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Central appointment systems can be an effective and efficient mechanism for ensuring that the health care provider, the patient, and the medical records arrive at the right time for a patient - provider encounter. These systems are flexible enough to allow providers to control their own schedules, expedite patients' appointments, and improve the administration's planning effort by providing summary reports on staff activity and other information that can be used to ensure appropriate allocation of resources (Herpok, 1980). DeWitt Army Community Hospital (DACH) has an automated appointment system that was fielded in 1989. The purpose of this study is to determine how the patient appointment system at DACH currently functions, compare this with how the system was designed to function, and determine the optimal functioning level for the appointment system. U.S. Army Health Services Command (HSC) Pamphlet 40-7-1, Medical Services Patient Appointment System, was used as a baseline for the latter parameter.

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AT DEWITT ARMY COMMUNITY HOSPITAL

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of

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by

Captain S. Jane Allgood, MS

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ABSTRACT

Central appointment systems can be an effective and efficient mechanism for ensuring that the health care provider, the patient, and the medical records arrive at the right time for a patient - provider encounter. These systems are flexible enough to allow providers to control their own schedules, expedite patients' appointments, and improve the administration's planning effort by providing summary reports on staff activity and other information that can be used to ensure appropriate allocation of resources (Herpok, 1980). DeWitt Army Community Hospital (DACH) has an automated appointment system that was fielded in 1989. The purpose of this study is to determine how the patient appointment system at DACH currently functions, compare this with how the system was designed to function, and determine the optimal functioning level for the appointment system. U.S. Army Health Services Command (HSC) Pamphlet 40-7-1, Medical Services Patient Appointment System, was used as a baseline for the latter parameter.

Introduction

Conditions Which Prompted the Study

DeWitt Army Community Hospital (DACH) is located in Fairfax County, Virginia and is considered an acute care community hospital. It operates a large family practice teaching program and serves as an external training site for orthopedic residents from Walter Reed Army Medical Center. The hospital has continuously held full three year accreditation from the Joint Commission on Accreditation of Healthcare Organizations and is a member of the American and Virginia Hospital Associations (Hospitals, 1990).

This medium sized Medical Department Activity (MEDDAC) provides health services to authorized recipients of military health care benefits in the suburban Washington, DC / Northern Virginia area and all of West Virginia. These services include: inpatient and outpatient medical care and treatment to active and retired military personnel, their family members and other personnel as authorized by the

Department of the Army; veterinary food inspection, animal care and zoonotic control; and a wide array of preventive medicine services. Unique aspects of the 132,000 eligible beneficiaries serviced by DACH are: (a) large numbers of active duty personnel of other military services (e.g. Quantico Marine Base) and (b) large numbers of retired military personnel, especially retired officers, many of whom have second careers with government.

DACH is a service organization and attempts to meet the needs of its customers within the limits imposed by resources (both human and financial) made available for that purpose. As DACH has historically lacked the resources needed to meet all health care needs and demands of the beneficiary population, the staff has historically tended to impose barriers to access. On this regard, it should be noted that, all too often facilities are run for the convenience of the staff, not the patients. The appointments available, both number and type, are a reflection of provider

staff availability, productivity, and willingness to meet patient health needs (Brandler, 1983).

Patient appointment systems (PAS) are generally not responsive to patients' perceived needs and demand for services. Unless there are enough appointments available in the desired time frames, it is inevitable that there will always be some level of dissatisfaction with this system. Initiatives have to be taken to provide more appointments, reduce waiting time, and enhance responsiveness to patient demands. But the PAS still bears the brunt of the complaints about access to the health care delivery system, even though the system only reflects how and when scheduled services are provided (Brandler, 1983).

Cost containment initiatives to maximize health care services in the military direct care system in order to reduce utilization of higher cost alternatives and the advent of managed care (termed "coordinated care" in the Department of Defense) have resulted in increased emphasis on PAS. From the perspective of

both provider and patient, the PAS provides a mechanism to support efficient use of time and other resources. The PAS may also be the patient's first contact with the health care system, thus performing a valuable public relations function. Failure of the appointment system to be responsive to patient or provider needs could seriously erode the image and productivity of the health care system and, because military health benefits are essentially an entitlement program, raise costs through patient utilization of readily available and relatively uncontrolled ambulatory care alternatives such as the Civilian Health and Medical Program of the Uniform Services (CHAMPUS) (Health Services Command Pamphlet 40-7-1, 1988).

Because of the importance of patient access, the Assistant Secretary of Defense for Health Affairs identified medical quality assurance as a priority automation requirement within the military health care system in August 1984. Subsequently, the Tri-Service Medical Information Systems and Hospital Systems

Program Office (incorporated into the Defense Medical Systems Support Center [DMSSC] in 1986) in conjunction with functional and technical representatives from each Military Department were requested by the Deputy Assistant Secretary of Defense for Professional Affairs and Quality Assurance to develop and deploy a microcomputer-based information system at all Department of Defense (DoD) hospitals by the end of 1985. A contract for software development was awarded in January 1985 and a computer hardware contract was awarded in June 1985 (DMSSC, 1991).

The Automated Quality of Care Evaluation Support System (AQCESS) was the software package that resulted from the January 1985 contract. The primary purpose of AQCESS is to collect and report clinical, administrative, and managerial information necessary to support inpatient administration of the medical quality assurance programs within the DoD. AQCESS has been developed in modules and followed a phased plan of implementation (DMSSC, 1991).

The AQCESS appointing and scheduling module was installed at DACH, Fort Belvoir, Virginia, in 1990 by 1LT Jergens and the staff of the Army Defense Medical Information Systems (Army-DMIS) (1LT Jergens, personal communication, 30 April 1991). This module is being used at DACH to support creating and maintaining clinical providers' schedules; appointing, scanning and canceling patient appointments; recording patient encounters and producing management reports (DMSSC, 1991).

DACH's appointment system is comprised of two major components: appointment desk operations and appointment availability functions. Operation of the appointment desk includes the mechanics of responding to the patient and taking necessary actions to make, change, or cancel an appointment. Appointment availability is dependent upon productivity of the providers, appointment intervals, activities that preclude providers from seeing patients, clinic hours, and similar factors. Another, no less important,

component of DACH's appointment system is the physical characteristics of the equipment and number of telephone lines available to the system. This element, however, is provided by the Fort Belvoir installation and not directly subject to direct control by the hospital.

Statement of the Management Problem

The study was predicated on the perception that eligible personnel are unable to obtain medical treatment at DACH due to inability to access the patient appointment system and the assumption that DACH has the professional capability and capacity to increase that portion of health care services delivered in its ambulatory care facilities.

Review of the Literature

The appointment system is the patient's initial access point to the military health care delivery system. It can be an effective and efficient mechanism for insuring that the health care provider, the patient, and the medical records arrive at the right

time for a patient - provider encounter. But operation of a truly effective appointment system may be one of the most complex problems encountered in the delivery of health care services (Brandler, 1983); because the resources needed to operate an appointment system vary according to the size of the medical facility and the scope of specialties serviced (Stuart, 1976).

Appointment systems are used in most ambulatory care practices (Drury, 1977), and yet, though some observers have found that appointment systems can be efficient and that patients like them (Rutledge, 1977), others have been critical (Grieg, 1984). A good appointment system is one that allows the patient to be seen on the day that they wish and keeps the waiting time for both patient and doctor to a minimum, while allowing adequate time for every consultation (Harrison, 1987). Nonattendance of appointed patients may lead to inefficient use of both facilities and personnel, resulting in unnecessary costs and delays in assessing patients (Frankel, Farrow, & West, 1989).

This is perhaps even more significant in the military system where there is no patient investment in terms of payment for services provided.

Automated scheduling systems are a logical component of any hospital information system. These systems are flexible enough to allow providers to control their own schedules, expedite patients' appointments, and improve the administration's planning effort by providing summary reports on staff activity and other information that can be used to ensure appropriate allocation of resources (Herpok, 1980).

Historically, appointment problems have been resolved by: (a) increasing the number of telephone lines, (b) obtaining call stacking/sequencing and answering mechanisms, (c) installing automated appointment/scheduling systems, (d) increasing staffing, (e) decreasing turnover and increasing training of personnel, (f) determining when to open and close appointment books, (g) using waiting lists, and (h) by having centralized instead of decentralized

services (Brandler, 1983). In a system where patient demand for services often exceeds the capability to deliver those services, however, better access and more efficient systems may be problematical unless there is some corresponding increase in availability.

An inspection team from the Headquarters U.S. Army Health Services Command (HSC), Office of the Inspector General, conducted a special inspection of the Army's PAS from January through June 1989. The inspection focused on the ability of eligible personnel to access medical care through the PAS at HSC medical treatment facilities (Inspector General Special Inspection Patient Appointment System Report [IGSIPASR], 1989).

The most significant issues identified by the IGSIPASR were:

1. There was a widespread lack of compliance with regulatory guidance as well as a general lack of command emphasis, due primarily to a perceived lack of benefit.

2. Active duty (AD) and family members of AD were to be seen according to category and within the required time-frame, but in many cases, this was not happening. AD were waiting without priority and their dependents, rather than being seen within 10 working days, were seeking civilian medical treatment at a higher cost to the system.

3. A lack of training existed within the system ranging from the Deputy Commander for Clinical Services (DCCS) who was responsible for the system and the Clinical Support Division (CSD). In many cases, there existed a lack of training with the independent supervisors and clerks operating the system, both in the decentralized and centralized modes, depending on local policies and procedures.

4. Lack of coordination between the DCCS, CSD, department chiefs, providers, and the PAS supervisor/clerks often caused appointments to go unfilled or to be filled less efficiently through "withholds" of time from the appointment system to

accommodate patients without appointments and other activities; and required management studies were not reviewed to evaluate bottlenecks within the system.

5. Beneficiaries professed an increasing dissatisfaction with the telephone access to the PAS.

6. Physicians consistently surfaced complaints related to clerical duties which they were forced to accept (IGSIPASR, 1989).

Some of the recommendations from the IGSIPASR were:

1. Revise the patient satisfaction survey and its method of sampling/distribution to accurately assess the patient's concerns regarding the PAS.

2. Conduct a study to determine the appropriate number of appointment clerks to answer calls.

3. Establish the use of reminder notice cards for appointments that are scheduled more than 2 weeks in advance.

4. Reorient to the concept of active duty first to assure medical readiness of the deployable force.

5. Implement a program to assure that patients are given follow-up appointments (up to 3 months in advance) before they leave the medical treatment facility (MTF).

6. Extend the appointment openings up to 3 months in advance.

7. Make all clinics that provide a service on a scheduled basis a part of the PAS (e.g. Radiology, Community Mental Health, Physical Examination, Social Work Service, etc.).

8. Install a dedicated 24-hour cancellation telephone number for the Central Appointments Service (IGSIPASR, 1989).

Purpose of the Study

The purpose of this study is to determine how the patient appointment system at DACH currently functions, compare this to how the appointment system was designed to function, and determine the optimal functioning level for the appointment system as directed by HSC Pamphlet 40-7-1.

METHOD AND PROCEDURES

The evaluation of a system to determine how it might function more efficiently presupposes that the elements which make up its efficiency are known and understood. It is understood that no medical clinic stands independent of the larger health care system of which it is a part. There will always be factors impinging on the clinic from "outside" over which the clinic has little or no control (John Hopkins University/School of Medicine & The Health Systems Department/Westinghouse Electric Corporation, 1971).

These "outside" forces can markedly affect clinic operations. This study can not hope to be sufficiently all inclusive to provide a quantitative study of all such interrelationships. Time constraints alone would preclude the evaluation of all the "outside" forces which could affect clinic PAS operations.

Instead, the approach taken was to limit the evaluation of the present patient appointment system at DACH to a comparison of how the PAS AQCESS Appointing

and Scheduling Module (AS&M) currently functions vis a vis how a medical services patient appointment system is supposed to function as directed by HSC Pamphlet 40-7-1. Evaluation of the DACH appointment system was conducted through: (a) personal interviews; (b) on site evaluation of the appointment system, and (c) a comparative analysis.

Interviews with the Army-DMIS and HSC AQCESS representatives were conducted to find out historical data about DACH's automated patient appointment system and what problems have been reported to higher commands concerning the system. Interviews with clinical staff, appointment personnel, and the patient representative were conducted to provide data that would help determine system dynamics problems experienced by users, operators, and providers.

The author studied the available literature concerning the PAS and AQCESS AS&M currently being used at DACH and gathered data. The recommended method of

operation of the PAS, as outlined by HSC Pamphlet 40-7-1, was compared to how the patient appointment system is actually being utilized. The following features of an effective, efficient and user-friendly appointment service as recommended by HSC Pamphlet 40-7-1 were used as the basis for the comparison:

1. Accessibility

- a. Up-to-date communications equipment is crucial in providing patient access to care. Telephone equipment can improve the patient's ability to promptly contact an appointment clerk and vice-versa should it be required.

- b. Telephone numbers and procedures for making appointments should be publicized and updated on a continuing basis.

2. Availability

- a. The management systems review (MSR) problem report should provide notification to the DCCS if individual clinic schedules are not released 4-6 weeks in advance to the master scheduler.

b. Missed appointments should be dealt with utilizing locally developed procedures. The "no-show" rate should be evaluated for individual clinics as well as for individual patients and even individual providers.

3. General

a. The "walk-in" rate should be no more than 10 percent of the total visits in each clinic.

b. All clinics within the MTF should have standardized appointment-making procedures in order to avoid confusing both patients and staff. This also prevents even higher walk-in rates.

Results

Personal interviews were conducted both in clinics using the AQCESS AS&M PAS and those not currently using any automated patient appointment system. Through the use of these interviews with clinical staff, medical clerks, and the patient representative, data was gathered to determine system flow problems of the user,

operator, and provider. Some of that data was of necessity, subjective.

The monthly appointment system reports for October, November, and December (the first quarter of Fiscal Year 1992) were obtained from the AQCESS AS&M module (see Tables 1-6) and evaluated for specific trends. On evaluating these reports, there are certain system limitations that must be considered (e.g. input of appointment data retroactively converts all of these appointed patients into walk-ins and leads to misleading profiles for managers).

DISCUSSION

It was not the purpose of this study to solve all the problems of patient appointment system in general or, more specifically, even the PAS at DACH. Using the six features of an effective, efficient appointment service, recommended by HSC Pamphlet 40-7-1, as the criteria for evaluation resulted in the following significant findings:

1. Accessibility

a. A review of the telecommunication support for the PAS revealed that it was a continuous source of patient complaints. There were complaints of having to repeatedly redial to transition from a busy signal to an answer in a clinic. There were no queuing devices in which to capture incoming telephone calls or record "lost" calls, no dedicated cancellation lines or message machines used, and appointment clerks did not wear headsets.

b. The telephone numbers and directions on how to make an appointment are published every six months or more frequently if needed (see Appendix A for a copy of the informational flyer).

2. Availability

a. The MSR problem report is provided monthly to the DCCS along with the "Command Clinic Performance Recap" and the "Clinic No Show" reports for that month. The MSR does not indicate which clinics are failing to release their individual schedules 4-6 weeks in advance

to the master schedules.

b. There are no locally developed procedures for dealing with missed appointments. The Clinic No Show Report indicate that, for many of the individual clinics, no-show rates exceed the five percent of clinic visits standard established by HSC Regulation 40-5.

Insert Tables 1-3 about here

3. General

a. The Command Clinic Performance Recap Report indicate: that, for many of the individual clinics, the number of walk-in patients seen as routine non-emergency visits exceed the ten percent of total clinic visits standard established by HSC Pamphlet 40-7-1.

Insert Tables 4-6 about here

b. Individual clinics within DACH have appointment protocols and standard operating procedures (see Appendix B).

CONCLUSIONS AND RECOMMENDATIONS

This study was not intended to be merely an interesting exercise. Its goal was and remains to provide a basis for the achievement of real, significant improvements in performance. The comparison of the present patient appointment system at DeWitt Army Community Hospital with how a medical services patient appointment system is supposed to function was conducted using the six features of an effective, efficient appointment service recommended by HSC Pamphlet 40-7-1 as the criteria to base the evaluation.

The PAS is a good concept and the design of the AQCESS PAS module is viable. Problems arise because of inadequate resources (e.g. people, equipment, etc.) devoted to making the PAS work in the manner intended.

