

MEDDAC Regulation 40-27

Medical Services

Plan for the Provision of Patient Care Services

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
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Unclassified

SUMMARY of CHANGE

MEDDAC/DENTAC REG 40-27
Plan for the Provision of Patient Care Services

Specifically, this revision—

- o Deletes the last two sentences from paragraph 2-2c.
- o Changes paragraph 3-1 (Primary and specialty care provided), by adding “Chiropractic” and changing “Ears, Nose, Throat and Audiology” to “Audiology.”
- o Changes after-duty availability of primary care services to weekday evenings until 2000 and on Saturdays and Sundays (MTF dependent) (para 3-7).
- o Changes paragraph 6-1 by deleting “Summary call provided” from paragraph 6-1c and adding paragraph 6-1d.
- o Makes numerous changes to appendix B, paragraph B-1, concerning primary and specialty care services provided at Kimbrough Ambulatory Care Center.
- o Changes appendix B, paragraph B-4, concerning primary and specialty care services provided at Barquist U.S. Army Health Clinic.

The revision of 19 April 2004—

- o The second sentence of paragraph 7-2 has been changed to read, “Each patient has a right to courtesy, personal privacy, confidentiality, education on his or her medical condition, participation in decisions regarding treatment options, refusal of treatment and/or withdrawal of treatment, and information about unanticipated outcomes.”

The revision of 24 February 2003—

- o Published the regulation in a new format that includes a cover and this “Summary of Change” page.
- o Reformatted the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Made numerous changes throughout the publication.

Medical Services

Plan for the Provision of Patient Care Services

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History. This is the fifth revision of this publication, which was originally published on 6 August 1999.

Summary. This regulation establishes policies and procedures for the provision of patient care services at the medical treatment facilities (MTFs) comprising the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC).

Applicability. This regulation applies to the MEDDAC headquarters and all outlying clinics.

Proponent. The proponent of this regulation is the Deputy Commander for Clinical Services.

Supplementation. Supplementation of this regulation is prohibited.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-ZC, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

Distribution. Distribution of this publication is made by electronic medium only.

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* This publication supersedes MEDDAC Reg 40-27, dated 19 April 2004.

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Glossary

Chapter 1 Introduction

1-1. Purpose

This memorandum prescribes responsibilities, policies and procedures for the provision of patient care services at the MEDDAC's MTFs. It addresses the continuity of care from a cross functional, interdisciplinary approach. It also demonstrates a coordinated approach to patient care in concert with the MEDDAC's strategic plan and incorporates the resources required for execution.

1-2. References

Related publications are listed in appendix A. Referenced forms are also listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

Chapter 2 Responsibilities

2-1. The MEDDAC Commander

The MEDDAC Commander will—

- a. Provide the framework for planning, coordinating, directing and improving health care services that are responsive to our customers' needs and that improve patient care.
- b. Ensure that services are planned based upon the population served, the MEDDAC's mission and the identified patient care needs. This will be accomplished by ongoing monitoring of outside referrals, direct patient feedback and input from community and consumer liaisons.
- c. Review resourcing recommendations from the Deputy Commander for Administration (DCA), Deputy Commander for Clinical Services (DCCS), Deputy Commander for Nursing (DCN), and chiefs of clinical departments and administrative divisions, in conjunction with the mission, strategic plan and budget to ensure resources are allocated appropriately to fulfill the mission. The term "department" is explained in the glossary.

2-2. The DCCS

The DCCS will—

- a. Serve as chief of the medical staff.
- b. Orchestrate the provision of patient care services to eligible beneficiaries by ensuring timely access to care, thorough evaluation of the patient's condition, competent treatment by a professional and caring staff, and the provision of appropriate patient and family education and continuity of care. This will be achieved through an integrated network of departments and divisions that emphasizes coordination and collaboration in the delivery of patient care.
- c. Design services to fulfill the patient needs as identified by paragraph b above, within the guidelines of the MEDDAC's mission and business plan.
- d. Make recommendations for the appropriate complement of professional staff required to provide the identified patient care.
- e. Make recommendations for medical equipment necessary to support the professional staff,

and ensure these recommendations are developed with regard to the mission and available resources.

f. Ensures cross-organizational performance improvement activities are implemented and maintained by department chiefs.

2-3. The DCA

The DCA will—

a. Coordinate the activities of the administrative services to ensure the clinical staff receives the administrative support required to provide quality patient care services.

b. Plan, organize, direct, control and staff the following areas:

(1) Management of the environment of care and life safety to included management of equipment, utilities and security.

(2) Management of human resources to include plans, training and operations involving Professional Filler System (PROFIS) and soldier readiness training.

(3) Logistics to include medical supplies, equipment storage, facilities management, construction, renovation and renewal, major (MEDCASE) and minor medical capital expense equipment (CEEP) management and procurement, and biomedical maintenance.

(4) Information systems management.

(5) Patient administration to include all aspects of medical records management.

(6) Resources management to include contracting, inclusive of direct health care providers and staff, managed care and marketing activities, Tricare assistance and uniform business office collections.

2-4. The DCN

The DCN will—

a. Advise the commander on policies, procedures, activities, staffing and matters pertaining to or affecting nursing personnel.

b. Plan, represent, interpret and define standards of nursing practice, programs and activities.

c. Organize, direct, supervise and evaluate nursing personnel.

d. Collaborate with the DCCS and department and division chiefs to provide maximum nursing support for healthcare plans, policies and treatment programs.

e. Consult with the DCA to coordinate administrative requirements for support and improvement of nursing services.

2-5. Department chiefs

Department chiefs will—

a. Participate in the development and implementation of leadership policies and priorities regarding patient care services.

b. Integrate their respective departments into the primary functions of the facility by ensuring that all patients are provided care in a coordinated and collaborative manner with other departments.

c. Implement and maintain an active performance monitoring and improvement program; ensure participation in cross-functional activities to improve overall patient outcomes and organizational performance.

d. Recommend the number of sufficiently qualified personnel to provide care and or services.

e. Recommend the appropriate space and other resources required to provide quality patient

care.

f. Coordinate appropriate orientation and continuing education for department personnel to include the knowledge and skills required to perform their responsibilities, the effective and safe use of equipment used in their activities; the prevention of contamination and transfer of infection; and other lifesaving interventions as appropriate.

g. Ensure evaluation of clinical performance of all non-privileged healthcare personnel through a competency based monitoring and evaluation program.

h. Participate in the selection of sources of care and services outside the MEDDAC.

Chapter 3

Scope of Services and Resourcing

3-1. Primary and specialty care provided

a. The MEDDAC is a Government owned and operated ambulatory care system that provides primary care, selected specialty care and ambulatory surgery to eligible beneficiaries. The following outpatient services are provided: (See appendix B for descriptions of these services.) (Asterisks appearing below indicate that those services are provided on a limited basis by visiting providers.)

- (1) Allergy and Immunology.
- (2) Ambulatory surgery.
- (3) Audiology
- (4) Behavioral health care services (psychiatry and psychology).
- (5) Cardiology. *
- (6) Chiropractic.
- (7) Deployment Health.
- (8) Dermatology. *
- (9) Family medicine.
- (10) Gastroenterology. *
- (11) General surgery. *
- (12) Gynecology. *
- (13) Internal medicine.
- (14) Laboratory.
- (15) Nutrition.
- (16) Obstetrics. *
- (17) Ophthalmology.
- (18) Optometry.
- (19) Orthopedics.
- (20) Pediatrics.
- (21) Pharmacy.
- (22) Physical therapy.
- (23) Podiatry.
- (24) Preventive medicine (community health and occupational health).
- (25) Pulmonary medicine. *
- (26) Radiology.

