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                PROCESS CONDITION-ACTION DIAGRAM FLOWCHARTS, PATIENT ADMINISTRA--ETC(U)
                OCT 76   L SCHLAEPPI, L HARRIS, K SCHANK
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PATIENT

ADMINISTRATION

(PAD)

PROCESS

CONDITION - ACTION DIAGRAM

FLOWCHARTS

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REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER TRIMIS–ARMY–TR–1–4	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) PATIENT ADMINISTRATION (PAD) PROCESS CONDITION-ACTION DIAGRAM FLOWCHARTS		5. TYPE OF REPORT & PERIOD COVERED
		6. PERFORMING ORG. REPORT NUMBER N/A
7. AUTHOR(s) Douglas Clowers; Lawrence Ruh, CDP; MAJ Lloyd Schlaeppi; LTC Leonard Harris; Karl Schank		8. CONTRACT OR GRANT NUMBER(s) N/A
9. PERFORMING ORGANIZATION NAME AND ADDRESS USA TRIMIS Agency WRAMC Washington, DC 20012		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
11. CONTROLLING OFFICE NAME AND ADDRESS USA TRIMIS Agency (SGTR-DO) WRAMC Washington, DC 20012		12. REPORT DATE October 1976
		13. NUMBER OF PAGES 128
14. MONITORING AGENCY NAME & ADDRESS(If different from Controlling Office) N/A		15. SECURITY CLASS. (of this report) UNCLASSIFIED
		15a. DECLASSIFICATION/DOWNGRADING SCHEDULE N/A

16. DISTRIBUTION STATEMENT (of this Report)

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17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)

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A

18. SUPPLEMENTARY NOTES

For use in conjunction with TRIMIS-ARMY-TR-1-1 Overview.

19. KEY WORDS (Continue on reverse side if necessary and identify by block number)

Flowchart, Condition-Action Diagram, Health Care, Information System,
Ambulatory Care, Hospital Administration, Patient Administration

20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

The purpose of the Patient Administrative Division (PAD) condition-action
flowcharts is to present in easily understandable graphic form the major
patient administration processing involved in a military hospital. The
Patient Administration Division provides the patient administration portion
of health care support in medical treatment facilities.

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Block #20:

All DOD Medical Treatment Facilities share the common mission of providing quality health care for active duty military personnel, their dependents, retirees, and certain other eligible persons. In support of the mission, it has been recognized that, to effectively control and accomplish the required administrative services for the patient and facility, a separate organization be established within the facility to perform such activities. These charts describe the processes involved in accomplishing the specified activities.

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PURPOSE

The purpose of the Patient Administrative Division (PAD) condition-action flowcharts is to present in easily understandable graphic form the major patient administration processing involved in a military hospital. The Patient Administration Division provides the patient administration portion of health care support in medical treatment facilities.

BACKGROUND

All DOD Medical Treatment Facilities (MTFs) share the common mission of providing quality health care for active duty military personnel, their dependents, retirees, and certain other eligible persons. In support of the mission, it has been recognized that, to effectively control and accomplish the required administrative services for the patient and facility, a separate organization be established to perform the following activities.

1. Information Activity

2. Patient Registration

3. Patient Medical Record Management

4. Outpatient Medical Record Finalization

5. Inpatient Preadmission/Admission

6. Inpatients Administrative Data Acquisition

7. Inpatient Disposition

8. Inpatient Medical Record Finalization

9. Medical Evaluation Board Management

10. Medical Service Accounts Support

11. Patients Trust Fund Management

12. Casualty Section Support

13. Birth Reporting

14. Line of Duty/Third Party Liability Support

15. Administrative Report Generation and Management

The basic processes of Patient Administration have been determined
to be fundamentally similar in Army, Navy, and Air Force MTFS. However,
operating procedures and methodologies, and the reporting requirements
of MTF's vary not only among services but also among MTFs within a single
service, the latter primarily due to size variations and the MTF's
particular mission.

LIMITATIONS

The reader must not at this time expect to find a hospital Patient
Administration Division in which the clerks follow exactly all the
procedures described herein. This is because the PAD System charted
here includes more capabilities than, and is a superset of, any known
system at the time of this writing. The system presented here is, in
fact, a technology-independent description of the full TRIMIS PAD
System design. In addition, the internal details of routine processes
such at production of reports are not presented here, as the condition-
action diagram format is an inappropriate medium for that type of
description.

OBJECTIVES

The basic objective of Patient Administration is to provide patient administration service for the hospital and act as custodian of all medical and clinical records of inpatients and outpatients. This includes administratively admitting and discharging patients, and the receipt, review, maintenance, storage, and disposal of medical records. The Patient Administration Division is also responsible for the functions of hospital treasurer; the preparation of medical, statistical, and other reports; and the preparation of claims for medical services obtained by Army military personnel from civilian medical sources.

OVE

ific PAD philosophies, policies, and objectives are outlined under the following requirements headings:

1. Patient Registration

Involves the collection and validation (update) of a pre-scribed set of core data requisite to patient care in an inpatient or outpatient environment. It is anticipated that a patient will be initially registered the first time he con acts the medical treatment facility and that registration data and his eligibility for care will be checked for validity each time he encounters the facility. Regis-tration establishes the link to identifying all patient records and many hard copy documents and products. The link is "patient identifi-cation" (PTID) which consists of patient's name, patient's date of birth, sponsor's social security number, and patient's family member prefix code.

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2. <u>Patient Medical Record Management.</u>

Involves all the processes and procedures necessary for the administrative management of all types of patient medical records. These medical records are:

a. Outpatient medical record (including military health record).

b. Inpatient Chart.

c. Inpatient Ward Working File.

d. Clinical Record.

e. Radiology Image Packets and Sub-Image Packets.

f. Dental Record.

It is concerned with the activities associated with timely and accurate creation, location, monitoring, and retirement of the paper record.

3. <u>Outpatient Medical Record Finalization.</u>

Is concerned with the monitoring and accomplishment of all activities associated with the "finalization" of all paper and ADP records for all outpatients who have had an encounter at the Medical Treatment Facility. These activities include:

a. Updating of registration data contained in the Patient Directory to conform to the contents of the encounter form or an annotated registration document.

4. Inpatient Preadmission/Admission

Includes the administrative processes necessary to admit or preadmit an inpatient (including newborn) to the MTF. Admission will normally be accomplished at the Central A&D Office (PASC), however, this process can be accomplished by PAD personnel in a decentralized mode on the ward as necessary. The following procedures may be accomplished or initiated as a part of this process:

a. Determination of Eligibility for Treatment

b. Automatic generation of register number which is episode-unique

c. Activation of the patient's ADP record, if applicable

d. Production of patient ID products to include: wrist bands, bed cards, Medical Inpatient Treatment Recording Cards (MITRC), room name cards, labels for various administrative and clinical files, and Clinical Record Cover Sheet (CRCS) - work copy

e. Initiation of various forms required as a result of inpatient treatment

f. Insure that an admission diagnosis/problem is obtained

g. Initiation of the various administrative processes associated with the patient's condition at time of admission as necessary

h. Assistance in ward assignment and update of ward/bed availabilities.

i. Notification of appropriate individuals or MTF locations

5. Inpatient Administrative Data Acquisition

Consists of two major areas of inpatient administration. These are the maintenance of the assigned location within the MTF of all inpatients and the maintenance of accurate administrative data pertaining to those inpatients.

a. The following activities impact upon the Patient Location Process:

1) Assignment to a Ward/Room/Bed

2) Inter/Intra Ward Transfer

3) Change of Status (In/Out) - military patient only

b. The following are examples of patient administrative data:

1) Primary Care Provider

2) Primary Health Care Delivery Team

3) Clinical Service

4) Diagnosis(es)

5) Patient Category

6. Inpatient Disposition

Consists of three sub-functions: projected dispostion, predisposition, and final disposition.

a. The projected dispostion process applies ony to active duty military patients. It consists of establishing a projected date (month and year), type and "PULHES" profile by the physician for the patient. As a result of the establishment of these items, it is possible for PAD in conjunction with other MTF Sections to begin in

the following processing (if applicable):

1) Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) Processing

2) Assignment/Attachment to the MTF

3) Acquiring of Military Personnel Records

4) Reassignment Orders, Transportation

b. The predisposition process applies to all inpatients. It provides initiation, management, and monitoring of those actions necessary for the final dispostion of the patient from the MTF. The physician provides the expected date of disposition, usually 2-3 days in advance, depending on MTF policy. This allows other MTF activities to be accomplished prior to actual disposition and results in the reduction of the length of stay.

c. The inpatient final disposition process involves the administrative procedures involved with officially dispositioning a patient from an MTF. These procedures include a series of checks to insure that all pending administrative action requiring the patient's retention in the MTF's jurisdiction have been completed and that a care provider has authorized the termination of inpatient care.

7. Inpatient Medical Record Finalization

Is concerned with the monitoring and accomplishment of all activities associated with the "finalization" of all paper and ADP computer records for all inpatients dispositioned from the Medical Treatment Facility. These activities include:

a. Assembly of the Medical Record

b. Typing of Narrative Summary and Operation Reports

c. Individual Patient Data System (IPDS) Data Extract, Coding, and Analysis

d. CRCS Production

e. Record Closeout and Final Review

f. Filing in MTF Record Library for Subsequent Committee Review and Reference by others

8. Medical Evaluation Board (MEB) Management

Is concerned with the identification and subsequent monitoring of those patients who are required to have a Medical Evaluation Board. Once a patient is identified as an MEB case, a physician will convene the board and dictate the proceedings. PAD is responsible for monitoring the progress of the steps in the process including some or all of the following (depending on the case):

a. Personnel Record Abstract Ordered and Received

b. MEB Scheduled

c. MEB Held

d. MEB Draft Dictation Process

e. MEB Final Dictation Process

f. MEB Completed

g. MEB to Military Personnel or Physical Evaluation Board (PEB)

h. Returned from PEB

9. <u>Medical Services Account (MSA) Support</u>

Applies to the identification and subsequent maintenance of all pay and reimbursable accounts, generates initial billing and follow-up billing, and furnishes reports required for MSA management in the oupatient/inpatient environment.

An automated bill (MSA-Invoice and Receipt) will be produced on demand at the MSA terminal in order that a pay patient may have the option of paying his current bill while still being treated at the facility or at time of disposition. All other pay patients may be billed through the mail, depending on MTF policy.

Periodic transfer of delinquent accuonts receivable to the servicing Finance and Accounting Office (FAO) will be automatically completed based on an internal suspense system which will also produce follow-up billing. Transfer of accounts to FAO will be made when the account has been determined to be uncollectable (by MTF and/or Military Service policy).

10. <u>Casualty Section Support</u>

Provides the capability to administratively process and manage all inpatients who are classified as seriously ill (SI), very seriously ill (VSI), or special category (SC), and death cases. PAD's official notification of a patient's classification as SI, VSI, or SC or a death originates with a physician. Upon receipt of official notification, PAD will make proper notification to other functional area personnel, produce casualty reports as required by regulation update the appropriate data base elements and maintain a suspense file to monitor casualty processing.

11. <u>Line of Duty (LOD) and Third Party Liability (TPL) Support</u>

   a.   Line of Duty

   Applies to active duty military inpatients and outpatients.
It involves the administrative processing, requisite identification, and
distribution required to Unit Commanders of personnel who have been
treated at an MTF for an injured condition or certain specified disease
conditions.   Identification is made at the time of admission (for in-
patients) and at outpatient medical record finalization.

   b.   Third Party Liability

   Applies to all inpatients and outpatients.   It is concerned
with the identification of those patients (of any category) treated for
an injury in which the government may recover from third parties the
reasonable cost associated with the care rendered.   Identification is
made at the same time as Line of Duty.   PAD reviews the circumstances
surrounding the case and forwards information on potential cases to the
JAG Office for determination.   PAD is also responsible for preparing
forms containing cost of treatment in those cases in which costs are
determined by JAG to be recoverable.

<u>EXPECTED BENEFITS</u> include:

   1.   Improved local control and responsiveness

   2.   Improved patient accounting

   3.   Improved patient and professional satisfaction

   4.   Improved documentation of patient episode/encounter

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5. Improved maintenance of the medical data base and health care plan.

6. Improved monitoring of all actions (and each step of each action) leading toward final disposition of a patient.

7. Improved medical record control.

8. Improved utilization of PAD resources.

9. Improved report generation.

INTERFACES

To perform the above processes and accomplish the basic objectives, the Patient Administration Division must interface with the following internal and external sources:

1. Internal (Post, Camp or Station) Interfaces

    a. The Patient and Family

    b. Hospital Commander and AOD

    c. Chief, Professional Services

    d. Information Desk

    e. Chaplain

    f. Red Cross

    g. Department/Services

    h. Post Judge Advocate Genera's Office (JAG)

    i. Post Inspector General's Office (IG)

    j. Military Patient Personnel

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p. Finance and Accounting

q. Provost Marshall

r. Post Locator Service

s. Medical Holding Company Detachment

t. Patient's Unit/Commander

2. External Interfaces

a. The White House, Department of State, Department of Defense, and Congress (Professional/Medical Inquiries)

b. CHAMPUS Information

c. ASMRO (Air Evacuation)

d. National Personnel Record Center

e. Higher Medical Commands and The Surgeon General's Office

f. DA Personnel (Adjutant General's Office (AG))

g. DA Casualty Division

h. Veterans Administration (VA)

i. Bureau of Vital Statistics

j. Department of Epidemiological Services, Bureau of Disease Control, the Communicable Disease Center, WRAIR, and AFIP

k. Joint Commission on Accreditation of Hospitals (JCAH)

l. The Local Coroner

m. Outlying Clinics

SUBSYSTEM INTERFACES

There are major interfaces to all other TRIMIS subsystems (except logistics) particularly including the two-way transfer of patient registration (Directory) data. Specifically included are Wards and Clinics (W/C), Patient Appointments (PAS), Dental, Food Service (FS), and various ancillary services.

AMENABILITY TO ADP SUPPORT

The eventual goal is that PAD be an automated system with significant on-line interactive computer support. However, in these flowcharts, the processing is presented only in terms of procedures. Because of this technology-independent approach, the system and the charts are not in any way tied to the use of a computer or any other technology, thus enhancing their usefulness. In fact, if workload and resources allow, any or all features of PAD may be implemented manually by simply following the flowcharts.

CONDITION–ACTION
DIAGRAM
INTERPRETATION
GUIDE

ACTION

When an action circle is encountered, the specified action, procedure, function, or process is to be performed as noted. An action is performed and never has a truth (true or false) value.

CONDITION

When a condition box is encountered, the specified condition is to be evaluated. If it holds true or succeeds, the following blocks on the diagram are to be executed. If the condition does not hold, then flow along this path of the diagram stops. The flow may, as appropriate, either be permanently blocked or may merely wait at the box pending the successful evaluation of the condition at some later time. A condition always has a truth (true or false) value.
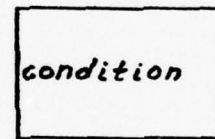
FLOWLINES

Flow proceeds through the diagram along the flowlines. When a flowline splits into multiple lines, all the lines must be followed (perhaps at once). If only one is intended, condition boxes will be used to select the proper line. When flowlines join or reconsolidate into a single line, that line is to be followed regardless of the number of joining lines that were active. Thus there is no waiting at a junction. Control, execution, or interpretation of the diagram is shown by solid flowlines. Data and information, is usually assumed to accompany control, but where necessary for clarity, it is shown, regardless of media, by dashed lines.

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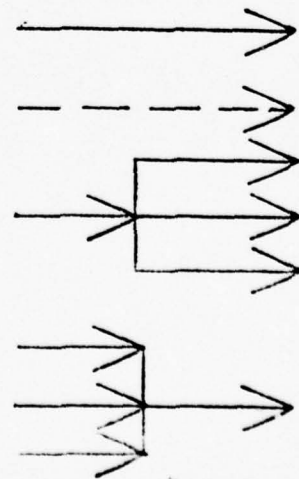
NOTE

Clarifying notes, comments, remarks,
and other annotation, including references
to additional documentation, are enclosed
in dashed note boxes and are connected to
the annotated structure by dashed lines.
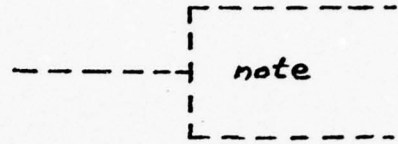
STORAGE

A triangular storage block indicates
storage of information or data regardless
of the medium of storage. Thus, only
dashed data flow lines, not solid control
lines, will connect to storage blocks.

DOCUMENT

A document symbol represents infor-
mation or data, regardless of media (it
may or may not physically reside on a
document). It is used only for clarity,
as information such as that contained
in the "document" is assumed to always
be present along with the control flow.
Like the storage symbol, only dashed
data lines may connect to a document
symbol.
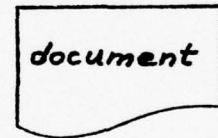
CONNECTOR

A connector circle specifies that the
flow continues on another page. An out-
connector contains a number, which is the
sheet number at which the flow is con-
tinued, and a letter, which specifies
which in-connector on that sheet is being
referenced. The in-connector contains
the matching number-letter code. Adjacent
to the connectors is a notation as to the
sheet and process to or from which the
connectors refer.
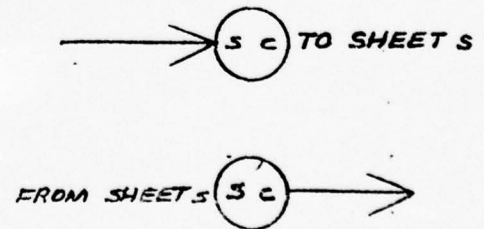
PROCESS

A striped process circle indicates
a process to be performed. It is
analagous to a high-level or meta-
action. The process referenced will be
diagrammed in its own set of condition-
action flowcharts which are included in
the same packet of flowcharts for
reference. After the process is
performed, flow resumes.

TERMINATOR

The oblong terminator symbol indicates
that the current process or sub-process
is complete. Normally, upon completion
of a process, control returns to the
process which invoked it, and resumes
where it left off in that process.
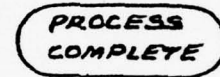
CONDITION-ACTION
EXAMPLES

Perform Action A first, then in sequence, perform B.
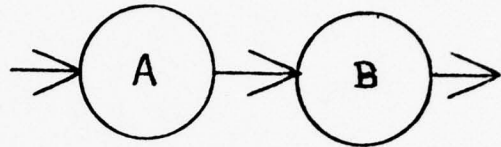
If condition P holds true, then perform Action A. If P does not hold, do not perform A.
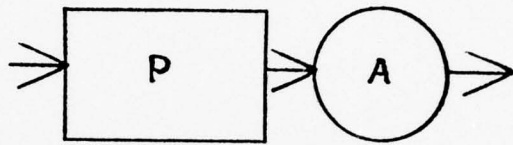
If both condition P and condition Q hold true, then perform A. If either one does not hold, then do not perform A.
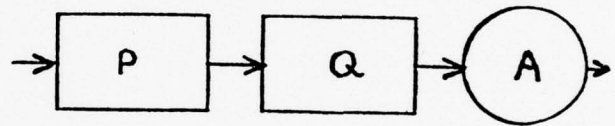
Same function and same net results as above, but evaluated in a different sequence.
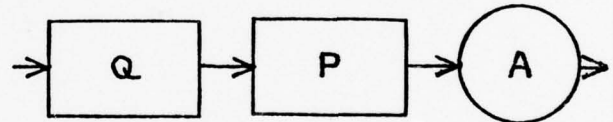
If either condition P holds true, or if condition Q holds true (or both), then perform A. If neither holds true, then do not perform A.
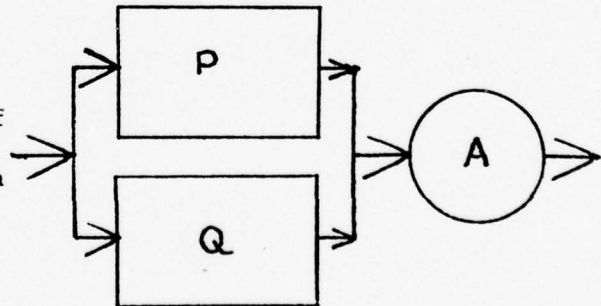
If condition P holds true, then perform Action A but not B. If P does not hold, then perform B but not A. In any case, when done, perform C.

