT Linda Cox-Ford (BOP) and I were the first group of officers to deploy with CCRF for this mission. Prior to our arrival date, we communicated via telephone with CDR Long, Director of Field Health Operations, to begin our plan of action. Upon arrival we were introduced to the community by

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Congratulations to CAPT Christine Williams on her selection as Health Service Administrator for a 900-bed contract detention facility in Houston, Texas.

Targeted for completion by February 2005, the facility will include 20 in-patient beds.

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Nancy Miller, CEO, Fort Thompson IHS Hospital, and CDR Bernie Long.

During the first few days we traveled throughout the Crow Creek Sioux reservation and met with numerous people and agencies. The agencies included the IHS hospital, all schools, tribal leadership, Emergency Medical Services, reservation police, social services, tribal court officers, alcohol/substance abuse treatment providers, mental health providers, and many other community organizations and care providers.

We helped develop a suicide response program to address the needs of the community as well as conducted numerous stress debriefings with community members and workers. We were well received and our guidance and services were appreciated.

The purpose of the deployment was clear. We learned about the history of Fort Thompson and the Crow Creek Sioux reservation, and made numerous home visits to family and friends of those who completed suicide. The community was provided the opportunity to express their fears and concerns. As the outsiders, we listened carefully before making any recommendations. We attended a Pow-Wow held to honor the graduating high school seniors of Crow Creek and served food to Pow-Wow participants.

Moreover, we answered middle of

the night crisis intervention calls and participated in weekend EMS responses. Residents welcomed us into their homes and showed generous hospitality. We built a strong foundation within the community for other CCRF Officers to build upon throughout the summer.

The CCRF staff, including CDR Martinelli and LT Mallos, has been extremely helpful and responsive to our needs. Recently, RADM Babb joined our weekly Fort Thompson teleconference. He strongly supports this mission and thanks the officers who deployed with CCRF for this mission.

As of this writing, the CCRF deployment continues to receive only positive feedback from the community at large as well as from those working the front lines. There have been three serious suicide attempts since the beginning of this deployment, but there have been no additional suicide completions. Due to positive response, this deployment has been extended into September 2004.



CDR Bernie Long (l), LT Linda Ford and LCDR David McIntyre