- (27) Rheumatology. *
- (28) Substance abuse prevention clinic.
- (29) Social work services.
- (30) Urology. *

b. The MEDDAC's services are provided by the following MTFs:

(1) Kimbrough Ambulatory Care Center (KACC), Fort Meade, Maryland (MD). This is the only MTF that performs ambulatory surgery or conscious sedation.

(2) Kirk U.S. Army Health Clinic (USAHC), Aberdeen Proving Ground (APG), MD.

(3) Dunham USAHC, Carlisle Barracks, Pennsylvania (PA).

(4) Barquist USAHC, Frederick, MD.

(5) Edgewood Troop Medical Clinic, Edgewood Area, APG, MD (Subordinate to Kirk USAHC.)

c. Occupational health and limited primary care are provided by the following MTFs:

(1) Letterkenny USAHC, Chambersburg, PA.

(2) Defense Distribution Center USAHC, New Cumberland Army Depot, Mechanicsburg, PA.

(3) Fort Indiantown Gap USAHC, Annville, PA.

3-2. Patients served

The MEDDAC's beneficiary population includes all eligible active duty and retired military personnel and their family members in the MEDDAC's catchment area. This population includes all age groups. (The enrolled population on 1 January 2004 was approximately 43,000.)

3-3. Complexity of patient care needs

The primary and specialty care services listed in paragraph 3-1, above, are provided on an ambulatory basis only. Care beyond the scope or complexity of an ambulatory care setting is referred to an MTF or network facility with the capability to provide this level of care.

3-4. Methods used to assess patient care needs

Patient needs are identified through several mechanism, some of which are—

a. Issues discussed at meetings of the Health Consumers Council.

b. Concerns presented to the Patient Representative.

c. Data received via the Military Health Service Report Card.

d. Community Action Council.

e. Army Family Advocacy Program.

f. Fort George G. Meade Partner Commander's Conference.

g. Patients are also invited to express their needs through the Commander's Open Door Policy.

h. Patient Comment Cards.

3-5. Activities that provide ancillary support to clinical areas

Clinical areas will receive ancillary clinical support services from the Department of Radiology; Laboratory Service; Pharmacy Service; and Plans, Training, Mobilization, Security and Education Division.

3-6. Activities that provide administrative support to clinical areas

Clinical areas will receive administrative support from Logistics Division, Patient Administration Division, Information Management Division, Resource Management Branch (Business Division), Clinical Administration, and the Quality Management Office.

3-7. Availability of staff

The MEDDAC is staffed with approximately 750 military and civilian staff members (as of 1 January 2004). In general, operational hours are 0730 to 1630, Monday through Friday, excluding federal holidays. Limited primary care services may be available on weekday evenings until 2000 and on Saturdays and Sundays (MTF dependent). Emergency services are not available. Instructions on how and where to seek urgent care after hours will be conspicuously posted on the outside of each MTF.

3-8. Recognized standards or guidelines for practice

The MEDDAC utilizes AR 40-3 and other applicable military regulations, federal, state and local laws and regulations, JCAHO standards, and standards of practice (that is, nationally recognized clinical practice guidelines).

3-9. Resourcing

Resourcing is based on historical workload plus inflation. During calendar year 2003, resourcing will be based on a population based model. This includes direct care dollars funding civilian pay, pharmacy, supplies, contracts, equipment, travel, and training requiring travel. Adjustments are made to the annual budget for civilian pay raises, civilian replacement value of military workforce based upon availability, population growth and changes in mission. Other-than-direct funding is provided for base operations (utilities and garrison services), renovation and repair, construction and other programs are earmarked from central funding. Revised financing (formerly CHAMPUS) funding is provided on a per enrollee basis adjusted for the market area serviced. Revised financing is adjusted for average enrollment population periodically throughout the year and for cases that exceed \$100,000 catastrophic event threshold.

Chapter 4

Entry into the Healthcare System

4-1. General overview of primary care and specialty care

As a federally owned and operated medical treatment organization, the MEDDAC will directly provide or coordinate the comprehensive health care of its Prime enrollee beneficiaries. The MEDDAC is organized and designed to provide primary care, selected specialty care and selected ambulatory surgical care. Beneficiaries will access primary care through the MEDDAC's primary care clinics. Behavioral health care will be accessed through self-referral, command referral, or referral from a primary care provider. Specialty care will be accessed through referral from a primary care provider. Specialty care not available within the MEDDAC will be coordinated within the Walter Reed Healthcare System (WRHCS) or other direct care or network facilities, as appropriate.

4-2. Primary care services

Primary care will be provided and coordinated throughout the MEDDAC by clinic appointment. Nurse triage or walk-in clinics may be used within each MTF.

4-3. Consultation with specialty care services

When the needs of the patient exceed the scope of care provided by a primary care provider, the provider will give the patient a consultation to the appropriate specialty clinic or service within the MEDDAC. If a specialty service is not available within the MEDDAC or if the patient cannot be seen within Tricare access standards, the patient will be referred within the WRHCS or another direct care or network facility, as appropriate.

4-4. Urgent care services

Medical care will be provided on weekdays, weekday evenings, and weekend days at the MEDDAC's Tricare Prime MTFs (KACC, Kirk USAHC, Dunham USAHC and Barquist USAHC). Beneficiaries receiving care at other MEDDAC MTFs and those who require urgent care when their MTF-specific urgent care services are closed will be directed, by means of conspicuously posted instructions, to go to the closest military or civilian emergency room. Except in an emergency situation (that is, conditions for which the prudent lay person believes urgent care or emergency services are indicated), Prime enrollees are required to seek authorization from their primary care managers prior to seeking treatment.

Chapter 5

Assessment of Patients' Healthcare Needs

5-1. A collaborative process

Patient assessment throughout the MEDDAC is a collaborative process, reducing duplication of effort and enhancing the collection of quality information. Each discipline involved in the patient care process will review previously collected data and build upon the base to develop the plan of care. Patient, family and staff work in a collaborative manner to identify and prioritize patient care needs.

5-2. Overview of the patient assessment process

Healthcare providers will perform an initial assessment of the patient to include, at a minimum, the physical status, psychosocial status and nutritional status (as appropriate), pain status and health care assessment of the patient. Identified problems will be documented on DD Form 2766 (Adult Preventive and Chronic Care Flowsheet) in the patient's Outpatient Medical Record (OMR). The scope and intensity of further assessment of the patient will be based upon his or her condition, treatment, and response to previous treatment.

5-3. The outpatient assessment process

Upon each visit, the healthcare provider will obtain the patient's chief complaint, review DD Form 2766 in the patient's OMR, and examine the patient to determine the most appropriate treatment and management. The need for reassessment will be based upon the patient's diagnosis, clinical condition, treatment selected and response to previous therapy. The assessment, treatment and plan

for follow up care will be documented in the patient's OMR.

5-4. The ambulatory surgery assessment process

Ambulatory surgery within the MEDDAC is available only at KACC.

a. An initial patient assessment will be performed within 30 days of admission on all patients admitted to KACC for ambulatory surgical procedures. The assessment will include the patient's history, physical status, diagnostic data (as appropriate), and the risks and benefits of the procedure. A reassessment to document changes will be completed the day of the procedure. The physician or oral and maxillofacial surgeon will complete the history and physical portion of the assessment process. Podiatrists may perform the portion of the history and physical only with regard to the podiatry problem. The remainder of the history and physical will be performed by a physician. A nursing assessment will be completed by a registered nurse (RN) to determine the patient's nursing care needs. The nursing assessment will include the patient's physical and psychosocial status, educational needs regarding the procedure and initial discharge planning needs.

b. If the assessment or plan of care indicates a need for additional assessment based upon diagnosis, presentation of specific criteria, and or identification of discharge planning needs, appropriate consults will be initiated to the appropriate specialty services. The specialty service will then participate in the assessment, treatment and evaluation process, as appropriate.

