April 2012

EmployeeUPDATE

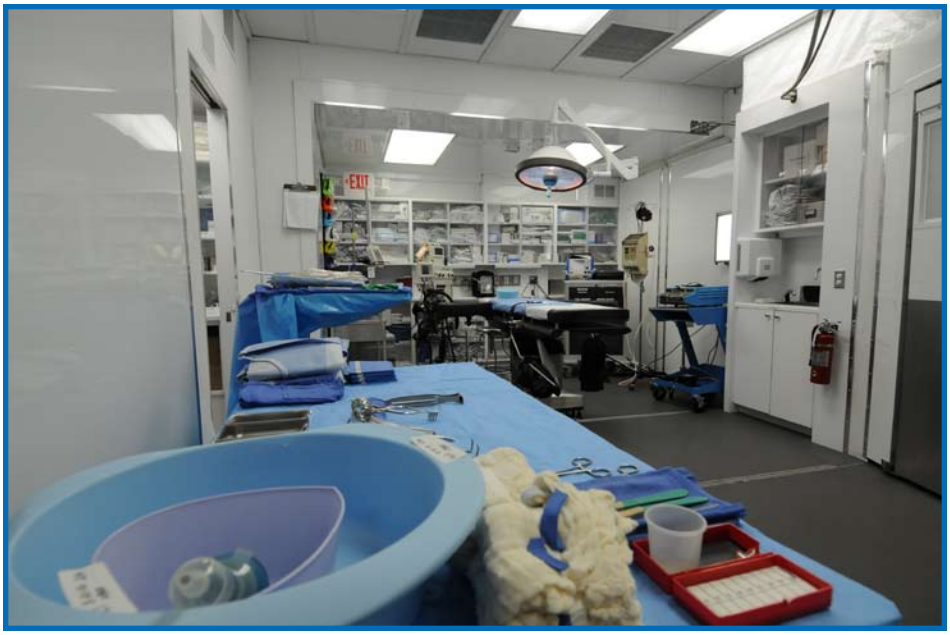
Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.

A monthly publication for employees of the North Carolina Department of Health and Human Services

Mobile Disaster Hospital setup provides critical training for N.C. responders

FLETCHER – North Carolina disaster medical response teams and volunteers trained together in western North Carolina last month in the set up and use of a unique mobile hospital that would provide surge capacity to meet critical medical needs in a community struck by a disaster.

The N.C. Department of Health and Human Services hosted the event at the Western North Carolina Agriculture Center on March 19-23 in support of assistance from and training for its many partners, including trauma surgeons and nurses from UNC Department of Surgery, Division of Trauma, Critical Care & Emergency General Surgery; logistical support team from North Carolina Baptist Men Disaster Relief; and members of the State Medical Response System, which includes the State Medical Assistance Teams (SMAT).



One of two operating rooms in the Mobile Surgery Unit (MSU).
– All photos are by Jim Jones, DHHS Public Affairs.

"This is a great opportunity for our partners to see and experience the National Mobile Disaster Hospital equipment set up in a configuration they are likely to experience if it were deployed," said Tom Mitchell, assistant chief of the DHHS Office of Emergency Medical Services.

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Mobile Disaster Hospital cont. from page 1

The federally-owned mobile hospital is available to provide scalable hospital services to a community whose own hospital is either overwhelmed by a disaster or damaged and in need of assistance to continue operations while repairs are made. The goal of the training exercise is to keep volunteer units familiar with set up and operation of the hospital elements, most of which were assembled March 20; and to develop a training regimen that would quickly familiarize health care providers in states where the resources may be deployed – practically anywhere in the U.S., with a focus on the Southeast due to hurricane vulnerability.

The mobile hospital set up at the Western North Carolina Agriculture Center included two of its four mobile surgery units, as well as a major emergency department, a critical care holding area, a full digital X-ray unit, a laboratory, blood bank, medical supply, morgue and logistic support equipment.