The other major complicating factor is the law of supply versus demand, where an almost infinite demand for health care services vs. a constrained supply of appointments makes the system frustrating for both patients and staff. Over the last three years the active duty population for which DACH is responsible has decreased by 1447 service members. But, in spite of this decrease in soldiers, the active duty dependent population has grown by 35,501 beneficiaries, retirees have increased by 2106, dependents of retirees have increased by 5978, and other categories of eligible beneficiaries have increased by 721. Overall, the beneficiary population has increased 42,859 from 1987 to 1989 (DMIS Report, 1991a, 1991b, & 1991c). This has increased the pressure on DACH at the same time that funding and manpower constraints have limited the facilities' capability to respond to that pressure. This situation, it should be noted, is not unique to DACH.

Insert Table 7 about here

The population by age/sex of the Washington DC service area covered by DACH is shown in Table 8 (RAPS Population Projection Report, 1992).

Insert Table 8 about here

Making appointments efficiently and effectively by any method is difficult because the demand placed on the military health care delivery system is greater than its capability to deliver services. Utilization of no-cost military services is particularly attractive to patients in the current economic environment where the cost and range of services provided by "second career" civilian employment are moving in opposite directions. Any attempt to balance supply and demand is clearly beyond the scope of this paper. However, an assessment of which aspect, supply or demand, can be

better managed is relevant. Accordingly, the following recommendations are made with regard to maximizing available resources to improve appointment accessibility and availability:

1. Accessibility

- a. The telephone equipment was replaced in January 1992 with up-to-date equipment. But the new equipment will not solve the problem of too many patients trying to access the appointment system at the same time. Investigation into the use of queuing devices to capture incoming telephone calls needs to be conducted on a priority basis. The ability to hold incoming calls if all lines are busy and sequence them to the next available clerk will prevent the beneficiary from wasting time attempting to get through to the PAS and increase productivity by reducing the number of calls lost. Automated equipment will also keep track of "lost" calls and give managers a better picture of the demand side of the equation.

b. To improve no-show rates, each clinic should use an answering machine to record cancellations on a 24 hour-a-day basis. Telephone answering machines may assist where personnel shortages exist as well as after normal clinic hours. Prior notification of cancellations will allow those appointments to be reallocated to other patients and improve health care provider efficiency. Consideration of a certain amount of "double booking" may also be cost effective.

c. The use of headsets by the appointment clerks would greatly increase their ability to function by keeping both hands free. This also reduces their fatigue factor and has the potential of increasing their productivity.

d. Continue to publish updated individual clinic telephone numbers and directions on how to make an appointment. Ensure the widest possible dissemination of these throughout the Military District of Washington (MDW) and in publications targeted at the retired community in the metropolitan Washington, DC, area.

2. Availability

a. Enforce the submittal of individual clinic schedules 4-6 weeks in advance by reporting noncompliant clinics to the executive level decision makers (e.g., DCCS, Deputy Commander for Administration (DCA), appropriate department chiefs, etc.). These schedules may be submitted on a weekly basis to ensure that a 4-6 week lead time is maintained. Continue to use the management systems review (MSR) problem report to provide the DCCS with the information needed to manage the system.

b. In the event that the no show rate exceeds five percent, the MEDDAC should have some procedure in which the active duty soldier's unit commander is notified. Other categories of patients should receive a nicely worded reminder to cancel future appointments if they are unable to keep them. In a proactive effort, the hospital should consider sending out reminder postcards to appointed patients. This would be particularly valuable for clinics with long waiting

times for an appointment.

3. General

a. Walk-ins or unscheduled clinic visits have the potential to backlog the whole system. If the walk-in rate exceeds ten percent, priority consideration should be given to the probability that health care providers may not be familiar with the PAS. Physicians, in particular, should be provided focused education during their regularly scheduled meetings and conferences on how to make the system work for them.

b. The DACH clinic appointment protocol should continue to be monitored and revised as needed (see Appendix B). This document catalogs clinic procedures pertinent to scheduling appointments. The protocol determines the productivity potential of an individual clinic by defining appointment scheduling criteria and, ultimately, determining the number of patients to be seen.

c. The patient appointment system managers

should follow guidance found in both HSC Pamphlet 40-7-1 and the Inspector General Special Inspection Patient Appointment System Report - October 1989 when managing the system. Efficient and effective management of the PAS will ensure that patient and provider encounters occur within parameters that are acceptable to both - although far from ideal given the constraints inherent in the military health services system. These constraints, in terms of providing a maximized cost effective services in the direct care system , will exacerbate the problem as the Army reduces in size over the next several years. It is, therefore, imperative to eliminate any potential for inefficiency or wasted effort in the direct care system at the earliest opportunity.

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Table 1

Clinic No Show Report 1-31 Oct 1991

Clinic	Total Appts	# Kept	% Kept	# Cancel	% Cancel	# No Show	% No Show
ALL	16	14	88	2	13	0	0
AMC	156	126	81	23	15	7	4
CARD	55	51	93	4	7	0	0
DERM	478	418	87	40	8	20	4
ECC	987	763	77	146	15	78	8
ENT	172	132	77	31	18	9	5
EXAM	225	180	80	24	11	21	9
FPC	2503	2172	87	254	10	77	3
GOPC	738	622	84	79	11	37	5
GYN	404	303	75	45	11	56	14
IMC	1133	838	74	224	20	71	6
NCD	86	81	94	0	0	5	6
NEUR	55	47	85	6	11	2	4
OBS	1362	1038	76	162	12	162	12
OPH	213	156	73	44	21	13	6
OPTO	642	488	76	97	15	57	9
ORTH	1479	1150	78	249	17	80	5
PEDS	344	262	76	61	18	21	6
PHY	265	205	77	40	15	20	8
POD	296	228	77	53	18	15	5
SURG	530	433	82	72	14	25	5
WBC	237	178	75	37	16	22	9
XRAY	345	292	85	45	13	8	2
TOTAL	12721	10177	80	1738	14	806	6

Table 2

Clinic No Show Report 1-30 Nov 1991

Clinic	Total Appts	# Kept	% Kept	# Cancel	% Cancel	# No Show	% No Show
ALL	3	3	100	0	0	0	0
AMC	143	107	75	30	21	6	4
CARD	46	39	85	3	7	4	9
DERM	400	349	87	36	9	15	4
ECC	982	771	79	137	14	74	8
ENT	149	118	79	24	16	7	5
EXAM	160	132	83	16	10	12	8
FPC	2193	1877	86	244	11	72	3
GOPC	789	667	85	94	12	28	4
GYN	448	333	74	64	14	51	11
IMC	995	766	77	150	15	79	8
NCD	94	90	96	4	4	0	0
NEUR	65	57	88	6	9	2	3
OBS	1118	892	80	83	7	143	13
OPH	139	113	81	23	17	3	2
OPTO	560	439	78	68	12	53	9
ORTH	768	599	78	113	15	56	7
PEDS	216	151	70	31	14	34	16
PHY	201	177	88	13	6	11	5
POD	255	195	76	39	15	21	8
SURG	430	355	83	56	13	19	4
WBC	176	141	80	18	10	17	10
XRAY	261	218	84	34	13	9	3
TOTAL	10591	8589	81	1286	12	716	7

Table 3

Clinic No Show Report 1-31 Dec 1991

Clinic	Total Appts	# Kept	% Kept	# Cancel	% Cancel	# No Show	% No Show
AMC	134	115	86	15	11	4	3
CARD	49	45	92	2	4	2	4
DERM	413	366	89	43	10	4	1
ECC	922	650	70	163	18	109	12
ENT	121	91	75	19	16	11	9
EXAM	175	137	78	14	8	24	14
FPC	2287	1973	86	262	11	52	2
GOPC	728	617	85	79	11	27	4
GYN	366	267	73	51	14	48	15
IMC	1007	690	69	214	21	103	10
NCD	50	50	100	0	0	0	0
NEUR	85	72	85	9	11	4	5
OBS	1232	920	75	146	12	166	13
OPH	136	109	80	22	16	5	4
OPTO	488	392	80	55	11	41	8
ORTH	881	696	79	133	15	52	6
PEDS	179	131	73	29	16	19	11
PHY	237	190	80	35	15	12	5
POD	277	191	69	56	20	30	11
SURG	332	281	85	38	11	13	4
WBC	196	149	76	13	7	34	17
XRAY	321	282	88	32	10	7	2
TOTAL	10611	8414	79	1430	13	767	7

Table 4

Command Clinic Performance Recap Report 1-31 Oct 1991

Clinic	Total Appts	Kept Appts	Avail Appts	PtCan Appts	NoSho Appts	NonBook Appts	Walk Ins	ClinCanc Appts	% Walk-in
ALL	1109	14	15	2	0	3	1070	0	96.5
AMC	398	126	28	22	7	18	197	0	49.5
CARO	76	49	19	4	0	0	4	0	5.3
DERM	1022	418	3	40	20	31	510	0	49.9
ECC	1797	763	229	146	78	0	548	33	30.5
ENT	205	132	7	31	9	0	26	0	12.7
EXAM	481	180	65	24	21	18	173	0	35.9
FPC	4876	2164	453	254	77	56	1872	0	38.4
GOPC	2381	622	280	79	37	45	1318	0	55.4
GYN	2245	303	68	45	56	788	985	0	43.8
IMC	2494	838	133	224	71	245	983	0	39.4
NCD	245	66	169	0	5	0	5	0	2.0
NEUR	216	47	7	6	2	55	99	0	45.8
OBS	2084	1038	126	162	162	51	545	0	26.2
OPH	680	156	97	44	13	34	336	0	49.4
OPTO	957	488	7	97	57	59	239	10	24.9
ORTH	2166	1150	251	249	80	102	334	0	15.4
PEDS	2026	261	44	61	21	126	1513	0	74.6
PHY	2026	205	93	40	20	76	1592	0	78.6
POD	455	228	5	53	15	3	151	0	33.2
SURG	2184	433	21	72	25	982	651	0	29.8
WBC	386	178	108	37	22	0	41	0	10.6
XRAY	427	276	8	45	8	90	0	0	0
TOTAL	30936	10135	2236	1737	806	2787	13192	43	42.6

Table 5

Command Clinic Performance Recap Report 1-30 Nov 1991

Clinic	Total Appts	Kept Appts	Avail Appts	PtCan Appts	NoSho Appts	NonBook Appts	Walk Ins	ClinCanc Appts	% Walk-in
ALL	247	3	21	0	0	0	223	0	90.3
AMC	305	107	26	30	6	8	128	0	41.9
CARD	61	39	12	3	4	0	3	0	4.9
DERM	630	349	10	36	15	24	196	0	31.1
ECC	1858	771	237	137	74	0	639	0	34.4
ENT	183	118	2	24	7	0	32	0	17.5
EXAM	424	132	76	16	12	14	174	0	41.0
FPC	4572	1877	581	244	72	17	1778	3	38.8
GOPC	2292	667	361	94	28	44	1098	0	47.9
GYN	1730	326	30	62	51	505	756	0	43.7
IMC	2278	766	107	150	79	182	994	0	43.6
NCD	202	90	108	4	0	0	0	0	0
NEUR	233	57	8	6	2	57	103	0	44.2
OBS	1950	890	207	83	143	125	502	0	25.7
OPH	571	113	51	23	3	17	337	27	59.1
OPTO	760	439	7	68	53	54	139	0	18.3
ORTH	1547	599	316	113	56	65	398	0	25.7
PEDS	1769	151	48	31	34	134	1371	0	77.5
PHY	400	177	87	13	11	62	50	0	12.5
POD	402	195	1	38	21	3	144	0	35.8
SURG	1916	355	32	56	19	954	500	0	26.1
WBC	249	141	41	18	17	3	29	0	11.6
XRAY	339	218	6	34	9	72	0	0	0
TOTAL	24918	8580	2375	1283	716	2340	9594	30	38.5

Table 6

Command Clinic Performance Recap Report 1-31 Dec 1991

Clinic	Total Appts	Kept Appts	Avail Appts	PtCan Appts	NoSho Appts	NonBook Appts	Walk Ins	ClinCanc Appts	% Walk-in
ALL	387	115	67	15	4	5	181	0	46.8
CARD	57	45	4	2	2	0	4	0	7.0
DERM	840	366	4	43	4	25	398	0	47.4
ECC	1708	649	204	161	109	0	585	0	34.3
ENT	147	91	0	19	11	0	26	0	17.7
EXAM	384	136	34	14	24	12	164	0	42.7
FPC	4677	1973	585	262	52	55	1750	0	37.4
GOPC	2361	617	312	79	27	43	1283	0	54.3
GYN	1892	267	39	51	48	659	828	0	43.8
IMC	2390	690	89	214	103	237	1057	0	44.2
NCD	207	50	157	0	0	0	0	0	0
NEUR	323	72	9	9	4	74	155	0	47.9
OBS	1983	919	165	146	166	36	551	0	27.8
OPH	434	109	56	22	5	17	225	0	51.8
OPTO	726	392	7	55	41	47	184	0	25.3
ORTH	1580	696	271	133	52	67	361	0	22.8
PEDS	1933	131	22	29	19	119	1613	0	83.4
PHY	823	190	106	35	12	74	406	0	49.3
POD	462	191	4	56	30	5	176	0	38.1
SURG	2238	281	46	38	13	1288	572	0	25.6
WBC	275	149	44	13	34	1	34	0	12.4
XRAY	408	269	11	32	7	89	0	0	0
TOTAL	26235	8398	2236	1428	767	2853	10553	0	40.2

Table 7

Population Totals By Beneficiary Category DeWitt Army Community Hospital

FY	ACTIVE	DEP ACT	RETIRED	DEP RET	SURVIVOR	TOTAL	CHAMPUS	MEDICARE
87	15853	22509	16386	25773	2405	82926	61603	5470
88	15184	22153	16846	28240	2547	84970	63763	6023
89	14406	58010	18492	31751	3126	125785	105411	5968

Table 8

RAPS Population Projection Report - Population By Age/Sex FY91

AGE/SEX	ACTIVE DUTY	DEPS OF ACT DTY	MED ELG NG/RES	DEPS OF NG/RES	RETIRED	DEPS OF RETIRED	SURVIVR	TOTAL
00-04/M	--	3806	--	122	--	276	34	4238
05-14/M	--	8720	--	333	--	2265	144	11462
15-17/M	--	2108	--	105	--	1758	67	4038
18-24/M	4498	1661	212	100	17	2815	131	9434
25-34/M	4388	325	98	20	99	54	12	4996
35-44/M	2113	163	256	13	2238	19	5	4807
45-64/M	291	72	144	8	12666	19	5	13205
65+/M	--	18	--	--	3716	19	10	3763
00-04/F	--	3753	--	100	--	258	39	4150
05-14/F	--	8589	--	313	--	2260	161	11323
15-17/F	--	2037	--	107	--	1739	81	3964
18-24/F	534	3772	26	117	7	2897	158	7511
25-34/F	596	6361	40	157	17	524	83	7778
35-44/F	153	7602	42	341	42	3844	168	12192
45-65/F	14	1713	12	110	81	11305	1012	14247
65+/F	--	75	--	7	56	2475	1087	3700
TOTAL	12587	50775	830	1953	18939	32527	3197	120808

Appendix A
Telephone Numbers and Appointment Procedures

Clinics are on the 1st floor and open from 7:45-4:30. Monday-Friday unless noted. (Appointments from 0730-1200/1300-1500.) Questions? Please contact the Patient Representative Office, 664-2890.