5-5. Assessment of infants, children and adolescents

The assessment and or reassessment of infants, children, and adolescents specifically includes, as appropriate—

- a. Developmental age.
- b. Length or height.
- c. Weight.
- d. Head circumference.
- e. Immunization status.
- f. Nutritional status.
- g. Consideration of educational needs and daily activities.
- h. The family's and or guardian's expectation for and involvement in the patient's care.
- i. Signs and symptoms of possible abuse or neglect.

5-6. Assessment of patients over the age of 65

The assessment and or reassessment of patients 65 or older includes, as appropriate—

- a. Immunization status.
- b. Family's and or spouse's expectation for and involvement in the patient's care.
- c. Consideration of educational needs and daily activities.
- d. Signs and symptoms of possible abuse or neglect.
- e. Nutritional status.

5-7. Victims of suspected or alleged abuse or neglect

The staff will demonstrate an increased awareness and sensitivity to the emotional, psychological, physical and safety needs in the assessment of patients who are alleged or suspected to be victims of abuse or neglect. The assessment will consider those age and gender factors that are unique to each

incident.

5-8. Assessment for nursing care

- a. The RN will make the final determination and prioritization of nursing needs and skill levels to determine workload distribution to meet patient care needs.
- b. Nursing staff members will assess the patient, monitor response to treatment, and provide nursing care in accordance with (IAW) their individual skill levels, education and scope of practice.

Chapter 6

Treatment and Disposition of Patient Healthcare Needs

6-1. Treatment and disposition of patients

- a. Appropriate patient information is communicated whenever patients enter or are admitted or referred for consultation and or treatment, transfer or discharge.
- b. A comprehensive treatment plan, treatment recommendations and follow up instructions will be documented in the OMR and discussed with the patient.
- c. Patients requiring a higher level of care (that is, a specialty service) will be informed and transferred or referred as appropriate. The transfer or referral information will include—
 - (1) Reason for higher level of care.
 - (2) Patient's current status.
 - (3) Treatment plan.
- d. Information provided to the specialty service should include the following:
 - (1) Reason for higher level of care.
 - (2) Patient's current status.
 - (3) Pertinent medical history.

6-2. Treatment of patients through medication therapy

- a. The MEDDAC's medical staff uses an interdisciplinary Pharmacy and Therapeutics Committee (P&TC) to evaluate and select all medications provided by the MEDDAC. These medications are listed in the MEDDAC's formulary, which is available electronically via the Composite Health Care System.
- b. The medication administration process, as governed by MEDDAC Reg 40-7, is designed to ensure the right medication is ordered and dispensed, and that the medication is given by personnel who are licensed and trained to do so. Medications are monitored for their effectiveness and the results are documented in the patient's medical record. The P&TC exercises control over the dispensing of all new, high risk, high volume, investigational and experimental medications by restricting the authorization to dispense these medications to specially qualified practitioners.
- c. All adverse drug and vaccine reactions are reported to the Chief, Pharmacy Service for further investigation.

6-3. Treatment of patients through operative and invasive procedures

- a. *Selecting an appropriate procedure.* Each clinical department that performs operative and or invasive procedures will have access to procedure guidelines for the procedures they perform.

The clinical staff will adhere to accepted medical practice and the accepted procedure guidelines. This includes documentation of recognized indication for the procedure.

b. *Preparation of the patient.* The privileged provider will ensure the patient and family are actively involved in making an informed surgical and or invasive procedure decision to include the available options and their risks. The pre-anesthesia assessment and plan, if applicable, will be documented in the patient's medical record, as well as the nursing plan of care for the patient before, during, and after the procedure.

c. *Patient monitoring.* The patient's physiologic status will be measured, assessed and documented during the procedure. Post-procedure documentation will include physiologic and pain status, any pathologic findings, intravenous fluids and medication administered, blood and blood components administered, and any complications.

d. *Post-procedure care.* The clinical staff will document the assessment of all patients upon admission and discharge to the Post-Anesthesia Care Unit (PACU). Discharge from the PACU will be accomplished by an RN using criteria approved by the medical staff.

e. *Discharge from ambulatory surgery.* All ambulatory surgery patients will be discharged per provider's orders. The discharge plan and instructions, to include medication and potential side effects, will be discussed and a written copy provided to the patient upon discharge. Patients must be accompanied by an adult escort at discharge.

f. *Retrospective review of operative and invasive procedures.* Review of operative and invasive procedures will include the following: selection of the appropriate procedure, preparation of the patient for the procedure, performance of the procedure and monitoring of the patient, and post-procedure care. The discussion, conclusion, recommendations and actions of such procedure reviews will be documented in the appropriate departmental minutes. Each department will report any significant assessment and improvement activities to the Performance Improvement Committee so that organization-wide patterns and trends can be identified.

Chapter 7

Patient Rights and Organizational Ethics

7-1. The MEDDAC's philosophy regarding patient rights

The MEDDAC respects the rights of patients and recognizes that each patient is an individual with unique health care needs. The MEDDAC strives to provide considerate, respectful, patient-focused care. The staff affirms the right of the patient to make informed decisions regarding his or her medical care, including the decision to withdraw or discontinue treatment. In addition, the MEDDAC actively assists the patient in the exercise of these rights, providing printed information, counseling upon request or inquiry, and informing the patient of his or her responsibilities in the exercise of those rights.

7-2. Patient rights and responsibilities

All staff members play a critical role in ensuring that patients and or their families understand their rights and in working to ensure these rights are respected. Each patient has a right to courtesy, personal privacy, confidentiality, education on his or her medical condition, participation in decisions regarding treatment options, refusal of treatment and/or withdrawal of treatment, and information

about unanticipated outcomes. They also have the right to know the names, professions and titles of those persons rendering medical care. MEDDAC Patient Rights posters will be prominently displayed in each clinic and all administrative areas that patients have access to in all of the MEDDAC's MTFs. To help educate our patients and to assist them in understanding what is expected of them as a partner in their health care, each clinic, and each administrative area frequented by patients, will display the MEDDAC Patient Responsibilities poster alongside the Patient Rights poster. These posters may be requested from the DCA's office.

7-3. Confidentiality of medical information

All information concerning a patient's medical condition and treatment is considered confidential IAW AR 40-66, chapter 2, Confidentiality of Medical Information, and the provisions of the Health Information Portability and Accountability Act (HIPAA). All staff members have a legal, professional, and moral obligation to protect medical or personal information obtained in the course of their work. Each staff member will be required by his or her supervisor to read MEDDAC Policy Statement No. 15, then sign and date MEDDAC Form Letter (FL) 200-R (Patient Confidentiality Acknowledgment Statement) annually to reaffirm his or her understanding of MEDDAC Policy Statement No. 15. MEDDAC FL 200-R is attached to the back of MEDDAC Policy Statement No. 15, which is available in the electronic publications section of the MEDDAC's web site. Supervisors will reproduce copies from the copy in the policy statement as they are needed.

7-4. Informed consent

- a. Activities that require informed consent include but are not limited to—
 - (1) Receipt of anesthesia or conscious sedation.
 - (2) Undergoing invasive procedures.
 - (3) Receipt of blood or blood products.
 - (4) Undergoing certain laboratory and radiological procedures.
 - (5) Leaving the clinic against medical advice.
 - (6) Transfer from the MTF to a higher level of care.
- b. The MEDDAC uses various forms and teaching guides to ensure the patient and his or her family is educated about the about the procedure, possible risks, complications and alternative forms of treatment or therapy. The patient, or his or her parent's or legal guardian's signature, as appropriate, signifies consent to and understanding of the proposed treatment. This informed consent may be withdrawn at any time the patient, parent or legal guardian requests. Ethical issues and questions concerning informed consent or treatment are referred to the ad hoc Ethics Committee if not resolvable at patient care level or not a matter of executive decision.