"For this to be a viable, mobile hospital, there is a reliance on the host state to provide the medical staff to operate it," said Lew Stringer, a physician and project manager for the National Mobile Disaster Hospital. "We want people to know where to find things, and how the operating room and emergency department supply areas are set up. We want the North Carolina Baptist Men Disaster Relief teams to stay familiar with how to set up the large shelters we use in our various configurations."

Last month's deployment and set-up provided an opportunity for people involved in mass care to get a look at a mobile response unit with major medical capabilities. Stringer said he led tours for administrators from several hospitals, directors of nursing and emergency management. In addition, a contingent from the U.S. Department of Health and Human Services, Office of Preparedness and Emergency Operations, also was on-site to learn about the capabilities.

Other on-site activities included training in avoidance of blood born pathogens, proper use of fire extinguishers, and development of the just-in-time training doctors and nurses. On March 22 and 23, the equipment was re-packed and returned in 13 tractor trailers to a storage location in the western part of the state.

The National Mobile Disaster Hospital is a federally owned asset of the Federal Emergency Management Agency that is maintained by the N.C. Office of Emergency Medical Services, part of the N.C. Department of Health and Human Services. The mobile hospital is deployable in less than 24 hours after receiving a mission assignment and can be operational in 24 hours after arrival on site. ■

– Jim Jones, DHHS Public Affairs

1. Logistics team from North Carolina Baptist Men assembles tent top for Emergency Department.

2. Dr. Lew Stringer and Dr. Daryhl L. Johnson II, unpack a fluid warmer in the Mobile Surgery Unit.

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Mobile Disaster Hospital cont. from page 2

Logistics team from North Carolina Baptist Men assembles tent top for Emergency Department.

High Angle view of the setup – Aerial Photo by Mark Stepp, RN, Mountain Area Trauma Regional Advisory Committee, Mission Hospital

New DHHS Excels message

A video message from recently appointed Acting Secretary Al Delia is available on the DHHS home page.

If you have Internet access and can take three-minutes and 15-seconds to do it, check out the new message from our department's leader, available at **www.ncdhhs.gov**.

Delia speaks to the budget challenges DHHS faces in the current and the approaching fiscal years, as well as the importance of all employees continuing to focus on delivering excellent services in a timely, results-oriented, customer focused manner.

The Department needs to expand and accelerate DHHS Excels, he says in his message, and that will require more involvement from every employee in every division. He encourages our help to make DHHS the best Health and Human Services operation in the country. ■

Tell us how DHHS Excels is working for you!

If you have a great example of DHHS Excels at work, tell us about it.

We're in search of stories about you or your co-workers who exemplify the values of DHHS Excels.

Do you know of a colleague who has gone above and beyond to be Customer Focused, Anticipatory, Collaborative, Transparent or Results Oriented? If so, send us an email message at **DHHSexcels@dhhs.nc.gov** detailing the work that makes DHHS Excels shine. Don't forget to include the name, telephone contact and the division and title so that we can be in touch with him or her. ■

DHHS Excels Steering Committee report

Recognizing the good foundational work that has been accomplished under DHHS Excels – Open Window, shared goals and values, new performance plan, realigned budget, more collaboration and transparency, more strategic planning and improved performance – the Steering Committee will be focusing on how to build on that foundation to encourage and facilitate ongoing progress.

One of the things Secretary Delia wants to achieve is "…a way for staff members at every level to become more involved in making improvements to work processes." It is well known that the people who actually do the work, handle the processes and are on the front line are the best ones to identify solutions and determine how to streamline operations.

