EXPEDITIONARY PATIENT ADMINISTRATION

Please contact AFMOA/SGAT at afmoa.sgat@us.af.mil with any feedback or updates

Slides as of Aug 2011

COMBAT MEDICS - ABOVE ALL!
OBJECTIVE

- Provide overview of Patient Administration procedures used during a contingency
- Properly prepare MSCs to oversee Patient Administration functions during a contingency
OVERVIEW

- Preparation before Deployment
- In and Out Processing of Deployed Service Members
- Admissions and Dispositions
- Records Management
- Patient Valuables and Weapons
- Liaison Officers (LNOs)
- Line of Duty (LOD)
- HIPAA
- Release of Information
- Patient Movement
- Death Packages
- Reports
Preparation before Deployment

• Obtain Web-based DEERS (GIQD) access before arrival

• Obtain Theater Management Data Store (TMDS) access
  – Obtain training prior, however you will undergo training in AOR

• Understand CHCS/TC2 capabilities

• Be familiar with Army Regs- AR 40-66, AR 40-400
In and Out Processing of Deployed Service Members

• Procedure for collecting medical records at the varying deployed locations may differ slightly

• Personnel Support for Contingency Operations (PERSCO) is responsible for collecting the medical records and forwarding them to the respective MTF point of contact

• Additional coordination with Public Health
Admissions

• General instructions for completing AF Form 560 are listed in AFI 41-210 Chapter 5
  - Demographics are entered directly in the current automated system
  - AF Form 560 is completed and authenticated at discharge

• Notification of key personnel
Dispositions

- There are several types of dispositions that will be used, and they are as follows:
  - Return to Duty (RTD): Released, cleared for duty
  - Died of Wounds (DOW): Patient dies of wounds in hospital after being admitted
  - Carded for Record Only (CRO): Patient dies being treated in ER (dies before being admitted)
  - Dead on Arrival (DOA): Patient dead before arriving/admitted to the hospital. Used for disease, non-battle, and combat related deaths. Also includes any non-military casualties arriving at the MTF for official pronouncement of death
Dispositions (continued)

- Killed in Action (KIA): Patient who is killed outright; who dies of wounds or other combat-related injuries before arriving to the hospital
- Expired: Patient who is not a battle casualty but who dies by reason of disease or injury
- Aeromedical Evacuation (AE): Only used for US/Coalition/US Contractors/Other
  -- Other (OT) includes contractors that, if accepted, may be flown via AE or if coordinated through employer, discharged to home
Dispositions (continued)

- **Transfer:** Only used for Host Nation Security Forces, Local Nationals and Local National Contractors
- **Discharged Home:** Host/Local National patients are discharged home
- **Returned to Facility:** Seriously Injured (SI)/Detainee (DET)/Enemy Prisoner of War (EPW)/Enemy Combatant (EC) returned to their detention facility
- **Same Day Surgery:** Patients admitted by clinic physicians for same day procedures but will be discharged soon after recovery from the Post-Anesthesia Care Unit (PACU)

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Records Management (Outpatient)

- Outpatient:
  - Members usually arrive with DD 2766/2766C/2795
  - 365 TDY/PCS may arrive with entire outpatient record for continuity of care purposes
  - Medical care is documented in AHLTA-T
  - Records Disposition:
    -- Members hand-carry back any outpatient documents to include DD 2766/2766C/2795
Records Management
(Inpatient)

• Records Disposition:
  – Records are separated by 3 patient categories: all US military, Detainees/Enemy Combatants, and All Others. An electronic retirement index is prepared (Excel spreadsheet), listing each record being retired.
  – Use official, traceable mail to mail the boxes
  – Mail **only** inpatient documentation to:
    DIRECTOR PASBA
    2404 STANLEY RD, STE 25
    FT SAM HOUSTON TX 78234-5053
Safeguarding and Location of Medical Records

- Custodian of all medical records
- Location of existing medical records room
- Compliance with the Privacy Act, Freedom of Information Act, Health Insurance Portability and Accountability Act (HIPAA), Drug Abuse Offense and Treatment Act and Comprehensive Alcohol Abuse amendments are mandatory for all
Non-US Air Force Service Member Medical Records

- Army, Navy, Marines and Coast Guard
- NATO and Foreign National personnel present the greatest challenges at deployed locations
- Pseudo identification - know theater policy
  - Special Operations Personnel
- NATO Standard Agreement
  - Upon return of personnel to NATO countries, medical records should be transferred to the NATO member’s national military medical authority – address can be found at:

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Electronic Medical Record (EMR)

The Electronic Medical Record (EMR) system includes AHLTA-T, TC2 and TMDS.

- Retrievable information provided by the EMR includes:
  -- Patient Care
  -- Medical Evacuations
  -- Hospitalization
  -- Medical Clearance Decisions
  -- Medical Record Release Actions
  -- Medical Program Planning and Management
  -- Immunization Tracking
Detainee Medical Records

- Detainee medical records are maintained at the same standard as Active Duty personnel.