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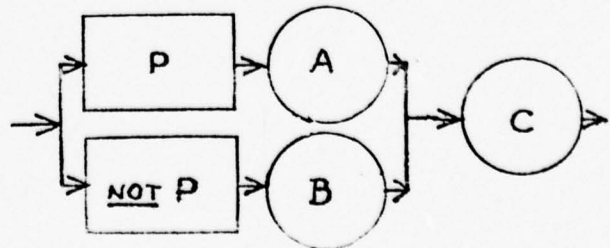
First perform Action C. Then: If
condition P holds true, then perform
Action A. If condition Q holds true,
then perform action B. Note that both
P and Q may hold, in which case both
A and B will be performed.
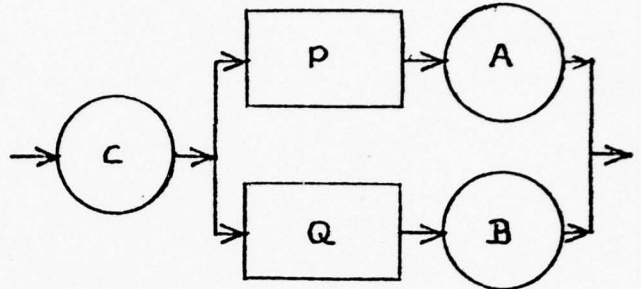
First perform Action A, then (in all
cases) perform Action B. Additionally,
if condition P holds true, then perform
Action C (perhaps at the same time as
Action B).
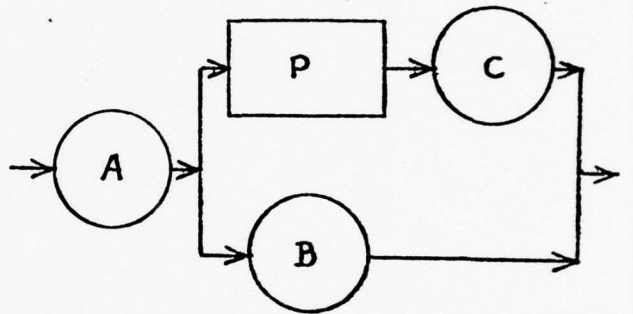
Perform Action A utilizing information
contained on the document B which was
retrieved from the file C.
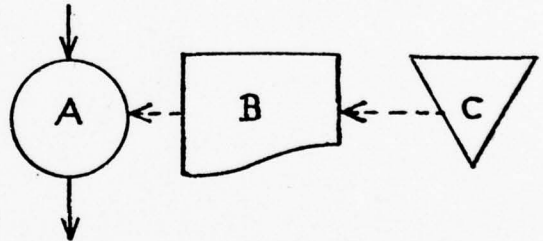
First perform Action A. Then perform
process B, which is itself flowcharted
elsewhere in this set of charts. After
B is completed, return to here and
perform Action C.

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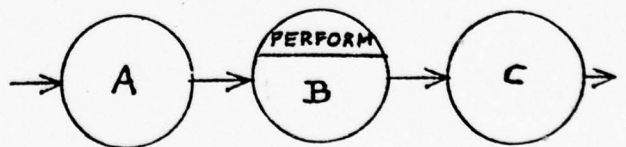
ABBREVIATIONS USED IN PAD CHARTS

A&D	Admissions and Dispositions Section
acct	account
acknowl	acknowledge
adm	admission; administration
admin	administration
admis	admission
ADP	Automatic Data Processing (computers)
AFB	Air Force Base
AFIP	Armed Forces Institute of Pathology
AG	Adjutant General
AIREVAC	Air Evacuation
AM	morning (Latin "ante meridiem")
amt	amount
AOD	Administrative Officer of the Day
approp	appropriate; appropriation
ASMRO	Armed Services Medical Regulating Office
att	attendant
auditg	auditing
bal	balance
balancg	balancing
BAMC	Brooke Army Medical Center
C/A	Collection/Audit
cdr	commander
cert	certificate

ch	chief
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
chf	chief
chg	change
cite	*citation; cite*
CO	Commanding Officer
collec	collect; collection
CONUS	Continental United States (the 48 contiguous states)
coord	coordinate
copter	helicopter
corr	correspond; correspondence
CP	Care Provider (physician, nurse, dentist, etc.)
CRCS	Clinical Record Cover Sheet
ΔT	time elapses; elapsed time ("delta tee")
$'s	money
DA	Department of the Army
detach	detachment
doc	document
docu	document
DoD	Deparment of Defense
emerg	emergent; emergency
EPTS	Existing Prior to (military) Service
ETA	Estimated Time of Arrival
ETD	*Estimated Time of Departure*
ETS	Expiration of Term of (military) Service
evac	evacuation

F&A	Finance and Accounting
FAO	Finance and Accounting Office
FS	Food Service
HDQS	headquarters
heli	helicopter
helipad	helicopter landing pad
hist	history
hosp	hospital
HQS	headquarters
HSC	US Army Health Services Command
ID	identification
idx	index
in proc	in-processing
info	information
INPT	inpatient
inv	inventory
inv'ory	inventory
inven	inventory
IPDS	Individual Patient Data System
JAG	Judge Advocate General
JCAH	Joint commission on Accreditation of Hospitals
John Doe	(temporarily) unidentified patient
legit	legitimite
LOD	Line of Duty
log	log; record on a log
LOG	Logistics

MEB	Medical Evaluation Board
med	medical
MEDEVAC	Medical Evacuation
Med Hold	Medical Holding Detachment
MHD	Medical Holding Detachment
mil	military
MITRC	Medical Inpatient Treatment Recording Cart
MRT	Medical Record Technician
MSA	Medical Service Accounts
MTF	Medical Treatment Facility (hospital, medical center, dispensary, health clinic, etc.)
MTRC	Medical Treatment Recording Card
nec	necessary
NOK	Next of Kin
nom	nominal
nom idx	nominal index (index by name of patients)
notif	notify; notificatin
NS OP	Narrative Summary Operation
O/P	outpatient
off	office
ok	okay
OR	Operating Room
orig	original
OTSG	US Army Office of the Surgeon General
PAD	Patient Administration; Patient Administration Division of an MTF; TRIMIS Patient Administratin Subsystem

partial	partial; partially
PAS	Patient Appointments System
PASC	Patient Administration Service Center
PCS	Permanent Change of Station
PEB	Physical Evaluation Board
PEBLO	PEB Liaison Officer
per	personnel
pers	personnel
PIO	Public Information Office
pnt	patient
pre/ad-mission	pre-admission or admission
prep	prepare
prev	previous
PRN	as needed; as required (Latin "pro re nata")
prob	problem
proc	process; processing
prod	product; produce
prof	professional
prop	property
Pt	patient
PTF	Patient Trust Fund
PTID	Patient Identification
ptn	patient
pub	public
PULHES	physical profile code

recvg	receiving
refer'd	referred
regis't	registered
rep	representative
TRIMIS	Tri-Service Medical Information System
	(the project, the organization, or the ADP system)
VA	Veterans Administration
vals	valuables
VIP	Very Important Person
VSI	Very Seriously Ill
w/	with
w/draw	withdraw
W/C	Wards and Clinics
w/in	within
WRAIR	Walter Reed Army Institute of Research
WRAMC	Walter Reed Army Medical Center

PATIENT ADMINISTRATION
ABSENT SICK PROCESS
SHEET 1 OF 3 5 JAN 1976
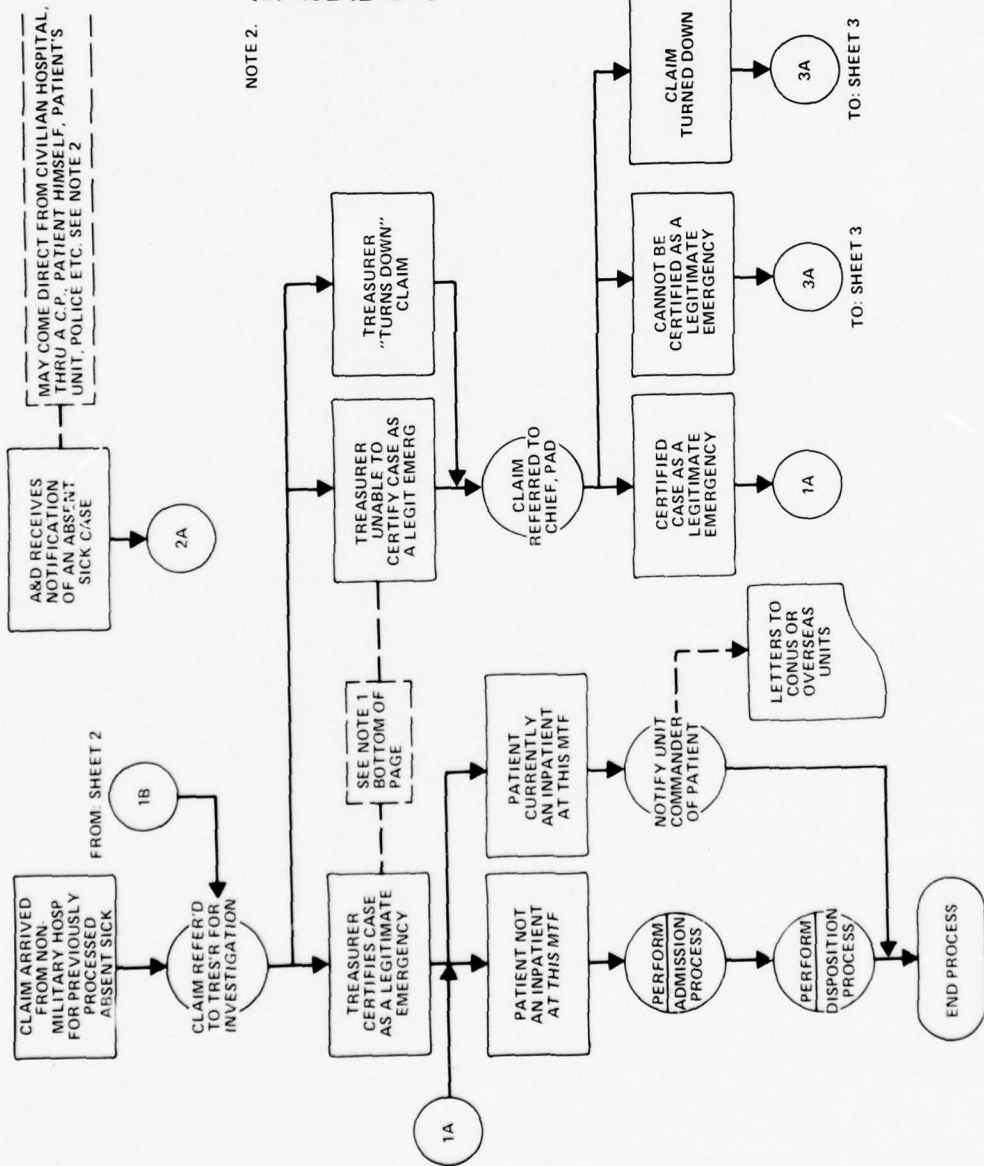
NOTE 2. ABSENT SICK: ANY ACTIVE DUTY MEMBER, REGARDLESS OF SERVICE, WHO IS HOSPITALIZED IN AN EMERGENCY CONDITION, AT A CIVILIAN HOSPITAL W/IN A DESIGNATED GEOGRAPHIC AREA FOR WHICH THE LOCAL MTF IS RESPONSIBLE OR AN ACTIVE DUTY ARMY MEMBER WHO IS AN INPATIENT OF AN MTF WHO BECOMES HOSPITALIZED IN AN EMERGENCY CONDITION AT A CIVILIAN HOSPITAL W/IN THE DESIGNATED GEOGRAPHIC REGION OR ANY MILITARY HOSPITAL IN CONUS

NOTE 1. ABSENT SICK HOSPITALIZATION IS LEGITIMATE ONLY FOR AN ACTIVE DUTY WHO WAS ADMITTED FOR AN EMERGENCY SICKNESS OR INJURY. IN CASES WHERE DOUBT EXISTS AS TO THE EMERGENCY NATURE OF THE ADMISSION, SUCH DOUBT WILL BE RESOLVED JOINTLY BY THE CHIEF, PAD & STAFF PHYSICIANS IF POSSIBLE OR REFERRED TO HIGHER HEADQUARTERS FOR SOLUTION

2 5

PATIENT ADMINISTRATION
ABSENT SICK PROCESS
SHEET 2 OF 3   5 JAN 1976

2 6

PATIENT ADMINISTRATION
ABSENT SICK PROCESS
SHEET 3 OF 3 5 JAN 1976

NOTIFICATION OF PATIENT'S DEATH

4A TO: SHEET 4

RETURN RECEIPT ARRIVES FROM OTHER MTF OR NEXT OF KIN

GET ACCOUNT FROM FILES

PTF FILE

TRANSFER ACCOUNT TO HISTORY FILE

HISTORY FILE

END PROCESS

PATIENT WANTS TO MAKE WITHDRAWAL

4A TO: SHEET 4

PATIENT HAS VALUABLES BUT IS INCOMPETENT

3B TO: SHEET 3

MAIL DEPOSIT ARRIVES FROM ANOTHER MTF

SIGN RETURN RECEIPT

SEND RECEIPT TO OTHER MTF

1C

RETURN RECEIPT

PATIENT DOESN'T HAVE VALUABLES TO DEPOSIT IN PTF

PT SIGNS COLLEC/ AUDIT FORM '0' INVENTORY

END PROCESS

COLLECTION/ AUDIT FORM

PATIENT HAS VALUABLES BUT DOES NOT WISH TO UTILIZE PTF

3A TO: SHEET 3

PATIENT WANTS TO MAKE DEPOSIT

1B

PT PHYSICALLY INCAPABLE OF DETERMINING PTF UTILIZATION

AFTER DUTY HOURS

AOD GOES TO PATIENT

AOD INVENTORIES VALUABLES

INVENTORY ANNOTATED ON C/A FORM

PTF COLLECTION/ AUDIT FORM

PATIENT ACKNOWLEDGES INVENTORY & SIGNS FORM

AOD SECURES VALUABLES & FORM IN A&D SAFE

2B TO: SHEET 2

1A

PATIENT HAS VALUABLES & WILL DEPOSIT IN PATIENT TRUST FUND (PTF)

NORMAL DUTY HOURS

AMBULANT PATIENT

PATIENT GOES TO PTF CLERK

LITTER PATIENT

PTF CLERK GOES TO PATIENT

1C

PTF CLERK INVENTORIES VALUABLES

INVENTORY ANNOTATED ON C/A FORM

PTF COLLECTION/ AUDIT FORM

IF PATIENT IS INCAPABLE OF SIGNING, BOTH AN OFFICER & A WITNESS WILL SIGN FORM

PATIENT ACKNOWLEDGES INVENTORY & SIGNS FORM

2A TO: SHEET 2

28

PATIENT ADMINISTRATION
PATIENT TRUST FUND PROCESS
SHEET 2 OF 5 2 JAN 1976

Flowchart elements:

3D

WITHDRAWAL REQUEST NOT BY LEGAL GUARDIAN → NO PROPER POWER OF ATTORNEY → WITHDRAWAL DENIED → END PROCESS

WITHDRAWAL REQUEST BY LEGAL GUARDIAN → 3G

POWER OF ATTORNEY GRANTED REQUESTOR BEFORE INCOMPETENCE RULING → WITHDRAWAL APPROVED → 4A
TO: SHEET 4

3G

REGISTERED MAIL

RECEIPT OF REGISTERED MAIL FROM POST OFFICE → PTF FILES

3C → FORWARD VALS/S'S TO HOSP DIR. BY REG MAIL → REQUEST POSTAL RECEIPT FROM NEXT FACILITY → END PROCESS

PTF COLLECTION/AUDIT FORM

MENTAL INCOMPETENT DETERMINATION FORM

FROM: SHEET 1

3B → MENTAL INCOMPETENT DETERMINATION EXISTS

AFTER DUTY HOURS → AOD INVENTORIES VALUABLES → INV'ORY ANNOT'D ON C/A FORM, AOD SIGNS → WITNESS ACKNOWLS INVENTORY & SIGNS FORM → AOD SECURES VALUABLES IN A&D SAFE TIL NEXT DAY → 2D
TO: SHEET 2

NORMAL DUTY HOURS → PTF CLERK COLLECTS & INVENTORIES VALUABLES → PTF TRANSFERS VALUABLES TO PTF SAFE & CASH DRAWER → PTF FILES

3E

FROM: SHEET 2

PTF MARKS ACCT FROZEN

FROM: SHEET 4

3F → WITHDRAWAL REQUEST FOR FROZEN ACCOUNT

WITHDRAWAL DURING INPATIENT STAY → 3D

TRANSFER PATIENT → 3C

FROM: SHEET 1

3A → PATIENT URGED TO UTILIZE PTF → PATIENT CONTINUES TO REJECT PTF UTILIZATION → PT SIGNS C/A FORM ZERO INVENTORY → END PROCESS

PTF FILES

PATIENT DECIDES TO UTILIZE PTF → 1A
TO: SHEET 1

30

PATIENT ADMINISTRATION
PATIENT TRUST FUND PROCESS
SHEET 4 OF 5   2 JAN 1976

4A   FROM: SHEETS 1 & 3

PARTIAL WITHDRAWAL

COMPLETE WITHDRAWAL

UNAPPROVED REQUEST FOR WITHDRAWAL FROM FROZEN ACCOUNT

MENTAL INCOMPETENT PATIENT'S ACCOUNT

3F   TO: SHEET 3

5A   TO: SHEET 5

4D

BUNDLE PROPERTY & VALUABLES

MAIL BUNDLE TO NOK BY REGIS'D MAIL

RETURN RECEIPT REQUESTED

RECEIPT OF REGISTERED MAIL FROM POST OFFICE

PTF FILES

END PROCESS

4C

FILE FORM IN HISTORY FILE

HISTORY FILE

END PROCESS

NOK NOT HERE

CHECK W/CASUALTY REGARDING NOK

CASUALTY NOTIFIES NOK OF VALUABLES IN PTF

Δt

NOK WILL NOT BE HERE

4B

PTF NOTIFIED BY CASUALTY

WRITE PTF CHECK FOR AMT OF CASH ON DEPOSIT

PTF FILES

4D

WITHDRAWAL DUE TO DEATH

CASUALTY NOTIFIES PTF

NEXT OF KIN (NOK) HERE

4B

1C

RETRIEVE PROP FROM BAGGAGE ROOM

TO BAGGAGE ROOM CHECKOUT PROCESS SHEET 1

INVEN VALUABLES USING ORIG C/A FORM

W/DRAW $'S FROM PTF CASH DRAWER AS NOTED IN ACCT BAL ON PTF FORM

BAGGAGE & VALS TAKEN TO NOK IN CASUALTY OFF

NOK SIGNS PTF FORM AS RECV'G VALUABLES

4C

CASUALTY CLERK PERFORMS THESE FUNCTIONS

PTF COLLECTION/AUDIT FORM

3 1

DAILY PROCESS

ADMISSIONS & DISPOSITION SHEET

RECONCILE ALL ADMISSIONS WITH PTF FORMS

PTF COLLECTION/ AUDIT FORM

ADMISSION WITH NO PTF FORM

ADMISSION WITH PTF FORM

REFER TO ADMISSIONS & DISPOSITIONS & RESOLVE

PTF COLLECTION/ AUDIT FORM

RECONCILE ALL OF PTF FORM W/ CASH DRAWER

END PROCESS

5B

NOTIFY PATIENT TO COME TO PTF

PATIENT ARRIVES AT PTF

5C

ORIGINAL WAS NOT PREPARED BY THIS MTF

CONTACT PTF AT OTHER MTF

NOT RESOLVED

5D

RESOLVED

REQUEST MAIL TO THIS MTF

Δt

MAIL ARRIVES

5B

REGISTERED MAIL

FROM: SHEET 4

5A

REVIEW PTF FILE FOR ORIG PTF FORM

PTF FILES

NO ORIGINAL ON FILE

ORIGINAL FROM THIS MEDICAL TREATMENT FACILITY (MTF)

PATIENT MAY FILE CLAIM WITH GOVT IF NOT RESOLVED

REFER TO CHIEF OF PAD

END PROCESS

5D

ORIGINAL ON FILE

CHECK PATIENT ID

5C

ENTER TRANSAC ON FORM & SECURE PT'S SIGN

GIVE PATIENT REQUESTED AMOUNT

GIVE COPY OF FORM TO PATIENT

PTF COLLECTION/ AUDIT FORM

PTF FILE

PATIENT IS STILL AN IN PATIENT

PATIENT DISPOSITIONED

TRANSFER ACCOUNT TO HISTORY FILE

HISTORY FILE

END PROCESS

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Pages 33 through 35 intentionally left blank.