CLINIC: *referral/L-limited	PHONE #	AD SICK CALL	AFFOINTMENT PROCEDURES:	H/C-Handcarry
ADOLESCENT CLINIC (13-18 Y.O.)	664-2885	781-8673		
ALLERGY (*)	664-2175			
ALLERGY SHOTS & IMMUNIZATIONS	664-2175			
AUDILOGY/HEARING CONSERVATION(*)	664-1967			
AVIATION MEDICINE (DAC/Bldg. 1353)	664-3609	0730-0830		
BREAST (Surgery Clinic)	664-4744			
CARDIOLOGY (*) (2nd Floor)	664-4587			
CHAMPUS (Basement)	664-2694			
CHAPLAIN (2nd Floor)	664-2910			
COMMUNITY HEALTH NURSING	664-1984			
COMPADIN (*) (2nd Floor)	664-4587			
DENTAL (L)	664-1477	0700-0900		
DERMATOLOGY (*)	664-2967			
DIABETIC EDUCATION(*) (2nd Floor)	664-4587			
EAR, NOSE & THROAT	664-6931			
EEG (*)	664-3573			
EKG (*) (2nd Floor)	664-2060			
EMERGENCY ROOM (ER)	664-1938			
ENDOCRINOLOGY (*) (2nd Floor)	664-4587			
EXTENDED CARE CLINIC	664-2061			
FAMILY PRACTICE (L)	664-4985	0730-0800		
GENERAL OUTPATIENT (18yrs & older)	664-2061	0700-1530		
GYNECOLOGY (L)	664-3839	0730-0800		
INTERNAL MEDICINE (*) (2nd Floor)	664-4587			
LABORATORY (Pathology) (*)	664-6336			
MEDICAL BENEFITS (Basement)	664-2264			
MEDICAL EXAM (L)	664-3276			
MENTAL HEALTH SERVICE	664-1207			
NEUROLOGY (*)	664-2967			
NORTH POST HEALTH CLINIC	664-4823	0630-0830		
NUTRITION (*) (Basement)	664-3800			
OBSTETRICS (L)	664-3839	0730-0800		
OCCUPATIONAL HEALTH	664-5322/2250			
OPHTHALMOLOGY (*) (L)	664-6931	0745-0830		
OPTOMETRY (L)	664-6931			
ORAL SURGERY (*)	664-6185			
ORTHOPEDECS (*)	664-4588			
ORTHOTIC LAB (*) (Basement)	664-2968			
PEDIATRICS (Less than 18 yrs.)	664-6047			
PHARMACY (Main) (*)	664-4218			
PHARMACY ANNEX (Bldg. 1153)	664-5023			
PHYSICAL THERAPY (*) (4th Floor)	664-1441	0700-0720		
PODIATRY (*)	664-3003/4422			
PREVENTIVE MEDICINE	664-1984			
RADIOLOGY (*) (File Room: 664-3342)	664-4497			
RESPIRATORY THERAPY (*) (2nd Floor)	664-5080			
SEXUALLY TRANSMITTED DISEASE INVESTIGATION	664-5676			
SOCIAL WORK SERVICE	664-1481			
SOUTH POST HEALTH CLINIC	664-4744			
SURGERY (*)	664-1984			
TUBERCULOSIS (Wilson Hall-Bldg 815)	664-1984			
VETERINARY (Biggie's Spangler Lp)	664-4336			
WART CLINIC (Dermatology)	664-2967			
WELL-BABY	664-3344			
WELLNESS (Wilson Hall-Bldg. 815)	664-1984			

Appendix B
Appointment Protocol & Standard Operating Procedures

31 January 1992

MEMORANDUM THRU ~~Chief~~ Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Internal Medicine Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Internal Medicine Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia.

2. PROCEDURES:

a. The Internal Medicine Clinic (IMC) is open from 0745 to 1630 hours. Patients may talk with medical clerk in IMC or discuss appointment by phone (805-0339 or 805-0840) during these hours. The procedure for making an appointment is as follows:

(1) New patients are seen in IMC on a consult basis only (documented on a SF 513). Emergency patients will be seen by the MOD on a "Today" or "72 hour" consultation after a telephonic discussion with the MOD by the referring physician. All patients with routine consults may mail or bring the consult directly to the medical clerk. All routine consults are reviewed daily by the MOD to determine whether the patient should be seen in Internal Medicine or the Extended Care Clinic. The medical clerk will give those patients who come directly to the clinic a letter explaining how routine consults are handled (see encl 1). When the MOD determines that a patient can be seen in the Extended Care Clinic the patient's consult and a letter explaining how to make an appointment in the Extended Care Clinic is mailed to the patient (see encl 2). Gastroenterology routine consults are reviewed by the Gastroenterology and when caseload is exceeded routine consults are returned to the patients with a letter of explanation/instruction (see encl 3). Routine Cardiology consults (for CHAMPUS eligible patients) are scheduled by the IMC medical clerk for partnership doctors.

(2) All follow-up appointments will be scheduled by the patient who will call the appointment clerk one month prior to month physician has indicated (on appointment card given to patient when seen) he/she wishes to see the patient for follow-up. Appointment clerk will retain card with date patient should be scheduled for appointment and will check card when patient calls in for appointment. This will ensure that patients are seen in the month indicated by physician.

HSXA-M

SUBJECT: Internal Medicine Clinic Appointment Protocol and Standard Operating Procedures.

(3) Follow-up appointments for inpatients are scheduled as indicated on their discharge form by the preceptor and/or discharging physician.

(4) Gold Clinic: Scheduled by calling the IMC medical clerk. The clinic meets each Wednesday at 20 minute increments with the Adult Nurse Practitioner. CBC, sedimentation rate, and urinalysis are to be obtained the Monday morning prior to their appointment. Refer to the Gold Clinic Protocol.

(5) Coumadin Clinic: Meets each Tuesday morning. Follow-up patients are directed regarding a follow-up date after each prothrombin time drawn. Refer to the Coumadin Clinic Protocol.

(6) Diabetes Education: Home blood glucose monitoring classes meet the 3rd Monday of each month. General diabetes education classes meet the 2nd Monday of each month (alternate Mondays will be posted in advance). This is on a consult basis and is scheduled by the IMC medical clerk. Additional classes will be scheduled as needed.

b. The Department of Medicine staff meetings are held 0800 to 0900 every Friday and no appointments are scheduled during this time. The Chief, IMC will provide a master schedule to Clinical Support Division indicating available appointment times for all physicians. Limitation of any physician's availability for scheduling appointments will be indicated on the individual master schedule and/or monthly schedule and signed by the clinic chief as per MEDDAC Regulation.

c. Appointment types:

(1) New patient appointment - 45 minutes

(2) Return patient appointment - 20 minutes

(3) Medical Board and TDRL patients - 90 minutes

(4) Previous Internal Medicine Clinic patients seeing a new physician for the first time are scheduled for a 30 minute slot.

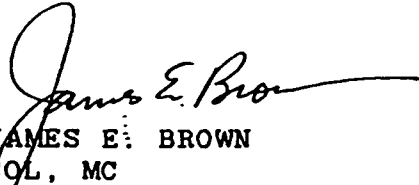
d. Currently all categories of patients are seen in IMC. Active Duty personnel are given preference when there are limited appointments.


HSXA-M

SUBJECT: Internal Medicine Clinic Appointment Protocol and Standard Operating Procedures.

e. Any patient who is currently being seen in IMC can walk in for prescription refills. Patients are required to bring medical records and sign log-in sheet (this data is later entered into computer by IMC medical clerk). The MOD writes prescription refills.

f. Telephone consults, after being signed by care provider, are given to the IMD clerks who enter this information in the computer.


JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services


PARMINDER SODHI
LTC, MC
Chief, Internal Medicine
Service

Encls:

1. Ltr. (For Pts with Routine Consults)
2. Ltr. (Inst. for Extended Care Clinic Appt.)
3. Ltr. (For Pts with Routine GI Consults)

31 January 1992

MEMORANDUM THRU ^{CSR} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Pediatric Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Pediatric Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Telephone Numbers are 805-0129/0131. Same Day Appointments are available for children (through the age of 17) for Acute Medical Problems. Chronic Problems should be scheduled through Pediatric Patient Appointments at 781-8673. Telephones lines are open between 0730 and 1630 hours. Clinic hours are 0800 to 1630, Monday through Friday, except holidays. Clinic appointments begin at 0800 hours on Monday, Tuesday, Thursday and Friday. Children are seen by appointment only. Walk-in Patients will be evaluated and given next available appointment of the same day, if possible, or for the following day. The last appointment of the day is at 1540 hours. Emergency patients should report directly to the Emergency Room.

b. Every Wednesday is blocked off from 0800-0900 for Staff Meeting, Journal Clubs, Quality Assurance meeting and in-services.

c. Acute Problems: 0-17 years of age; schedule with the Pediatric Clinic for a Same Day Appointment. Chronic Problems: 0-17 years of age; schedule through the Pediatric Patient Appointments. All Injuries sustained within 24 hours will be evaluated in the Emergency Room. Throat cultures: These are done on a walk-in basis during clinic hours. Results are usually available within 24-72 hours. Parents may call Dial A Culture, 1 to 3 days following the throat culture to get positive results. Well Baby Checks: Two week (2) infant checkups are scheduled by the Newborn Nursery at 805-0029. All other checkups are scheduled through the Pediatric Patient Appointments.

d. Ear Infection Follow-up: Usually 10-14 days following the initial visit for the infection and after the antibiotic is completed (unless otherwise specified by the physician). Call the clinic 1 to 2 days before you wish to return. Schedule the follow-up with the same physician who saw your child for the

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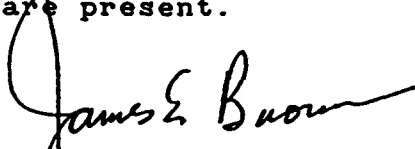
SUBJECT: Pediatric Clinic Appointment Protocol and Standard Operating Procedures.

infection; if this is not possible, we will schedule your child with another physician. All other Follow-ups: Call Pediatric Patient Appointments and schedule this appointment 2 weeks before you need to return. Yearly Well Child Visits: Ages 24 months (22 - 30) to 6 years may be scheduled through routine Pediatric Patient Appointments. These examinations are done in the Pediatric Clinic.

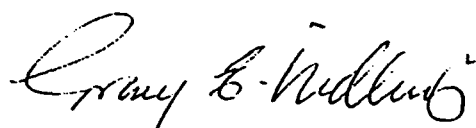
e. Walk-ins are given the next available appointment. When there are no appointments available, the Head Nurse will triage patients making "today" appointments if needed, and making next day appointments. Patients given appointments sign in on appointment sheets; other patients sign in on the "Lab Work, Etc." sheet; patients are required to obtain their own records.

f. Telephone consults are counted in the computer. Carbon copies are stored in a file by date and counted for the feeder report at the end of the month by the NCOIC of the clinic.

g. DEERS eligibility will be verified at the DEERS office located in the Outpatient Medical Records room. All ID cards will be checked prior to the appointment. Children 10 years and older must show a valid ID card. Guardians/caretakers must show a current Power of Attorney. Bring only the child who has the appointment - you will be asked to reschedule if other children are present.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



GRACY E. NIDHIRY
LTC, MC
Chief, Department of
Pediatrics

31 January 1992

MEMORANDUM THRU ^{CR}Clinical Support Division.

FOR Deputy Commander for Clinical Services.

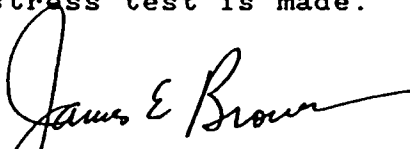
SUBJECT: Cardiology Clinic Appointment Protocol and Standard Operating Procedures.


1. PURPOSE: To establish clinic policy for patients requiring appointments for the Cardiology Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Cardiology operation hours are from 0800 - 1630 hours. Electrocardiographs are done as walk in Mondays through Fridays 0800 - 1600 hours. Holter monitors are done by appointment with a consult. Appointments can be made in person or by telephone by calling 805-0022.

b. Cardiology patients are seen through the Partnership program. Patients must be CHAMPUS eligible and have a consult. The consult must be brought in or mailed to the medical clerk. The medical clerk is found at the Internal Medicine Clinic (2nd floor, 2A). Echocardiogram consults must be brought or mailed to the medical clerk. Due to waiting time for Echocardiograms, an appointment card will be mailed to the patient with time and date of the Echocardiogram. Patient must be CHAMPUS eligible to make an appointment for an Echocardiogram. Exercise treadmills are performed as a service of requesting Internal Medicine, Family Practice and Partnership Cardiologist. Patients should present their consults to the Cardiology Clinic for scheduling of an appointment. Patients will be given information and a instruction sheet when the appointment for a Holter monitor or stress test is made.


JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services


DANIEL R. MCCORMACK
MAJ, MC
OIC, Cardiology Clinic

31 January 1992

MEMORANDUM THRU ^{ck}Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Dermatology Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Dermatology Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. The Dermatology Clinic is open from 0730 to 1630 hours, Monday through Friday, except for holidays and absences of the Dermatologist. Appointments can be made during clinic hours by calling 805-0041/0545.

b. Routine Appointments: Routine appointments for initial dermatology clinic consultations may be made only after a patient has been referred by another health care provider, (ie. physician, physician's assistant, nurse clinician). The consultation request should appropriately summarize the pertinent clinical data.

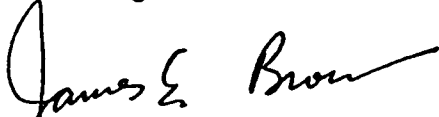
c. Emergency Consults: Emergency consults, "today" consults, and "72 hour" consults should be arranged on a provider to provider basis, otherwise these consults will be screened by the dermatologist and these patients will be appointed accordingly. Unless specifically approved by a staff dermatologist, patients should not be led to believe that they can simply walk in to the Dermatology Clinic and be seen on demand, even with an emergency consult. There is no walk-in clinic for routine dermatology problems.

d. Wart Clinic: Patients with common warts (*verruca vulgaris*) do not need a referral. This is the one exception to policy outlined above. The wart clinic operates on a walk-in basis on Friday afternoons only, from 1300 to 1500 hours. This clinic is occasionally canceled due to the absence of the Dermatologist. Please check with the clinic, at 805-0041/0545.

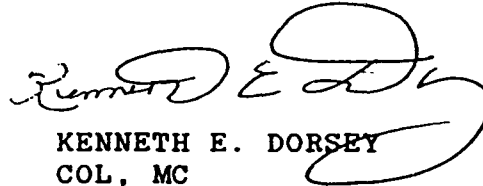
HSXA-M-D

SUBJECT: Dermatology Clinic Appointment Protocol and Standard Operating Procedures.

e. Appointment Times: The Dermatology Clinic will see one patient every 15-20 minutes during clinic hours. Surgical appointments and special procedures will be appointed separately, in either 30 or 60 minute slots, depending on the procedure. With appropriate personnel, equipment and supplies, the doctor should anticipate scheduling 25-30 patients on a daily basis. The target for Dermatology is 500-600 patients per month.



JAMES E.. BROWN
COL, MC
Deputy Commander for
Clinical Services



KENNETH E. DORSEY
COL, MC
Chief, Dermatology Clinic

HSXA-M-N

31 January 1992

MEMORANDUM THRU ^{CAF} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Neurology Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Neurology Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

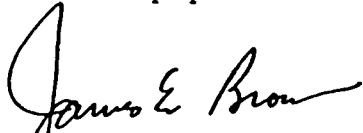
2. PROCEDURES:


a. The Neurology Clinic is open from 0730 to 1630 hours, Monday through Friday, except for holidays and absences of the Neurologist. Appointments can be made during clinic hours by calling 805-0041/0545.

b. Routine Appointments: Routine appointments for initial neurology clinic consultations may be made only after a patient has been referred by another health care provider, (ie. physician, physician's assistant, nurse clinician). The consultation request should appropriately summarize the pertinent clinical data.

c. Emergency Consults: Emergency consults, "today" consults, and "72 hour" consults should be arranged on a provider to provider basis, otherwise these consults will be screened by the neurologist and these patients will be appointed accordingly. Unless specifically approved by a staff neurologist, patients should not be led to believe that they can simply walk in to the Neurology Clinic and be seen on demand, even with an emergency consult. There is no walk-in clinic for routine neurology problems.

d. The Neurology Clinic will see one new patient every 60 minutes, previous doctor patients appointments are 45 minutes and follow-up patients every 30 minutes.


JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services


KEVIN R. CANNARD
MAJ, MC
Chief, Neurology Clinic

31 January 1992

MEMORANDUM THRU *AK* Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Adolescent Medicine Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Adolescent Medicine Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Hours of operation are Monday - Friday from 0800 to 1600. The first appointment is at 0820 and the last scheduled appointment is at 1540. Routine appointments are made by calling the appointment clerk at 805-0131/0129 from 0830-1200 and 1300-1530 Monday - Friday. Same day appointments can be made by calling the AMC at 805-0039/0283 after 0800.

b. There are no appointments scheduled from 1200-1300. Because of Dr. Horn's other responsibilities in the hospital (including being pediatric ward and newborn nursery attending physician) the AMC is not open every day. When the AMC is not open, patient up to age 18 years can be seen in the Pediatric Clinic, and patients over 18 years of age can be seen in the General Outpatient Clinic. To find out the days of operation of the AMC, either it or the Pediatric Clinic can be called.

c. All appointments are scheduled for 20 minutes. Appointments are either "Same day" or "Routine" and should be classified as either "New patient" or "Follow-up."

d. The Adolescent Medicine Service is available for consultations during duty hours. For "72 hour" or "routine" consults to the AMC, the appointment clerk at 781-8673 should be called. For "same day" appointments, the referring physician or clinic should call the AMC directly. The consults should be brought to the AMC by the patient on the day of the appointment. The AMC is not equipped nor staffed to handle true emergencies (such as fractures, overdoses, bites, seizures, acute asthma, or significant trauma, etc.) Patients needing emergency care should be seen in the Emergency Room at DACH.

e. Patients are advised not to just walk in for an appointment. Those who do, however, will be triaged in the clinic and a determination made as to when the patient should be seen. For acute illness, the adolescent will usually be seen the

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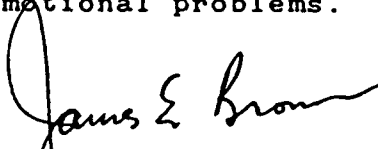
SUBJECT: Adolescent Medicine Clinic Appointment Protocol and Standard Operating Procedures.


same day, but he or she will be given a handout describing the correct way for making future appointments. Patients wanting refills on medicine should also call before coming to the clinic. Since up to 80% of military families with dependent adolescents hand-carry their records, the patient is asked to bring the record to the clinic. For records kept at DACH, patients who make same day appointments should pick up their records before coming to the AMC. For routine appointments, records will be already sent to the AMC.

f. Telephone consults are recorded on DA Form 5008 which are brought to the Pediatric Clinic daily for entering into the AQCESS computer.

g. The AMC is for unmarried dependent patients ages 13-21 years old. Patients over 14 years of age may be seen in the clinic unaccompanied. Parents or guardians, however, are encouraged to come to the clinic with the adolescent.

h. Because the AMC operates in accordance with Virginia State Medical Laws, Adolescent patients over 14 years of age may be seen confidentially for problems relating to substance abuse, sexually transmitted diseases, contraception, pregnancy, and/or emotional problems.


JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services


CHARLES S. HORN
LTC, MC
Chief, Adolescent Medicine

31 January 1992

MEMORANDUM THRU ^{AK} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Allergy/Immunization Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Allergy/Immunization Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Clinic hours:

(1) Allergy Clinic - 0745 - 1130 hours and 1300 - 1600 hours Monday through Friday. Tuesday and Thursday the clinic is open to 1730 for allergy shots only. Wednesday the clinic closed at 1530 for training.

(2) Immunization Patients are seen on a walk in basis between the above hours.

b. Allergy appointments are made by the Allergist or Technicians. Currently no appointment clerk is in the clinic. Appointments for allergy are by consultation only.

c. Appointment types and lengths:

(1) The Allergy Clinic see's new appointments by consult only and follow-up appointments. There are scheduled same time blocks of 45 minutes. Allergy injections are given daily during normal clinic hours.

(2) The Immunization clinic will see routine adult and pediatric during normal clinic hours. The first 3 pediatric immunizations (2,4,6 months) must be in conjunction with Well Baby visit and have a written order in the Health Record. Overseas Deployment immunizations given daily during normal clinic hours except for Yellow Fever vaccine which is given every Friday 0900 - 1000 hours due to the short life of the vaccine after reconstitution. No T.B. Tines are given on Thursday due to the reading time which is 48 - 72 hours, which would be on Saturday or Sunday. All booster MMR's must have a NEG T.B. Tine within 1 year before receiving immunization.

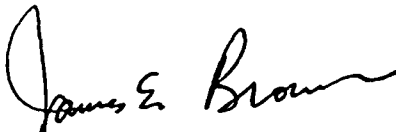
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SUBJECT: Allergy/Immunization Clinic Appointment Protocol and Standard Operating Procedures.

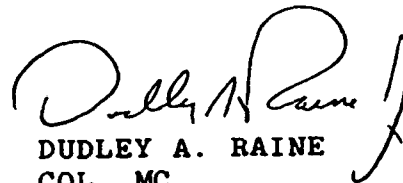
d. Appointments for the Allergist are booked by consult only. The consults are to be left in the clinic and put on a waiting list. Current waiting time for dependents and retiree's is 6 - 12 months and active duty 1 - 2 months. All consults left in clinic are screened by the Allergist or NCOIC for priority. All appointment's are made by returning phone call to patient with phone number left on consult.

e. There are no walk-ins for the Allergist. Immunizations works on walk-in basis only. All patients for Immunization will sign in and wait to be called.

f. All Telephone Consult (DA Form 5008) are filled out and signed by the Allergist. Since the AQCESS is not used in this clinic a counting of DA Form 5008's are accounted by hand.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



DUDLEY A. RAINE
COL, MC
Chief, Allergy/
immunizations Clinic

31 January 1992

MEMORANDUM THRU ^{CAF} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: General Surgery Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the General Surgery Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Clinic hours are from 0730-1630 hours. Appointments can be made any time during clinic hours by calling 805-0548 or 805-0601.

b. General Surgery appointments are booked on Wednesday and Thursday afternoons, from 1300-1500; every 15 minutes. Breast Clinic is booked on Tuesday afternoons from 1300-1515; every 15 minutes. If there is an overflow of breast patients, we will book some patients on Wednesday or Thursday. Flexible Sigmoidoscopies and Minor Surgery are scheduled on Tuesday or Thursday mornings by appointment. Monday, Wednesday, and Friday mornings the Staff Doctors are in the Operating Room. Monday and Friday afternoons Postop and Follow-up patients are seen.

c. Breast Clinic is held Tuesday afternoons. Appointment type is BRS. Appointments are in 15 minutes intervals. Wednesday and Thursday afternoons are blocked appointments (TTH); Routine (ROU) or Follow-up (FOI) can be booked. If there is an overflow of breast patients, Breast (BRS) can also be booked. Tuesday and Thursday mornings, Flexible Sigmoidoscopies are booked with Staff Doctors (FLX) and Minor Surgery is scheduled with Residents (MSU).

d. Patients can call or come in to schedule appointments. Routine referrals require a Consult. No Consult is needed for Breast Clinic. Today or 72 hour Consult will be seen on a walk-in basis by the Clinic Doctor. The Doctors do not need to see the Consult before scheduling appointments.

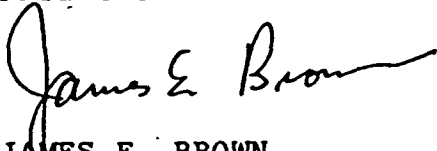
e. Walk-ins are generally seen by the Clinic Doctor or another Resident the same day the patient comes in. Medical Clerk, Nurse, or NCOIC decide who will be seen as a Walk-in in consultation with the physician. Walk-ins are signed in on AQCESS as a 72H, FOL, or BRS. Walk-ins patients will obtain their own medical records.

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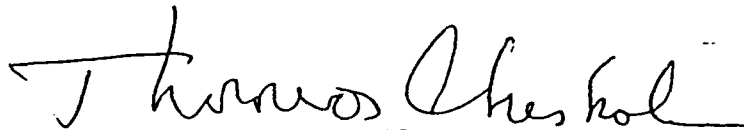
SUBJECT: General Surgery Clinic Appointment Protocol and
Standard Operating Procedures.

f. When a patient calls a Doctor, a Phone Consult is given to the Doctor. After the Doctor calls patient, Phone Consult is given to Medical Clerk, who enters it into AQCESS.

g. Patients should bring their medical records if they are not maintained at DeWitt. A referral is required for Routine, Today, or 72 hour Consults. A referral is not required for Breast Clinic.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



THOMAS P. CHISHOLM
COL, MC
Chief, Department of
Surgery

31 January 1992

MEMORANDUM THRU ^{CR} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: OB/GYN Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the OB/GYN Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. The OB/GYN clinic is open from 0730-1630, Monday through Friday. Appointments may be made in person during those hours, or by calling 805-0808/0809 or 781-8672. There are no special hours or telephone lines for scheduling appointments. The medical clerks are responsible for scheduling all types of appointments; care provider approval is needed to schedule "ASAP" appointments (see item #d, (1) for explanation) and "Follow-up" appointments (see item #d for explanation).

b. Active duty sick call is from 0730-0800 Monday through Friday. Active duty patients may present with any OB/GYN problem on a walk-in basis without referral; they should handcarry their medical records. No routine exams (i.e. Pap smear, Prenatal appointments) will be performed during sick call hours, those appointments will be scheduled during other clinic hours. The patient will be evaluated by a Nurse Practitioner and referred appropriately if definitive care is outside the scope of Nurse Practitioner protocols.

c. Appointment Types and Lengths.

(1) Patients may request urine pregnancy tests at the front desk of the clinic. The medical clerk will give the patient written instructions on obtaining/submitted a specimen to the lab and the appropriate laboratory request form. A log book will be maintained, recording each requested urine pregnancy test. The patient may return in 24-48 hours to obtain the results from the clerk. Serum pregnancy test must be requested by a care provider who has evaluated the patient in some manner. Those requests may also be entered in the log book so the patient may obtain the results from the clerk. Any questions/problems the patient presents when requesting the test and/or results will be referred to any available health care provider.

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SUBJECT: OB/GYN Clinic Appointment Protocol and Standard Operating Procedures.

(2) Patients who have a confirmed positive pregnancy test result (may be done at another medical treatment facility, but not a home pregnancy test) may initiate Prenatal care by scheduling an appointment for OB Registration. This session is to initiate on obstetrical record, obtain a preliminary health and obstetrical history, obtain initial routine blood and urine tests, ensure each patient has prenatal vitamins and an appointment set up to see a care provider for a New OB Physical. OB Registration is conducted by the Head Nurse of the Clinic; basic information about pregnancy and prenatal care is provided. An OB Registration session is conducted every Tuesday morning, beginning at 0815 and lasting until 1100, in the Basement Conference Room. An appointment must be scheduled; maximum of forty patients can be accommodated each session. Family Practice patients are also scheduled for OB Registration. Any patient who presents with a problem, when either scheduling or attending OB Registration should be referred to a care provider for further evaluation if necessary before their New OB Physical appointment.

(3) New OB Physical appointments are ordinarily made for the patient at OB Registration. If a patient must reschedule, they may do so through the medical clerk in the clinic and must specify that it is for a New OB Physical. Patients who transfer their care to this clinic will have their New OB Physical appointment made for them by the nursing personnel who review their record if it is deemed necessary. The New OB Physical is more comprehensive than a routine prenatal appointment and sufficient time must be allotted to accomplish a complete history and physical assessment (including a Pap Smear/Pelvic Exam) and provide each patient with individual counseling for pregnancy.

(4) Once a patient has had a New OB Physical, they may then schedule follow-up prenatal appointments at the recommended interval during Routine OB Clinic. The standard times for Routine OB clinic are Tuesday afternoon, Wednesday afternoon, Thursday morning and Thursday afternoon. The patient are encouraged to schedule their next appointment prior to leaving the clinic, but may call to set-up/reschedule the appointment.

(5) If the obstetric patient has been identified as having risk factors or complications for their pregnancy, the care provider will instruct them to schedule their appointments in Complicated OB clinic. Those appointments are in the OB clinic, but only on Tuesday morning. Some patients will also be advised to schedule additional evaluation at either Walter Reed Army Medical Center or Bethesda Naval Medical Center; in a few

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SUBJECT: OB/GYN Clinic Appointment Protocol and Standard Operating Procedures.

cases, it may be recommended that the patient transfer care and/or deliver at those tertiary care centers. Each patient's care is discussed in a conference following Complicated OB clinic each week. Patients are encouraged to schedule their next appointment prior to leaving the clinic, but may call to set-up/reschedule the appointment.

(6) Postpartum appointments will be scheduled by the Medical Clerk on Ward 3B, in coordination with the clinic. Ideally, the patient will be given an appointment slip for an exam at 6 weeks postpartum, prior to discharge from the hospital. Appointment sheets will be provided to the ward by the clinic and then returned to the clinic after being booked by the ward. Any rescheduling of the postpartum appointment needs to be accomplished through the medical clerk in the clinic. Postpartum appointments are only on Friday morning. A patient who needs to schedule at another time may schedule a routine GYN appointment. Patients who have delivered elsewhere may request a postpartum appointment; a routine GYN appointment may be scheduled if no postpartum appointments are available at the appropriate time frame. However, patients who have delivered at another military medical treatment facility in this geographical area should be encouraged to return to that facility for their postpartum check-up as this is a follow-up appointment.

(7) Patients may request a Routine GYN appointment without referral. A routine GYN appointment is generally with a non-physician health care provider and patients should not have any significant problems. The examination would include a breast exam and referral for mammogram (if appropriate), pelvic examination and Pap smear. Prescriptions for oral contraceptives, hormone replacement therapy and diaphragm fittings may also be accommodated. Patients may receive counseling on contraception, preconceptual counseling, health promotion, premenstrual syndrome, menopause, STD detection and prevention, osteoporosis, fibrocystic breast disease, etc. Appointment availability varies according to the clinic workload; schedules are generally projected a month at a time, 2-4 weeks in advance. Appointments are scheduled as they become available in the computer. If none are available, the patient will be given an estimate of when the next projected schedule will be in the computer and they will be asked to call back at that time; they may also check periodically for cancellations. Some appointments are designated as 'active duty only'. If these are not booked 3 days in advance, they will be released for general booking.

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SUBJECT: OB/GYN Clinic Appointment Protocol and Standard Operating Procedures.

(8) A "Well-Woman" clinic may be scheduled weekly or monthly as the clinic workload permits. During this time frame (usually a morning), all care providers in the clinic will be available to perform routine GYN exams (except the ASAP Physician), allowing a large number of appointments to be scheduled. Appointments will be scheduled every 10 minutes as "team" appointments. Patients will be told to handcarry their records to the appointment and that there will be limited time available for counseling. Patients with any problem should not be scheduled for a "Well-Woman" appointment. Breast exams, mammogram request, pelvic exams, pap smears and prescription refills can be performed during this clinic.

(9) Patients who present with a GYN problem that is chronic, rather than acute, may schedule a "GYN Problem" appointment. It is helpful for the patient to have a referral, but not absolutely required. All GYN Problem appointments are scheduled with Gynecologist and can accommodate evaluation for: abnormal vaginal bleeding, chronic pelvic pain, endometriosis, ovarian cysts, uterine fibroids, pelvic relaxation, consultation for any gynecologic surgery (to include bilateral tubal ligation) and infertility (limited). Appointment availability is severely limited in times of physician shortage; appointments are scheduled as they become available in the computer. Schedules are normally projected a month at a time, 2-4 weeks in advance. If no appointments are available the patient will be given an estimated of when the next projected schedule is expected to be booked and be asked to call back at that time; they may also check periodically for cancellations. Some appointments are designated as "active duty only". If these are not booked 3 days in advance, they will be released for general booking.

(10) Patients who have received notification and referral for evaluation of an abnormal Pap smear need to be scheduled for a colposcopy appointment. Colposcopy requires special equipment and should not be scheduled in other appointment times. The medical clerk who functions as the clinic secretary maintains a list of patients who are waiting for colposcopy appointments. A copy of the Pap smear result and/or referral must be provided at the time the patient is placed on the list. In times of limited appointment availability, priority will be given to those patients who had the abnormal Pap smear evaluated by DACH laboratory (or reference lab), active duty and obstetrical patients. Priority based on medical considerations

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SUBJECT: OB/GYN Clinic Appointment Protocol and Standard Operating Procedures.

will be verified by the medical clerk with one of the health care providers if there is any question. Patients on the list will be called as appointments become available; every effort will be made to have the patient seen within 6-12 weeks from placement on the list.

d. Appointment Procedures.

(1) Any patient presenting with an urgent problem (72 hour or Today referral, walk-in or phone call) will have basic information obtained by a medical clerk or nursing personnel. The Physician designated as the "ASAP" Physician will evaluate that information, contact the patient for further information as necessary and instruct the clerk/nursing personnel on the appropriate appointment for that patient (same day, within 72 hours, routine, etc.). In the absence of a Physician in the clinic, one of the Nurse Practitioners will make the determination of appropriate patient disposition. Every effort will be made to designate a Physician to see "ASAP" patients each day for at least half of the day if the schedule will not permit that a Physician be utilized as such the entire day.