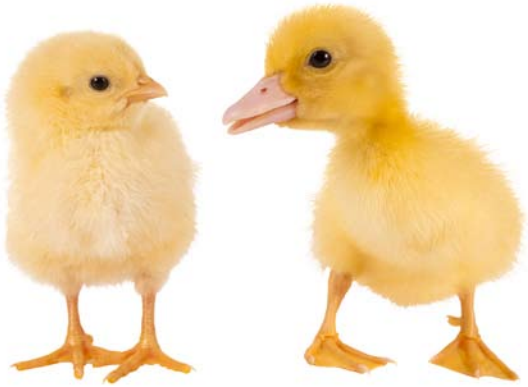
With that in mind, the Steering Committee is discussing an internal DHHS competition on how to make this happen. Is there something in your area of work that could be simplified? Is there a way to take that seven-step process and eliminate a step or two? Can a form be modified to have multiple uses rather than a single use? Are you currently working on a process or procedure simplification effort that will enhance customer service and create efficiencies? If so, be thinking about your area of work responsibility and stay tuned for more information in the next newsletter.

Perhaps instead of adopting the old adage "we must do more with less" we should adopt an equally old adage of "working smarter and not harder." ■

– Sandra K. Trivett,
DHHS Special Projects

Public health officials urge safe handling of chicks, ducklings

Giving live chicks to children is a long-time practice during the spring, and for backyard poultry producers, this is the time of year to buy chicks and ducklings for their flocks.



The North Carolina Department of Health and Human Services' Division of Public Health is working with the N.C. Department of Agriculture and Consumer Services to encourage businesses that sell or display chicks, ducklings and other live poultry to help educate the public about certain health risks associated with handling live birds.

"All poultry, including baby chicks and ducklings, can potentially carry Salmonella in their droppings as well as on their feathers, feet and beaks, even when they appear healthy and clean," said State Epidemiologist Dr. Megan Davies. "People can become infected with Salmonella if they have been in contact with bird feces. Young children are especially at risk for illness because their immune systems are still developing and because they are more likely than others to put their fingers or other items into their mouths."

Davies offers simple tips to help avoid exposure such as washing your hands thoroughly with soap and hot water after handling or touching any area where poultry is produced or housed. "Parents need to be vigilant and make sure their children thoroughly wash their hands every time they handle chicks."

Salmonella infection is a serious illness with most people developing the illness between one-to-seven days after exposure. While many people recover in a few days without any medical treatment, some will experience life-

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Public health officials urge safe handling of chicks, ducklings cont. from page 5

threatening illnesses, bloody diarrhea, dehydration and other complications. Symptoms include:

- Fever
- Headaches
- Severe abdominal cramps
- Diarrhea
- Nausea
- Vomiting

State Public Health Veterinarian Dr. Carl Williams warns that Salmonella can also get on cages, coops, hay, plants and soil in the area where the poultry live or roam. Last year 15 states, including North Carolina, reported 40 documented human cases of Salmonella illness associated with baby poultry. As a result of that outbreak, several federal agencies and private organizations worked together to develop educational posters to help people understand the health risks associated with backyard flocks and baby poultry as well as ways to reduce the risk of human illness.

A poster prepared in English and in Spanish helps to communicate the risk and the steps people should take to protect themselves and youngsters from possible exposure to Salmonella: **www.cdc.gov/healthypets/resources/salmonella-baby-poultry.pdf** (English), **www.cdc.gov/healthypets/resources/salmonella-baby-poultry-spanish.pdf** (Spanish). ■

– Mark Van Sciver, DHHS Public Affairs

"If you're willing to try...."

DHHS Acting Secretary Al Delia donned the cap and bowtie of the Cat in the Hat as he read Oh! The Thinks You Can Think! by Dr. Seuss during the Read Across America observance last month. Delia spent the morning with pre-kindergarten children at Martin County School's preschool at Martin Community College, where Jill Perry is the lead preschool teacher. ■

– Photo by Leslie Johnson, Martin County Schools

Western CRC aids recovery

Collaboration is key during times of disaster

A tornado struck Cherokee County on March 2 resulting in heavy damage wherever it slammed down as it hopped across the county. Damage from the EF-2 twister to homes and businesses was extensive. Immediately, the community came together to help those in need.

Western Community Resource Connections for Aging and Disabilities (CRC) was contacted for help by the Western Chapter of the American Red Cross. The American Red Cross asked for assistance in providing information and identifying services available immediately for the victims of the storm.