Pages 33 through 35 intentionally left blank.

FROM: WARD/CLINIC,PAD

1F → A&D OFFICE NOTIFIED OF PATIENT ARRIVAL ON WARD-PT NOT FORMALLY ADMITTED → PAD GATHERS DATA BY PHONE

ADMISSION FORM

PATIENT TO BE ADMITTED NOW → INITIATE A NEW ADMISSION → GO TO WARD TO COLLECT INFO WHEN NEC → 1A

PATIENT PRE-ADMITTED ALREADY → PULL SUSPENSE FOLDER

PRE-ADMISSION SUSPENSE FOLDER

PATIENT'S ELIGIBILITY NEEDS CHECKED → CHECK PATIENT'S ELIGIBILITY STATUS → 2A

TO: SHEET 2

1B

FROM: WARD/CLINIC

1E → ADMISSION FORM ARRIVES IN A&D W/OUT PATIENT OR AGENT

PATIENT OR AGENT MAY ALREADY BE AT A&D

1A

PROCESS AS POSSIBLE FROM FORM

FROM: SHEET 7

1C → CREATE SUSPENSE FOLDER

PATIENT HAS AN ADMISSION FORM AT THIS POINT THE ADMISSION ORDER IS PART OF ADM FORM

PATIENT'S ELIGIBILITY ALREADY RESOLVED → PATIENT REGISTRATION CHECKED TODAY → 2F

PATIENT SUSPENSE FOLDER

PATIENT NOT FORMALLY PRE-ADMITTED PREVIOUSLY → 1A

PRE-ADMISSION SUSPENSE FOLDER

PATIENT REGISTRATION NOT CHECKED TODAY → 2D

A&D ALREADY HAS ADMISSION ORDERS

PATIENT FORMALLY PRE-ADMITTED ALREADY → PULL SUSPENSE FOLDER → 1B

FROM: WARD/CLINIC

1D → PATIENT OR AGENT ARRIVES AT A&D FOR PRE/ADMISSION → PATIENT/AGENT CHECKED FOR ADM ORDER

A&D = ADMISSIONS & DISPOSITION SECTION

PRE/ADMISSION = PREADMISSION OR ADMISSION

PATIENT HAS ADMISSION ORDER → 1A

CP WANTS PATIENT SENT BACK TO HIM/HER → END PROCESS

PATIENT DOES NOT HAVE ADMISSION ORDER → DETERMINE & CONTACT CARE PROVIDER (CP) → CP WILL SEND ADMISSION ORDER → Δ t → ADMISSION ORDER ARRIVES IN A&D → 1A

3 6

FROM: SHEET 1 & 7

2A

APPROVED BENEFICIARY

EMERGENCY ADMISSION (ALREADY ON WARD)

QUESTIONABLE STATUS

CHECK W/CP AS TO IMMEDIACY

CARE PROVIDER (CP) SAYS TO ADMIT

2B

CP SAYS TO DO FORMAL INVESTIGATION AND DELAY ADMISSION

CP SAYS PATIENT IS TO RETURN TO SEE HIM/HER FOR FURTHER DECISION

PATIENT DECLARED ELIGIBLE

PATIENT NOT PHYSICALLY PRESENT

PATIENT OR AGENT PHYSICALLY PRESENT

PATIENT OR AGENT PHYSICALLY AT A&D

NOTIFY PATIENT OF PROBLEM

PT TOLD TO CONTACT CHF PAD

PT/AGENT & CHF OF PAD TRY TO RESOLVE

SEND PATIENT BACK TO CP

END PROCESS

2D

PERFORM REGISTRATION PROCESS

FROM: SHEET 1

UPDATE NOMINAL INDEX

FROM SHEET 1

2F

RESOLVED & ELIGIBLE

RESOLVED & NOT ELIGIBLE

UNRESOLVED

2C

REFERRED TO HIGHER HQS & RESOLVE

2C

2E

2D

PREADMISSION PROCESSING

4A

TO: SHEET 4

ADMISSION TODAY

3A

TO: SHEET 3

NOMINAL INDEX

2E

RETURN ADM FORM TO CP PROPERLY ANNOTATED

PURGE SUSPENSE FILE FOLDER

PLACE SUSP FOLDER CONTENTS IN O/P REC

END PROCESS

PRE-ADM SUSPENSE FOLDER

OUTPATIENT RECORD

3 7

PATIENT ADMINISTRATION
PRE/ADMISSION PROCESS
SHEET 3 OF 8 2 JAN 1976

4B

GET ADDRESS OF UNIT COMMANDER

PREP ADM NOTIF TO COMMANDER AS REQD

NOTIFICATION OF ACTIVE DUTY PATIENT ADMISSION

MAY BE REQUIRED AS A RESULT OF TREATMENT

NO MEB WILL BE REQUIRED AT THIS TIME

PATIENT HAS ORDERS WHICH REQUIRE MEB

MEB = MEDICAL EVALUATION BOARD

NOTIFY MEB SECTION

ONE COPY OF ORDERS TO MEB SECTION

PULL COPY OF ORDER FOR A&D PT FILE

PATIENT FILE (A&D)

5A

TO: SHEET 5

FROM: SHEETS 2, 3 & 7

4A

A REGISTER NUMBER WILL BE ASSIGNED TO EACH ADMISSION & THERE WILL BE AN OPTION TO GIVE A REGISTER NUMBER TO PRE ADMISSIONS DEPENDING ON POLICY

NEED TO ASSIGN REGISTER NUMBER

REGISTER NUMBER WILL NOT BE ASSIGNED AT THIS TIME

REGISTER NUMBER ALREADY ASSIGNED

ASSIGN & LOG NEXT SEQUENTIAL NUMBER

INPATIENT REGISTER LOG

ADMISSION PRODUCTS WILL VARY WITH MTF'S BUT MAY INCLUDE:
• MITRC
• ADMISSION SUSPENSE FOLDER
• WARD WORKING FOLDER
• WRIST BAND
• BED CARD
• STANDARD SET OF WORK-UP FORMS
• PATIENT CONTROL DOCUMENTS

CREATE ADMIS PRODS AS REQUIRED

PT ACTIVE DUTY MILITARY MEB & MED HOLD PROCESSING ALREADY COMPLETE

PATIENT NOT ACTIVE DUTY MILITARY

5A

TO: SHEET 5

PATIENT ACTIVE DUTY MILITARY

PATIENT TO BE ASSIGNED TO MED HOLD DETACHMENT (MHD)

ORDERS WILL HAVE BEEN ISSUED

PATIENT WILL BE ATTACHED TO MED HOLD DETACHMENT

NOTIFY MHD DETACHMENT

1 COPY OF ORDERS TO MHD

4B

3 9

PATIENT ADMINISTRATION
PRE/ADMISSION PROCESS
SHEET 5 OF 8 2 JAN 1976

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PATIENT ADMINISTRATION
PRE/ADMISSION PROCESS
SHEET 6 OF 8 2 JAN 1976

FROM: SHEETS 5 & 7

ESCORTS WILL NORMALLY BE PROVIDED TO ALL ADMITTEES SUBJECT TO AVAILABILITY AND MTF POLICY

WARD MAY BE ASSIGNED BY ADMITTING CARE PROVIDER, NURSING SERVICE, PROFESSIONAL STAFF, OR PAD DEPENDING ON LOCAL POLICY

TO: FOOD SERVICE SUBSYSTEM
CLINICAL SUPPORT
INPATIENT STATUS
NOTIFICATION PROCESS
SHEET 1

TO: INFORMATION DESK PROCESS SHEET

ESCORT NOT NEEDED

PATIENT PRESENT & REQUIRES ESCORT

NOTIFY ESCORT SERVICE OR WARD

NOTIFY WARD OF PATIENT ADMISSION

EMERGENCY ELIGIBILITY STATUS GRANTED

NOTIFY CHIEF OF PAD

NOTIFICATION TO CHAPLIN — OTHER BY MTF POLICY

NOTIFS EXTERNAL TO PAD

1B

7A
TO SHEET 7

6B

INCLUDES ALL DOCUMENTS ROUTINELY IMPRINTED AT A&D AND THE WARD

PTF COLLECTION/ AUDIT FORM

REGISTRATION COMPLETED TODAY

PATIENT NOT REGISTERED YET AS PART OF ADMISSION

PERFORM PATIENT TRUST FUND DEPOSIT

PERFORM REGISTRATION PROCESS

CREATE ADMISSION PRODUCTS AS REQD

REVIEW ADM ACTIVITIES & DOCUMENTS

ACTIVITY(IES) OR FORM(S) INCOMPLETE

ALL COMPLETED

6A

6D
FROM: SHEET 7

6C
FROM: SHEET 7

7B TO: SHEET 7

6B

FROM: SHEET 6

PATIENT REGISTRATION NOT CHECKED TODAY

6D TO: SHEET 6

REGISTER NUMBER NOT YET ASSIGNED

4A TO: SHEET 4

PATIENT TRUST FUND ACTIVITY NOT COMPLETE

6A TO: SHEET 6

ELIGIBILITY NOT CHECKED

REVIEW ELIGIBILITY

2A TO: SHEET 2

7B

NEED SUSPENSE FOLDER CREATED

1C TO: SHEET 1

NEED OTHER ADMISSION PRODUCTS

6C TO: SHEET 6

ADMINISTRATIVE SUSPENSE FOLDER

PLACE A&D FORMS IN SUSPENSE FOLDER

Δt

PLACE ORIG IN ACTIVE FILE

ACTIVE FILE

A&D FORMS (COPIES)

COPIES TO WARD

1Y

TO: INPATIENT MEDICAL RECORD FINALIZATION PROCESS SHEET 1

PLACE COPY OF ADMISSION DOCUMENT IN HOLD FILE

A&D HOLD

TO: WARD/CLINIC PROCESS

FROM: SHEET 6

7A

WARD FOLDER

PLACE WARD FORMS IN WARD FOLDER

PATIENT AMBULATORY, ALREADY ON WARD, OR ESCORT HAS ARRIVED

PATIENT NEEDS TO WAIT FOR ESCORT

Δt

ESCORT ARRIVES

PATIENT LEAVES FOR WARD

TO: WARD/CLINIC PROCESS

42

DAILY PROCESS

PRE-ADMISSION SUSPENSE FILE

PURGE SUSPENSE FILE

THE NAMES OF ALL PATIENTS WHO WERE NOT ADMITTED ON THE DATE THEY SHOULD HAVE BEEN ARE ANNOTATED AND REMOVED FROM FILE FOR FOLLOW-UP

NOTIFY WARD

NOTIFY PATIENT IF POSSIBLE

NOTIFY CARE PROVIDER

END PROCESS

PATIENT ADMINISTRATION
MSA PATIENT ACCOUNTS RECEIVABLE
SHEET 1 OF 9   2 JAN 1976

MSA RECEIVES NOTICE OF SPECIAL CHARGE → 6A — TO: SHEET 6

MSA RECEIVES NOTIFICATION OF ENCOUNTER FORM FOR POSSIBLE PAY PATIENT → 5A — TO: SHEET 5

MSA RECEIVES NOTICE OF A PATIENT'S CHANGE OF STATUS → TO: SHEET 4

MSA RECEIVES NOTICE OF DISPOSITION → 4A — TO: SHEET 4

MSA RECEIVES A&D SHEET FOR PREVIOUS DAY → 3A — TO: SHEET 3

PAYMENT RECEIVED FOR A PATIENT'S BILL → 2A — TO: SHEET 2

PERSON ARRIVES TO PAY/PICK UP BILL → 2A — TO: SHEET 2

MSA RECEIVES NOTICE OF ADMISSION OF PAY PATIENT

MSA RECEIVES RATE CHANGE MESSAGE → UPDATE MSA RATE FILE → FILE NOTICE IN HISTORY FILE → END PROCESS

RATE CHANGE MESSAGE

MSA RATES FILE

MSA HISTORY FILE

MONTHLY REVIEW CYCLE → 8B — TO: SHEET 8

DAILY REVIEW CYCLE → 7A — TO: SHEET 7

CHECK FOR CURRENT ACCOUNT

PATIENT CHARGES FILE

CURRENT ACCOUNT FOUND

NO CURRENT ACCOUNT IN EXISTENCE

CURRENT ACCOUNT

CREATE CHARGE RECORD

CHARGE RECORD

PATIENT NOT SHOWN AS CURRENT INPATIENT

CHARGE RECORD SHOWS PATIENT AS ACTIVE INPATIENT → COORDINATE W/ A&D TO RESOLVE → Δt → RESOLVED

MARK THAT PT HAS BEEN ADMITTED → (RE)FILE CHARGE RECORD → END PROCESS

CHARGE RECORD

PATIENT CHARGES FILE

MSA JOURNAL

44

PATIENT ADMINISTRATION
MSA PATIENT ACCOUNTS RECEIVABLE
SHEET 2 OF 9 2 JAN 1976

45

FROM: SHEET 1

3A → REVIEW A&D SHEET ENTRIES IN TURN

A&D SHEET

ADMISSION ENTRY

PAY/REIMBURSABLE PATIENT

NOT A PAY/REIMBURSABLE PATIENT → 3A

REVIEW PATIENT CHARGES FOR ENTRY

PATIENT/CHARGES

ENTRY FOUND PATIENT ACCOUNT SHOWS ACTIVE INPATIENT → 3A

NO ENTRY FOUND → CREATE CHARGE ENTRY → ANNOTATE DATE/FACT OF ADMISSION → SHOWN AS ACTIVE INPATIENT → 3A

PATIENT NOT SHOWN AS ACTIVE INPATIENT

MSA JOURNAL

PATIENT/CHARGES

DISPOSITION ENTRY

PAY/REIMBURSABLE PATIENT

REVIEW PATIENT CHARGES FOR ENTRY

PATIENT CHARGES

ENTRY FOUND DISPOSITION ENTRY OK → 3A TO SHEET 3

3B

ANNOTATE DISPOSITION → 3A / 4C TO: SHEET 4

PATIENT SHOWN AS ACTIVE INPATIENT

NO ENTRY FOUND → CREATE CHARGE ENTRY → COORD W/ A&D FOR ADM & CHG OF STATUS INFO → RECORD CHARGE INFO → 3B

PATIENT/CHARGES

MSA JOURNAL

CHANGE OF STATUS ENTRY → 4D / 3A

NO MORE ENTRIES ON A&D SHEET → END PROCESS

46

47

FROM: SHEET 1

5B → MAIL BILL TO PATIENT TOMORROW → END PROCESS

PATIENT CATEGORY CANNOT BE IMMEDIATELY DETERMINED → RESOLVE CASE W/ CHIEF OF PAD → CATEGORY RESOLVED → PATIENT IS NON-PAY/ REIMBURSABLE → END PROCESS

PATIENT IS PAY/ REIMBURSABLE → 5C

PATIENT CHARGES

PATIENT IS REIMBURSABLE PATIENT → FILE NOTIF OF ENCOUNTER FORM FOR MONTHLY RECAP → END PROCESS

5C

PATIENT CHARGE ENTRY FOUND

MSA JOURNAL

PATIENT'S BILL

5A → REVIEW CATEGORY OF PT TO VERIFY PAY STATUS → PATIENT IS PAY PATIENT → PULL PATIENT CHARGE ENTRY → NO ENTRY FOUND → CREATE CHARGE ENTRY → RECORD APPLICABLE CHARGES → PREPARE INVOICE FOR PATIENT → NO ONE PICKS UP BILL THIS DAY → 5B

PATIENT CHARGES

PATIENT CHARGES

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PATIENT ADMINISTRATION
MSA PATIENT ACCOUNTS RECEIVABLE
SHEET 6 OF 9 2 JAN 1976

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PATIENT ADMINISTRATION
MSA ACCOUNTS RECEIVABLE
SHEET 7 OF 9 2 JAN 1976

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PATIENT ADMINISTRATION
MSA PATIENT ACCOUNTS RECEIVABLE
SHEET 8 OF 9 2 JAN 1976

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PATIENT ADMINISTRATION
MSA PATIENT ACCOUNTS RECEIVABLE
SHEET 9 OF 9 2 JAN 1976

ALL ACTIONS COMPLETE

END OF PROCESS

MORE ACTIONS NEEDED

1A

BURN CASE TO BAMC BURN CENTER

BURN CENTER HAS SPECIAL PLANE — SENDS TO PICK UP PATIENT

C.P. COORDINATES WITH BURN CENTER

ΔT

2B

TO SHEET 2

1A

C.P. ARRANGES FOR X-RAYS TO BE SENT WITH PATIENT

X-RAY FOLDER

C.P. FINALIZES CLINICAL RECORD AND NARRATIVE SUMMARY

PERFORM MEDICAL RECORD FINALIZATION (INP)

1A

ORDERS

ASMRO = ARMED SERVICES MEDICAL REGULATING OFFICE

CARE PROVIDER (CP) NOTIFIES PAD OF DECISION

PAD GATHERS REQUIRED INFORMATION

PATIENT BEING RETURNED TO OVERSEAS

CLEAR WITH OTSG

PATIENT AND/OR ESCORT HAS NO MED EVAC FILE

REQUEST ORDERS

REPORT TO ASMRO FOR REGULATING

2A

TO SHEET 2

PHYSICIAN DECIDES TO TRANSFER PATIENT TO ANOTHER MTF

FORM REQUESTING PATIENT TRANSFER OR EVAC TAG

EVACUATION WORKSHEETS

INCLUDES INFO ON PATIENT AND ANY ESCORTS. ALSO SPECIAL EQUIPMENT

PATIENT BEING RETURNED

MEDICAL ATTENDENT NEEDS ORDERS BUT NO CITE NUMBERS OTHERS REQUIRE NEITHER

MEDEVAC FILE

PATIENT AND/OR ESCORT HAS A MED EVAC FILE

PATIENT NEEDS ASMRO CITE

PATIENT AND/OR ESCORT NEEDS ORDERS

REPORT TO ASMRO FOR REGULATING

ARRANGE FOR ORDERS

ORDERS

53

FROM INPATIENT
MEDICAL RECORD FINALIZATION
SHEET 6

(2X) → FINALIZED RECORDS ARRIVE AT MEDEVAC → (PLACE IN FILE) → NARRATIVE SUMMARY, CLINICAL RECORDS, X-RAY FOLDER ETC

BMAC = BROOKE ARMY MEDICAL CENTER

(2A) → (PREPARE MANIFEST)

MED EVAC MANIFEST ON-LOAD

BAMC BURN CENTER PATIENT

GROUND/COPTER EVACS → (COORD. WITH LOCAL TRANSPORTATION UNIT)

AIR EVAC → (CALL AIR FORCE AND NOTIFY)

USE INFO ON EVAC WORKSHEET

(NOTIFY GAINING MTF & GIVE CITE)

CONUS ONLY

▽ MED EVAC OUT

(START FILE FOR PATIENT) → (ΔT)

FROM SHEET 1

(2B) → BAMC BURN TEAM ARRIVES AT LOCAL AFB

NOTIFICATION FROM LOCAL AFB OF NEXT DAYS SCHEDULE

GROUND/HELI TRANSPORT NOTIFIES OF SCHEDULE

▽ MED EVAC OUT

(CHECK ADMINISTRATIVE STATUS OF PATIENT FILE) → (3A)

54

FROM SHEET 2

3A

COMPLETE MANIFEST ON-LOAD

MANIFEST ON-LOAD (MEDEVAC)

DISTRI- BUTE MANIFEST

1. MOTOR POOL SECTION
2. AMBULANCE SECTION
3. WARDS CONCERNED

NOTIFY WARD PERSONNEL OF ETD OF AMBULANCE

ΔT

PATIENT AND ESCORT ARRIVE AT MEDEVAC SECTION

SHOULD BE ACCOMPLISHED AT LEAST 1/2 HOUR BEFORE ETD FOR AMBULANCE OR OTHER GROUND TRANSPORT

PATIENT PROCESSES THROUGH A&D AND CONTROL PNT.