(2) Patients who require follow-up after initiating evaluation with a particular care provider should be instructed by that care provider on how to set up future appointments. Each care provider will have "Follow-up" time programmed into the clinic schedule to accommodate those patients. In most cases, patients who contact the clinic requesting Follow-up with a specific care provider will have a message taken by one of the medical clerks for that care provider. The care provider may then contact the patient directly or ask one of the clerical/nursing personnel to contact the patient with specific instructions on Follow-up. Follow-up appointments are not automatically set up by the medical clerks; each care provider is responsible for managing allotted Follow-up time appropriately.

e. Any patient presenting with an acute minor OB/GYN problem (i.e. vaginitis) or requesting a prescription refill/rewrite, may be seen during designated "walk-in" hours. The time frame for "walk-in" will vary according to the demands of the clinic schedule. Patients will be advised to call in advance to get specific hours. Every effort will be made to have "walk-in" hours for half of the clinic day, 3-4 days a week. "Walk-in" patients will be evaluated by a Nurse Practitioner or Physician Assistant (CHAMPUS eligible only). They will be instructed to handcarry their records to the clinic. Patients will be seen on a first-come, first-seen basis.

HSXA-OB

SUBJECT: OB/GYN Clinic Appointment Protocol and Standard Operating Procedures.

f. Patients requesting medical advice/information by telephone will have a DA 5008 initiated by the medical clerk and left for the appropriate care provider to respond. Once the patient has been contacted by the care provider, the form will be completed and returned to the front desk to be logged in the computer. Care providers will make every effort to complete a DA 5008 whenever they initiate telephonic contact with a patient as well.

g. General Instructions:

(1) When appointments are scheduled with a CHAMPUS Partnership health care provider through the clinic medical clerks, an effort will be made to predetermine eligibility (no active duty, no patients over age 65). Patients seen on team appointments or on a "walk-in" basis by one of the CHAMPUS Partnership health care providers will be asked by the medical clerks to fill out an insurance information form and return it to the front desk. Appointments for the "Extended Care" clinic (CHAMPUS Partnership) are by referral only and are coordinated through the secretary for the CHAMPUS Partnership group.

(2) Patients will be seen in the order of their appointments whenever possible, even if they present at an earlier time. Patients who arrive more than 20 minutes late for their appointment time will be seen at the discretion of the health care provider, as time permits them to be re-worked into the schedule.

(3) Records for obstetrical patients registered in the clinic are always accessible in the clinic. Gynecologic patients with scheduled appointments should have their records already available in the clinic if records are maintained at DACH; all others will be instructed to handcarry records.

(4) Patients are asked to contact the clinic if unable to keep a scheduled appointment. Obstetrical patients who deliver at DACH will normally have their next OB appointment automatically canceled. At the current time there is no mechanism in place to send "failed to keep appointment" letters to patients.

(5) Request for nonavailability are required for reimbursement for any civilian obstetrical care and may be applied for through the CHAMPUS advisor. Geographical location greater than 40 miles from Fort Belvoir is the only reason

HSXA-OB

SUBJECT: OB/GYN Clinic Appointment Protocol and Standard Operating Procedures.

routinely approved. Requests for nonavailability for outpatient gynecologic care are not necessary for CHAMPUS reimbursement, however they are necessary for any inpatient care.

h. Other Information

(1) Patients wishing to transfer obstetric care from another medical treatment facility, location or civilian care will be scheduled first for a Transfer OB appointment. They will be asked to provide copies of any and all prenatal care received thus far in the pregnancy. Patients without records must be scheduled for OB Registration. A member of the nursing staff is assigned to review the records, transcribe them into the format used by this clinic for obstetric records and to orient the patient to clinic routine policies and procedures. Any questions concerning medical care will be referred to a care provider. If the patient is due for a routine prenatal visit, the nursing personnel assigned to Transfer OB will see if the patient can be added on to the Routine OB clinic that same day. Otherwise, they will instruct the patient on scheduling the appropriate appointment.

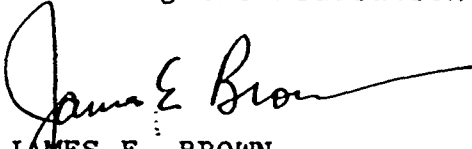
(2) Patients requesting a one-time prenatal visit in a transient status may usually be accommodated on a Routine OB appointment; they must bring their obstetrical record with them. If the patient is receiving care and planning to deliver at another military treatment facility in the area, or using civilian care, they will be discouraged from scheduling appointments/seeking care at this clinic unless it is a problem of an emergent nature. Diagnostic procedures (ultrasound or laboratory requests) cannot be requested unless the patient has obstetrical records on file or has been evaluated by a care provider at this facility.

(3) A series of Expectant Parents classes is offered monthly to any interested obstetrical patient and their "labor Coach". The series included 4 classes on consecutive Monday afternoons. Classes may be scheduled individually or as an entire series through the medical clerk at the OB clinic front desk. The schedule for class #3 and #4 will be passed on to the Pediatric clinic for booking there. Tours of the inpatient maternity areas are also offered weekly on Wednesday at noon. Tours may be scheduled by the appointment clerk at the front desk of the OB clinic. A 4 class "Lamaze" series is also offered monthly, usually on Saturday evenings and may be scheduled through the appointment clerk at the front desk of the OB Clinic. Participation is limited to patients planning to deliver at DeWitt Army Community Hospital.

HSXA-OB

SUBJECT: OB/GYN Clinic Appointment Protocol and Standard
Operating Procedures.

(4) Any patient requiring a medication by injection on a recurring basis must have an order for the medication written by one of the care providers in the OB/GYN clinic documented in their medical records. The patient may present with their record during clinic hours, the order will be verified and the medication administered by appropriate nursing personnel. Patients presenting with a request for an injectable medication written by a care provider other than those in the OB/GYN clinic must be re-evaluated by one of our care providers prior to receiving the medication.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



SHELAGH TALBOT
MAJ, MC
Chief, OB/GYN Service

31 January 1992

MEMORANDUM THRU ^{AK}Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Orthopaedic Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Orthopaedic Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Clinic hours are from 0730 - 1630, Monday through Friday. Hours during which appointments can be made are also 0730 - 1630 and these can be made directly through the Orthopaedic Clinic at the following numbers: (703) 805-0610/0002/0096.

b. Operating days are, at this time, Monday, Wednesday and Thursday with one surgeon doing routine scheduled cases on those days. Furthermore, one half day per surgeon per week is set aside for the other than elective cases as "time and space available." Therefore, not all physicians are present in the clinic on any given day. When possible, walk-in consultations given by the Emergency Room or other clinical services when accompanied with 72-hour consultation should be scheduled as a clinic appointment by telephone. Friday afternoons from 1300 - 1400 are educational and Quality Assurance Meetings with Physical Therapy Clinic. No patients will be seen during those times with the exception of emergencies.

c. Appointment types are broken down as follows:

(1) Length of appointment is dictated by the presenting symptoms and complaints.

(2) Patients are prioritized according to need. Emergencies will supersede all other patients. This regardless of active duty, retiree or dependent status. 72-hour consultations will supersede routine appointments with active duty military given priority. Routine consultations will be seen in the order that they are booked with the exception, again, being active duty category. They will be given priority in the event that there are more patient requests for appointments than slots available. Any questions concerning prioritizing of consultations is directed to the on-call physician present in the clinic during duty hours. Furthermore, any clinic desiring an

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SUBJECT: Orthopaedic Clinic Appointment Protocol and Standard Operating Procedures.

other than routine priority consultation, ie, 72-hour, Today or Emergency, should contact the Orthopaedic Clinic by telephone prior to referring the patient and speaking with the on-call physician.

d. The Orthopaedic Service functions as a consult service only. We do not accept self referral by patients. When our patient volume stays within an acceptable range for effective and timely handling we book appointments for each patient presenting with an appropriate referral/consultation. Under these circumstances, a patient may telephone or walk in with the referral to make the appointment. When our patient volume becomes too high, we must then screen all consultations considering need and category. The consultations must be hand carried or mailed to the clinic for screening and patients are then telephoned when an appointment is available for them. If a patient arrives as a walk-in without a referral, without medical records, and without his/her x-rays, with a less than semi-urgent complaint, they may be rescheduled for a time when those references can be obtained and made available to the treating physician. This will again be determined as time and space allows. The bulk of the patients seen in Orthopaedics maintain their records elsewhere and therefore the patient is responsible for obtaining his/her medical records prior to the clinic appointment. Absence of the medical records prolongs the time necessary to evaluate new and returning patients as well as decreasing the quality of care provided to that patient. Therefore, patients arriving without their medical records will be screened by the on-call physician as to necessity for treatment on a semi-urgent basis and lacking that, will be rescheduled for a later date. Each patient is logged into the AQCESS system.

e. The Orthopaedic Clinic does not have walk-ins. See paragraph above.

f. Telephone Consults (DA 5008) are obtained when a patient or referring physician discussing a patient contacts the Orthopaedic Clinic. The time and date the call is made is logged on Telephone Consult. Following the physician's phone contact with the patient or referring physician, the Telephone Consult is then filled out by the physician, signed, and returned to the front desk for logging into the AQCESS system.

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SUBJECT: Orthopaedic Clinic Appointment Protocol and Standard Operating Procedures.

g. General instructions for patients arriving in the clinic:

(1) Patients should have in their possession a referral from their practitioner who has decided that orthopaedic consultation is necessary.

(2) Patients should have in their possession their medical records no matter where these are maintained.

Without these three items, the quality of care suffers dramatically and, as a consequence, the responsibility for assuring the presence of these documents falls on the patient's shoulders. Due to the volume of patients seen and the likelihood that delays will be encountered in x-ray, patients are asked to arrive at least 20 minutes early for their appointments so that the x-ray slips can be made out and their x-rays accomplished prior to seeing their physician at the appointed time.

h. Other Information.

(1) Any questions concerning the timeliness of scheduling of patient consults pertaining to the diagnosis, presenting symptoms, eligibility, or prioritizes, will be arbitrated by the chief of services.

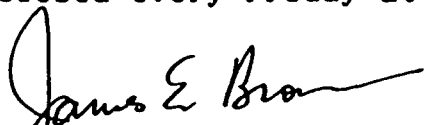
(2) Requests for schedule changes by the individual health care providers in Orthopaedic Services will come through the service chief. After these have been approved, service chief will turn the schedule changes over to the Orthopaedic service secretary for coordination with Clinical Support Division.

(3) Patients requiring an orthotic or prosthetic device must have in their possession MEDDAC (SURG) Form 376, Orthotic Lab Work Request. The telephone number for scheduling appointments for custom fitting of orthotics as well as verifying pick up and completion dates for orthotic devices is (703) 805-0540. Pick ups and fittings for custom made orthotics are on Tuesday, Wednesday and Thursday only from 0830 - 1130 and 1330 - 1530. Patients must phone to verify completion of orthotics prior to pick up. Only one pair of orthotics can be made in a 6 month period (NO EXCEPTIONS). At the time of fitting, the approximate date for orthotic completion will be given to the

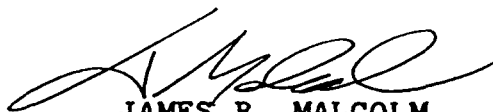
HSXA-S-R

SUBJECT: Orthopaedic Clinic Appointment Protocol and Standard Operating Procedures.

patient by the orthotist. Filling orthotic prescriptions from other military facilities may be done on a case-by-case basis after review with the service chief. The Orthotic Lab will be closed every Friday at 1200 for maintenance.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



JAMES R. MALCOLM
MAJ, MC
Chief, Orthopaedic
Services

31 January 1992

MEMORANDUM THRU ^{CR}Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

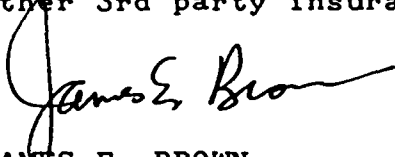
SUBJECT: Podiatry Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Podiatry Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.
2. PROCEDURES:
 - a. Clinic hours are from 0800 - 1200 and 1300 - 1600 hours on Monday, Tuesday, Wednesday, and Friday. Thursday the clinic is open from 0800 - 1200 hours. Appointments can be made from 0730 - 1400 hours, Monday through Friday by calling the Orthopedic Clinic at 805-0096.
 - b. The Podiatry Clinic is staffed solely by CHAMPUS Partnership Podiatrists. Therefore, only CHAMPUS eligible patients are seen in this clinic. Active Duty personnel are either seen by the Orthopedic Clinic or referred to other local military health care facilities. Medicare eligible individuals (over 65 years of age) are either referred to other local military health care facilities on a space available basis or to local private practitioners.
 - c. Appointments are to be scheduled on every half-hour, alternating between new and follow-up patients. Post-operative patients are to be scheduled at the Podiatry Clinic front desk at the discretion of the Staff Podiatrist.
 - d. Consults are not required for routine new appointments. 72 hour and same-day consults are evaluated by the Staff Podiatrist present daily. No walk-in clinic is available in Podiatry.
 - e. Telephone consults (DA Form 5008) are to be generated and counted by the front desk personnel. They are to be signed off by the staff podiatrist present.

HSXA-S-P

SUBJECT: Podiatry Clinic Appointment Protocol and Standard
Operating Procedures.

f. All new patients are required to read and fill out the CHAMPUS Partnership information sheet. This form explains that they are being treated by a civilian practitioner. This form also requires that the patients provide their current CHAMPUS and other 3rd party insurance status.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



GERARD J. RANIERI
Chief, Podiatric
Medicine Services

31 January 1992

MEMORANDUM THRU ^{CWK} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Physical Therapy Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Physical Therapy Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Appointment System

(1) Patients may call the Physical Therapy Clinic at 805-0008/0009 or bring consult directly to clinic to make an appointment.

(2) Active duty personnel may be seen on a walk-in basis with no appointment necessary, Monday through Friday 0700-0730 hours with an appropriate referral.

(3) Patients with consults marked 'routine' will get the next available appointment through our clinic schedule.

(4) Consults marked 'Today' or '72 Hours' will be screened by a therapist to determine the actual priority. 'Today' consults may not be given immediate attention if the physician has not called or the therapist does not feel it warrants immediate attention. Any patient who obviously needs immediate attention will be worked in on a priority basis.

(5) All pediatric neurological or development evaluation will be given appointments specifically with Major Rapoza on a routine basis.

(6) Inpatients are brought to the clinic or seen on the ward at times convenient for the therapist and for the patient. This varies according to the therapist's schedule and clinic requirements.

b. Clinic Hours

(1) Clinic Hours: Monday, Tuesday, Wednesday, Friday - 0700-1600 hours; Active Duty walk-in - 0700-0730 hours; Last morning appointment is at 1130; Last afternoon appointment is at 1530.

HSXA-S-PT

SUBJECT: Physical Therapy Clinic Appointment Protocol and Standard Operating Procedures.

(2) Clinic closes on Thursday at 1430 for Staff Meetings, Quality Assurance Activities, Inservice Training.

(3) Clinic closed 0730 - 0800 hours each Friday morning for administrative meeting.

(4) Clinic closed 0800 - 0900 hours each Friday for Orthopedic patient grand rounds.

(5) Clinic is open Monday evening - 1700-2000 hours. Appointments are necessary.

c. Special Activities.

(1) Weekly special group classes are:

Multiple Sclerosis group - Monday 1045
Parkinson's group exercise class - Monday 1015
Therapeutic Pool Program - Tuesday/Friday - 1430
at Benyaurd Pool.

(2) Physician's permission is required for participation in above groups.

d. Patient Accountability

(1) Patients sign in the front log each time they come in for their appointment. They are then put into the computer AQCESS system.

(2) Telephone consults (DA Form 5008) are filled out by the therapist who spoke to the patient and, if appropriate, are handed to receptionist to be logged into AQCESS and a copy is placed in the patient's record.

(3) No-show are logged into AQCESS.

(4) Patients scheduled for regular treatment and who miss 3 consecutive treatments without contacting clinic will have their file pulled for possible administrative discharge from clinic.

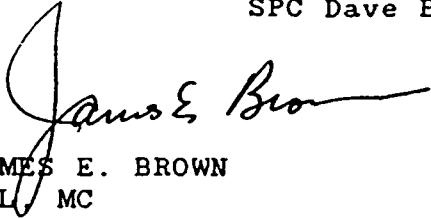
f. Clinic Administration

HSXA-S-PT

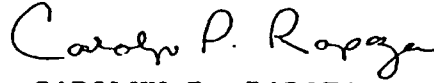
SUBJECT: Physical Therapy Clinic Appointment Protocol and
Standard Operating Procedures.

