

Health Consumer Advisory Council  
Administrative Notes  
11 March 2003

LTC Smith:

March is National Nutrition Month. If you have nutritional questions or needs, please contact CPT Echols in PMWARS at 533-3536.

Discussed a health related issue at the Child Development Center (CDC) regarding CCA (copper chromiated arsenic) treated wood. This is outdoor lumber that is treated with basically arsenic to retard pest infestation. It has been recommended by the EPA that we do not use this type of wood in areas that house children or in areas that come into contact with it for a long period of time. The Installation Commander has decided to remove all of this type of treated wood, which is the Child Development Center and Youth Services (YS), and they are also checking the areas where there are obstacles courses. The CCA treated wood is out of the CDC as of two weeks ago and out of YS as of last week. The EPA recommends that if you have this type of wood in your home area, that you paint the wood with a good oil based paint and keep it painted so you contain the arsenic.

Concerns:

Patients calling in the morning to make appointments. The automated system is full so they can't seem to get through for an hour. This was addressed with the PAS Supervisor who said that can't happen. However, a consumer mentioned that he tried and couldn't get through to the automated system to be put on hold.

We have been working our automated appointment system for a while, and actually it has gotten better. If you monitor the wait time for people getting to a live body to talk to them to make an appointment, the waiting times are decreasing. We are at about 90 percent that are less than 5 minutes to talk to somebody. The biggest problem is in the morning. One of the problems is everybody wants to call in the morning for all of their appointments. What we try to do is encourage people who don't need a today appointment to call later in the day. We have peak times when people call in to the system like first thing in the morning, around lunch time, and last thing in the afternoon. If we can get people to call during the down times, it will make a difference on their getting through.

A soldier calls in because his/her child has a significantly high temperature and feels he/she needs to take the child to the ER. Is there a call back policy where the doctor has a certain amount of time to get back to the caller? What is the timeframe to go to the hospital if you don't get a call back?

We do have a call back policy and if we're not calling back, something is wrong. People need to be aware of what is commonly referred to as the Prudent Person Policy and TriWest follows this. If a prudent non-medical person feels that this is an emergency and it would be recognized by any other prudent lay person as an emergency, then that person can go to the Emergency Room and not wait for approval. Obviously, a cold is not an emergency. If you have a fever of 104 in a 6-month old, that's an emergency. The sign out diagnosis does not matter.

Day Care Center policy that says if your child has a fever, you have to take your child out of daycare and make an appointment at the health center before your child can come back the next day. Sometimes you won't be given an appointment but told to give your child tylenol and take him back to daycare center. A lot of times the daycare center won't take the child back without the doctor's permission. It's not just on Post, it's also the daycare centers off post.

Part of the issue is trying to get in to see a provider to get a note to take back. We have recently hired a Pediatrician through Spectrum to help with those issues. Also, Child Development Center policy is the child needs to be fever free for 24 hours. Even if the child is placed on antibiotics the same day, he probably won't be able to return to the CDC the next day.

Two issues have to be addressed. First, the child can't return for 24 hours which means a today appointment does no good. The child is taken out of daycare today, therefore, 24 hours later is the absolute soonest that child can go back. Even if the child has an appointment tomorrow, it still has to be 24 hours. The other issue is the availability of providers. We only have so many providers. We have gotten two more Family Practice physicians on board. We are going to shift a lot of our pediatric workload over to the FP doctors which will free up our Pediatricians, but then there will be the issue of trying to get in to see the FP doctors. Regular appointments are one thing; same day appointments are totally different. There are only so many hours and so many same day appointments. Also, there are times of the year when you know there are going to be more acute minor illnesses and try to adjust. It's one of those things we have to work with on a daily basis.

LTC Smith will report back at the next meeting on the CDC policy.

A patient had to go to the main Pharmacy three times to get the correct number of pills. There seemed to be something wrong with the count. It was something he was supposed to get a specific number of pills and three times it wasn't right. It was mentioned that when the Pharmacy has insufficient stock, they will do a partial fill or refill. Another representative mentioned that he has had some bad counts on some refills. LTC Beitz will talk with the Chief, Pharmacy about quality control.

Another issue is that a patient was given a prescription for a controlled medication. When she had it filled, one of the Pharmacists told her when it was time for a refill that she needed to turn it in one week prior so they could insure it was on the shelf. When she went to turn it in, it was kicked back because it was still a week out. When she returned the next week to have it refilled, they had run out of the medication and there was a 2 to 3 day wait. She ended up going downtown. This sounds like it is a special order medication which we probably don't keep on our shelf. There is a communication problem here and LTC Beitz will address this with the Chief of Pharmacy.

A soldier was seen in the Emergency Room and given a quarters slip. She called the clinic the next morning and was told she didn't need an appointment and to just come in and see the triage nurse. She was in the clinic in pain for two hours before she saw the triage nurse.

This appears to have been a disconnect. It could be whomever the soldier talked to at the clinic understood it was just a sick slip issue and not further treatment. We regret that the soldier had to wait. We will reevaluate how we do walk-ins. It is always better to be there at 0700 because then you will get a sick call appointment.

Dr. Davila: Since our last meeting, we have hired two more Family Practice doctors. One came in about three weeks ago and the other is inprocessing this week.

COL McDonald: We have seven dentists assigned. One is a specialist, and the Commander treats a couple mornings a week. One of our General Dentists has been profis'd to Fort Hood and will be deploying at the end of the week. That will impact appointment availability and sick call speed.

COL Coffman:

We have been monitoring our no show rate because it negatively impacts our productivity. The only reason that is important is productivity drives, maybe not directly, but ultimately drives our staffing and our financing. The other thing no shows do is take time from our providers when they could be seeing other patients. We're starting to see a trend where no shows are widening. I passed out a month's worth of data this morning to the senior leadership at the Command and Staff meeting. We're going to keep doing that indefinitely. I also let the leadership know we can provide them a by name list of no shows.

Ms. Jeanise, our Health Education and Resource Coordinator, is now also our Public Affairs Officer. When we're putting out information for general consumption, that is who it will be coming from.

For those of you that don't understand Profis, that is something peculiar to the Army Medical Department. People in TDA organizations are often designated to fill positions in TO&E organizations in event of deployments or certain exercises. We have lost eight or nine people to deployments and a few others are on the launch pad. The biggest hit we've taken is in the surgery arena. We have one surgeon who has been deployed. We do anticipate some type of a backfill for that. We've also lost surgery technicians and some key and essential personnel from areas other than surgery. So far it has not negatively impacted our ability to meet our mission.

The next meeting is scheduled for 13 May 2003.