PERFORM INPATIENT DISPOSITION

MED EVAC REVIEWS PAT- IENTS FORMS

MED EVAC OUT

THINGS PATIENT CARRIED— R, RECORDS, ETC

RESOLVE AS REQUIRED

PATIENT DEPARTS

END OF PROCESS

55

FROM WARD/CLINIC SHEET

RECORD ARRIVES FOR FINALIZATION

LOG RECORD IN

FINALIZATION LOG

1B

3B

TO SHEET 3

FROM ADMISSION PROCESS SHEET 7

1Y

ADMINISTRATIVE FOLDER ARRIVES FROM A&D

FROM DISPOSITION PROCESS SHEET 3

1X

COPY OF PATIENT'S DISCHARGE ARRIVES AT PAD

COPIES OF ADMINISTRATIVE ACTIONS ARRIVE AT PAD

FILE IN ADMINISTRATIVE SUSPENSE FILE

ADMINISTRATIVE SUSP.

3A

TO SHEET 3

FROM WARD/CLINIC AND SHEET 2

1A

RECORD FOR DEATH CASE ARRIVES AT CASUALTY SECTION

LOG RECORD IN

CASUALTY LOG

MARRY UP WITH OTHER DOCUMENTATION

DOCUMENTATION FOUND IN MORTALITY FILE

DOCUMENTATIONS NOT FOUND IN MORTALITY FILE

RESOLVE WITH WARD/CLINIC

REVIEW RECORD

AUTOPSY

NO AUTOPSY

CORONOR CASE

NOT CORONOR CASE

2A

TO SHEET 2

2B

TO SHEET 2

FROM SHEET 2

1C

LOG OUT RECORD

SEND RECORD TO FINALIZATION

1B

56

2C

FORWARD TO BUREAU OF VITAL STATISTICS

FILE COPY IN PATIENT RECORD

END OF PROCESS

MORTALITY HOLD

FROM SHEET 1

2B

2A

SPECIAL ORDER TO PATHOLOGY

LOG OUT RECORD TO PATHOLOGY

TRANSPORT RECORD TO PATHOLOGY

2D

SET SUSPENSE

CASUALTY LOG

SUSPENSE DATE

COORDI- NATE WITH PATHOLOGY

2D

RECORD AND AUTOPSY PROTOCOL BACK FROM PATHOLOGY

LOG IN

CASUALTY LOG

PERFORM CASUALTY PROCESS SHEET

EMPTY MOR- TALITY HOLD FILE

1C   TO SHEET 1

MORTALITY HOLD

SPECIAL CORONER REPORT ARRIVES

MARK DEATH CERTIFICATE "INTERIM"

COMPLETE DEATH CERTI- FICATE

OBTAIN PHYSICIAN SIGNATURE

2C

57

Top section (3D branch):

3D

PROBLEM SOLVED INTRA-PAD → DATA TO COMPLETE FINALIZATION ARRIVES → ADD TO PATIENT RECORD → 3E

RECORD MUST GO OUT OF PAD → LOG OUT → SEND RECORD TO CARE PROVIDER → ( )

FINALIZATION LOG

TO WARD/CLINIC SHEET

Middle section (3B branch):

3B

MORTALITY CASE NOT YET PROCESSED BY CASUALTY → LOG OUT → 1A

OTHER CASES → ESTABLISH FINALIZATION SUSPENSE (LOG) → 3A

FINALIZATION LOG

Lower section:

3C → SEND RECORD TO IPDS (LOG) → 4A

FINALIZATION LOG

FROM SHEET 1 AND THIS PAGE

3A → PULL SUSPENSE FILE CREATED AT ADMISSION → MERGE SUSPENSE FILE DOCUMENTS WITH RECORD → REFER RECORD TO RECORD FINALIZATION PROCESSING (LOG) → RECORD ARRIVES AT RECORD FINALIZATION PROCESSING STATION → REVIEW FOR ANY REQUIRED MISSING ITEMS

PATIENT/ADMINISTRATION SUSPENSE FILE

FINALIZATION LOG

3E

SOME REQUIREMENTS INCOMPLETE → CLERK REFERRS/ RESOLVES AS REQUIRED → 3D

ALL REQUIREMENTS COMPLETE → SEND RECORD TO FINALIZATION CONTROL → 3C

58

PATIENT ADMINISTRATION
INPATIENT MEDICAL RECORD FINALIZATION
SHEET 4 OF 6   23 DEC 75

FROM SHEET 4

5A

NARRATIVE SUMMARY AND/OR CRCS NEEDS TO BE TYPED OR SIGNED

NARRATIVE SUMMARY AND CLINICAL RECORD COVER SHEET OK

5C

PAD TYPING IS BACKUP FOR MEDICAL RECORD TECH. (MRT) ON WARD

SEND RECORD TO TYPING SECTION (LOG)

FINALIZATION LOG

RECORD ARRIVES AT TYPING SECTION

RECORD FINALIZATION DOCUMENTS TYPED

DOCUMENTS RETYPED

RECORD AND CORRECTION ARTICLE(S) FOR RETYPING

PHYSICIAN MAY COME TO TYPING SECTION TO SIGN

SEND TO PHYSICIAN FOR SIGNATURE

RECORD ARRIVES AT CARE PROVIDER LOCATION FOR SIGNATURE

CARE PROVIDER REVIEW FOR ACCURACY/ERRORS

5B

5B

INACCURACIES OR ERRORS

CARE PROVIDER ANNOTATES CORRECTIONS AND ERRORS

SEND RECORD BACK TO PAD FOR RETYPE

NO ERRORS OR INACCURACIES

RECORD SENT BACK TO TYPING WITH SIGNATURE

RECORD ARRIVES AT TYPING WITH SIGNATURE

RETURN RECORD TO FINALIZATION CONTROL

5C

RECORD SENT TO CHIEF OF PAD FOR SIGNATURE (LOG)

MAY BE DELEGATED TO AN ASSISTANT (FORMAL ORDERS REQUIRED)

FINALIZATION LOG

6A

TO SHEET 6

60

PATIENT ADMINISTRATION
INPATIENT MEDICAL
RECORD FINALIZATION
SHEET 6 OF 6   23 DEC 75

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RECORD REQUEST

SEARCH NOMINAL INDEX

NOMINAL INDEX

PATIENT APPOINTMENT SLIP FROM CLINIC/PAS
RECORD REQUEST FORM
INDIVIDUAL REQUESTING OWN RECORD
INDIVIDUAL REQUESTING FAMILY MEMBER RECORDS

NOMINAL INDEX CARD FOUND

NOMINAL INDEX CARD NOT FOUND

APPOINTMENT SLIP DID NOT INITIATE REQUEST

APPOINTMENT SLIP INITIATED REQUEST

PARTIAL REGISTER PATIENT
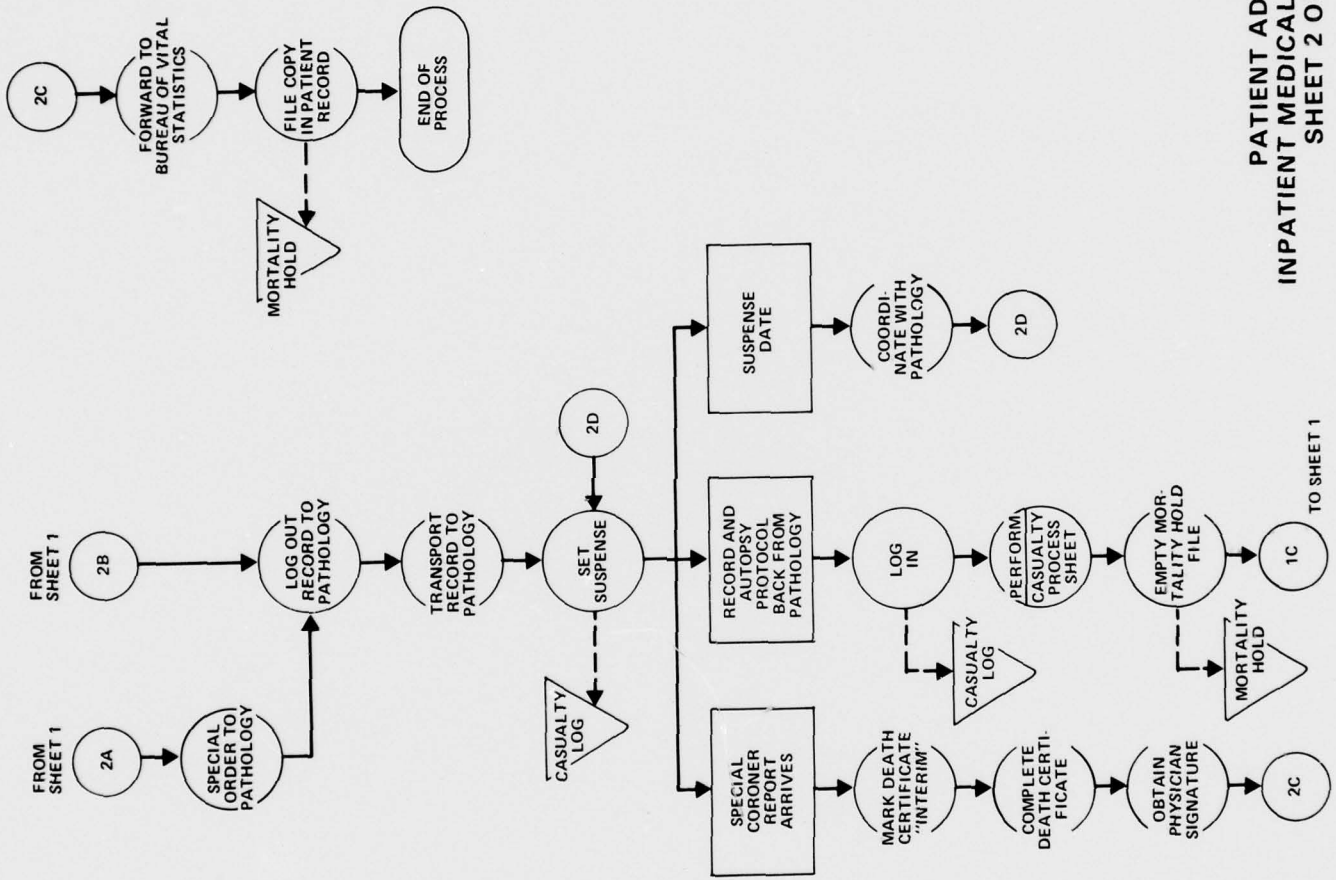
USE DATA ON APPOINTMENT SLIP. COMPLETE REGISTRATION WHEN PATIENT ARRIVES

SEARCH RECORD ROOM SHELVES FOR RECORD

RECORD NOT FOUND

5B

TO SHEET 5

SIGN-OUT FOUND

5A

TO SHEET 5

RECORD FOUND

2A

TO SHEET 2

PATIENT ADMINISTRATION
MEDICAL RECORD MANAGEMENT
RECORD RETRIEVAL PROCESS
SHEET 1 OF 6   23 DEC 75

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3C → GIVE RECORD TO PATIENT → PATIENT SIGNS FOR RECORD → (SIGN-OUT LOG)

→ OTHER → 4B (TO SHEET 4)

REQUESTOR IS ACTIVE DUTY MILITARY PCS OR ETS PROCESSOUT → SIGN OUT PROCESS FORM → END PROCESS

3B

OTHER → 4B (TO SHEET 4)

INDIVIDUAL IS ACTIVE DUTY MILITARY

3D — FROM SHEET 4

NON SPECIAL MEDICAL INTEREST OR COPY NOT NECESSARY

SPECIAL MEDICAL INTEREST OR COPY NECESSARY → MAKE DUPLICATE RECORD → FILE DUPLICATE RECORD

RECORD JACKET WILL BE VISUALLY IDENTIFIABLE

MAKE AND/OR ANNOTATE NOMINAL INDEX CARD → FILE/REFILE NOMINAL INDEX CARD → 3C

NOMINAL INDEX

3A → INSPECT RECORD FOR MTRC

MTRC NOT FOUND → PRODUCE MTRC → INSPECT MTRC IN JACKET

MTRC FOUND

A COPY OF REQUEST FORM WILL BE THE ROUTING SLIP IN THE SIGN-OUT. MULTI-REQUESTS FILED CHRONOLOGICALLY

PREPARE SIGN-OUT → PLACE SIGN-OUT IN RECORD LOCATION → TRANSPORT RECORD TO CLINIC OR REQUESTOR → END PROCESS

PATIENT ADMINISTRATION
MEDICAL RECORD MANAGEMENT
RECORD RETRIEVAL PROCESS
SHEET 3 OF 6   23 DEC 75

PATIENT ADMINISTRATION
MEDICAL RECORD MANAGEMENT
RECORD RETRIEVAL PROCESS
SHEET 4 OF 6   23 DEC 75

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PATIENT ADMINISTRATION
MEDICAL RECORD MANAGEMENT
RECORD RETRIEVAL PROCESS
SHEET 5 OF 6   23 DEC 75

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PATIENT ADMINISTRATION

MEDICAL RECORD MANAGEMENT RECORD RETRIEVAL PROCESS

SHEET 6 OF 6   23 DEC 75

DAILY

6A

REVIEW SUSPENSE FILE

SUSPENSE FILE

NUMBER OF DAYS SET BY POLICY

REQUEST ON FILE < ( ) DAYS

END PROCESS

REQUEST ON FILE > ( ) DAYS

INSPECT SHELVES

REQUEST RESOLVED

6B

DESTROY SUSPENSE COPY OF REQUEST

6A

REQUEST STILL PENDING

COORDINATE WITH HOLDER/ REQUESTOR

RECORD NOT SENT, REQUESTOR STILL NEEDS

HOLDER HAS SENT, REQUESTOR HAS NOT RECEIVED

FILE SUSPENSE COPY OF REQUEST AT BACK OF SUSPENSE FILE

SUSPENSE FILE

6A

REQUESTOR HAS RECORD OR NO LONGER NEEDS

6B

FROM WARD/CLINIC ORDER PROCESS SHEET 11

1X

CASUALTY SITUATION IDENTIFIED

PNTS ARRIVING IN A CASUALTY STATUS MUST HAVE STATUS CONFIRMED BY A LOCAL CARE PROVIDER

CHANGE OF CASUALTY STATUS

1. TO VSI OR SI
2. FROM SI TO VSI
3. FROM VSI TO SI
4. RECOVERED FROM VSI OR SI
5. TO DEATH
6. TO SPECIAL CATEGORY

1A

DEATH

WARD/CLINIC NOTIFIES CASUALTY CLERK BY PHONE

CLERK RECORDS PTID AND DATE-TIME IN LOG

CASUALTY LOG

INFORMATION WORK SHEET TO RECORD NOTIFICATIONS THAT DEATH HAS OCCURRED

CLERK INITIATES DEATH INFO SHEET

4A

TO SHEET 4

WARD PERSONNEL MAY MAKE NOTIFICATION

CP/AGENT FILLS OUT NOTIFICATION FORM

CP ATTEMPTS TO NOTIFY NOK

CP = CARE PROVIDER
NOK = NEXT OF KIN

NOTIFICATION OF VSI/SI FORM

CP ANNOTATES SUCCESS/FAILURE ON FORM

CP SENDS FORM TO PAD CASUALTY

FORM NOT COMPLETE

CONTACT WARD FOR MISSING INFO

1b

FORM COMPLETE

CLERK REVIEWS FORM FOR WARD NOTIFICATIONS MADE

2A

TO SHEET 2

VSI/SI SPECIAL CATEGORY CASUALTY STATUS

VSI = VERY SERIOUSLY ILL
SI = SERIOUSLY ILL

1A

CP/AGENT NOTIFIES CASUALTY CLERK BY PHONE

ADMINISTRATIVE OFFICER OF THE DAY MAKES EMERGENCY NOTIFICATION IN ABSENCE OF THE CASUALTY CLERK

CLERK RECORDS PTID, DATE AND TIME IN LOG

CASUALTY LOG

Δt

TIME LAPSE >30 MINUTES

CONTACT CP/WARD FOR NOTIFICATION FORM

NOTIFICATION OF VSI/SI ARRIVES

CLERK REVIEWS NOTIFICATION OF VSI/SI/

1b

68
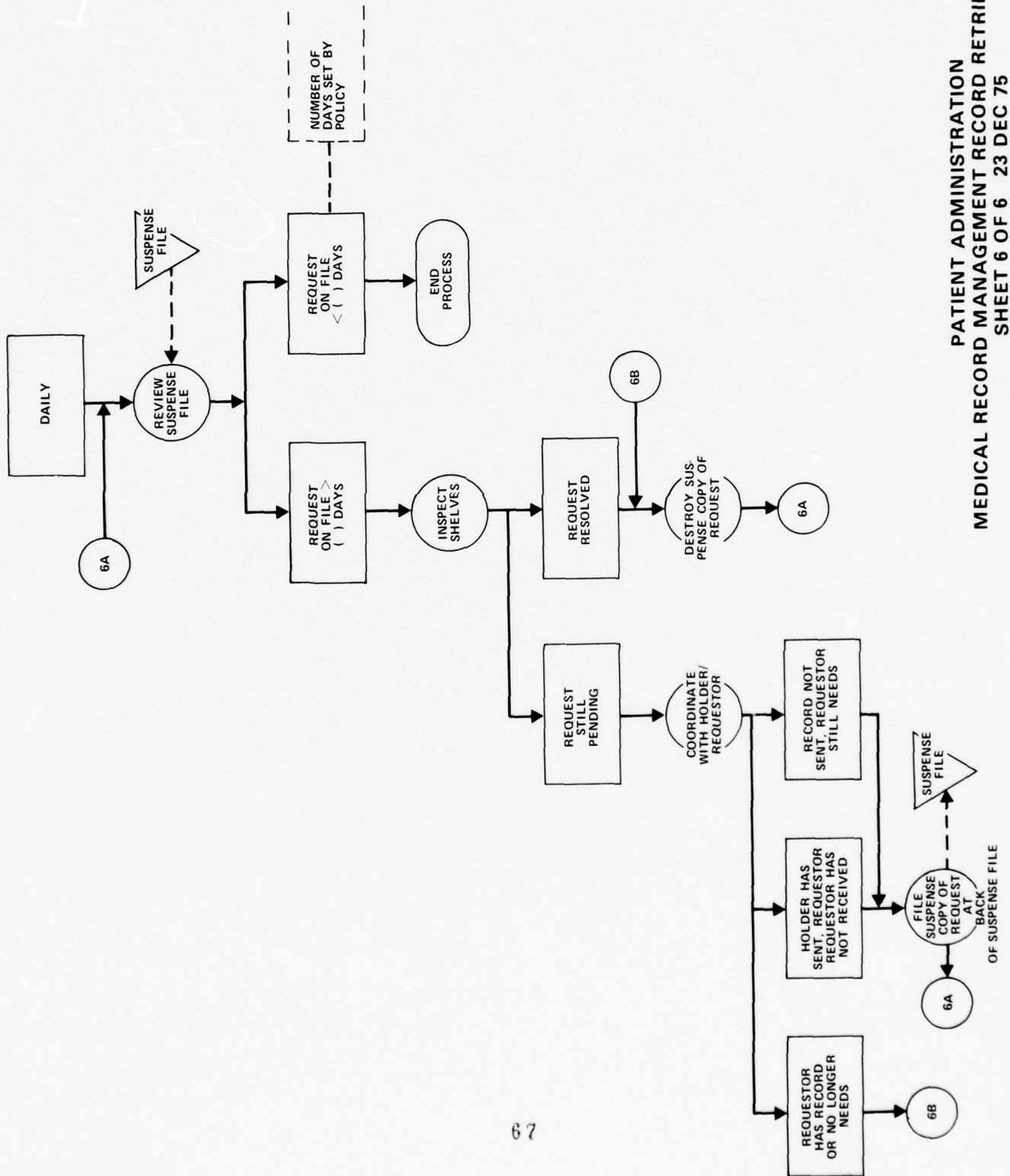
PATIENT ADMINISTRATION
CASUALTY PROCESS
SHEET 2 OF 7   16 DEC 75

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FROM SHEET 2 — 3C → CONTACT POLICE FOR ASSISTANCE

INFO AVAILABLE → 3A

INFO NOT AVAILABLE → NOTIFY ADJUTANT / REFER TO CHIEF OF PAD → 2B

FROM SHEET 2 — 3b → PREPARE ENTRY FOR VSI/SI ROSTER → SET UP RECURRING SUSPENSE → 2B (TO SHEET 2)