(1) The following personnel should be contacted with
any questions or concerns about the Physical Therapy Clinic:

Major Carolyn Rapoza - Chief
Captain Patricia Fitzgerald - Asst Chief
SPC Dave Buchheim - NCOIC



JAMES E. BROWN
COL MC
Deputy Commander for
Clinical Services



CAROLYN P. RAPOZA
MAJ, SP
Chief, Physical Therapy
Clinic

31 January 1992

MEMORANDUM THRU ^{CM} Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Urology Service Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Urology Service, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Appointment Hours: The Urology Service is open Monday through Friday from 0730 to 1630 hours. Appointments may be made by calling the Urology Service appointment desk at (703) 805-0555 between 1300 to 1600 hours daily.

b. Patient Scope: The Urology Service functions strictly on an appointment basis, with a very limited capacity to accept acute walk-in patients. Those patients with other than routine complications, it is requested that the Primary Health Care Provider call the Urology Service to have a consultation with the excepting Health Care Provider regarding patient symptoms.

c. Sick Call: The Urology Service does not provide sick call hours. Active duty members are given priority, and Fridays appointments are open only to this category of patients.

d. Appointment Availability: The Urology Service is a referral service only. All new patients must have a Consultation Sheet (SF 513) to receive an appointment. New patient appointments are thirty (30) minutes in duration, follow-up appointments are twenty (20) minutes in length. All patients are required to provide a urine specimen for analysis. This will be accomplished the day of the appointment. The results will be recorded in the patients medical records by the technical staff prior to the patient being seen by the Health Care Provider.

e. Medical Records: All patients must bring their outpatient medical records with them to each appointment, along with any other pertinent information (Consultation, X-Ray and Laboratory results) related to their medical history and current medical problem(s). Patients are asked to arrive at least fifteen (15) minutes prior to their appointment time to facilitate the accomplishment of the urinalysis. Patients from the Emergency Treatment Room (ETR) must have a copy of the original SF 558 so as not to duplicate studies.

HSXA-S-U

SUBJECT: Urology Service Appointment Protocol and Standard Operating Procedures.

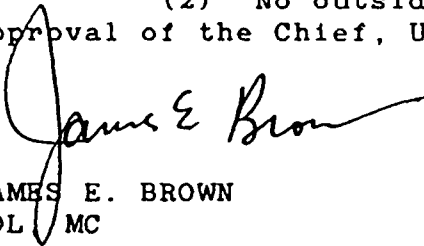
f. Telephone Consultation: All telephone consultations will be documented on a DA 5008. Health Care Provider will route the completed DA 5008 to the medical clerks for logging onto the patient register. All DA 5008s will be provided to the Clinical Supervisor, Urology Service to be included in the monthly feeder report.

g. Diagnostic Test Results: Radiology, Laboratory and Clinical results will not be discussed with patients by clerical or nursing staff. Patients desiring results of these diagnostic tests must make a follow-up appointment with the requesting Health Care Provider to receive test results.

h. Outside Requests: As a courtesy, DeWitt Army Community Hospital does perform Radiologic and Laboratory tests ordered by non-staff Physicians. Requests from any outside facility (civilian/military) must be approved and signed by the Physician Staff Urology Service.

(1) Patients are responsible for returning to the Urology Service to pick-up the results. No reports will be mailed out or relayed over the telephone.

(2) No outside request will be expedited without prior approval of the Chief, Urology Service.



JAMES E. BROWN
COL MC
Deputy Commander for
Clinical Services



RICHARD A. WATSON
COL, MC
Chief, Urology Service

31 January 1992

MEMORANDUM THRU ^{CAC} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Ophthalmology Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Ophthalmology Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. The clinic hours and times for making appointments are 0745 - 1615 hours Monday through Friday. All routine and 72-hour appointments are made by the appointment clerk at 781-8674 beginning at 0800 hours. Patients with emergency or today consultations may call the appointment clerk or the clinic receptionist at 805-0652.

b. Active duty members may be seen on walk-in Sick Call Monday, Thursday and Friday from 0830 - 0930 hours. Routine surgery is scheduled on Tuesday mornings. Tuesday afternoon is generally reserved for clinic minor surgery and Wednesday morning for laser surgery.

c. All appointments slots are thirty minutes; the clinic is paced by allotting slots for walk-in consultations. Glaucoma tests and drivers license exams are done on a walk-in basis.

d. Clerks and corpsman screen consultations using the guidelines in the Optometry-Ophthalmology Clinic SOP. A doctor is consulted as needed. Clerks may upgrade the priority of the consult when needed. Active duty are given priority during Sick Call hours. Walk-ins have priority over scheduled appointments only when a true emergency exists. Medical records are considered essential for all examinations; patients are expected to obtain their own record if their physical conditions permits.

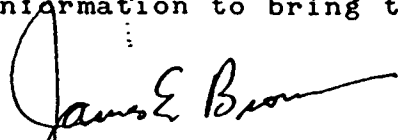
e. Telephone consults forms are initiated when care-related telephone contact is made. The physician completes the form and places the original in the patient's record or returns it to the receptionist who logs it on the sign-in sheet.

HSXA-S-0

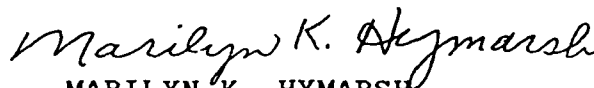
SUBJECT: Ophthalmology Clinic Appointment Protocol and Standard Operating Procedures.

f. All new patients and those referred on an emergency basis must have a SF 513 Consultation Form in their medical record. Patients continuing on-going care from an ophthalmologist at another MTF are not required to have a consultation if the medical records documents the need for follow-up.

g. All patients are informed of the date and time of their appointment and are requested to sign in 15 minutes prior to the appointment time. All but follow-up appointments are requested to bring their consults. All partnership doctor patients are checked for CHAMPUS eligibility and informed of the necessary information to bring to the clinic for their appointment.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



MARILYN K. HYMARSH
COL, MC
Chief, Ophthalmology

31 January 1992

MEMORANDUM THRU ^{CAF} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Optometry Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Optometry Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. The clinic hours and times for making appointments are as follows: Active Duty Personnel are to call the Optometry Clinic receptionist between 0745-1615 hours Monday through Friday to secure an appointment. Optometric appointments for all other noncurtailed categories of patients are made by calling the Optometry Clinic appointment clerk at 781-8674 beginning an 0800 hours, or by reporting directly to the appointment clerk at 0800 hours on a daily basis subject to appointment availability. Scheduling terminates when all appointments available are filled.

b. Thirty minutes is allotted for each Optometric eye examination. Based on this time schedule, each optometrist usually sees fifteen patients per day. All Optometry routine eye exams are by appointment only with certain slots reserved for Active Duty Personnel.

c. Appointments are not needed for Vision Screenings, Drivers License Vision Testing, Flight Physicals, Tonometry request, Color Vision Testing, and Binocularity Testing. Academy/ROTC physicals will be done on Thursday mornings. It is requested that all efforts will be made to coordinate with the Physical Exam Section. Hours for this category are 0800-1000 and 1300-1500 hours.

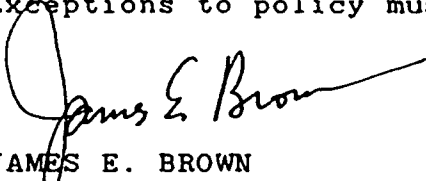
d. Telephone consults (DA Form 5008) are completed by the optometrist or the clinic personnel taking the message from the patient for the optometrist. Once the patient has been consulted, the optometrist signs the form and returns it to the receptionist. The patient is signed in and the form is separated with the top copy going to Outpatient Records Section and the second copy attached to back of the day's sign-in sheet.

e. All patients are requested to bring their medical records and are told to sign in fifteen minutes prior to their appointment time.

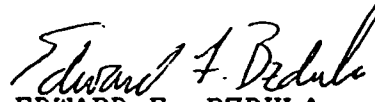
HSXA-S-0

SUBJECT: Optometry Clinic Appointment Protocol and Standard Operating Procedures.

f. The Optometry Clinic Standard Operating Procedures Manual is available in the clinic at all times for reference as needed. Every effort will be given to accommodate patients. Exceptions to policy must be approved by the Chief, Optometry.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



EDWARD F. BZDULA
MAJ, MS
Chief, Optometry

31 January 1992

MEMORANDUM THRU ^{CR} Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: ENT Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the ENT Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. The clinic hours and times for making appointments are as follows: Appointments for the ENT Clinic are made through the Optometry Clinic medical clerk. Appointments are made by calling the Optometry Clinic at 805-0652 beginning at 0800 hours until 1600 hours, or by reporting directly to the clinic clerk during those hours. Appointments are scheduled on a daily basis subject to appointment availability.

b. Fifteen minutes are allotted for each ENT appointment. The appointment schedule is divided into adult appointments and child appointments. The ENT doctor is in clinic Tuesday and Wednesday afternoons from 1400 hours until after the last appointment at 1745 hours.

c. ENT is a referral clinic only. All new patients must have SF 513 in their possession for their appointment. If any patient does not have their consultation referral (SF 513) for their first visit, they will not be seen by the ENT doctor, and must reschedule their appointment for the next available appointment.

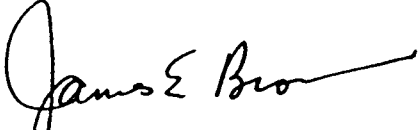
d. Only routine consultations will be seen by the ENT clinic. All today, 72-hour, emergency consultations must be referred out of DACH.

e. All patients must be CHAMPUS eligible, possess a valid ID card, and be enrolled on DEERS.

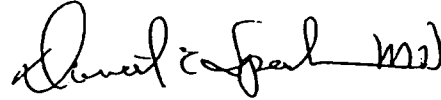
HXSA-S-0

SUBJECT: ENT Clinic Appointment Protocol and Standard Operating Procedures.

f. All patients are requested to bring their medical records along with the SF 513 to their appointment.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



DANIEL E. SPEILMAN, JR.
Chief, ENT Clinic

31 January 1992

MEMORANDUM THRU *WR* Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Family Practice Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Family Practice Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Clinic hours are from 0730-1630 hours Monday through Friday. Appointments may be made during these hours. Appointment numbers are 805-0612 and 781-4630.

b. General Administration/Organization.

(1) Military sick call is on a walk-in basis Monday through Friday at 0730-0800 hours. Sick call is open to active duty members whose families are assigned to physicians in the main Family Practice Clinic, Family Practice Clinic Staff, and AMIC personnel.

(2) Morning report is scheduled for all physicians from 0730-0800 Monday and Tuesday, from 0730-0830 Wednesday and Thursday, and from 0730-0815 on Fridays. Morbidity and mortality conferences are scheduled the last Thursday of every month from 0800-0900.

(3) Vasectomy post-op patients will be seen at 0700 on the Monday following their surgery.

c. Appointment times/lengths:

(1) Staff, 3rd year residents and 2nd year residents

Routine	ROU	15 min
Follow Up	FOL	15 min
First Visit	NEW	30 min
Fireman	F.M	15 min.
New OB	OBR	30 min
Post-partum	POP	30 min
Surgery	MSU	45 min
Flex Sig	FLX	60 min
Vasectomy	VAS	60 min
Vas Counsel	VAC	30 min

HSXA-FPC

SUBJECT: Family Practice Clinic Appointment Protocol and Standard Operating Procedures.

PAP	PAP	30 min
Physical	PHY	30 min
Colposcopy	COP	60 min
Doctor's Slot	DRS	15 min

(2) Appointment times for all interns (PGY1) will be 30 minutes, regardless of the type of appointment.

(3) Appointment times for students will be 45 minutes.

(4) All clinic appointments will start at 0830 Monday through Friday. There will be no scheduled appointments during the lunch hour (1200-1300).

d. Appointment clerks will book all appointments according to the criteria in c. above. There is no priority given to any group of patients, i.e., no priority for active duty.

(1) Patients may obtain appointments in two ways:

(a) In Person - The patient comes to the clinic to schedule an appointment.

(b) Telephonically - The patient calls on one of the appointment numbers.

Patients who come in person are given priority over telephone patients in a 2:1 service ratio, meaning that one phone call appointment will be scheduled for every two walk-in patients.

(2) The following information will be verified for each appointment:

(a) Enrollment in the Family Practice Program. Appointments will only be made for patients who are enrolled in the Family Practice Program. Verification of enrollment is accomplished by checking the patient's name and doctor on the current computer roster which is maintained at the front desk. Any patient whose enrollment is in question should be referred to the Clinic Secretary, who maintains the current Family Practice rosters.

(b) Patient Data:

- I. Name
- II. Military Status, AD/R/DEP
- III. SSN with Family Members Prefix
- IV. Home and work phone numbers

HSXA-FPC

SUBJECT: Family Practice Clinic Appointment Protocol and Standard Operating Procedures.

(c) Appointment Data:

- I. Nature of Complaint
- II. Requested date and time preference

(3) Confirmation: Following scheduling an appointment, repeat patient's name, SSN, and phone number to ensure correctness of data. State the day of the week, date, time, and physician for scheduled appointment.

(4) Special Instructions:

(a) Patients will be instructed to arrive 15 minutes prior to their scheduled appointment time.

(b) For same day or next day appointments, instruct patients to arrive 30 minutes prior to their appointment time to pick-up their outpatient records.

(c) A patient who is treated by a physician other than his assigned Family Physician may be reappointed with the same physician for follow-up care.

(d) Patients may cancel or reschedule appointments in person or by phone during duty hours.

(5) Categories of Appointments:

(a) Routine - Scheduled with the patient's designated Family Physician, or another team physician.

(b) Same Day Appointments - for acute or urgent problems - are referred to the Clinic Nurse, who will insure that the patient is scheduled appropriately. Only the clinic Nurse may authorize the booking of fireman slots.

(c) Student doctor - Appointments with the medical students will not be scheduled more than 72 hours in advance without the permission of the consultant.

(d) Emergency - Direct the patient to the Emergency Treatment Room or to phone 805-0416 for ambulance assistance.

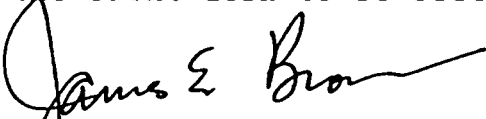
I. Patients with chest pain should report directly to the Emergency Room.

II. Patients with animal or human bite/scratches should report directly to the Emergency Room.

HSXA-FPC

SUBJECT: Family Practice Clinic Appointment Protocol and
Standard Operating Procedures.

e. Telephone consultations - Telephone consultations will be recorded at the front desk on a DA Form 5008. After the medical clerk has completed the DA 5008, they will initial the form and they will be logged into the AQCESS system. Once they are logged into AQCESS the medical clerk will place a checkmark on the DA 5008 in highlighter and place the message on the message board. All completed DA Form 5008s will be returned to the front desk to be filed in the outpatient records.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



JOHN A. JOHNSON
MAJ, MC
OIC, Family Practice
Clinic

31 January 1992

MEMORANDUM THRU ^{CR} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: General Outpatient Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic standard operating procedures and protocol for patients requiring appointments for the General Outpatient Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. MISSION: The General Outpatient Clinic (GOPC) at DeWitt Army Community Hospital provides primary health care for all eligible patients without a regularly assigned physician (ie Family Practice or chronic Internal Medicine). This care includes acute illness, access to specialty care, and continuity of care.

3. SCOPE OF PRACTICE:

a. Patient Scope - The GOPC is strictly an adult medicine clinic (over age 18), which provides acute care and/or chronic care for any eligible patient without a primary care physician. Patients may be active duty, dependents, or retirees.

(1) Military sick call hours are 0700 to 0900 hours (in uniform). Active duty personnel assigned to other Fort Belvoir clinics will not normally be seen in the GOPC. (see appendix A)

(2) GOPC will not see any members of Family Practice, Pediatrics, routine OB/GYN exams, physicals, medicine refills for Internal Medicine clinic patients, Orthopedics or minor surgeries.

b. Health Care Provider Scope:

(1) The GOPC is staffed by a mix of active duty military, civil service, and CHAMPUS partner physicians, as well as physician assistants. The level of training for physician staff, and expected level of care is at the General Practice level, with physicians having had at least 1 year of post graduate medical training.

(2) The physicians/physician's assistants in the GOPC are credentialed by the hospital credentials committee to perform medical histories, exams, and prescribe medications for patients

HSXA-FPCCM-GOPC

SUBJECT: General Outpatient Clinic Appointment Protocol and Standard Operating Procedures.

as General Medical Officers. They may see acute, episode problems or manage more complicated patients over time with appropriate consultation. The physicians and physician assistants do not see pediatric patients, routine GYN, obstetrics, orthopedics, or do minor surgeries. They do not have admitting privileges, and most consult the MOD or SOD for any potential admissions to Medicine or Surgery.