7-5. Personal privacy

The MEDDAC's leadership and staff will ensure that a patient's personal privacy is protected at all times. The nature of treatment often creates situations that may be uncomfortable for patients because of age, gender, spiritual or cultural background. The staff will provide all patients the greatest physical and auditory privacy and courtesy possible during these situations. This includes the use of appropriate chaperones during examinations that involve disrobing or exposing personal parts of the body. In some situations patients may decline to have a chaperone present during an examination.

Chapter 8

Education of Patients and Their Families

8-1. The health care team's responsibilities for patient and family education

The health care team shares responsibility for patient and family education. They are responsible for determining the patient's and family's learning needs, identifying barriers to learning, and evaluating the effectiveness of teaching (that is, patient outcomes). Patient and family education will be documented in the patient's medical record.

8-2. The goal of patient and family education

The goal of educating the patient and family is to improve health outcomes by promoting recovery, speeding return to function, promoting healthy behavior and involving the patient in his or her care and care decisions. Patient and family education is focused on—

- a. Facilitating the patient's and or family's understanding of the patient's health status, health care options, and consequences of options, if selected.
- b. Encouraging participation in the decision-making about health care options.
- c. Increasing the patient's and family's potential to follow the selected treatment option.
- d. Increasing the patient's and family's ability to cope with the patient's physical and or emotional condition, prognosis and outcome.
- e. Enhancing the patient's and family's role in continuing care.
- f. Promoting a healthy lifestyle.
- g. Transitional planning.

Appendix A References

Section I Required Publications

MEDDAC Reg 40-7

Administration of Medications. (cited in para 6-1).

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

AR 40-1

Composition, Mission, and Functions of the Army Medical Department

AR 40-2

Army Medical Treatment Facilities General Administration

AR 40-3

Medical, Dental, and Veterinary Care

AR 40-4

Army Medical Facilities/Activities

AR 40-5

Preventive Medicine

AR 40-48

Nonphysician Health Care Providers

AR 40-66

Medical Record Administration

AR 40-68

Quality Assurance Administration

AR 40-407

Nursing Records and Reports

AR 310-50

Authorized Abbreviations, Brevity Codes, and Acronyms

AR 930-5

American Red Cross

JCAHO Comprehensive Accreditation Manual for Ambulatory Care/Behavioral Health Services

MEDDAC Business Plan

MEDDAC Policy Statement No. 15

Confidentiality of Patient Information

MEDDAC Reg 15-1

U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) Boards, Committees, Councils, Meetings, and Teams

Section III Prescribed Forms

This section contains no entries.

Section IV Referenced Forms

DD Form 2766

Adult Preventive and Chronic Care Flowsheet

MEDDAC FL 200-R

Patient Confidentiality Acknowledgement Statement

Appendix B

Descriptions of Primary and Specialty Care Services Provided by the MEDDAC

B-1. Provided at KACC

a. *Allergy and Immunology.*

(1) *Services provided.* Allergy immunotherapy may be administered once the patient has been evaluated for therapy.

(2) *Limitations.*

(a) Venom testing is not done; this is referred to Walter Reed Army Medical Center (WRAMC) in the Venom Clinic, which is part of WRAMC's Allergy/Immunology Clinic, Department of Allergy Immunology Services.

(b) Testing to rule in or out drug allergy is generally not done. This is usually reserved for a severely ill hospitalized patient with a diagnosis that merits a drug to which the patient has reported allergy.

(c) Testing for latex allergy is not done. There is no approved skin test for latex in the United States at this time. A RAST test can be ordered but a negative result does not rule out latex allergy. Latex allergy is a murky area best handled by a good history which can be used to develop an avoidance strategy.

(d) Acute allergic reactions are handled by the primary care physician.

(e) Latex allergy patients not treated.

(f) Allergy testing not performed.

b. *Ambulatory Surgery.*

(1) *General.* The Same Day Surgery (SDS) unit is designed to accommodate pre-procedure processing (pre-admission), and ambulatory patients requiring short term pre-surgical, post-surgical (post-anesthesia care and phase II recovery) or procedural monitoring (gastroenterology). Patients are generally between the ages of 3 months and 80 years old. Care is provided for all cultural groups and both genders from all ages, with the exception of neonates, without regard to socioeconomic status.

(2) *Services provided.* Conditions and diagnoses commonly treated are—

(a) General surgery: Breast biopsy, hernia repair, hemorrhoidectomy and fistulotomy.

(b) Medical and gastroenterology: EGD and colonoscopy.

(c) Orthopedic: Arthroscopy, carpal tunnel release, ORIF/closed reduction, and ACL repair.

(d) GYN: Diagnostic scope, tubal ligation, and D&C/hysteroscopy.

(e) ENT: BMTT, tonsillectomy, septoplasty, rhinoplasty, BICIT, FESS, and Adenoidectomy.

(f) Ophthalmology: Cataract extract, IOL implant, and Baerveldt.

(g) Plastic: Breast augment, rhytidectomy, blepharoplasty, odontectomy, abdominoplasty, breast reduction and facelift.

(h) Urology: Hydrocelectomy, circumcision and vasovasotomy.

(i) Vascular: Vein stripping and ligation.

(j) Dental: Pediatric dental rehabilitation and wisdom teeth extraction.

(3) *Limitations.* Patients with certain medical conditions are not eligible for anesthesia

services (for example, patients with diseases that require airborne, contact, or droplet isolation precautions; sleep apnea; malignant hyperthermia, latex allergy, and anticipated blood loss).

c. *Audiology.* Audiology services include hearing exams for patients referred by their primary care managers (PCMs) or self-referral as well as hearing conservation exams for active duty soldiers and DoD civilians.

d. *Behavioral health care services.*

(1) *Services provided.* The Behavioral Health Clinic provides outpatient mental health services to the active duty population of Fort Meade. Patients may access individual and group psychotherapy and obtain medication for the treatment of mental health conditions. In addition to care, the behavioral health clinic also provides consultative services to Fort Meade tenant unit commanders and outreach presentations on common mental health issues. As we serve an active duty population, the age range of our patients is typically between 18 and 50 years.

(2) *Limitations.* The clinic is not available to family members, and does not provide couples or family counseling.

e. *Cardiology.*

(1) *Services provided.* The Cardiology Clinic provides limited consultative services one day weekly in outpatient cardiology to all eligible adults (over 18 years of age and emancipated minors) on a referral-only basis. After initial evaluation, patients will be followed in the Cardiology Clinic if subspecialty care is required, or will be referred back to the referring provider with recommendations for further management. Other services available are cardiac stress testing and a limited number of cardiac event monitors which can be arranged by direct coordination between the requesting provider and the cardiologist.

(2) *Limitations.* The Cardiology Clinic does not provide cardiac catheterization, nuclear medicine stress testing, transplant and pacemaker management, echocardiography, Holter monitors or pediatric cardiology.

f. *Chiropractic Clinic.*

(1) *Services provided.* Care of neuromusculoskeletal conditions typical of active duty military. Patients must be active duty and older than 18 years of age. Active treatments such as chiropractic manipulation may be supplemented by passive modalities, including but not limited to iontophoresis, phonophoresis, electrical stimulation, ultrasound, diathermy, traction, and other physical agents. Patients with certain medical conditions (for example, osteopenia and aneurysm) will be evaluated on a case-by-case basis.

(2) *Limitations.* Will not treat non- neuromusculoskeletal conditions.

g. *Deployment Health.*

(1) *Services provided.* The Deployment Health Clinic provides a range of services to include soldier readiness processing, pre-deployment and post-deployment health screening, and period physical examinations IAW applicable service regulations and clinical practice guidelines.