Western CRC responded quickly by putting together a directory for the families affected by the storm. The directory included crucial details on emergency meals, tree cutting services, locations for emergency supplies, counseling services, transit information, medical providers and utility services. This important information was disseminated by local newspapers, radio stations, and partner organizations.

Launched in December 2011, Western CRC serves the state's four western-most counties of Cherokee, Clay, Graham, and Swain. It offers a highly visible and trusted place for individuals and community agencies to turn for information.

The Division of Aging and Adult Services supports 10 CRCs covering 38 counties, funded through grants from the U.S. Administration on Aging and federal Centers for Medicare and Medicaid Services level, with customer focus and collaboration at the core of each CRC. The CRCs demonstrate many of the same values as DHHS Excels, only at the grassroots level.

Community Resource Connections for Aging and Disabilities (CRC) are networks of organizations which collectively provide a "no-wrong door" coordinated system of information and access for all people seeking information on supports and services. They help people navigate through a maze of services and support informed decision making.

Cherokee County's estimated damage fell short of the amount needed for federal assistance. The American Red Cross has requested ongoing assistance of Western CRC to help coordinate the long-term recovery effort for the tornado victims.

"It was a wonderful blessing to know that citizens in the west understand our goal and vision, and that we have become the trusted source for information, assistance and awareness" said Shirley Wilson, Western CRC coordinator. ■

– Shirley Wilson, Western CRC coordinator

For more information on Community Resource Connections for Aging and Disability contact Michael Howard (Michael.howard@dhhs.nc.gov) at N.C. Division of Aging and Adult Services.

Medicine Drop partnership helps keep kids safe

March 18 to 24 was National Poison Prevention Week. Poisoning is the second leading cause of injury death and fastest growing cause of teen death in North Carolina. When teens abuse prescription drugs, they often get them out of the medicine cabinets of friends and families. Sometimes, these are "heavy duty" narcotics for patients with terminal illnesses or people recovering from surgery at home.

Operation Medicine Drop (OMD) is a chance to dispose of unneeded medications safely. With support from the State Bureau of Investigation, the Division of Public Health held an OMD event on the Six Forks Campus on March 22. More than 9,500 doses of medicine were collected, at least 700 of which were controlled substances.

Operation Medicine Drop is a partnership of Safe Kids North Carolina, the Riverkeepers of North Carolina, Community Anti-Drug Coalitions of North Carolina and local law enforcement agencies working together to encourage the public to dispose of unused and unwanted medication safely. By providing safe and secure ways for people to get rid of unwanted prescription and over-the-counter medications, Operation Medicine Drop helps prevent accidental poisonings and drug abuse while protecting our waters. Learn more: **http://www.ncdoi.com/OSFM/safekids/sk_OperationMedicineDrop.asp**.

More than 9,500 doses of medicine were collected at an Operation Medicine Drop event at the Division of Public Health's Six Forks Campus.

For information on the impact of poisoning in North Carolina from the Division of Public Health's Injury and Violence Prevention Branch: **http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/PoisoningBurden.pdf**. ■

– Elizabeth Hudgins, Child Fatality Task Force

Senior Tar Heel Legislature holds session

The North Carolina Senior Tar Heel Legislature met last month to discuss priorities for the upcoming session of the General Assembly. Gov. Bev Perdue and DHHS Acting Secretary Al Delia addressed delegates.

The North Carolina Senior Tar Heel Legislature was created by the North Carolina General Assembly with the passage of Senate Bill 479 in July of 1993.

The Senior Tar Heel Legislature was created to:

- Provide information to senior citizens on the legislative process and matters being considered by the North Carolina General Assembly.
- Promote citizen involvement and advocacy concerning aging issues before the North Carolina General Assembly.
- Assess the legislative needs of older citizens by convening a forum modeled after the North Carolina General Assembly.