(3) Supervision and quality assurance (QA) concerns are brought through the Chief, Community Medicine, and reported to the primary care QA committee and the MEDDAC QA Committee.

4. GOPC ORGANIZATION AND RESPONSIBILITIES - See Appendix B.

5. PROCEDURES:

a. Appointment Protocol:

(1) The GOPC functions primarily on an appointment basis, with a limited capacity to accept acute walk-in patients.

(2) The General Outpatient Clinic (GOPC) is open 0700 to 1530 hours, Mondays through Wednesdays and Fridays. The GOPC opens at 0700 on Thursdays, but closes at 1500 hours for training. Appointments for the clinic can be made by calling 805-0079 during clinic hours. Additionally, there is a CHAMPUS partner available by appointment from 0800 - 1600 Monday through Friday. Appointments can also be made by calling 805-0079.

(3) When scheduling appointments the receptionists will, in the following order:

(a) Determine if the patient is DEERs and CHAMPUS eligible.

(b) Determine if the patient is a member of Family Practice.

(c) Determine if this is a follow-up appointment, and with which provider.

(d) If a follow-up is desired the patient will be offered the first available appointment with that provider. If inconvenient, the patient will be offered the first available appointment with any physician/physician assistant. Patients may also choose to see the same provider at a later time.

HSXA-FPCCM-GOPC

SUBJECT: General Outpatient Clinic Appointment Protocol and Standard Operating Procedures.

(e) If the appointment is not for a follow-up, the patient is offered the first available appointment with any physicians that is convenient for them.

(4) All GOPC appointments are 15 minutes in length. Patients with multiple problems may be required to make additional appointments for multiple problems if all issues cannot be adequately and appropriately addressed in a fifteen minute appointment.

b. Dispensing of Medications: No medications will be dispensed in the General Outpatient Clinic.

c. Outpatient Records:

(1) Patients must bring their medical records with them to each appointment, and are encouraged to arrive at least 10 minutes prior to their appointment time. Patients treated in the Emergency Room must have the medical record copy (original) of the SF 558 in their records for any Emergency Room follow-up.

(2) Following annotations by the health care provider on the medical record, the outpatient chart will be collected in GOPC. Records will be logged in the Medical Records Log prior to turn-in at outpatient records. Charts will be turned in daily at a time set by the NCOIC, GOPC. Health care providers, including the QA reviewer will ensure charts are turned in within 72 hours.

d. Release of Medical Information:

(1) Patients requesting release of medical information will be directed to Patient Administration Division.

(2) Copies of charts or release of medical information will not be provided by GOPC personnel.

e. Telephone Consults (DA Form 5008):

(1) All telephone contact are to be documented on DA Form 5008. (see Appendix C)

(2) Physicians/Physician Assistants are responsible for ensuring proper completion of the DA Form 5008 to include patient's name, SSN, phone number, FMP, service affiliation, category and status. DA Form 5008 must be signed.

HSXA-FPCCM-GOPC

SUBJECT: General Outpatient Clinic Appointment Protocol and Standard Operating Procedures.

(3) Completed DA Form 5008s will be given to the medical clerks for logging into the AQCESS system. Original copies will be forwarded to medical records, and the copy given to the NCOIC, GOPC for inclusion in the monthly feeder report.

(4) Ultimate responsibility for ensuring patients are appropriately followed and treated rest with the physician/physician assistant, not nursing service personnel.

f. Lab and X-ray results will not be discussed with patients by clerical or nursing personnel. Patients desiring results of diagnostic tests must make an appointment with the assigned health care provider to receive test results.

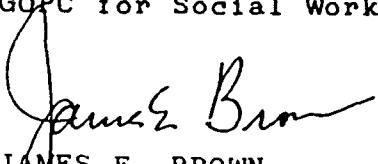
g. Civilian Requests: As a courtesy, DeWitt Army Community Hospital does perform radiologic and laboratory tests ordered by civilian physicians. Requests from any outside facility (civilian or military facility) are monitored through the GOPC. The civilian request log will be completed for each such request. The Department of Radiology and the Department of Pathology are the ultimate authority for deciding which test they will perform for civilian requests, (ie. no send-out lab tests are performed).

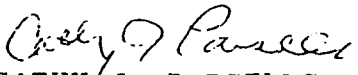
(1) Patients are responsible for returning to the GOPC to pick up results. No results will be mailed or relayed over the telephone.

(2) No civilian requests will be expedited or "wet-read."

(3) Civilian requests for patients under 18 years of age will be done by the Pediatric Clinic.

h. Victims of domestic violence will be managed IAW MEDDAC Reg 40-118 (Appendix D) upon completion of appropriate treatment for any injury. Any patient requiring lab work or radiographic studies will be escorted by clinic personnel and then returned to GOPC for Social Work Services evaluation as per Appendix D.


JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services


CATHY J. PARSELLS
CPT, MC
OIC, General Outpatient
Clinic

MEMORANDUM THRU *CSK* Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Extended Care Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Extended Care Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. The Extended Care Clinic (ECC) is open from 1700-2300 hours on weekdays and from 1300-2100 hours on weekends and holidays. Appointments for this clinic can be made by calling 805-0912, from 1300-2300 hours on weekdays and from 1300-2100 hours on weekends and holidays. Patients seeking a same day appointment in the Pediatrics or Family Practice Clinic may be offered an appointment in the ECC if the appointments in those clinics are filled for the day.

b. All patients seen in the ECC must be CHAMPUS eligible. Health Care Providers see both adult and pediatric patients. Patients late for an appointment will be rescheduled if the flow of the clinic cannot accommodate them.

c. All appointments are booked as routine appointments with 36 available each evening varying in time from 5-10 minutes in length. On weekends and holidays all appointments are 15 minutes in length. In the process of booking an ECC appointment, the clerk is to do an on-line DEERS check for each patient being seen.

d. The ECC is unable to provide routine physical exams, routine GYN examinations, well baby checks, prenatal care, or recent trauma (less than 24 hours). Patients with appointments have priority and are seen as close to their appointment time as possible.

e. Level three patients referred from the emergency room (ER) are seen on a first come-first serve basis. These referrals are made by the ER calling ECC to see if the ECC will be able to accommodate the patient, if the patient is eligible, and if the problem can be handled in the ECC.

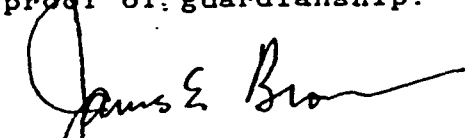
f. A roster of patients to be seen that evening is delivered to the outpatient records department, who in turn pulls those records. Emergency Room patients seen before 1900 hours are asked to obtain their records from the outpatient records department. Form 600's are generated on those patients not having records.

HSXA-PAS

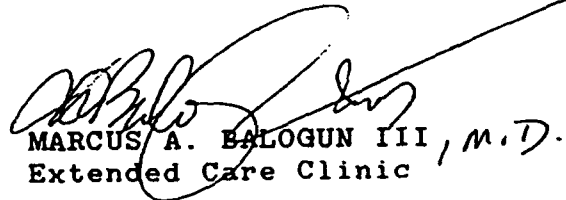
SUBJECT: Extended Care Clinic Appointment Protocol and Standard Operating Procedures.

g. All Patients being seen in the ECC must register on a sign-in sheet. They are then asked to fill out a CHAMPUS/Superbill form (provided by the partnership) which is used by the partnership Health Care Provider (HCP) for their billing. Patients who do not have an appointment or a Form 558 from the ER must also fill out a CSD patient registration form.

h. Patient making an appointment with the ECC should be instructed to arrive 15 minutes early to fill out the paper work. Patients 10 years of age or older must have a valid ID card with them. If the patient has private health insurance, they also need to bring that insurance card with them. Any one under the age of 18 must be accompanied by a parent or legal guardian, with proof of guardianship.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



MARCUS A. BALOGUN III, M.D.
Extended Care Clinic

MEMORANDUM THRU ^{ck} Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: South Post Troop Medical Clinic Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the South Post Troop Medical Clinic Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

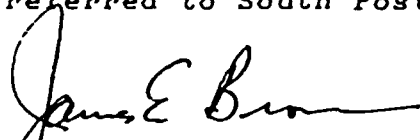
2. PROCEDURES:

a. South Post TMC operates according to the following schedule:

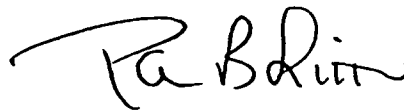
- Active Duty Sick Call.....0630-0830, Mon-Fri
- Defense Mapping School Sick Call..0630-0900, Mon-Fri
- Emergency Sick Call.....0630-1500, Mon-Fri
- Family Practice Appointments.....1000-1500, Mon-Fri
- POR (Overseas) Processing.....1330-1430, M, W, F
- Closed For Training.....1300-1400, Thurs

b. Soldiers with emergencies developing after sick call hours will report to the South Post reception desk. Under no circumstances (except life-threatening conditions) will the soldier bypass the clinic and go to the hospital emergency room or the General Outpatient Clinic during duty hours (0630-1500, M-F).

c. Routine medical problems will be seen on sick call. Soldiers missing sick call because of test, PT, CQ or other routine activities are not considered emergencies. The Emergency Room will not be used after duty hours for routine medical problems simply because of convenience. Soldiers presenting to the Emergency Room with chronic or routine problems will be referred to South Post during sick call hours the next duty day.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



PAUL B. LITTLE
MAJ, MC
Chief, South Post Troop
Medical Clinic

31 January 1992

MEMORANDUM THRU ^{CR} Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: North Post Troop Medical Clinic Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the North Post Troop Medical Clinic Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. The clinic hours are from 0630 - 1500 hours, Monday through Friday. Appointments can be made from 0830 - 1500 hours.

b. Active duty sick call sign in is from 0630 - 0830. Family practice will be seen from 0830 - 1500. Inservice training will be held every third Wednesday of the month at 1300 hours.

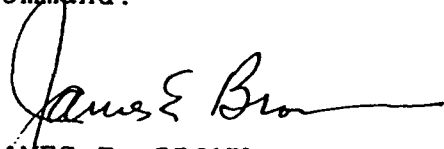
c. Pap smear, physical exams are 30 minute appointments and minor injuries and illnesses are 15 minutes appointments.

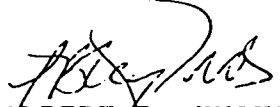
d. Active duty sign in from 0630 - 0830 and sick call will continue until all patients are seen. Physician determines family practice priority. Appointments typically made on routine basis by phone. If patient wishes to be seen sooner the Doctor will discuss with patient and decide.

e. The physician makes the decision to see walk-ins.

f. A copy of DA Form 5008 Telephone Consults are kept for counting at the end of the month.

g. All active duty assigned to the North Post Troop Medical Clinic will be seen there first. All family practice patients and sick call patients are seen without a consult, although sick call patients should have a sick slip from their command.


JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services


ALBERT B. KNOUSE
CPT, MC
Chief, North Post
Troop Medical Clinic

31 January 1992

MEMORANDUM THRU ^{CSR} Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Davison Aviation Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Davison Aviation Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

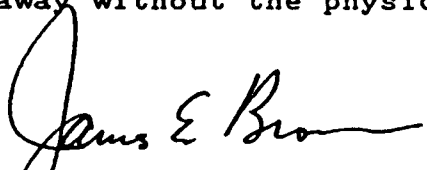
2. PROCEDURES:

a. Patient appointments are made during regular hours of operation, until all appointment slots are filled. Flight Physical appointments are scheduled the third Monday of each month until all flight physical appointment slots are filled. A telephone number is given to all aviators with Flight Physical appointments and date.

b. Sick Call hours for active duty is between 0730 - 0830. Emergency sick call for active duty and family practice appointments begin at 0830. Flight physicals by appointment only.

c. Each appointment is scheduled for 15 minutes per patient with exceptions or OB/GYN and retiree physicals.

d. Patient walk-ins are discouraged, but no one is turned away without the physician being consulted.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



DON A. DEARMITT
CPT, MC
Chief, Davison Aviation
Clinic

31 January 1992

MEMORANDUM THRU ^{CR}Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Medical Exam Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Medical Exam Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. The Medical Exam Clinic is open from 0730 thru 1600 Monday thru Friday. Appointments may be made from 0800 thru 1500 Monday thru Wednesdays and Fridays. The Medical Exam appointment lines are 805-0051.

b. USMA Cadets are seen on Thursday morning. The clinic is closed for training from 1400 thru 1600 on Thursday afternoons.

c. There are three types of appointments. The first is the Retirement/Over 40 screening. This appointment is used to have the patient fill out all paperwork and have all test completed. Three Retirement/Over 40 screenings are seen per day except Thursday. The next type of appointment is the Retirement/Over 40 evaluation. The appointment is about 30 (thirty) minutes long. Three are seen each day except Thursday. This is when the patient is seen by the doctor. The third type of appointment is the physicals appointment. This is used for a majority of all physicals. It is about 20 (twenty) minutes long.

d. Active duty personnel for retirement or periodic over 40 examinations are seen at 0730 for the screening. Reserve Quad over 40 examinations are seen from 0900 to 1100. No follow up appointments are seen in this clinic.

e. Patients walking in to the clinic who need a physical with out an appointment will be seen only if there is a cancellation for that day. Walk in patients are those patients being screened, receiving HRA, picking up lab work or a copy of their physical.

f. If the doctor gives a telephone consult (DA Form 5008) it is given to clerk and is then entered in the AQCESS.

HSXA-EEX

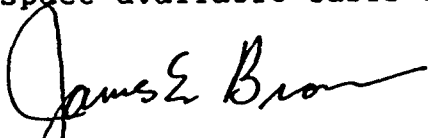
SUBJECT: Medical Exam Clinic Appointment Protocol and Standard Operating Procedures.

g. Other information.

(1) All patients must have their medical records and a valid ID Card with them. All reserve personnel must have orders or a letter of authorization so as to acquire a physical. This clinic serves AD; and other eligible persons who need a physical to meet school or work requirements. Persons requiring a physical for other than military reasons must supply their own forms.

(2) The following units will be seen at this clinic: Fort Belvoir and all tenant units of Fort Belvoir, AGR/AD personnel of West Virginia and all Reserve personnel with orders from St. Louis or Letter or Authorization from local unit.

(3) All other clinics/personnel will be seen on a space available basis and by appointment only.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



HADIA Y. YASSA
MAJ, MC
OIC, Medical Exam

31 January 1992

MEMORANDUM THRU ^{CSR} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Radiology Department Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Radiology Department, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. The receptionist will schedule appointments between the hours of 0745 and 1600 hours Monday through Friday (except holidays). The following numbers should be given to patients when they need appointment assistance: (703) 805-0558/0091/0238/0566. These numbers will be included on all patient instruction/appointment slips.

b. Appointments will not be made by the technical staff after the normal appointment hour. Patients that are seen on an emergency basis (after normal duty hours) and are referred for a radiology procedure that requires an appointment, may leave the completed consult with the Radiology staff and may call for the appointment date and time during the normal appointment hours.

c. The following Radiology procedures will be scheduled by the designated section:

- (1) Fluoroscopy - (AM) UGI, BE, BA Swallow/SBFT
(PM) Venograms, Arthrograms, HSG
Scheduled by X-Ray Receptionist Monday-Friday
- (2) Urological - IVP AND PROSTATE ULTRASOUND
(Scheduled by Urology Monday-Friday)
VCUG (Scheduled by Radiology with
Urology coordination Tuesday and Friday)
- (3) Ultrasound - Pelvic, OB, Abdomen, etc. (Scheduled
by X-Ray Receptionist Monday-Friday)
Doppler procedures (Scheduled by X-Ray
Receptionist after coordination with ultrasound
technician, limited slots.)
- (4) Computerized Tomography - Head, Abdomen, chest,
etc. (Scheduled by CT technician Monday-Friday)

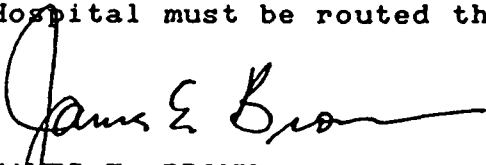
HSXA-X

SUBJECT: Radiology Department Appointment Protocol and Standard Operating Procedures.