(2) *Limitations.* Services are limited to the evaluation of documentation of current health status. Treatment of medical conditions and evaluation of complex problems are referred to the appropriate primary or specialty care provider.

h. *Dermatology.*

(1) *Services provided.* The Dermatology Clinic provides limited dermatology care and consultation by visiting dermatologists from WRAMC once monthly. These dermatologists evaluate conditions related to the skin, to include cutaneous diseases. The services provide include

dermatological procedures that require local anesthesia only (shave, excisional and punch biopsies) and electrocauterization. The dermatologists can provide treatment with liquid nitrogen.

(2) *Limitations.* The Dermatology Clinic does not provide services for phototherapy, laser surgery, patch testing, and MOHS microscopic surgery. The clinic cares for all pediatric and adult patients.

i. *Family medicine.* Family medicine includes family practice and internal medicine. The Red, White and Blue teams of the Family Care Center provide comprehensive outpatient primary care for eligible patients from birth and up who are enrolled to Tricare Prime at KACC. Each of these teams is staffed with board certified family practice physicians, pediatricians, physician assistants, family nurse practitioners and internists. Individual practitioners perform flexible sigmoidoscopies and colposcopies in the Specialty Clinic. Each enrolled patient is assigned to one PCM who is responsible for the overall care of the patient, thereby enhancing continuity and fostering a close provider patient relationship that is an integral part of health care. Extended evening and weekend hours are available. The scope of care for this clinic includes outpatient primary care but excludes obstetrical care. All obstetrics are referred to the National Naval Medical Center (NNMC) in Bethesda, MD and may then be followed at KACC per paragraph o, below.

j. *Gastroenterology.* Gastroenterology provides limited outpatient services by two visiting gastroenterologists from WRAMC four times weekly. Services are provided for all adult patients on a referral basis. The gastroenterologist evaluates conditions related to the esophagus, stomach, duodenum, small bowel, and colon. The services provided include colonoscopy and esophago-gastroduodenoscopy that require sedation analgesia. These procedures are performed on patients that meet ASA I and ASA II requirements only. Flexible sigmoidoscopy and anoscopy are also performed in this clinic.

k. *General Surgery.* General Surgery provides limited outpatient services by staff members from WRAMC once weekly. This clinic can provide suture and staple removal and wound care as prescribed by a primary care manager, specialty clinic provider or surgeon. l.

Gynecology. Gynecology provides limited outpatient services by visiting gynecologists from WRAMC one day weekly. The gynecologist evaluates acute and chronic conditions related to the female reproductive system. The services provided include papanicolaou test, endometrial bi-opsy, vulvar biopsy, cervical biopsy, vaginal wall biopsy, wet prep, vaginal cultures, incision and drainage of Bartholin's and Nebothian cysts, and HPV treatment. The majority of AGUS and HGSIL paps are referred to WRAMC for more extensive evaluation. Vaginal ultrasounds, insertion and removal of coloposcopy are available.

m. *Laboratory.* The Laboratory Service is a modern, ambulatory care center-based laboratory offering a full range of clinical laboratory services that provides the following services: Routine and special chemistry, hematology, coagulation, blood bank storage, urinalysis, serology and microbiology. Additional support for clinical, anatomical and cytology specimens is provided by WRAMC, Malcolm Grow Medical Center, NNMC, Viomed Laboratories Inc, the Walter Reed Army Institute of Research, Brook Air Force Base, and the Armed Forces Institute of Pathology. Only emergency clinical laboratory services are provided on weekends and after regular duty hours.

n. *Nutrition.* A registered or licensed dietician provides nutrition services by individual appointments for all ages through referrals from health care providers for disease-specific nutrition counseling; weight management; hypertension and DM initial evaluation, education, and follow up; and any other applicable patient needs. The dietician also provides the following classes for adults:

weight control and hypertension management.

o. *Obstetrics.*

(1) *Services provided.* Obstetrics provides limited pre-natal services for non-complicated pregnancies for patients over the age of 16, after being initially screened at NNMC. The clinic is staffed by a visiting obstetricians and nurse practitioners from NNMC. The obstetrician provides prenatal care, including individualized health education, screening, diagnosis, treatment and referral.

(2) *Limitations.* Deliveries are not performed at KACC. These patients are referred to NNMC for delivery.

p. *Ophthalmology.* Ophthalmology provides evaluation and treatment of diseases of the eye. Visual field tests are also offered to patients referred from optometry.

q. *Optometry.* Optometry provides comprehensive vision examinations for patients of all ages. Patients include active duty of all services, Tricare Prime retirees and family members, Fort Meade civilian workers who require safety glasses, and people applying for military work, enlistment, or military scholarships for the Reserve Officer Training Corps and military academies. Services include complete vision examinations to diagnose and treat refractive visual problems with glasses and or contacts, evaluations of internal and external ocular health, and treatment of external ocular infections and orbital injuries by use of diagnostic and therapeutic agents. Glasses are ordered for military personnel and for civilians who work in eye hazardous conditions and entitled to safety glasses through the Occupational Vision Conservation Program. Referrals to ophthalmology are coordinated for ocular conditions requiring surgery or the treatment of internal ocular pathology.

r. *Orthopedics.*

(1) *Services provided.* Orthopedics provides limited outpatient and ambulatory surgical services. Once weekly, this clinic provides bracing and splinting for acute injuries as prescribed by a primary care manager or specialty clinic provider. Casts can be applied and removed with an orthopedic surgeon's or podiatrist's orders. The surgeons evaluate conditions related to musculo-skeletal system based on his or her specialty. The clinic cares for patients over age 14. The orthopedic surgeons can also provide steroid injections, as determined appropriate through their evaluations.

(2) *Limitations.* The orthopedic clinic does not provide evaluations for non-surgical chronic conditions, spinal conditions, multiple or severe trauma patients.

s. *Pediatrics.*

(1) *Services provided.* Services provided include management of chronic illnesses, treatment of acute minor illnesses and injuries, routine physicals for ages 2 through 13 years, and well baby checks for ages 2 weeks to 18 months. A visiting developmental pediatrician from WRAMC sees referred patients once monthly. Pediatric services are provided within the primary care teams.

(2) *Limitations.* The clinic does not provide evaluations of emergency conditions or major trauma. Those requiring subspecialty care will be referred by their PCMs after initial evaluation in the clinic. The clinic does not perform suturing, lumbar puncture, administration of blood products or chemotherapy.

t. *Pharmacy.* The Pharmacy Service is available to eligible beneficiaries of all ages. Medications dispensed are limited to those items contained on the KACC Formulary. A maximum of a 90-day supply will be dispensed for maintenance medications at any given time. (Patients enrolled in the Johns Hopkins Uniformed Services Family Health Plan are not eligible for the prescription

medication benefit from this or any other military MTF.) Patients 16 years of age and older may pick up non-controlled prescription medications for themselves if they present valid military identification cards. Patients must be 18 years of age or older to pick up controlled substance prescriptions.

u. *Physical therapy.*

(1) *Services provided.* The Physical Therapy Clinic provides comprehensive outpatient services with an emphasis on orthopedic and sports medicine conditions. Services are provided for all authorized beneficiaries over 14 years of age. For ages 5 through 13, limited post-operative and post-casting musculoskeletal care services are provided. Physical Therapy does not see patients under the age of five. Procedures performed are comprehensive for an outpatient physical therapy clinic (exercise instruction, strength training, cardiovascular conditioning, ultrasound, electrical stimulation, TENS, moist heat, and ice).

(2) *Limitations.* Significant types of care not performed by Physical Therapy include cardiac rehabilitation, neurorehabilitation (CVA, TBI, cerebral palsy, Parkinson's disease, and spinal cord injuries), amputee training, wound care, and non-musculoskeletal pediatric therapy.

v. *Podiatry.*

(1) *Services provided.* The Podiatry Clinic, which is staffed by podiatrists from around the National Capital Region, provides comprehensive outpatient services to all authorized beneficiaries over 5 years. The services provided include minor trauma foot and ankle, sports medicine-related conditions to the foot and ankle, ingrown toenails, plantar warts, cutaneous lesions of the foot less than 1/2 cm deep, dermatitis of the feet, foot ulcers, callous removal, and diabetes-related foot conditions. Standard procedures for an outpatient podiatry clinic are available.