MAY ALSO BE A REMOVAL IF PNT NOW OUT OF VSI/SI

DEPENDING ON CASUALTY STATUS AND PATIENT, SUSPENSE VARIES FROM 1 TO 5 DAYS

VSI/SI LIST

CASUALTY SUSPENSE

FROM SHEET 2 — 3e → PATIENT IS ACTIVE DUTY, SPOUSE IS NOK / PATIENT IS DEPENDENT, NOK IS SPONSOR AND ACTIVE DUTY / PATIENT IS A CHILD, EITHER PARENT (NOK) IS ACTIVE DUTY / OTHER → NOTIFY RED CROSS OF SITUATION → 2B

NOTIFY APPROPRIATE SERVICE CASUALTY BRANCH

PNT OR NOK IS ACTIVE DUTY ARMY → SET UP 5 DAY SUSPENSE → 2B

MUST BE ACCOMPLISHED AT ≤ 4 HOURS

MAY ALSO BE A REMOVAL IF PNT NOW OUT OF VSI/SI

CASUALTY SUSPENSE

FROM SHEET 2 — 3A → COORDINATE WITH CARE PROVIDER FOR NOTIFICATION OF NOK → Δt → CP ABLE TO CONTACT NOK / CP UNABLE TO CONTACT NOK

CP UNABLE TO CONTACT NOK → CASUALTY CLERK ARRANGES FOR TELEGRAM → TELEGRAM

FROM SHEET 2 — 3d → CASUALTY CLERK ARRANGES FOR TELEGRAM

CP ABLE TO CONTACT NOK → ANNOTATE NOTIFICATION FORM → CASUALTY CLERK PREPARES FOLLOW-UP LETTER TO NOK → 2B

NOTIFICATION FORM

PATIENT ADMINISTRATION
CASUALTY PROCESS
SHEET 4 OF 7   16 DEC 75

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PATIENT ADMINISTRATION
CASUALTY PROCESS
SHEET 5 OF 7   16 DEC 75

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PATIENT ADMINISTRATION
CASUALTY PROCESS
SHEET 6 OF 7 16 DEC 75

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PATIENT ADMINISTRATION
CASUALTY PROCESS
SHEET 7 OF 7   16 DEC 75

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PATIENT ADMINSTRATION
LINE OF DUTY/THIRD PARTY LIABILITY
SHEET 1 OF 2   16 DEC 75

PATIENT ADMINISTRATION
LINE OF DUTY/THIRD PARTY LIABILITY
SHEET 2 OF 2   16 DEC 75

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FROM WARD/CLINIC
SHEET

LIVE BIRTH OCCURS IN HOSPITAL

DELIVERY ROOM NOTIFIES VITAL STATISTICS CLERK

VITAL STATISTICS CLERK GOES TO WARD

VITAL STATISTICS CLERK INTERVIEWS MOTHER

VITAL STATISITCS CLERK FILLS IN BIRTH REPORT

CLERK OBTAINS PHYSICIAN'S SIGNATURE
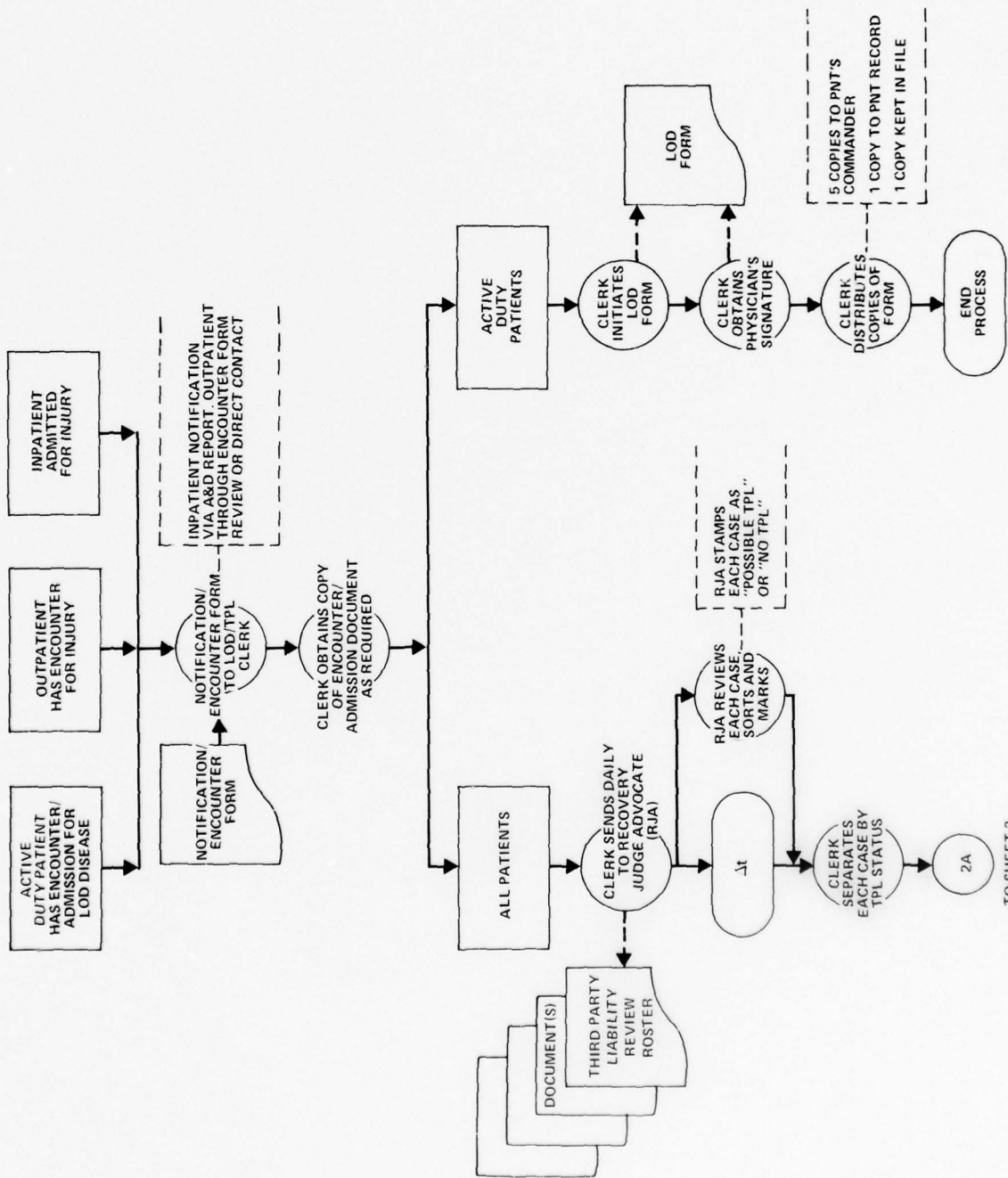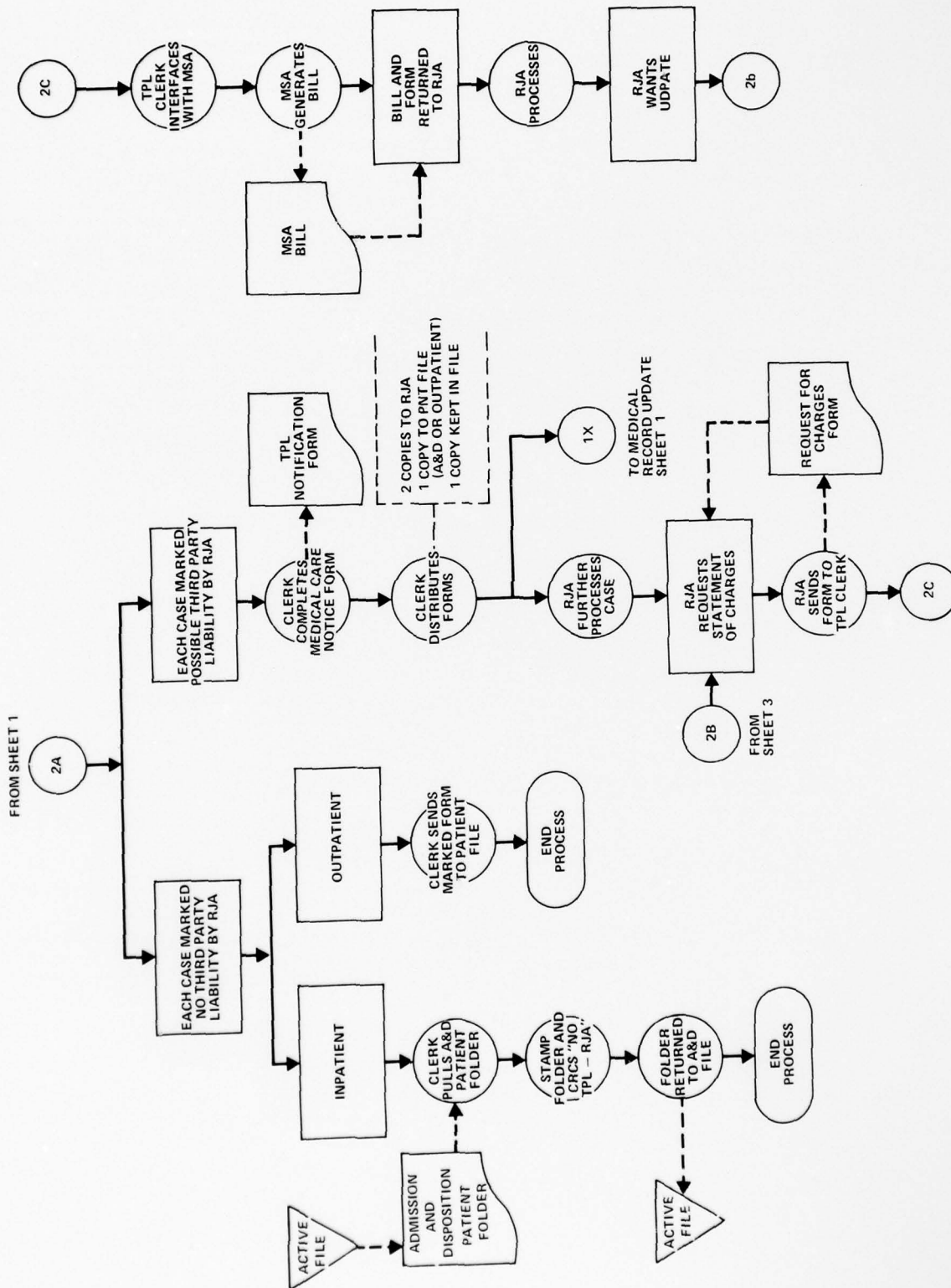
1A

BIRTH REPORT

VITAL STATISTICS CLERK NOTIFIES A&D OF BIRTH

VITAL STATISTICS CLERK INFORM INFORMATION DESK

VITAL STATISTICS CONFIRMATION RECEIVED

A&D ADMITS CHILD

1F

TO PAD
ADMISSION PROCESS
SHEET 1

CLERK CONFIRMS DETAILS TO A&D

CLERK ISSUES UNOFFICIAL BIRTH CERT.

UNOFFICIAL BIRTH CERTIFICATE

1A

CLERK REVIEWS FORM

BIRTH REPORT

CLERK SENDS FORM TO BUREAU VITAL STATISTICS

Δt

BUREAU VITAL STATISTICS SENDS OFFICIAL BIRTH CERTIFICATE TO PARENTS

OFFICIAL BIRTH CERTIFICATE

END PROCESS

LOCAL GOVERNMENT BUREAU OF VITAL STATISTICS

OFFICIAL BIRTH CERTIFICATE TO PARENTS

77

PATIENT ADMINISTRATION
CORRESPONDENCE SECTION
SHEET 1 OF 6   16 DEC 75

THE CORRESPONDENCE SECTION IS THE ONLY HOSPITAL AGENCY AUTHORIZED TO REPLY TO SUCH INQUIRIES, WITH THE EXCEPTION OF THE INSPECTOR GENERAL.

MAY BE INITIALLY RECEIVED ELSEWHERE AND SENT TO CORRESPONDENCE SECTION

THIRD PARTY INQUIRY FOR PATIENT SPECIFIC INFORMATION RECEIVED BY SECTION

HISTORY FILE

CORRESPONDENCE HOLD

REVIEW HOLD & HISTORY FILE

NO PREVIOUS CORRESPONDENCE

PREVIOUS CORRESPONDENCE

PULL & ADD TO INQUIRY PACKET

PAYMENT ACCOMPANIES

PREPARE MSA STATEMENT OF CHARGES

ALSO MARK AMOUNT PAID

SEND COPY OF STATEMENT TO MSA

PUT ORIGINAL STATEMENT WITH INQUIRY

CORR. HOLD

6A
TO MSA PROCESS SHEET 6

INQUIRY

SCREEN INQUIRY FOR LEGITIMACY

1. MIS-DIRECTED
2. NO AUTHORITY FOR RELEASE
3. INVALID RECIPIENT
4. INVALID REQUESTOR
5. DUPLICATE INQUIRY

NOT LEGITIMATE

LEGITIMATE

5A
TO SHEET 5

2A
TO SHEET 2

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PATIENT ADMINISTRATION
CORRESPONDENCE SECTION
SHEET 3 OF 6   16 DEC 75

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PATIENT ADMINISTRATION
CORRESPONDENCE SECTION
SHEET 4 OF 6   16 DEC 75

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82
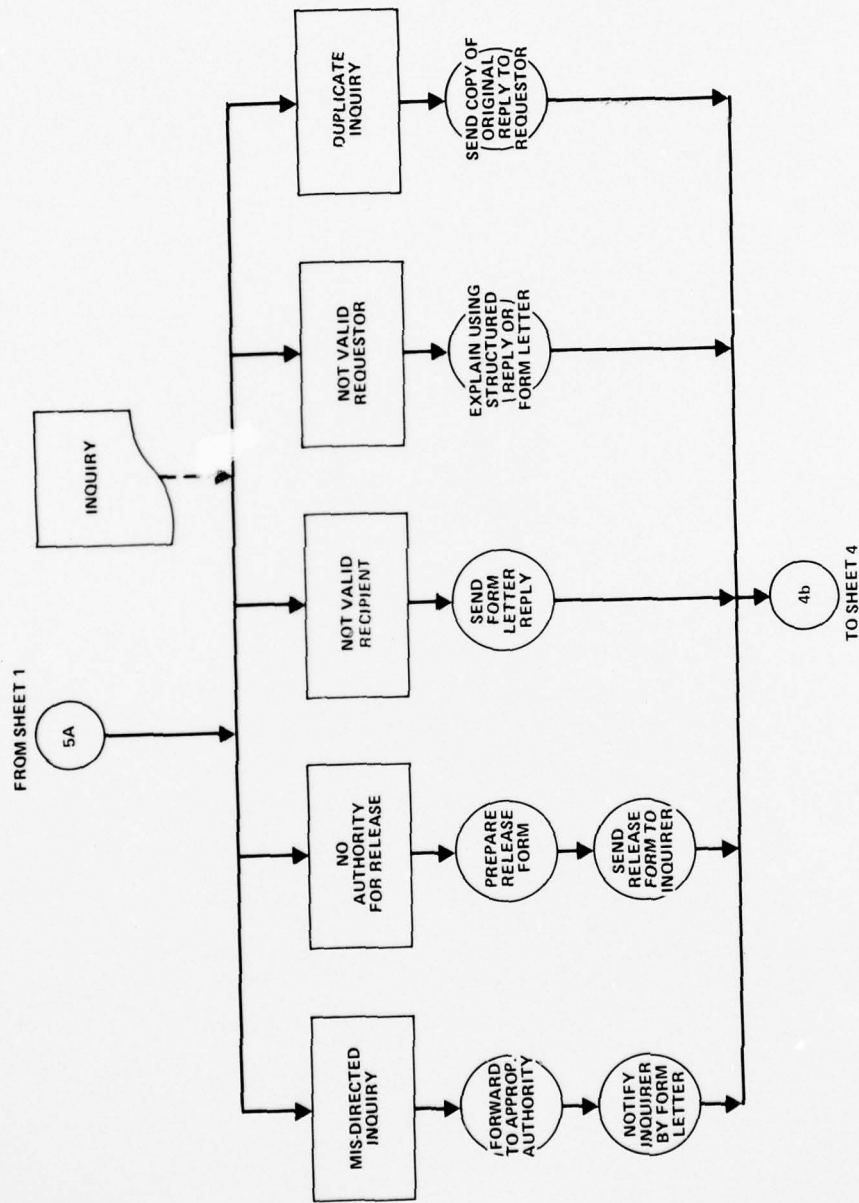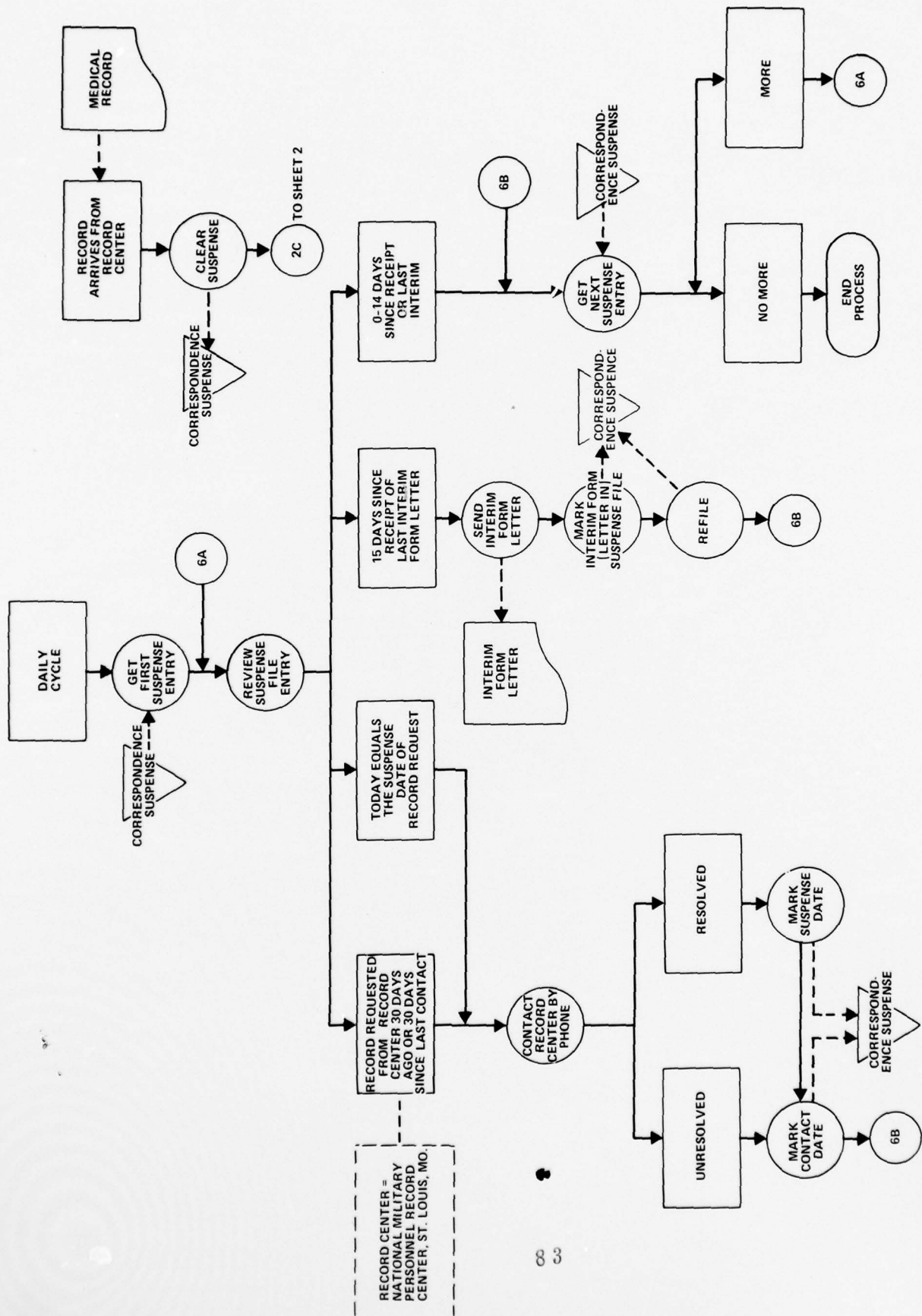
PATIENT ADMINISTRATION
CORRESPONDENCE SECTION
SHEET 6 OF 6   16 DEC 75

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PATIENT ADMINISTRATION
MEDICAL RECORD MANAGEMENT
RECORD UPDATE PROCESS
SHEET 1 OF 1   16 DEC 75