- (5) Mammography - Scheduled by the X-Ray receptionist Monday, Tuesday, Thursday (Wednesday and Friday - PM only) Needle localization and biopsies are performed Wednesday and Friday (AM only)

d. Required preparation for Radiology examinations will be given and explained to each patient. No appointments will be made without the properly completed consult. In cases where an outside clinic needs to schedule an appointment, ie. VHF, the appointment can be made telephonically, however, the consult must be on hand prior to the examination being performed. Exceptions to this policy must be made by the OIC/NCOIC of Radiology.

e. Consults not originated from DeWitt Army Community Hospital must be routed through GOPC prior to scheduling.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



YOUN K. CHUNG
COL, MC
Chief, Department of
Radiology

31 January 1992

MEMORANDUM THRU ^{CR}Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Nutrition Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Nutrition Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Clinic Hours: 0900-1600 (MTWF), 0900-1530 (TH)
Appointment Hours: 0700-1200 & 1300-1530 (M-F) 805-0407

b. There is currently one military dietitian, 1LT Lavacchia, Chief of Clinical Dietetics and one part-time Dietitian on the clinical staff, Liz Bonometti.

c. Appointment types and lengths:

(1) The following types of classes are available at the Nutrition Clinic:

(a) Diet for Your Heart Class - 1 1/2 hours - covers diet to lower cholesterol, tryglycerides, weight and low sodium.

(b) Diabetic Diet - 1 1/2 hours

(c) Weight Loss Diet - 1 1/2 hours - for retirees and dependents.

(d) Weight Loss Support Group - 1 hour - an 6 week program. Session meets once a week.

(e) Active Duty Weight Control Class - 1 hour - mandatory for Active Duty personnel identified as overweight IAW AR 600-9.

(f) Individual Appointments - 45 minutes - will cover all other modified diets, such as:

(i) Pediatric Weight Control (under 18 yrs)

(ii) Allergy Diets

(iii) Diet for weight gain

(iv) Fiber modifications

(v) Test diets

(vi) Gestational Diabetics

HSXA-NCD

SUBJECT: Nutrition Clinic Appointment Protocol and Standard Operating Procedures.

(g) Follow up Appointments - 15 minutes - available for any patient initially seen individually or in a group session.

(h) Body Fat Tapings - 15 minutes - as scheduled by Weight Control Officer, MEDDAC.

(2) Effective 1 October 1991, the Nutrition Clinic Schedule will be as follows:

Monday	0930-1100	Diet for Your Heart Class
	1200-1600	Individual Appointments
	1200-1300	Smoking Cessation (2nd Mon of Month)
Tuesday	0900-0930	OB Registration Prenatal Diet Class (Main Conference Room - Basement)
	0930-1130	Individual Appointments
	1100-1200	6-week Weight Control Group
	1200-1400	Individual Appointments
	1400-1600	Follow-up appointments scheduled by Nutrition Clinic
Wednesday	0930-1100	Weight Loss Class for Dependents and Retirees (2nd & 4th Wed)
	0930-1100	Diabetic Diet Class (1st & 3rd Wed)
	1200-1600	Individual Appointments
Thursday	0900-1300	Individual Appointments
	1330-1500	Active Duty Weight Control Class (1st & 3rd Thurs)
	1330-1500	Active Duty Follow-up (2nd & 4th Thurs)
Friday	0900-1330	Individual Appointments

d. All appointments will be made through the Secretary, Nutrition Care Division (NCD) by calling at 805-0581 or stopping at the NCD. Routine appointments will be scheduled as soon as possible according to specific diet and availability. Emergency or Today consults will be honored if the Physician calls the NCD (805-0407) to make necessary arrangements and there is a dietitian available.

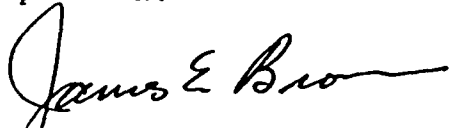
e. Walk-ins will be seen on a space available basis or scheduled for a later appointment if they have a routine referral. They will be placed in the AQCESS system as a walk-in if seen immediately. Patients will be requested to obtain their medical records at Outpatient Records File Room.

HSXA-NCD

SUBJECT: Nutrition Clinic Appointment Protocol and Standard
Operating Procedures.

f. Telephone consults will be logged on the AQCESS system
as needed by the Secretary, NCD.

g. Patients attending class instructions should arrive 15
minutes prior to appointment time to fill out necessary
paperwork.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



JOANNE M. LAVACCHIA
PLT, SP
Chief, Clinic Dietetics
Nutrition Care Division

31 January 1992

MEMORANDUM THRU ^{CSR} Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Community Mental Health Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Community Mental Health Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Clinic hours are from 0745-1630. Appointments can be made for 0900-1500 hours, on the hour by calling 664-1206.

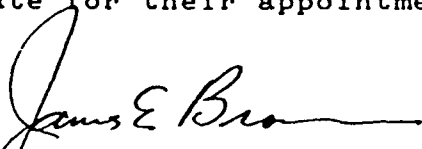
b. Each Monday and Tuesday at 1000 hours appointments will not be scheduled as the staff attends staff meeting and case presentation meeting, respectively.

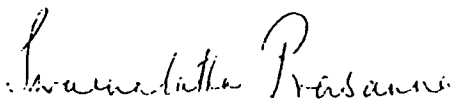
c. Initial appointments are scheduled for 45-50 minutes and follow-up appointments are usually scheduled for 1 hour but may be less or more as determined by the nature of the visit, ie.; medication clinic, psychological testing etc.

d. Routine intake appointments are scheduled for the next available appointment. Follow-up appointments may be scheduled by the care provider. Priority is given to active duty personnel.

e. Walk-in hours are from 0745-0830. Patients who are considered to be emergencies will be seen at the CMHS on a walk-in basis regardless of the previously cited walk-in hours. Patients must bring their medical records with them.

f. First appointment patients should arrive at the clinic 15 minutes before their appointment time to fill out patient information paperwork. Patients who are more than 15 minutes late for their appointment may not be seen.


JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services


SWARNALATHA PRASANNA
MAJ, MC
Chief, Community Mental
Health Activity



DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY MEDICAL DEPARTMENT ACTIVITY
FORT BELVOIR, VIRGINIA 22060-5141



REPLY TO
ATTENTION OF

HSXA-SWS

31 January 1992

MEMORANDUM THRU *CSK* Chief, Clinical Support Division

FOR Deputy Commander for Clinical Services

SUBJECT: Social Work Service Clinic Appointment Protocol and
Standard Operating Procedures

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Social Work Service Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060-5141.

2. PROCEDURES:

a. Social Work Service has a 'walk-in' system for conducting initial or 'intake' interviews. Intake interviews are conducted 0800 - 1000, Monday through Friday.

b. All 'emergencies' are seen the day requests are made. They are seen by the staff member responsible for emergency coverage on a particular day.

c. Outpatient consultation requests are honored according to the referring clinic's stipulated urgency for the patient to be seen. Inpatient consultation requests are usually honored within 24-hours. Health care providers will contact the social work service by phone on all emergencies and 24-hour consultations.

d. Follow-up appointments with patients are scheduled by each individual staff member. Staff members maintain their own follow-up appointment calendars. Patients are usually followed up weekly.

e. Dependents of both active duty and retired personnel may be seen by a CHAMPUS partner or referred to CHAMPUS providers in the community.

f. Each intake case is staffed by supervisory personnel for follow-up disposition.

g. Social Work Service maintains its own records separate from patient medical records.

James E. Brown
JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services

Samuel G. Falcone
SAMUEL G. FALCONE
CPT, MS
Chief, Social Work
Service

MEMORANDUM THRU ^{CR} Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Human Immuno-Deficiency Virus (HIV) Screening and Prevention Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Human Immuno-Deficiency Virus (HIV) Screening and Prevention Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Clinic hours are on a walk-in basis from 0730-1100 hours every Tuesday and Thursday. Patients are seen at other times by appointment only. Appointments can be made by calling the medical clerk from 0800-1600 hours Monday through Friday at 805-0936/0942.

b. Walk-ins are seen on a first come basis by signing the log-in sheet.

c. Patients are required to bring their outpatient medical records for each clinic visit.

d. POC for questions or any other information is Ms. Siefke or Ms. Kershner at 805-0936/0942.

James E. Brown

JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services

Adeline G. Washington

ADELINE G. WASHINGTON
COL, AN
Chief, Community Health
Nursing

MEMORANDUM THRU ^{CSR} Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Preventive Therapy for Tuberculosis - Isoniazid (INH)
Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Preventive Therapy for Tuberculosis - Isoniazid (INH) Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

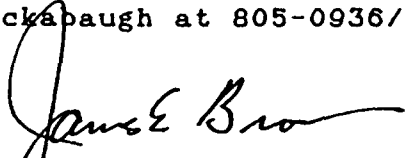
2. PROCEDURES:

a. The INH Clinic is held on the second and fourth Tuesdays and Wednesdays, monthly. Clinic hours for appointments are 0800-1100 hours on Tuesdays and 1300-1600 on Wednesdays. Medical appointments are scheduled from 1430-1600 hours on the second and fourth Wednesdays.

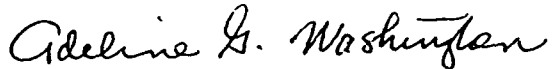
b. Appointments are made by calling the medical clerk from 0800-1600 hours Monday through Friday at 805-0936/0942.

c. Patients are required to bring their outpatient medical records for each clinic visit.

d. POC for questions or information is Ms. Siefke or Ms. Rickabaugh at 805-0936/0942.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



ADELINE G. WASHINGTON
COL, AN
Chief, Community Health
Nursing

MEMORANDUM THRU ^{CSR} Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Wellness (Health Risk Appraisal) Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Wellness (Health Risk Appraisal) Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Clinic hours are on a walk-in basis from 0800-1100 hours on Tuesdays and Thursdays. Patients being seen by Occupational Health Nursing (OHN) may have a health risk appraisal (HRA) done at this time or OHN may complete the HRA at other times and the HRA staff will process them on Tuesday mornings. All other clinic appointments will be by appointment only.

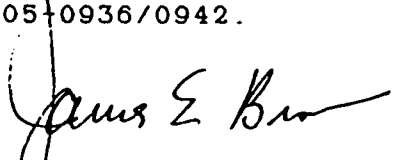
b. Appointments are made by calling the medical clerk from 0800-1600 hours Monday through Friday at 805-0936/0942.

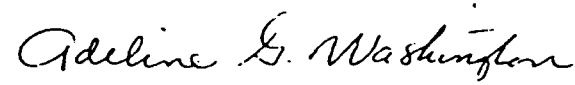
c. Walk-ins are seen on a first come basis by signing the log-in sheet. Patients should bring their medical records for each visit.

d. Eligible beneficiaries that are given consultation for follow up with another clinic are instructed to call or go in person to make the appointment. Non-eligible beneficiaries are instructed to have follow up by their private physician.

e. Patients requiring follow up on results of cholesterol or blood pressure can return to the clinic on a walk-in basis or by making an appointment.

f. POC for questions or information is Ms. Bissonnette at 805-0936/0942.


JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services


ADELINE G. WASHINGTON
COL, AN
Chief, Community Health
Nursing

31 January 1992

MEMORANDUM THRU ^{ask} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Occupational Health Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Occupational Health Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Clinic hours are from 0745 thru 1630 hours. Pre-placement physical examination appointments are given by Civilian Personal Office (CPO). For job-related physicals the supervisor calls for an appointment during working hours.

b. Staff meetings are held on Thursday or Friday morning from 0800 thru 0830 hours. During that half hour patients wait, therefore the meeting does not affect the appointments.

c. Appointment types and lengths used by the clinic (see attached schedule).

d. (1) Civilian Personnel Office gives appointments for pre-placement medical examinations. The clerk uses the SF-78, (Certificate of Medical Examination) delivered by an employee from CPO to OHC once a week to book those appointments. Medical examinations are scheduled Wednesday morning after Blood Pressure Clinic which is 0800-0900 hours.

(2) For job-related periodic examinations, the supervisor calls for an appointment or a list of names is sent requesting appointments for employees. Appointments are scheduled Tuesday, Wednesday and Thursday afternoons.

(3) For administrative physicals (Disability Retirement, Fitness for Duty, ADCO, Termination and others) it is the officer in charge of the case who calls for an appointment. Appointments for administrative examinations are given for Wednesday mornings and are seen by the Occupational Health Physician.

(4) Employees who need to establish a health record and are not working in hazardous areas are seen Monday morning from 0900 - 1100 hours.

HSXA-PVM

SUBJECT: Occupational Health Clinic Appointment Protocol and Standard Operating Procedures.

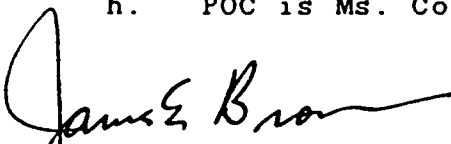
(5) Pregnant females are seen at OHC the first Friday of each month. A list of names is provided by OB/GYN Clinic for military personnel and dependent government employees. Supervisors are responsible to notify OHC of any other pregnant employees needing to attend, the Pregnancy Surveillance.

e. Walk-ins are received from 0745 thru 1600 hours. Civilians seeking medical attention for job related injury or illness will be seen at anytime. Employees returning to duty after illness/injury absence are seen on a walk-in basis. In-processing military personnel are included in this category and they should bring their medical records. OHC keeps civilian medical records.

f. All telephone consults are recorded in the patient's medical record and the daily log sheet.

g. All employees seeking medical attention must bring a DD Form 689 (Individual Sick Slip) completed by their supervisor to Occupational Health Clinic. Employees returning to duty will have a release to duty request from their private physician to insure they are able to return to duties as assigned, or to identify any physical limitations to regular duty.

h. POC is Ms. Collazo, medical clerk, at 805-0443/0946.


JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services


IDA SANCHEZ-PICA
Chief, Occupational Health

Encl

31 January 1992

MEMORANDUM THRU ^{MR} Chief, Clinical Support Division.

FOR Deputy Commander for Clinical Services.

SUBJECT: Audiology Clinic Appointment Protocol and Standard Operating Procedures.

1. PURPOSE: To establish clinic policy for patients requiring appointments for the Audiology Clinic, DeWitt Army Community Hospital, Fort Belvoir, Virginia 22060.

2. PROCEDURES:

a. Clinic hours are 0730 - 1145 and 1245 - 1600 hours daily. Appointments can be made during the hours of operation by calling 664-1967.

b. The Audiology Clinic is a sub-unit of the Hearing Conservation Center and as such it is strongly affected by the regulatory requirements of the Army Hearing Conservation Program. On Wednesdays and Fridays the clinic is involved in Hearing Conservation activities and for the most part, clinical audiology services are not provided on these days.

c. Diagnostic audiologic evaluations are scheduled on the hour at 0800, 0900, 1000, 1100, 1300, 1400 and 1500 hours. Monday and Tuesday mornings are reserved for active duty and DA civilians enrolled in the Hearing Conservation program. Monday and Tuesday afternoons are left open to all other eligible beneficiaries. Thursday appointments are limited to pediatric patients. All diagnostic appointments are by physician referral only, on SF 513 forms.

d. All diagnostic appointments will be considered routine unless the referring physician contacts Chief, Audiology to explain the requirements for priority services.

e. Walk-in hearing tests are conducted for:

(1) Individuals undergoing physical examination through the Physical Examination Service. Patients must report hand-carrying their medical records.

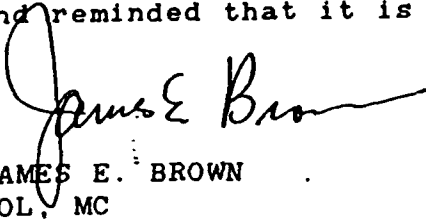
(2) Individuals referred from Occupational Health for medical surveillance evaluations. Patients must report hand-carrying their medical records. These patients are generally seen on Friday mornings between 0800 - 0900 hours, however appointments are not made.

HSXA-PVM


SUBJECT: Audiology Clinic Appointment Protocol and Standard Operating Procedures.

f. Telephone consults are recorded on the daily log-in sheet with notation made indicating that the "procedure" was a telephone consultation. They are counted separately on the monthly workload report.

g. Patients making appointments should be told to bring their consults with them as well as their medical records. They should be given directions for driving to the Audiology Clinic and reminded that it is not located in the main hospital.



JAMES E. BROWN
COL, MC
Deputy Commander for
Clinical Services



VALLARIE SMITH CUTTIE
MAJ, MS
Chief, Audiology