Each of the 100 North Carolina counties is entitled to one delegate to the Senior Tar Heel Legislature. Most counties also have an alternate delegate. Delegates and alternates must be age 60 or older. The North Carolina Division of Aging and Adult Services provides staff support for the Senior Tar Heel Legislature in cooperation with the 17 Area Agencies on Aging, which are responsible for conducting the selection of delegates and alternates. ■

DHHS Deputy Secretary for Long-Term Care and Family Services Maria Spaulding, Acting Secretary Al Delia, John Thompson of Carteret County, Senior Tarheel Legislature speaker; and Dennis Streets, director of the Division of Aging and Adult Services. – Photos by Julie Henry, DHHS Public Affairs

Dennis Streets greets Mary Upchurch of Lee County, secretary of the Senior Tarheel Legislature.

Maria Spaulding and Dennis Streets with Betty Hunter of Randolph County, immediate past speaker of the Senior Tarheel Legislature.

Free confidential help is available for problem gambling

It is estimated that each year roughly 195,000 adults in North Carolina experience gambling problems that can lead to financial difficulty including bankruptcy, as well as strained relationships, excessive alcohol use, illegal activities, or suicide.

The North Carolina Problem Gambling Program (NCPGP) was developed in 2006 to address these issues and to provide assistance to individuals suffering from problem gambling, along with their friends and families. The legislation creating the NC Education Lottery requires one million dollars be transferred each year to the N.C. Department of Health and Human Services (DHHS) for the support of problem gambling prevention, education, outreach, and treatment programs.

NCPGP operates a state-wide toll-free problem gambling helpline at **1-877-718-5543**. The 24 hour help-line is available seven days a week, 365 days a year in both English and Spanish. Each call is answered by a licensed professional who can assist with immediate issues and refer callers to a local professional who can provide services free of charge to the problem gambler or family members. Outpatient treatment facilities are available at more than 40 provider offices around the state.

"The helpline has noticed that call volume doubles during the month of March," says Smith Worth, program manager of the North Carolina Problem Gambling Program. "Do not wait until gambling causes serious harm to your life. If you or someone you know shows any signs of a problem with gambling, please call the helpline at **1-877-718-5543**."

According to Worth, there are warning signs that may indicate that you or someone you know has a problem with gambling and that seeking help is appropriate:

- Spending more and more money over time
- Lying to people about gambling
- Unsuccessfully trying to cut back or quit
- Using gambling to escape problems
- Borrowing to cover gambling loses
- Using credit to gamble
- Gambling to get lost money back
- Gambling alone
- Losing interest in other activities
- Jeopardizing relationships because of gambling

Calls to the helpline continue to increase and as more people become aware of the service. During fiscal year 2011, the helpline answered over 7,182 calls with 832 individuals receiving treatment services from program professionals. Of the calls received, 72% were from individuals with gambling issues and 28% from family and friends of problem gamblers. Children calling about a parent made up 12% of the calls. Another 12% of callers had considered, planned or had made an attempt to harm themselves because of gambling-related issues.

Find out more about the N.C. Problem Gambling Program and resources available to help at **www.morethanagamenc.com**. ■

– Chris Pfitzer,
Division of MH/DD/SAS

DHHS employees respond to call for soft critters

DHHS office building collection points, known as 'Bunny Central,' were filling up toward the end of March. Soft chicks, ducklings, bunnies and even a few pigs and lambs found their way into the hearts of employees determined to provide the cutest or cuddliest critters to the many kids and old folks who benefit each year from the collection within DHHS.

In the photo above, the critters are on display at the Division of Health Service Regulation, Lineberger Building on the Dix Campus. Last year's 1,500 furry friends were distributed to area hospital pediatric and geriatric wards, residential centers and nursing homes.

The annual bunny drive is in its 19th year, headed by the department's 'Bunny Chick,' Beverly Godwin from the Controller's Office. ■

– Photo by Jim Jones

DHHS Employee Update is published monthly by the Office of Public Affairs for employees of the N.C. Department of Health and Human Services. Please send your comments and story ideas to: Jim.Jones@dhhs.nc.gov, or by mail to DHHS Office of Public Affairs, 2001 Mail Service Center, Raleigh, NC 27699-2001

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