84

PATIENT ADMINISTRATION
MEDICAL RECORD MANAGEMENT
RECORD STORAGE PROCESS
SHEET 1 OF 2   16 DEC 75

8 5

PATIENT ADMINISTRATION
MEDICAL RECORD MANAGEMENT
RECORD STORAGE PROCESS
SHEET 2 OF 2   16 DEC 75

FROM SHEET 1

2A

SIGN OUT CARD

NO LOOSE ELEMENTS WITH SIGN-OUT

PATIENT RECORD

LOOSE ELEMENTS

LOOSE ELEMENTS WITH SIGN-OUT

UPDATE RECORD

NO ADDITIONAL RECORD REQUEST IN SIGN-OUT SUSPENSE POCKET

ADDITIONAL REQUEST IN SIGN-OUT SUSPENSE POCKET

DISCARD SIGN-OUT

DISCARD ORIGINAL ROUTING SLIP

2b

FROM SHEET 1

INSPECT PERMANENT FOLDER

PERFORM JACKET CONVERSION PROCESS

SEE SHEET 3
OUTPATIENT RECORD CREATION PROCESS

FILE RECORD ON SHELF

PATIENT RECORD

RECORD SHELF

END PROCESS

MOVE RECORD IN SUSPENSE POCKET TO ROUTING POCKET

IF MORE THAN ONE REQUEST PUT REQUESTS IN CHRONOLOGICAL ORDER

SEND RECORD TO REQUESTOR(S)

PATIENT RECORD

TO WARD/ CLINIC OR PAD PROCESS

86

PATIENT ADMINISTRATION
MEDICAL RECORD MANAGEMENT
OUTPATIENT RECORD CREATION
SHEET 2 OF 3   16 DEC 75

88

JACKET CONVERSION PROCESS

PATIENT PERMANENT FOLDER

3b

PERMANENT FOLDER IS IN NEW FORMAT

PERMANENT FOLDER NOT IN NEW FORMAT

REMAKE PERMANENT FOLDER

END PROCESS

FROM SHEET 2

3A

CREATE OUTPATIENT RECORD

OUTPATIENT RECORD

INSERT DOCUMENTS INTO RECORD

NO SIGN-OUT FOUND

SIGN-OUT FOUND

SIGN-OUT

PATIENT RECORD

FILE RECORD

END PROCESS

CONSOLIDATE LOOSE ELEMENTS

CHECK FOR PENDING REQUEST

RECORD REQUEST

NO PENDING REQUEST

PENDING REQUEST

UPDATE LOCATION IN SIGN-OUT

1b

PATIENT RECORD

FILE RECORD

END PROCESS

TO SHEET 1

S 9

PATIENT ADMINISTRATION
MEDICAL RECORD MANAGEMENT
INPATIENT RECORD CREATION
SHEET 1 OF 2   16 DEC 75

FROM SHEET 1

2A

FORWARD DUPLICATE INFORMATION TO PATIENTS WARD

FROM SHEET 1

2b

FILE ADMISSION SUSPENSE FOLDER IN ACTIVE FILE

END PROCESS

ADMISSION SUSPENSE FOLDER

ACTIVE PATIENT FILE

2C

LOG OUT (PREVIOUS RECORD TO WARD)

LOG OUT

PREPARE SIGN-OUT CARD

SIGN-OUT CARD

ARCHIVES (SHELVES)

FILE SIGN-OUT IN RECORD LOCATION

TRANSPORT RECORD

MEDICAL RECORD

2d

TO WARD/CLINIC PROCESS SHEET

91

PATIENT ADMINISTRATION
REGISTRATION PROCESS
SHEET 1 OF 4   15 JAN 76

92

PATIENT ADMINISTRATION
REGISTRATION PROCESS
SHEET 2 OF 4   15 JAN 76

93

PATIENT ADMINISTRATION
REGISTRATION PROCESS
SHEET 3 OF 4   15 JAN 76

94

PATIENT ADMINISTRATION
REGISTRATION PROCESS
SHEET 4 OF 4   15 JAN 76

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Top flow:

(1A) → (NOTIFY CARE PROVIDER)

→ [CONSIDERABLE TIME IS REQ'D TO MEET RELEASE REQ.] → (RETURN PATIENT TO WARD) → (END PROCESS)

→ [NEEDED ITEMS WILL BE AVAILABLE "SHORTLY"] → (ASK PATIENT TO WAIT) → [PATIENT MAY COMPLETE OTHER OUT PROCESSING] → (2B) TO SHEET 2

Bottom flow:

[ALL PATIENT DISPOSITION OUT PROCESSING WILL OCCUR AT ONE PHYSICAL POINT- THE PNT. ADMIN. SERVICES CENTER]

[PATIENT/AGENT ARRIVES FOR DISPOSITION]

[DISPOSITION NOTE
- MEB (SHORT)*
- MEB (LONG)
- PEB (IF LONG MEB)*
- PERSONNEL COUNSELING *
* IF REQUIRED]

[ITEMS REQUIRED FOR PATIENT'S RELEASE ARRIVE] → (CHECK FOR ALL CLINICAL ACTIONS DONE)

→ [PATIENT/AGENT PHYSICALLY PRESENT AT PASC] → (PULL A&D SUSPENSE FOLDER)

△ A&D SUSPENSE

→ [PATIENT NOT AT PATIENT ADMINISTRATION SERVICE CENTER (PASC)] → (FILE DOCUMENTS IN SUSPENSE FOLDER) → (END PROCESS)

(PULL A&D SUSPENSE FOLDER) → (FILE COPY OF DISPOSITION NOTE IN- O/P RECORD IF ON HAND)

→ ⬦ DISPOSITION NOTE → ⬦ OUTPATIENT RECORD

→ [SOME ITEMS REQUIRED FOR RELEASE OF PATIENT MISSING] → (1A)

→ [ALL CLINICAL REQUIREMENTS FOR PATIENT RELEASE DONE] → (2A) TO SHEET 2

PATIENT ADMINISTRATION
INPATIENT DISPOSITION
SHEET 2 OF 4   12 JAN 76

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PATIENT ADMINISTRATION
INPATIENT DISPOSITION
SHEET 3 OF 4   12 JAN 76

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PATIENT ADMINISTRATION
INPATIENT DISPOSITION
SHEET 4 OF 4 12 JAN 76

99

PATIENT ADMINISTRATION
MEB PROCESSING
SHEET 1 OF 4   13 JAN 76

PATIENT ADMINISTRATION
MEB PROCESS
SHEET 2 OF 4   13 JAN 76

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PATIENT ADMINISTRATION
MEB PROCESSING
SHEET 4 of 4   13 JAN 76

CHIEF, PAD RECEIVES TELEPHONIC INQUIRY FOR QUESTIONABLE ELIGIBLE PNT

PATIENT IS AMBULATORY CAN COME TO PAD → 1C

PNT NOT AMBULATORY PAD REPRESENTATIVE MUST GO TO PATIENT → REPRESENTATIVE INTERVIEWS PATIENT, RETURN TO CH, PAD → 1D

1B → OFFICE OF SEC. ARMY CONTACTED FOR DETERMINATION/DESIGNATION

PATIENT DECLARED ELIGIBLE → 2D — TO SHEET 2

PATIENT DECLARED INELIGIBLE → 3A — TO SHEET 3

ENCOUNTER FORM COPY

ENCOUNTER FORM FOR PATIENT WITH QUESTIONABLE ELIGIBILITY ARRIVES AT CHIEF, PAD

PATIENT ARRIVES AT OFFICE OF CHIEF OF PAD

CHIEF PAD OR DESIGNATED REPRESENTATIVE WILL REVIEW ALL QUESTIONS OF ELIGIBILITY

1C   1D

PATIENT WILL NOT HAVE BEEN SENT TO CH, PAD'S OFFICE – CARE PROVIDER WILL TREAT IMMEDIATELY WITHOUT ELIGIBILITY DETERMINATION

MEDICAL EMERGENCY → PATIENT DECLARED ELIGIBLE FOR IMMEDIATE CARE

PATIENT AT ADMIN AREA → CARE PROVIDER NOTIFIED TO COME TO AREA STAT → TO WARD/CLINICS PROCESS SHEET

CONTINUE REVIEW → 1A

ROUTINE TREATMENT → ANY AUTHORIZING DOCUMENTS REVIEWED → ANY PATIENT CLAIMS TO ELIGIBILITY REVIEWED → HSC CONTACTED FOR DETERMINATION → OTSG CONTACTED FOR DETERMINATION → ELIGIBILITY RESOLVED → 2A — TO SHEET 2

1A   1B

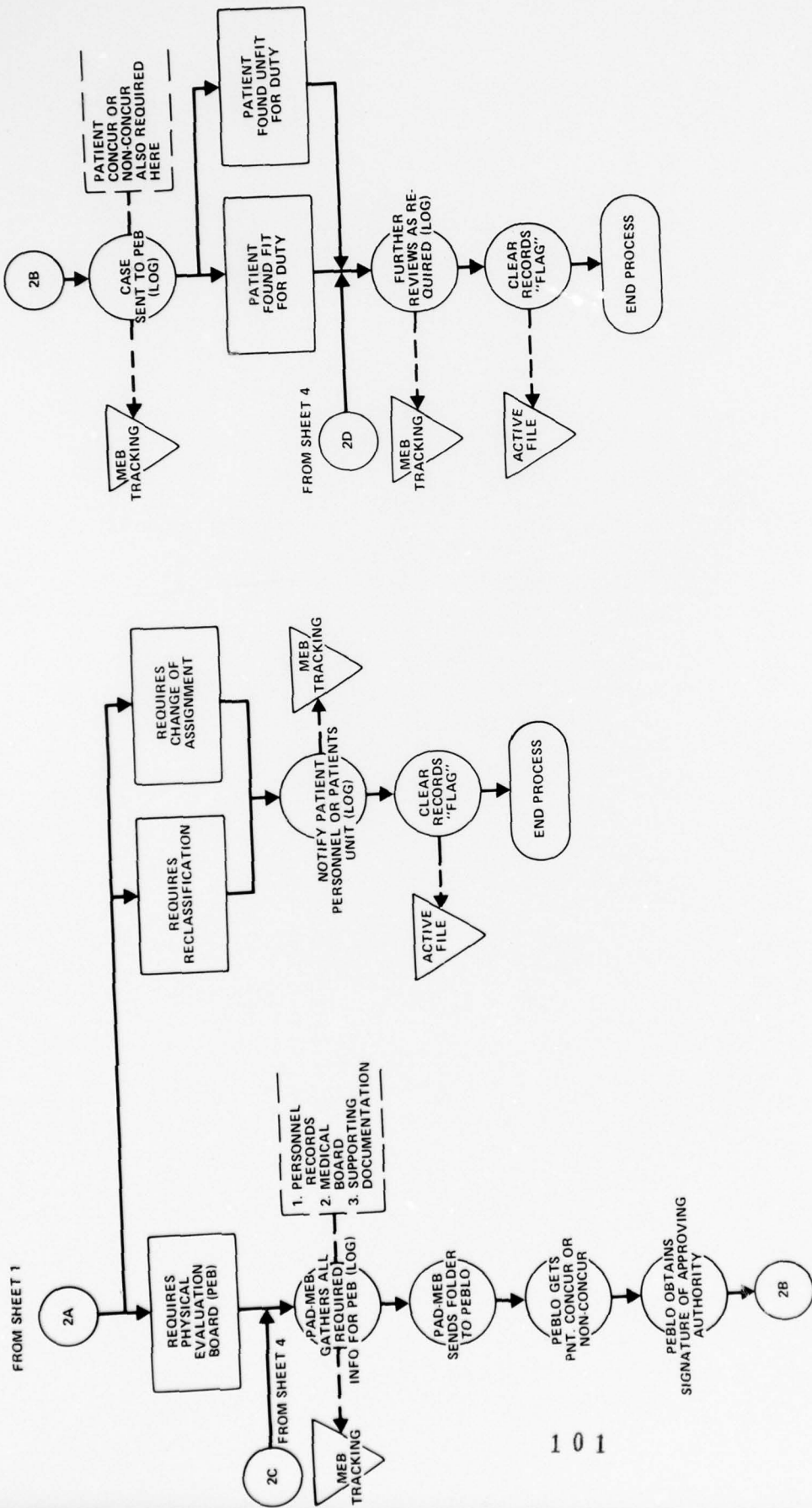NOTE – THIS PROCESS HANDLES ONLY PATIENTS WHOSE ELIGIBILITY CANNOT BE DETERMINED BY THE CLERK AT TIME OF REGISTRATION. THOSE WHO CLAIM TO BE ELIGIBLE AT THE TIME OF AN ENCOUNTER WILL BE REQUIRED TO SIGN AN ACCEPTANCE OF FINANCIAL RESPONSIBILITY WHICH WILL BE ATTACHED TO THE ENCOUNTER FORM IF THEIR CLAIM APPEARS VALID. OTHER PATIENTS WILL BE REFERRED TO OR REVIEWED WITH THE CHIEF, PAD THROUGH THIS PROCESS. ENCOUNTER FORMS FOR CLAIMANTS WILL BE SENT TO CHIEF, PAD FOR REVIEW.

PATIENT ADMINISTRATION
ELIGIBILITY PROCESS
SHEET 2 OF 3   15 JAN 76

FROM SHEET 1

2A

NOTIFY AIREVAC – OUT SECTION OF OUTBOUND MANIFESTS

INFO TYPED ON AIREVAC MANIFEST (OFF LOAD)

LOCAL FORM

MED EVAC SUSPENSE

MAKE AND DISTRIBUTE COPIES

1. AMBULANCE SECTION
2. INVOLVED HOSP. DEPARTMENTS
3. CASUALTY BRANCH (IF ANY SI/SI SPEC. CAT.)

NOTIFY MOTOR POOL OF FLIGHT TIMES AND LOAD

Δt

DEPARTMENTS REVIEW AND ASSIGN WARDS

UPDATE LOCAL FORM

TRANSFER WARD ASSIGNMENTS TO MASTER LIST

ALL DEPARTMENTS HAVE REPLIED

2B

2B

NOTIFY MOTOR POOL AND AMBULANCE SECTION OF ASSIGNMENT

SEND COPY OF FORM TO A&D

LOCAL FORM

REVIEW WARD ASSIGNMENTS WITH WARDS INVOLVED

1. CONFIRM BED AVAILABILITY
2. ALERT FOR ESCORT/ ATTENDANT REQUIRE- MENTS & ETA

DISAGREEMENTS ARE RESOLVED BETWEEN WARD AND HOSPITAL DEPARTMENT INVOLVED

SEND COPY OF FORM TO EMERGENCY ROOM

UPDATED LOCAL FORM

UPDATE SUSPENSE ENTRIES

MEDEVAC SUSPENSE

END PROCESS

118

PATIENT ADMINISTRATION
ELIGIBILITY PROCESS
SHEET 3 OF 3   15 JAN 76

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1B

STAMP COPY IN RECORD "DATA EXTRACTED"

ALL ENCOUNTERS IN RECORD MARKED "DATA EXTRACTED"

MORE ENCOUNTER TO EXTRACT/ CODE

1C

ALL PROBLEM(S) ON PROBLEM LIST CODED

PROBLEM LIST

ANY PROBLEM ON PROBLEM LIST WITHOUT CODE

CODE NUMBERS ADDED AS REQ'D.

1B

TO RECORD STORAGE PROCESS SHEET 1

PAD WILL NOT ASSIGN PROB. NUMBERS. ONLY ASSIGN CODES TO RUBRICS IF MTF POLICY PERMITS

FROM CLINIC SUBSYSTEM RECORD TRANSPORT PROCESS SHEET

1A

OUTPATIENT RECORD

OUTPATIENT RECORD ARRIVES AT RECORD ROOM

CONTENTS INSPECTED

1C

NORMALLY THE CLINIC OUTPROCESSING CLERK WILL HAVE CODED THE ENCOUNTER FORM COMPLETELY. THIS HANDLES ANY MISSED ENCOUNTERS OR RESOURCE LACKS AT CLINIC

CONTAINS UNFINALIZED ENCOUNTER FORM

MULTIPLE ENCOUNTERS DONE IN PARALLEL OR SEQUENCE

CONTAINS FINALIZED ENCOUNTER FORM (IN DUPLICATE)

OUTPATIENT RECORD

SHOULD BE TWO COPIES IN RECORD, IF NOT MUST BE PHOTOCOPIED. ENCOUNTER FORM SHOULD NOT NORMALLY BE REMOVED FROM FOLDER

EXTRACT COPY(IES) OF ENCOUNTER FORM AS REQ'D

AFFIX PROBLEM CODE NUMBER TO RUBRICS

ENCOUNTER FORM

ENCOUNTER DATA

EXTRACT COPY OF ENCOUNTER FORM

SHOULD BE TWO COPIES IN RECORD, IF NOT MUST BE PHOTOCOPIED

FILE COPY OF FINALIZED FORM

FILE USED TO PRODUCE AUTOMATED REPORTS

REPLACE ORIGINAL IN RECORD IF REMOVED

OUTPATIENT RECORD

1B

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PATIENT ADMINISTRATION
OUT PATIENT RECORD FINALIZATION
SHEET 1 OF 1   15 JAN 76

PATIENT ADMINISTRATION
ADMINISTRATIVE DATA ACQUISITION
(CHANGE OF STATUS)   SHEET 1 OF 3   13 JAN 76

PATIENT ADMINISTRATION
ADMINISTRATIVE DATA ACQUISITION
(CHANGE OF STATUS)
SHEET 2 OF 3 13 JAN 76

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PATIENT ADMINISTRATION
ADMINISTRATIVE DATA ACQUISITION
(CHANGE OF STATUS)
SHEET 3 OF 3   13 JAN 76

PATIENT ADMINISTRATION
BAGGAGE ROOM/CHECKIN PROCESS
SHEET 1 OF 1   14 JAN 76

PATIENT ADMINISTRATION
BAGGAGE ROOM CHECKOUT PROCESS
SHEET 1 OF 5   15 JAN 76

1 12

PATIENT ADMINISTRATION
BAGGAGE ROOM CHECKOUT PROCESS
SHEET 2 OF 5   14 JAN 76

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PATIENT ADMINISTRATION
BAGGAGE ROOM CHECKOUT PROCESS
SHEET 3 OF 5   14 JAN 76

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FROM SHEET 1

4C

BAGGAGE ROOM/ INVENTORY

PERSONAL PROPERTY INVENTORY FORM

INVENTORY FORM SEARCHED FOR

NOT FOUND

FOUND

NOTIFY WARD OF STATUS

END PROCESS

FORM ANNOTATED AS "FROZEN"

FORM REFILED

Δt

DESIGNATED INDIVIDUAL BECOMES ONLY AUTHORIZED REQUESTOR

PERSONAL PROPERTY INVENTORY FORM

BAGGAGE ROOM INVENTORY

NO INVENTORY

END PROCESS

FROM SHEET 4

4A

BAGGAGE ROOM/ INVENTORY

PERSONAL PROPERTY INVENTORY FORM

INVENTORY RETRIEVED FROM FILE

NO INVENTORY FOUND OR MARKED "FROZEN"

NO INVENTORY FOUND OR MARKED "FROZEN"

RESOLVE WITH A&D

INVENTORY LOCATED

4B

TO SHEET 4

RETRIEVE BAGGAGE

3G

TO SHEET 3

4B

BAGGAGE ROOM STORAGE

1 1 5

FROM SHEET 1

5C

INVENTORY FILE REVIEWED

BAGGAGE ROOM INVENTORY

PATIENT NOT DISPOSITIONED

PATIENT DISPOSITIONED LESS THAN ( ) DAYS AGO

NUMBER OF DAYS SET BY MTF OR SVC POLICY

PATIENT DISPOSITIONED OVER ( ) DAYS AGO

END OF FILE

END PROCESS

REVIEW NEXT RECORD

5C

FROM SHEET 1

5A

SEARCH INVENTORY FOR DISPOSITIONED PNTS.