- The military treatment facility may be designated to provide inpatient and outpatient support to detention facilities.
Detainee Medical Records
(continued)

- Former detainees medical records
- Removing information
- Processing medical records according to AFRIMS
- Guidelines for detainees records (AFI 41-210)
- HIPAA is not applicable
Patient Valuables and Weapons

- Securing Patient Valuables
- Inventory Procedure
- Documenting Valuables
- Weapons (EOD)
- Delinquent Items
- Drugs (AFOSI)
Liaison Officers

• Mission of the Liaison Officer’s (LNO)
  – Track and report all Active Duty battle injuries and admissions
  – Coordinate the travel of members returned to duty
  – Obtain necessary equipment or uniforms for the return to duty

• Other Duties
  – Assist PAD with on/off loading operations
  – Track outpatient status and assist Flight Clinical Coordination staff with acquiring Command Clearance Authorization for A/E

Note: Not all units will have LNOs. All listed duties are performed by the LNOs only for patients that were members of their unit.
Line of Duty (LOD)

• Purpose of the LOD
  – A LOD determination is a finding made after an investigation into the circumstances of a member’s illness, injury, disease or death

• Findings
  - In Line of Duty
  - Recommend a formal investigation
  - ARC* Only: EPTS-Existed Prior to Service
  - ARC Only: EPTS-Aggravated by military service

* ARC = Air Reserve Component
Disclosure of Protected Health Information to Commanders Under the Health Insurance Portability and Accountability Act (HIPAA)

A Balance of Missions

OPERATIONAL MISSION

HIPAA accomplished correctly enhances operational capability of the Air Force

MEDICAL MISSION

Complete the Air Force medical mission and comply with HIPAA requirements

Affords needed information to Commanders

Protect the privacy rights of our deployed forces

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HIPAA in the Deployed Environment

• AF SGJ agrees, the Army agrees, TMA agrees--we are currently confined by the same rules in the deployed environment that we are at home regarding HIPAA.
• Appropriate Military Command Authorities include all commanders who exercise authority over an individual who is a member of the Armed Forces, or other person designated by such a Commander to receive PHI in order to carry out an activity under the authority of the Commander. This does not mean that any command authority can access a member of the military’s health information just because they are in an authority position. The commanding officer requesting a member’s PHI must be in the individual’s chain of command and only the minimum necessary information should be released in order to accomplish the purpose for which the request is made.

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Release of Information

- Information is released from health records according to the requirements of Release of Information Chapter, AFI 41-210, applicable laws and other directives such as DOD 6025.18-R. Information released will be limited to the minimum necessary to accomplish the intended task. The request should support a valid requirement for the information and identify the requester.
- For further instructions refer to AFI 41-210 and DOD I 6025.18-R.
Patient Movement

• Transfers, Return to Duty (RTD), outpatient referrals, and aeromedical evacuations are all types of patient movement

• All Air Force RTD will be handled by the PAD
Aeromedical Evacuation System (continued)

- Purpose of AE – To provide the required airlift and AE resources needed to manage and operate intra-theater, inter-theater and CONUS AE systems

- Goals
  - Keep MTF beds empty and MTFs open for business
  - Evacuate those patients requiring further care
Aeromedical Evacuation System (continued)

• Air Reserve Components (ARC)
  – Composed of Air National Guard (ANG) and the Air Force Reserve Command (AFRC)
  – ARC assets provide 88% of AE personnel assets
  – 12% of AE assets are dispersed between four active duty units

• Patient Movement Requirement Center (PMRC)
  – GPMRC – Global
  – TPMRC – Theater
  – JPMRC – Joint
Aeromedical Evacuation System (continued)

• Patient Movement Request (PMR)
  – Originating facility
  – On-load airfield
  – Patient classification
    • 1 Psychiatric
    • 2 Litter
    • 3 Ambulatory
    • 4 Infant
    • 5 Outpatient
    • 6 Attendants
Aeromedical Evacuation System (continued)

• Patient Flow Through AE system
  – EMEDS completes and submits PMR via TRAC2ES or Aeromedical Evacuation Liaison Team
  – PMR is reviewed/approved by PMRC
  – Patient is manifested onto an AE mission
  – EMEDS delivers patient to Contingency Aeromedical Staging Facility (CASF)
    • EMEDS may deliver some patients directly to flight line
  – CASF delivers patient to airframe
  – Patient arrives destination
Death Packages

• Contact Mortuary Affairs immediately upon death determination
• General instructions for completing death packages can be found in AFI 41-210
  – Two copies made
  – Original placed in inpatient record
• Three copies of AF Form 146, Death Tag, made
  – First placed on index finger of either hand
  – Second placed on big toe on opposite side of the body of the tagged finger
  – Third placed on the zipper(s) of the body bag following encasing of the remains
• All medical supplies will be removed from the deceased with exception bandages left in place to assist in holding the remains inside of body prior to transferring

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Reports

- Depending on the requirements of each facility or base, there may be daily, weekly or monthly reports required that the PAD is responsible for. Refer to local standard operating procedures for applicable protocol and requirements.

- Examples of reports are as follow:
  - Significant Incident Report (SIR)
  - Situation Report (SITREP)
  - Bed Status Report
  - Evacuation Report
SUMMARY

• As a MSC officer, an understanding of patient administration is critical to the success of healthcare delivery to every patient that enters a deployed healthcare facility
REFERENCES

- AFI 41-210, Patient Administration Functions
- AFI 10-206, Operational Reporting
- AFRIMS (Air Force Records Information Management System)
- Privacy Act
- Freedom of Information Act
- Health Insurance Portability and Accountability Act (HIPAA)
- Drug Abuse Offense and Treatment Act
- Comprehensive Alcohol Abuse Amendments
- Health Services Administration Course
- AF 4AO Career Development Course
- Health Services Inspection Guide
FORMS

• AF Form 146, Death Tags
• AF Form 348, Line of Duty Determination
• AF Form 560, Authorization and Treatment Statement
• AF Form 788A-788J, Inpatient Medical Record
• AF Form 1052, Envelope for Storing Patient Valuables
• AF Form 1053, Record of Patients Storing Valuables
• AF Form 1122, Personal Property Inventory
• AF Form 2100A-2190A, Outpatient Health Record
• DD Form 2766, Adult Preventive and Chronic Care Flow sheet