(2) *Limitations.* Compound fractures and major trauma are beyond the scope of the clinic.

w. *Preventive medicine.* The Preventive Medicine Service provides public health and occupational health programs and encompasses community health and occupational health as well as industrial hygiene and environmental health consultation services.

(1) *Community health.* Community Health Nursing (CHN) provides nursing care to individuals, families, and Fort Meade community agencies, and participates in community focused programs. CHN plans, implements and evaluates community-based health programs to establish activities that promote, protect and restore the health of service members, their families and the military community. CHN provides programs such as communicable disease surveillance and prevention, health promotion and disease prevention, and the Exceptional Family Member Program. CHN serves as health consultant to the Army Child Youth Services (CYS) and conducts health inspections of CYS facilities and Family Child Care homes. CHN offers Travel Clinic counseling to active duty, family members, active duty reservists, retired military families and DoD civilians who will be traveling to foreign countries on official business. Health education classes are offered to include Asthma for Pediatrics, Tobacco Cessation, Diabetic Self-Management Education Program, Prepared Childbirth, and the Wellness/Over the Counter (OTC) program. Informational material is distributed concerning monthly observances, special events, and educational materials.

(2) *Occupational health.* The Occupational Health Clinic (OH) provides comprehensive healthcare and screening to the Fort Meade's active duty military and federal civilian workforce. Programs include health promotion, counseling, safety training and accident prevention, job-related health surveillance, administrative medical exams (pre-placement, medical determinations, fitness for duty, and termination), reproductive hazard surveillance, hearing and vision conservation,

respiratory protection, employee immunization, illness absence monitoring, health hazard assessments, work place, as well as preparation and maintenance of civilian employee medical records, epidemiological investigations, case management and investigation, and analysis of job-related injuries and illnesses, and compliance with laws and regulations governing health and safety for workers and the work environment. Job-incurred injuries and illnesses, illness absence monitoring, counseling, and blood pressure monitoring are taken care of on a walk-in basis.

x. *Pulmonary medicine.* Pulmonary is staffed by a visiting pulmonologist from WRAMC once monthly and provides limited outpatient services for all adult patients. The pulmonologist evaluates acute and chronic conditions related to the respiratory system. Pulmonary function tests, inhalation therapy, pulse oxymetry, and O₂ therapy are available. Tracheotomy care is not provided. Respiratory therapy is available by referral only for pulmonary function tests.

y. *Radiology.*

(1) *Mammography:* Mammography and needle localization of breast lesions, breast ultrasound and cyst aspiration.

(2) *Ultrasound:* Abdominal, pelvic, vascular (carotid and DVT), thyroid, testicles, soft tissue other, breast. (Not neonatal hips and neonatal heads.)

(3) *Fluoroscopy:* Upper GI studies, small bowel follow through, barium enema, voiding cystourethrogram, hysterosalpingogram, chest fluoroscopy, foreign body localization. (Not infants and neonates.)

(4) *Computerized tomography (CT):* CT, with and without contrast, of the head, sinus cavities, orbits, neck, chest, abdomen, pelvis, extremities. (Not temporal bones, 3D recon, 2D recon – machine limited.) No studies requiring special CT technology.

(5) *Intravenous pyelogram and tomogram:* Not very young children. No conscious sedation available.

(6) Digital radiology is provided with support from WRAMC.

z. *Rheumatology.*

(1) *Services provided.* Rheumatology, staffed by a visiting rheumatologist from WRAMC once monthly to provide limited outpatient services for all adult patients. The rheumatologist evaluates all joints, periarticular structures, and muscular units for anatomical and functional abnormalities. Treatments include therapeutic injection of diarthroidal joints, bursae, tenosynovial structures, and entheses nailfold capillary microscopy.

(2) *Limitations.* Rehabilitation therapy is not available in this clinic.

aa. *Substance abuse rehabilitation.* The installation's Alcohol and Drug Control Office (ADCO), which runs the installation's Alcohol and Drug Abuse Prevention and Control Program (ADAPCP), and the Army Substance Abuse Program (ASAP) Clinic, provide outpatient substance abuse evaluation and treatment for active duty personnel. Group and individual therapy is available as are referrals to support groups such as Alcoholics Anonymous (AA) and higher levels of treatment (intensive outpatient programs, partial hospitalization programs, and residential treatment facilities). Aftercare is also provided following completion of one of the higher levels of treatment. At this time, ASAP services are not available to active duty family members, retirees, civilian employees or their family members; however, referrals are made to the ADAPCP Alcohol and Drug Control Office Employee Assistance Program (EAP) for evaluation and referral. ASAP also provides consultation to installation tenant unit commanders and outreach presentations on substance abuse issues. As we serve an active duty population, the age range of patients is typically between

18 and 50 years.

bb. *Social work services.*

(1) *Services provided.* Social work services are provided by the Social Work Section (SWS), Behavioral Health Care Service. SWS provides individual, marital and family counseling for the purpose of improving family functioning. SWS's Family Advocacy Program (FAP) staff provides assessment, treatment, case management, and case management consultation for cases of suspected child and spouse abuse. SWS treats active duty personnel and retirees, and their family members. All social work and FAP treatment is done on an outpatient basis.

(2) *Limitations.* Severe sexual abuse issues are sometimes beyond scope of FAP's capabilities to handle and are referred out (FAP funded treatment referrals).

cc. *Urology.* The Urology Clinic is staffed by visiting urologists from WRAMC twice weekly. These urologists evaluate conditions related to the kidneys and adrenals, ureters, bladder, prostate, urethra, testicle, penis, and scrotum. The clinic cares for all pediatric and adult patients. The services provided include urological procedures that require local anesthetic or no sedation, such as cystoscopy, vasectomy and urodynamic testing with bladder scan. The urologists can provide cord blocks and muse injections as determined through their evaluations.

dd. *Wellness Center.* The Wellness Center provides well baby examinations, nutritional counseling, diabetes management, hypertension education, diabetes education classes, and weight reduction classes.

B-2. Kirk USAHC (KUSAHC)

KUSAHC is an ambulatory primary care and occupational health clinic located 38 miles northeast of Fort George G. Meade at Aberdeen Proving Ground (APG), Maryland. In addition to the main clinic, situated at APG-Aberdeen Area, KUSAHC also maintains a smaller satellite, troop medical clinic 14 miles to the south at the APG-Edgewood Area. KUSAHC's serves a population of more than 30,000 people including active duty service members of all the services, dependents, retirees and civilian workers. At any one time, this patient pool includes more than 2,000 active duty advanced individual training (AIT) students training at the U.S. Army Ordnance Center and School. KUSAHC provides services 7 days a week with hours of operation from 0600 to 1800, Monday through Friday; 0900 to 1700 on Saturdays; and 1000 to 1400 on Sundays and holidays. KUSAHC's patient care services include—

a. *Behavioral Health Care Service.* Behavioral Health Care Service provides support for command-directed and self-referred mental status evaluations for active duty personnel. Supportive counseling and group therapy are available as are family advocacy services. Also available is the unique Student Health In-Processing - Mental Program which screens all incoming AIT students for mental health problems that could adversely affect their performance during training. Psychiatric support for all community mental health services is available via a telemedicine connection from NNMC.

b. *General Medical Clinic.* The hub of primary care operations, the General Medicine Clinic operates from 0800 to 1630, Monday through Friday, administering primary medical care to patients of all ages. Care is available on an appointment basis for routine and same-day medical problems.