BAGGAGE ROOM INVENTORY

NO MORE DISPOSITIONS ON REPORTS

NO INVENTORY FOUND

INVENTORY FOUND

END PROCESS

GO TO NEXT DISPOSITIONED PNT. ON REPORT

5B

5A

MARK INVENTORY WITH DISPOSITION DATE

REFILE INVENTORY

BAGGAGE ROOM INVENTORY

5B

PATIENT ADMINISTRATION
BAGGAGE ROOM CHECKOUT PROCESS
SHEET 5 OF 5   14 JAN 76

PATIENT ADMINISTRATION
MEDEVAC IN PROCESS
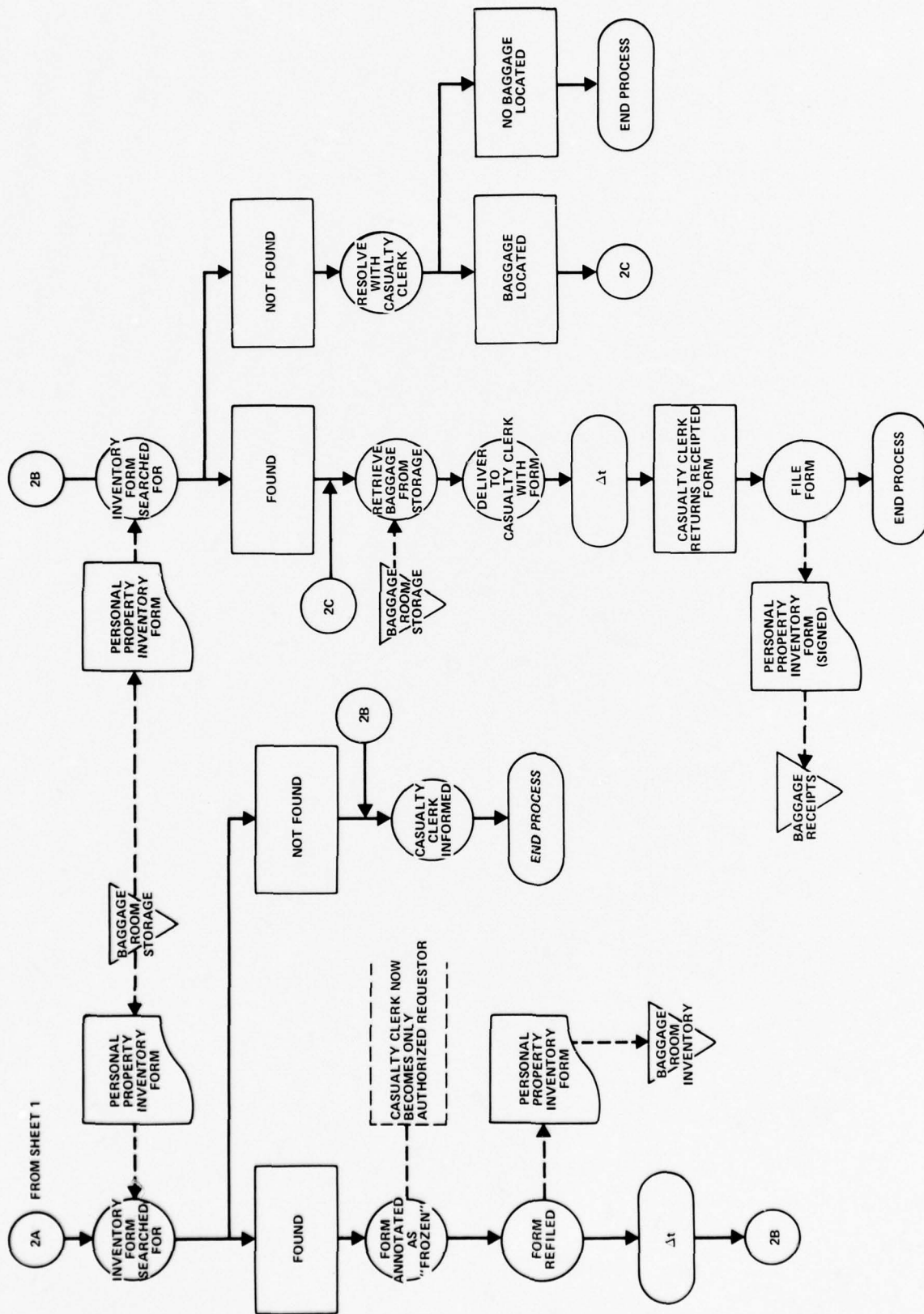SHEET 1 OF 6
DATE OF FINAL CHECK 12 JAN 76

ALL MEDEVAC PATIENTS ARE EXAMINED UPON ARRIVAL AT THE HOSPITAL TO DETERMINE MEDICAL NEEDS

VEHICLE ARRIVES AT EMERGENCY ROOM/CLINIC

PATIENTS TAKEN TO SCREENING AREA

EMERGENCY TREATMENT REQUIRED

PATIENT GIVEN EMERGENCY TREATMENT → 4A

NO EMERGENCY TREATMENT REQUIRED → 4A
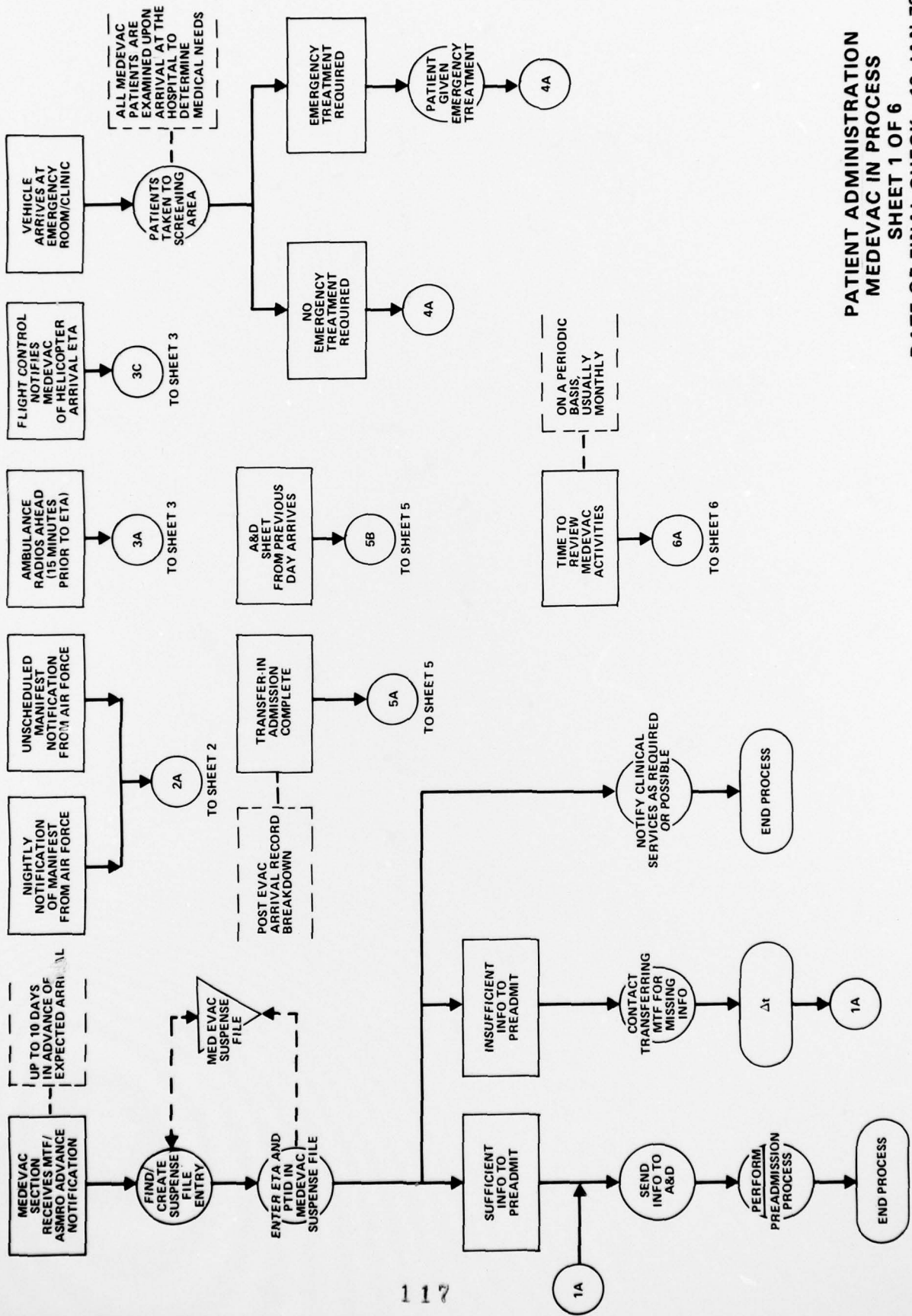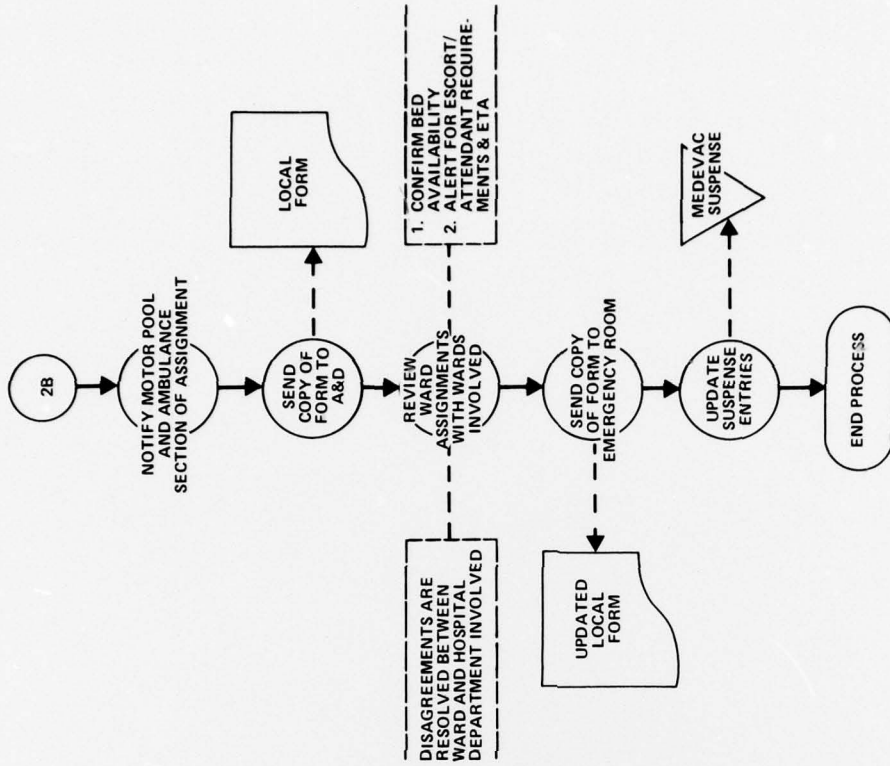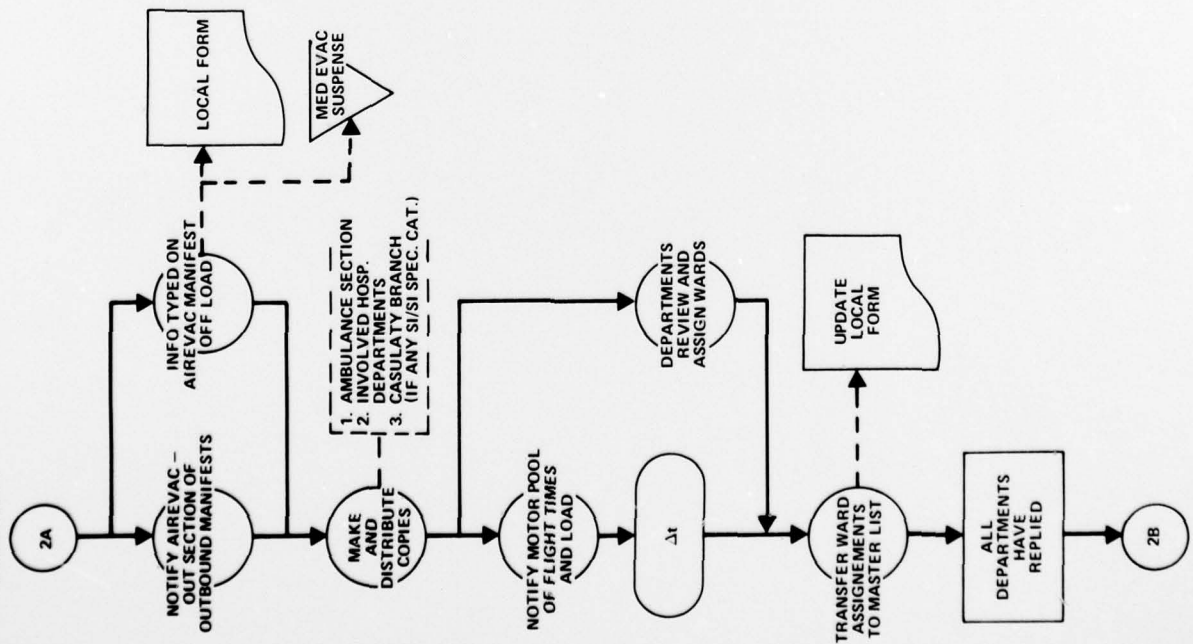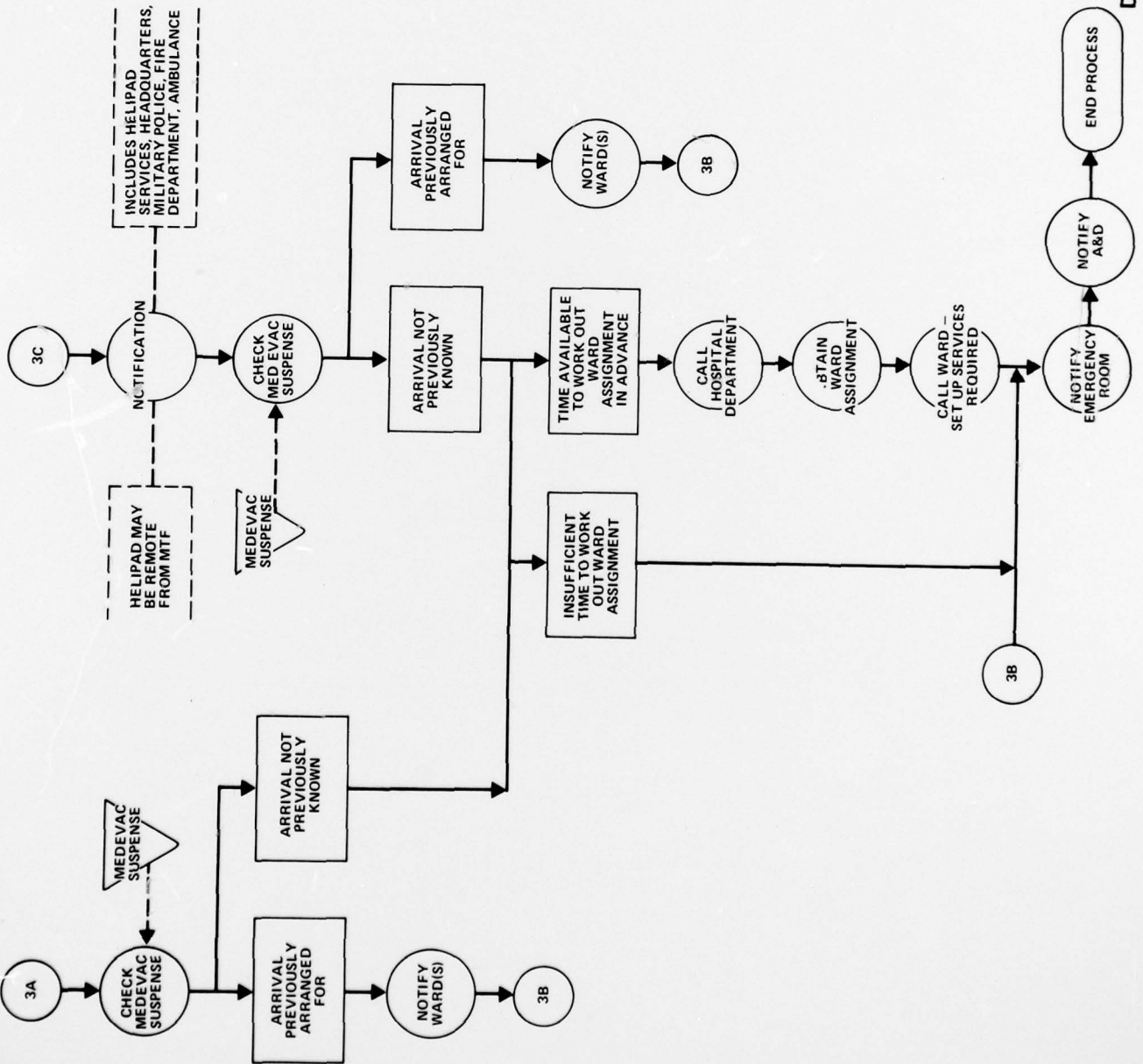
FLIGHT CONTROL NOTIFIES MEDEVAC OF HELICOPTER ARRIVAL ETA → 3C TO SHEET 3

AMBULANCE RADIOS AHEAD (15 MINUTES PRIOR TO ETA) → 3A TO SHEET 3

A&D SHEET FROM PREVIOUS DAY ARRIVES → 5B TO SHEET 5

ON A PERIODIC BASIS, USUALLY MONTHLY

TIME TO REVIEW MEDEVAC ACTIVITIES → 6A TO SHEET 6

UNSCHEDULED MANIFEST NOTIFICATION FROM AIR FORCE

NIGHTLY NOTIFICATION OF MANIFEST FROM AIR FORCE → 2A TO SHEET 2

TRANSFER-IN ADMISSION COMPLETE → 5A TO SHEET 5

POST EVAC ARRIVAL RECORD BREAKDOWN

NOTIFY CLINICAL SERVICES AS REQUIRED OR POSSIBLE → END PROCESS

INSUFFICIENT INFO TO PREADMIT → CONTACT TRANSFERRING MTF FOR MISSING INFO → Δt → 1A

UP TO 10 DAYS IN ADVANCE OF EXPECTED ARRIVAL

MEDEVAC SECTION RECEIVES MTF/ASMRO ADVANCE NOTIFICATION

FIND/CREATE SUSPENSE FILE ENTRY

MED EVAC SUSPENSE FILE

ENTER ETA AND PTID IN MEDEVAC SUSPENSE FILE

SUFFICIENT INFO TO PREADMIT → SEND INFO TO A&D → PERFORM PREADMISSION PROCESS → END PROCESS

1A

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Top flow:

2B → NOTIFY MOTOR POOL AND AMBULANCE SECTION OF ASSIGNMENT → SEND COPY OF FORM TO A&D → REVIEW WARD ASSIGNMENTS WITH WARDS INVOLVED → SEND COPY OF FORM TO EMERGENCY ROOM → UPDATE SUSPENSE ENTRIES → END PROCESS

LOCAL FORM

1. CONFIRM BED AVAILABILITY
2. ALERT FOR ESCORT/ATTENDANT REQUIREMENTS & ETA

MEDEVAC SUSPENSE

DISAGREEMENTS ARE RESOLVED BETWEEN WARD AND HOSPITAL DEPARTMENT INVOLVED

UPDATED LOCAL FORM

Bottom flow:

FROM SHEET 1

2A → NOTIFY AIREVAC — OUT SECTION OF OUTBOUND MANIFESTS → MAKE AND DISTRIBUTE COPIES → NOTIFY MOTOR POOL OF FLIGHT TIMES AND LOAD → Δt → TRANSFER WARD ASSIGNEMENTS TO MASTER LIST → ALL DEPARTMENTS HAVE REPLIED → 2B

INFO TYPED ON AIREVAC MANIFEST (OFF LOAD)

LOCAL FORM

MED EVAC SUSPENSE

1. AMBULANCE SECTION
2. INVOLVED HOSP. DEPARTMENTS
3. CASUALTY BRANCH (IF ANY SI/SI SPEC. CAT.)

DEPARTMENTS REVIEW AND ASSIGN WARDS

UPDATE LOCAL FORM

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FROM SHEET 1

3A

CHECK MEDEVAC SUSPENSE

MEDEVAC SUSPENSE

ARRIVAL PREVIOUSLY ARRANGED FOR

ARRIVAL NOT PREVIOUSLY KNOWN

NOTIFY WARD(S)

3B

3C

NOTIFICATION

HELIPAD MAY BE REMOTE FROM MTF

INCLUDES HELIPAD SERVICES, HEADQUARTERS, MILITARY POLICE, FIRE DEPARTMENT, AMBULANCE

CHECK MED EVAC SUSPENSE

MEDEVAC SUSPENSE

ARRIVAL PREVIOUSLY ARRANGED FOR

NOTIFY WARD(S)