c. *Gynecology.* Although available from any primary care provider at patient request, the majority of gynecologic care is rendered by a dedicated board certified family practice physician and a certified family practice nurse practitioner, 0800 to 1630, Monday through Friday. In addition

to annual Pap smear and breast examinations, any and all conditions unique to females can be evaluated. Minor outpatient surgical procedures that do not require general or neuroleptic anesthesia are provided, as is a mammogram service that involves a network of local providers. KUSACH's surgeon, as well as the Gynecology staff, usually reviews abnormal mammograms. All ages of patients are seen.

d. *Health Care Coordination.* Health Care Coordination coordinates the smooth flow of medical information between the various internal clinics and between KUSAHC and all outside sources of medical care to which patients have been appointed or from which patients have received medical and or surgical care. Together with personnel from PAD, it is instrumental in the transfer of patients from one MTF to another.

e. *Immunization Clinic.* Performs all required immunizations for all active duty personnel and their dependents. Will see retirees and their dependents when resources are available. Performs annual flu immunizations and administers the Anthrax Vaccination Immunization Program under the guidance of the Preventive Medicine Clinic.

f. *Industrial Hygiene (IH).* KUSAHC's IH operation is the largest in the Army and performs a complete range of sampling and monitoring procedures within the occupational environment.

g. *Internal Medicine.* Oversees the care of patients with complex medical problems who are 18 year of age or older.

h. *Laboratory.* The Laboratory performs in-house urinalysis, simple hematology, and blood chemistry analysis. All other tests, such as blood gases, are packaged and shipped to WRAMC or locally if necessary.

i. *OH.* OH operates two occupational health care clinics; one at APG-Aberdeen Area and another at APG-Edgewood Area. Together with IH, the service provides occupational health services for all military and civilian workers at APG. OH provides medical surveillance services for such diverse operations as deep water diving, the Army Hearing Conservation Program, and the Worker's Compensation Program. OH has direct oversight of medical support for a wide variety of biological and chemical operations as well as an on-site nuclear pulse reactor.

j. *Optometry.* Staffed by a contract optometrist, this clinic offers the full spectrum of visual services to all patients of all ages, with active duty personnel given preference. This clinic also supports the OH mission by providing required visual examinations for optical inserts for gas masks.

k. *Pediatrics.* Pediatrics sees infants, children and young adults to the age of 17. All types of outpatient examinations are performed. Well baby evaluations and pediatric psychiatry telemedicine evaluations are performed on specified days, but all other care is available on a daily basis including three "after hours" clinics per week.

l. *Pharmacy.* The pharmacy fills 500 or more prescriptions per day for all ages and categories of patients, and performs numerous drug utilization studies for the command and for individual clinics requesting such information.

m. *Physical Therapy.* Physical Therapy employs a broad spectrum of treatment modalities for traumatic or sports injuries. The physical therapist also performs EMG evaluations. The clinic is open to all ages. Active duty personnel are given preference; all others are seen on a space available basis.

n. *Physical Exams.* Physical Exams coordinates all portions of military physical examinations of all types for the entire clinic (administrative, visual and auditory screenings, laboratory assessment, medical evaluations, specialty consultations and mental status evaluations).

o. *Podiatry*. Podiatry performs medical and surgical foot evaluations. Minor outpatient surgical procedures that do not require general or neuroleptic anesthesia are also performed.

p. *Preventive Medicine Clinic*. Staffed by one board certified preventive medicine physician, this clinic supports and advises the entire installation on matters such as sanitation, water testing, sexually transmitted diseases, and the human immunodeficiency virus programs; infectious disease management; and disease tracking and trending. Together with CHN, the Preventive Medicine Clinic runs various wellness programs, such as tobacco cessation, and disease containment educational programs, such as hypertension, diabetes and nutrition classes. The clinic also sponsors and or participates in numerous health care fairs with blood pressure screenings, cholesterol checks, etc. Has oversight of the Immunization Clinic regarding the Anthrax Vaccination Immunization Program.

q. *Radiology*. Performs plain film radiographs. Other studies, such as mammograms, ultrasound studies, CT scans and MRIs are consulted locally or to the Department of Radiology at KACC.

r. *Substance Abuse Rehabilitation Clinic*. One certified substance abuse counselor is available to evaluate and treat all command-directed or self-referred active duty personnel who suffer with drug and or alcohol problems. Individual and group interventions are conducted in-house while full or partial hospitalization treatment is referred locally or to the appropriate facility within the National Capital Area.

s. *Surgical Clinic*.

(1) *Services provided*. The Surgical Clinic evaluate all types of surgical problems and trauma-related injuries; evaluates and determines the proper level of care required for orthopedic cases; performs a variety of minor outpatient general, dermatological and plastic surgical procedures that require local anesthesia; and a wide variety of splinting and casts. Patients of all ages are accommodated by the clinic.

(2) *Limitations*. The clinic does not have the capability of performing surgeries that require either general anesthesia, neuroleptic anesthesia or conscious sedation.

t. *TMCs*. Two dedicated general medicine officers oversee the medical care provided during sick call, one each at the APG-Aberdeen Area TMC and the APG-Edgewood Area TMC. 91B medics perform initial screening via algorithm in the field, with only those active duty personnel requiring additional evaluation or treatment being consulted to the TMC physician for care. Approximately 40% of the troops are successfully treated in the field and immediately returned to duty, thereby reducing their operational down time.

u. *Urgent Care Clinic (UCC)*. The UCC sees patients on a same-day appointment basis, or on a walk-in basis if medically indicated. All patient are first screened by an in-house nurse triage system to determine the urgency of medical care needed and then appoints the patient to the corresponding level of medical service.

B-3. Dunham USAHC

a. *Dermatology*. Dermatology services are available for all ages and include evaluation and treatment for outpatient skin problems as well as some minor surgical procedures to include the treatment of warts, the excision of skin tags, and the treatment of suspicious skin lesions by excision and biopsy.

b. *Family medicine*.

(1) *Services provided.* The outpatient clinic provides full outpatient family practice services. Routine care and same-day care are available for beneficiaries of all ages. Services provided by the clinic are physicals for work, school and driving, well baby checks and well woman care.

(2) *Limitations.* Obstetric care is not provided

c. *Gynecology.*

(1) *Services provided.* Gynecologic care is provided by a nurse practitioner who completes well woman assessments and schedules mammograms for the same day as the well woman examination appointment. (Female family practice panel patients who prefer to have their primary care providers give them their annual examinations have that option.) The clinic sees patients age 18 and older.

(2) *Limitations.* Obstetric care is not provided.

d. *Laboratory.* The laboratory provides full blood drawing capabilities for all ages. Esoteric laboratory tests that cannot be performed by the laboratory or by WRAMC are sent to civilian laboratories.

e. *OH.* OH provides occupational health and preventive medicine programs to active duty military and federal civilian employees.

f. *Optometry.* Optometry services are provided to patients ages 6 and older. Slit lamp examination, refraction, visual field testing, dilated eye examinations and intraocular pressure are all available services. Limited same-day services are available.

g. *Orthopedics.* Orthopedic care is limited to evaluations by visiting surgeons from WRAMC one day per month. The visiting surgeons can provide steroid injections as determined through their evaluation. They do not provide evaluations for non-surgical chronic conditions, spinal conditions, multiple or severe trauma patients or evaluations for medical evaluation boards.

h. *Pediatrics.* A full spectrum of outpatient pediatric care is provided by one pediatrician, to include same-day and routine appointments, evaluation and treatment of attention deficit hyperactivity disorder, EFMP evaluations, well baby care and coordination of pediatric telemedicine with a pediatric psychiatrist. Newborns to 17-year-olds are seen in this clinic.