3B

ARRIVAL NOT PREVIOUSLY KNOWN

TIME AVAILABLE TO WORK OUT WARD ASSIGNMENT IN ADVANCE

INSUFFICIENT TIME TO WORK OUT WARD ASSIGNMENT

CALL HOSPITAL DEPARTMENT

OBTAIN WARD ASSIGNMENT

CALL WARD – SET UP SERVICES REQUIRED
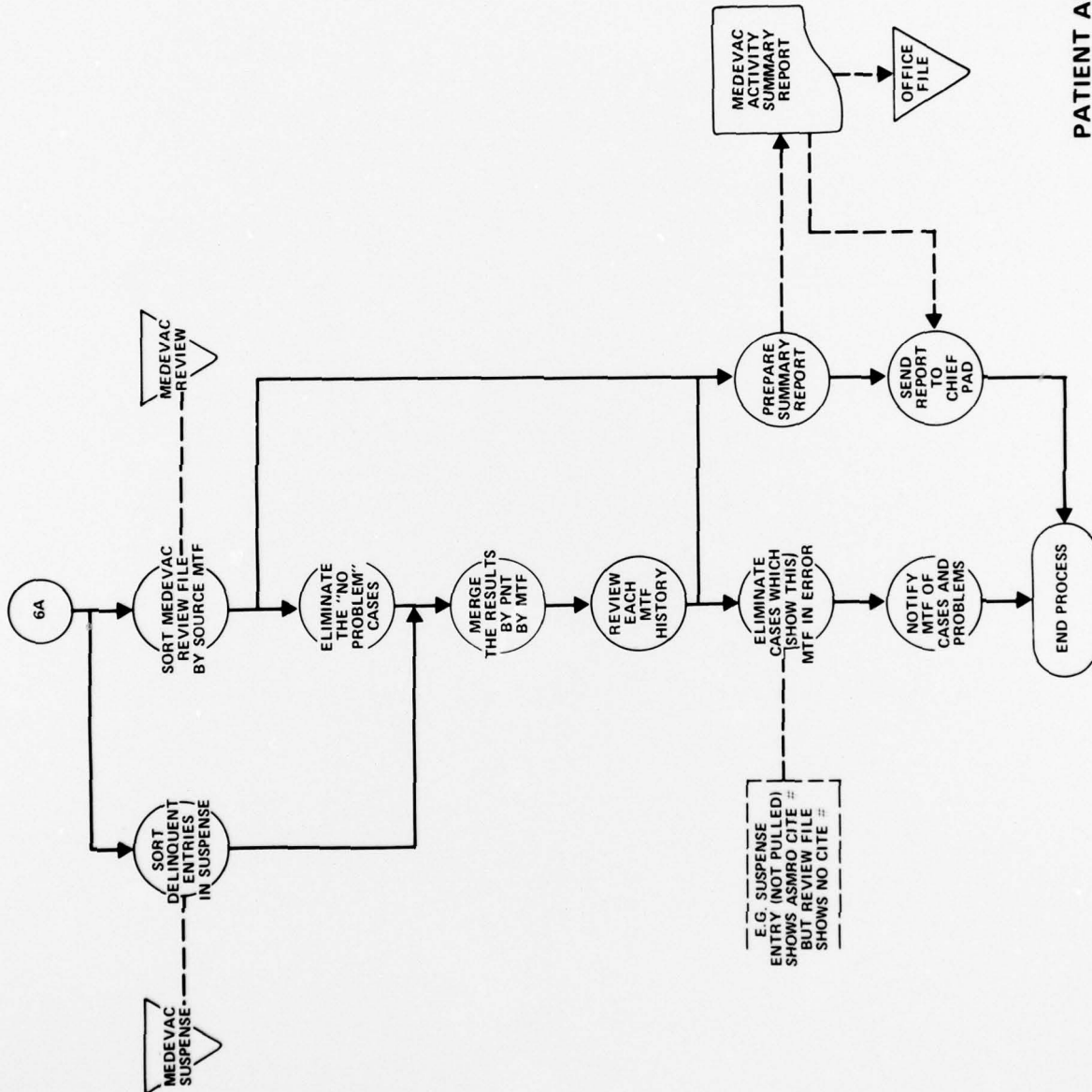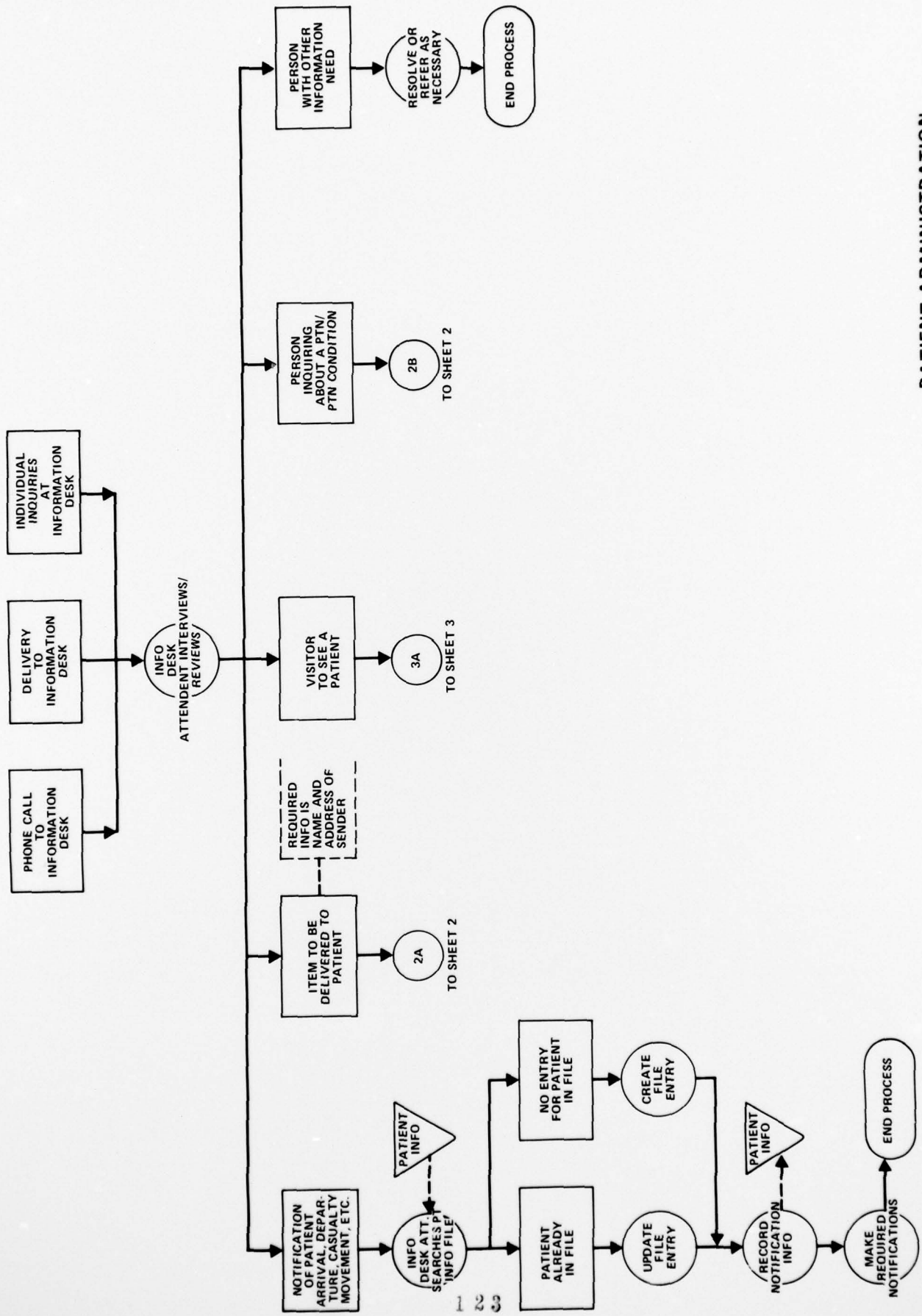
3B

NOTIFY EMERGENCY ROOM

NOTIFY A&D

END PROCESS

PATIENT ADMINISTRATION
MEDEVAC IN PROCESS
SHEET 3 OF 6
DATE OF FINAL CHECK 12 JAN 76

PATIENT ADMINISTRATION
MEDEVAC IN PROCESS
SHEET 4 OF 6
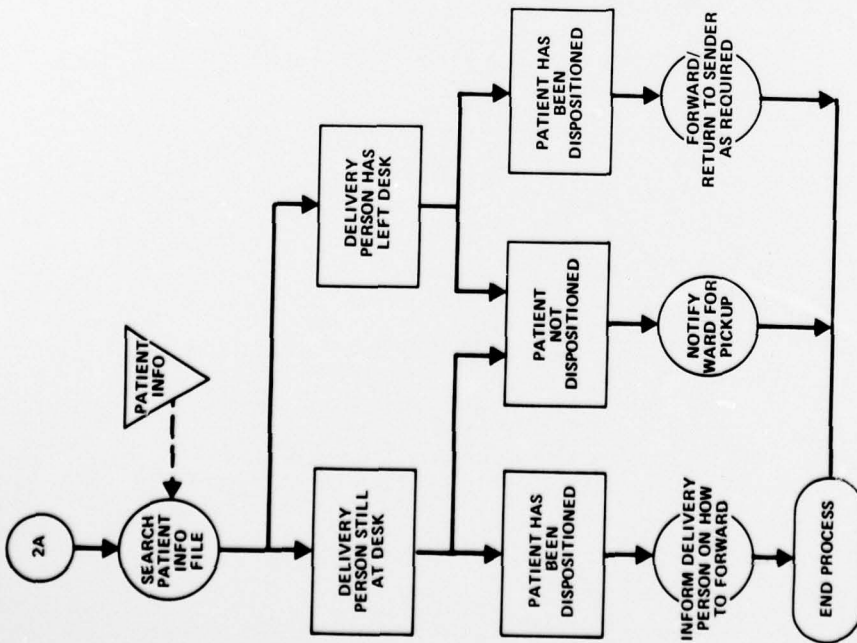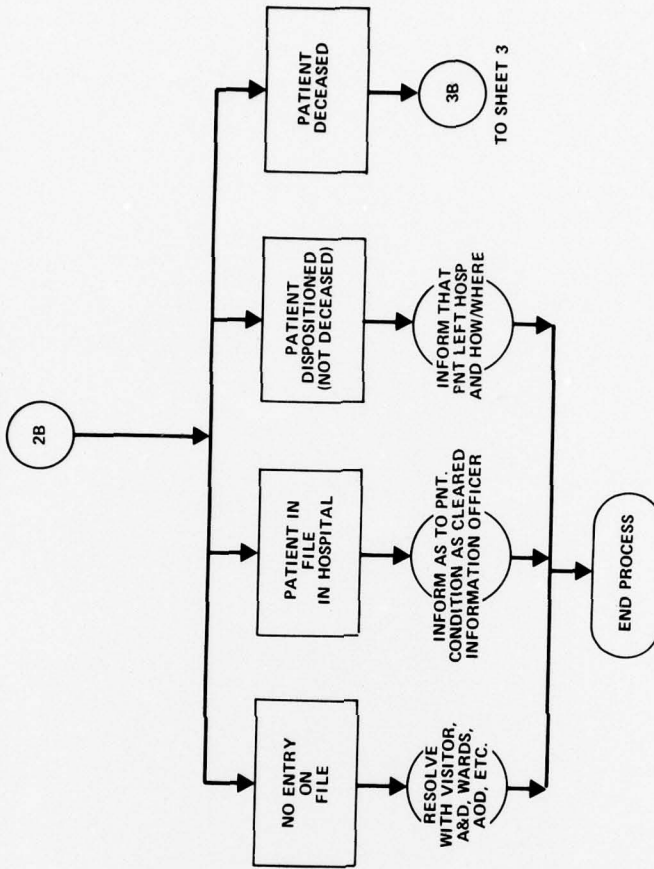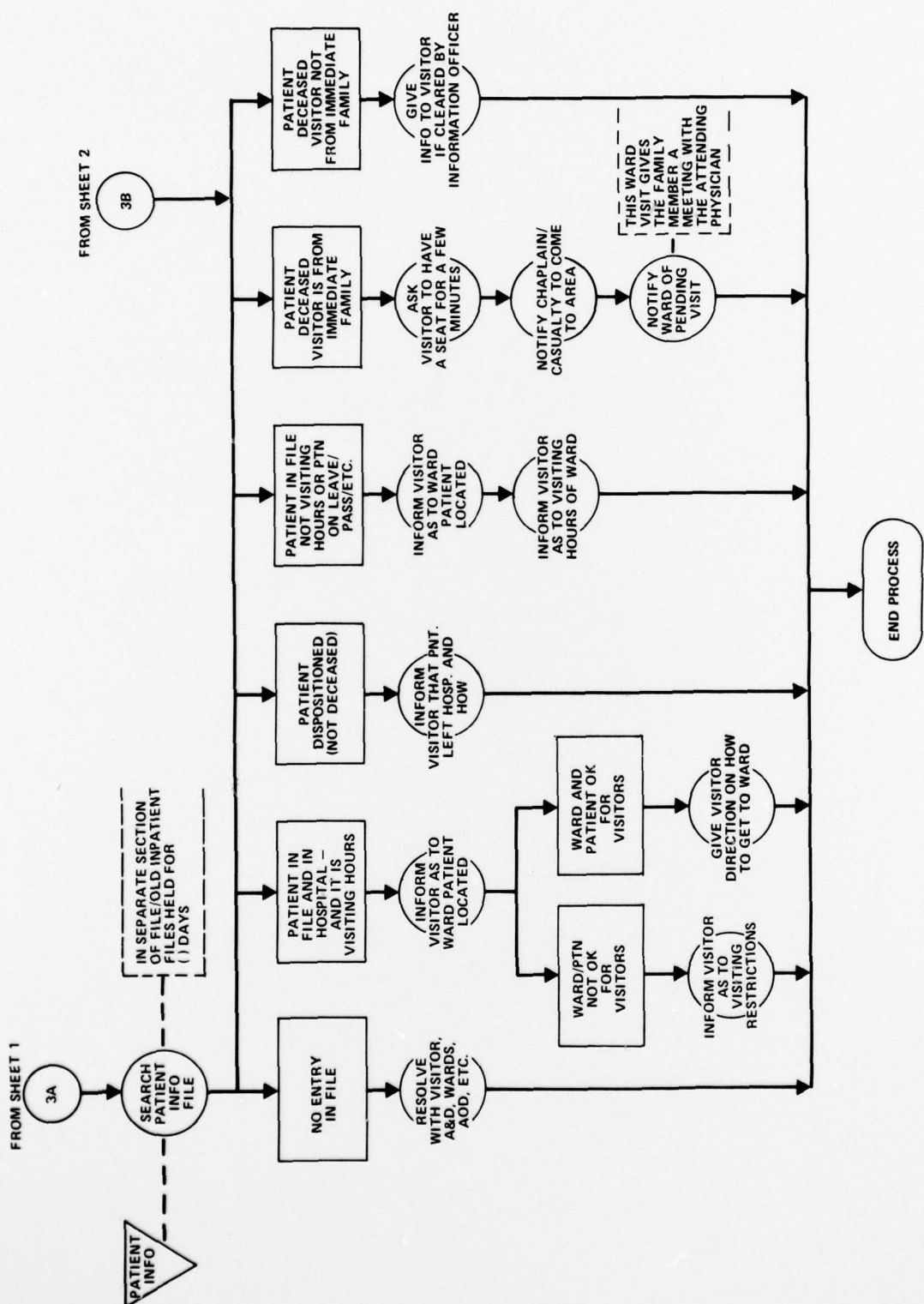DATE OF FINAL CHECK 12 JAN 76

PATIENT ADMINISTRATION
MEDEVAC IN PROCESS
SHEET 5 OF 6
DATE OF FINAL CHECK 12 JAN 76

Top flow:

5B — FROM SHEET 1 → USE TRANSFER ADMISSIONS SECTION ONLY

A&D SHEET

5C

CHECK A PATIENT ON A&D SHEET AGAINST SUSPENSE

MEDEVAC SUSPENSE

NO MORE ENTRIES ON A&D SHEET → END PROCESS

NO ENTRY IN MEDEVAC SUSPENSE FILE

ENTRY IN MEDEVAC SUSPENSE FILE → PULL SUSPENSE FILE ENTRY → CREATE MEDEVAC REVIEW ENTRY → ANNOTATE ENTRY WITH DATA FOR REVIEW → FILE IN MEDEVAC REVIEW FILE → 5C

MEDEVAC SUSPENSE

MEDEVAC REVIEW

1. ASMRO CITE #
2. OTHER NOTIFICATIONS RECEIVED
3. ORDERS FOR EVAC
4. PER/FINANCE RECORDS
5. OTHER PROBLEMS

MEDEVAC REVIEW

Bottom flow:

5A — FROM SHEETS 1 AND 4 → A&D REVIEWS PATIENT RECORD

PREVIOUS CLINICAL RECORD COVER SHEET FOR THIS CASE → COPIES TO WARD AND PATIENT 'A&D FILE/

MISSING ITEMS/RECORDS → RESOLVE AS REQUIRED → NO FURTHER RECORDS WILL BE ARRIVING → END PROCESS

PATIENT "201" ADMIN FILE/FINANCE RECORD → SENT TO PNT PERSONNEL

ORDERS FROM PREVIOUS MTF → COPIES TO PNT A&D FILE, PNT PERS, AIREVAC → END PROCESS

5D

RECORDS WILL BE ARRIVING → Δt → 5D

6A

SORT MEDEVAC REVIEW FILE BY SOURCE MTF

MEDEVAC REVIEW

SORT DELINQUENT ENTRIES IN SUSPENSE

MEDEVAC SUSPENSE

ELIMINATE THE "NO PROBLEM" CASES

MERGE THE RESULTS BY PNT BY MTF

REVIEW EACH MTF HISTORY

ELIMINATE CASES WHICH (SHOW THIS) MTF IN ERROR

E.G. SUSPENSE ENTRY (NOT PULLED) SHOWS ASMRO CITE # BUT REVIEW FILE SHOWS NO CITE #

NOTIFY MTF OF CASES AND PROBLEMS

PREPARE SUMMARY REPORT

SEND REPORT TO CHIEF PAD

MEDEVAC ACTIVITY SUMMARY REPORT

OFFICE FILE

END PROCESS

PATIENT ADMINISTRATION
INFORMATION DESK PROCESS (INPATIENT)
SHEET 1 OF 3   DATE OF FINAL CHECK   12 JAN 76

FROM SHEET 1

2B

PATIENT DECEASED → 3B → TO SHEET 3

PATIENT DISPOSITIONED (NOT DECEASED) → INFORM THAT PNT LEFT HOSP AND HOW/WHERE

PATIENT IN FILE IN HOSPITAL → INFORM AS TO PNT. CONDITION AS CLEARED INFORMATION OFFICER → END PROCESS

NO ENTRY ON FILE → RESOLVE WITH VISITOR, A&D, WARDS, AOD, ETC.

FROM SHEET 1

2A → SEARCH PATIENT INFO FILE

PATIENT INFO

DELIVERY PERSON HAS LEFT DESK

PATIENT HAS BEEN DISPOSITIONED → FORWARD/RETURN TO SENDER AS REQUIRED

PATIENT NOT DISPOSITIONED → NOTIFY WARD FOR PICKUP

DELIVERY PERSON STILL AT DESK

PATIENT HAS BEEN DISPOSITIONED → INFORM DELIVERY PERSON ON HOW TO FORWARD → END PROCESS

PATIENT ADMINISTRATION
INFORMATION DESK PROCESS (INPATIENT)
SHEET 2 OF 3 DATE OF FINAL CHECK 12 JAN 76

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PATIENT ADMINISTRATION
INFORMATION DESK PROCESS (INPATIENT)
SHEET 3 OF 3   DATE OF FINAL CHECK   12 JAN 76

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INDEX TO PAD CHARTS

INDEX TO PAD CHARTS (Continued)

REFERENCES

1. Tri-service Medica Information Systems (TRIMIS) Program: Integrated Health Care Delivery ADP System Functinal Description, 4 October 1974. (The so-called "Yellow Book") Particularly of relevance to PAD are pages II – 35, III – 2 thru III – 7, IV – 4, IV – 18 thru IV – 20, IV –25 thru IV – 27, and IV – 38 thru IV – 61.

2. TRIMIS Technical Workbook. (The so-called "Blue Book.") Particularly of interest is section 9, Patient Administration, dated 9/19/75.