i. *Pharmacy.* The pharmacy provides medication to all beneficiaries regardless of the source of the prescription. Patients under 18 years of age must have their medication picked up by their parent or guardian. The formulary limits the exact medications available.

j. *Physical therapy.* Due to staffing, physical therapy services are very limited. Services are available for those over age 15, and include ultrasound, ionophoresis, cervical and pelvic traction, transcutaneous electrical neuromuscular stimulation, moist heat, and ice packs. Rehabilitation after surgery or injury are also available on a limited basis.

k. *Podiatry.* A visiting podiatrist provides services to adults two days per month. The services provided include minor trauma, sports medicine, cutaneous lesions of the foot, dermatitis, callous and ingrown toenail removal, and diabetic foot care.

l. *Radiology.* Radiology services include plain film only, and mammography for screening and non-diagnostic purposes only.

m. *SARC.* SARC services are provided to adults by one counselor, who coordinates inpatient care if such is needed. Medical-, command- and self-referrals for drug and alcohol problems are all serviced by SARC.

n. *Social work services.* A full spectrum of social work services is available for ages 5 and

above. Family advocacy, supportive counseling, play therapy and group therapies are available. Other services include psychiatric telemedicine and psycho-educational groups.

B-4. Barquist USAHC

Barquist USAHC is a primary care outpatient clinic located at Fort Detrick, MD. Barquist's patient care services include—

a. *Primary care.* The clinic offers primary care services for all age groups (newborn to adult geriatric patients) as follows:

(1) *Primary care services.* Active duty sick call from 0615 to 0730 by appointment, acute minor illness and urgent care, colposcopy, prostate and testicular checks, chronic stable conditions, well baby care, physical examinations, blood pressure monitoring, routine gynecology, immunizations and allergy shots, Pap smears, vision screening and breast examinations.

(2) *Specialty services.* Adult and child psychiatry, cardiology, dermatology, internal medicine, physical therapy and podiatry, psychology, neurology, travel medicine, physical medicine rehabilitation, post-deployment counseling, and pediatrics.

b. *Occupational health.* OH provides occupational health services to active duty personnel and federal civilian employees. Services are also provided to retirees and military family members as ordered by the clinic's health care providers.

c. *Community Counseling Center/Substance Abuse Rehabilitation Clinic.* This clinic provides a variety of support services for the military and civilian work force. Referral services to local agencies in and around the Frederick community are also available. The Community Counseling Center promotes prevention through education. Resources are available to support organizational training and personal development.

d. *Laboratory Service.* The laboratory performs minimal screening testing ordered by providers. Routine, in-house, testing is accomplished on the day it is ordered.

e. *Department of Radiology.* All radiographic procedures of the head, trunk and extremities are performed. Fluoroscopic examinations of the upper and lower gastric tracts are available by appointment. All other procedures are scheduled to be accomplished at WRAMC, NNMC and KACC.

f. *Pharmacy Service.* The pharmacy stocks only those items that are on the approved drug formulary list. New prescriptions can be presented at the pharmacy any time during normal clinic work hours. The pharmacy has a mandatory prescription refill call-in service.

B-5. Fort Indiantown Gap USAHC

The USAHC at Fort Indiantown Gap is primarily a TMC. The clinic's primary mission is to support the year-round annual training performed at the installation. The clinic also supports the installation's active duty and Active Guard Reserve personnel and their family, and retirees and their family members. Additionally, Department of the Army civilian employees receive periodic occupational health surveillance and acute care for emergencies. National Guard civilian technicians are eligible for emergency care only. Some patients are seen as part of Dunham USAHC's Tricare health system. The clinic has on-site routine diagnostic x-ray, electrocardiograph and audiology services. Some adult immunization services are available. Limited laboratory and pharmacy services are available for acute care treatment. More extensive laboratory and pharmacy services are available through a courier service to Dunham USAHC.

B-6. Defense Distribution Center USAHC

- a. *Primary care.* The clinic provides services for acute illness, routine care and same day care for beneficiaries of all ages.
- b. *Pharmacy.* A courier service is provided by Dunham USAHC. Patients under 18 years of age must have their medications picked up by their parent or guardian. The Dunham USAHC pharmacy formulary limits the exact medications available.
- c. *Laboratory.* The laboratory provides full blood drawing capabilities for all ages.
- d. *Radiology.* The clinic has capability for radiology services to include plain film.
- e. *OH.* OH provides occupational health and preventive medicine programs for federal civilian employees.

B-7. Letterkenny U.S. Army Occupational Health Clinic

The clinic at Letterkenny Army Depot provides the following occupational health services and preventative medicine programs to the active duty and civilian workforce assigned to the installation:

- a. *Medical surveillance.* Physical exams are provided based on industrial hygiene data, OSHA standards, Army regulations and policies, work site visits and input from the installation environmental and safety offices. These exams could include a pulmonary function test, audiogram, electrocardiogram, laboratory testing and vision acuity testing.
- b. *Pre-employment and disability retirement exams.* All federal employees are required to initiate a medical record. Certain jobs require a physical exam prior to being offered a job. Those individuals who wish to apply for a disability retirement are required to submit all data from outside civilian sources. This information along with an examination done by the agency physical assists the Office of Personnel Management to make a final determination.
- c. *Treatment of Line of Duty injuries and illnesses.* The clinic examines and or treats all Line of Duty injuries and illnesses in order to assist the installation in reducing their compensation costs. Certain musculoskeletal rehabilitation services are provided. Case management is accomplished by working closely with the local medical community and installation compensation clerk to initiate light duty or bring the employee back to full duty as soon as reasonably possible.
- d. *Overseas screening.* Federal employees traveling outside of the continental United States undergo medical screenings to determine fitness for overseas travel and to determine the required immunizations.
- e. *Health promotion and health education.* During visits to the clinic, health education is incorporated. The clinic also provides articles to the installation paper and the depot intranet.
- f. *Fitness for duty exams.* Supervisors can question the medical and psychological fitness of an employee. The clinic works together with the installation Civilian Personnel Actions Center to ensure safety of the employee and co-workers by determining if an employee is fit to perform his or her duty.
- g. *Medical Record Reviews.* Several Army regulations require screening of medical records and or interviewing an employee to determine suitability to have a security clearance or handle munitions.
- h. *Worksite visits.* Worksite visits assist the clinic to determine whether the correct medical surveillance is being accomplished and to ensure the employee has a safe and healthy workplace.

i. *Installation medical authority.* Provide the Depot Commander and depot management with medical input as required and requested.

Glossary

Section I

Abbreviations

ADAPCP

Alcohol and Drug Abuse Prevention and Control Program

AIT

advanced individual training

APG

Aberdeen Proving Ground

ASAP

Army Substance Abuse Program

CHN

Community Health Nursing

CT

computerized tomography

CYS

Child Youth Services

DCA

Deputy Commander for Administration

DCN

Deputy Commander for Nursing

DCCS

Deputy Commander for Clinical Services

FAP

Family Advocacy Program

FL

form letter

IAW

in accordance with

IH

Industrial Hygiene

JCAHO

Joint Commission on Accreditation of Healthcare Organizations

KACC

Kimbrough Ambulatory Care Center

KUSAHC

Kirk USAHC

MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

MD

State of Maryland

MFT

medical treatment facility

NNMC

National Naval Medical Center

OH

Occupational Health Clinic

OMR

outpatient medical record

PA

Commonwealth of Pennsylvania

PACU

Post Anesthesia Care Unit

PCM

primary care manager

RN

registered nurse

SDS

same day surgery

SWS

Social Work Section

USAHC

U.S. Army health clinic

WRAMC

Walter Reed Army Medical Center

WRHCS

Walter Reed Healthcare System

Section II

Terms

Department

Any organizational element directly subordinate to the DCCS at KACC, or the DCCS equivalent at an outlying clinic.